



## **American Psychiatric Association Foundation Work Function Assessment**

To Short-Term Disability Physician/Evaluator:

The following assessment form includes the information needed to identify the functional impairment of your patient and his/her ability to function effectively in his/her current job.

The items you complete on the attached form may be helpful in the determination of disability for your patient. This form may be considered in addition to a brief narrative about your patient's work impairments for disability benefits to be determined. Depending on the disability company, in some cases you may still be required to complete their documentation although in other cases the information you provide on this form may be sufficient.

Please note that the presence of a DSM/ICD10 diagnosis alone is usually insufficient for disability determination or describing the basis for job restrictions and/or limitations. As a result, your task is to identify the specific deficits in mental functioning that are correlated with your patient's job tasks.

To assist you in the form completion, consider the following:

In disability considerations with psychiatric conditions, it is imperative that you assess how the impairments you find interact with the specific job requirements.

Psychiatric impairment is determined by assessing the following areas:

- a. Activities of Daily living
- b. Social Functioning
- c. Concentration, persistent, and pace
- d. Performance of mental-interpersonal, time management output, and physical tasks

Your task is to accurately establish the specific details of what patients do at work to move beyond simply stating a diagnostic condition. Take the time to understand and ask what are the most common tasks associated with their jobs and how the symptoms you observe cause difficulty following through on job tasks.

Consider the idea of your patient's "Self-efficacy" – the perceptions one has on their ability to carry out the necessary actions to perform their job. Finally, translate these observations into functional work capacities.

## WORK FUNCTION ASSESSMENT FORM

Patient's Name: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial Treatment: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title: \_\_\_\_\_ Estimated Return to Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Key Job Tasks Required: \_\_\_\_\_

\*This assessment form includes the information needed to identify the functional impairment of your patient and his/her ability to function effectively in his/her current job.

Functional Impairment Scale - Ability <i>Can the patient:</i>	Not Limited	Mildly Limited	Moderately Limited	Severely Limited	Unable to Determine
1. Comprehend and follow instructions?					
2. Maintain work focus/concentration despite usual disruptions?					
3. Organize complex information?					
4. Remember processes & details without repeated reminders?					
5. Remember and adhere to the usual workplace rules?					
6. Learn & retain new information timely?					
7. Maintain focus/concentration despite usual stresses?					
8. Take responsibility for completing routine work tasks?					
9. Attend work regularly and timely?					
10. Sustain realistic energy through a regular workday?					
11. Appropriately follow through & complete tasks timely?					
12. Get along with peers & relate to others without undue irritability?					
13. Work on his/her own much of the time?					
14. Maintain stable relationships in the face of usual stresses?					
15. Sustain thinking and focus in the face of usual stresses?					
16. Contain behavior despite frustration with negative or supervisory feedback?					
17. Maintain appropriate work pace; remain on task until completion?					
18. Maintain performance despite significant organizational stress/change?					
19. Engage & motivate others effectively?					
20. Maintain socially appropriate appearance, speech, and actions?					
21. Take responsibility for solving routine work problems?					
22. Understand their role in errors and omissions?					
23. Take responsibility for effect of behavior on productivity & on others?					
24. Deal realistically with others' errors and demands?					
25. Make realistic use of supervisory feedback?					
26. Make effective independent decisions?					
27. Maintain appropriate boundaries on their authority & relationships?					
28. Effectively organize completion of multiple tasks at the same time?					
29. Anticipate barriers to task completion?					
30. Delay responses when appropriate?					
31. Organize and manage projects and/or processes independently?					

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_