# HOMELESS ACTION CENTER -- MENTAL IMPAIRMENT QUESTIONNAIRE

**Hospital / Clinic:**

**Address:**

**Phone Number:** _____

**Patient Name:** _____ **DOB:** _____

Please indicate the items upon which you base your opinions given in this Report.

☐ History & Medical File ☐ Progress & Office Notes ☐ Laboratory Results & Other Tests

☐ Psychological Evaluations and Reports/Opinions ☐ Consultative Medical Opinions ☐ Other: _____

1. First Date of Treatment: _____ Frequency of Contact: _____
2. DSM-IV or DSM-5 Diagnoses: _____

_____

_____

3. Approximate Onset Date: _____
4. Has your patient's impairment(s) lasted or can it be expected to last at least 12 months? ☐ Yes ☐ No
5. Treatment and Response: _____

_____

_____

6. List of prescribed medications and daily dosage: _____

_____

_____

7. Describe any side effects of the medications (e.g., dizziness, drowsiness, fatigue, lethargy, upset stomach, etc.):

_____

_____

8. What are your patient's IQ scores? Full Scale I.Q.: _____ Verbal: _____
   Working Memory: _____ Processing Speed: _____ ☐ Unknown

   What test(s) were used and when to determine it? _____

_____

9. Does your patient's mental health impairment exacerbate your patient's experience of pain or any other physical symptoms? ☐ Yes ☐ No ☐ Unknown
   If YES, please explain: _____

_____

_____

10. Identify your patient's signs and symptoms:

| | |
|---|---|
| ☐ Significant deficits in complex attention; executive function; learning and memory; language; perceptual-motor, or social cognition. | ☐ Obsessive-compulsive disorder, characterized by involuntary, time consuming preoccupation with intrusive, unwanted thoughts |
| ☐ Delusions or hallucinations | ☐ Disorganized thinking |
| ☐ Grossly disorganized behavior/catatonia | ☐ Depressed mood |
| ☐ Diminished interest in almost all activities | ☐ Appetite disturbance with change in weight |
| ☐ Sleep disturbance | ☐ Observable psychomotor agitation or retardation |
| ☐ Decreased energy | ☐ Feelings of guilt or worthlessness |
| ☐ Difficulty concentrating or thinking | ☐ Thoughts of death or suicide |
| ☐ Pressure of speech | ☐ Flight of ideas |
| ☐ Inflated self-esteem | ☐ Decreased need for sleep |
| ☐ Easy or frequent distractibility | ☐ Restlessness |
| ☐ Involvement in activities that have a high probability of painful consequences which are not recognized | ☐ Increase in goal-directed or psychomotor agitation activity (e.g. manic episode) |
| ☐ Easily fatigued | ☐ Irritability |
| ☐ Muscle tension | ☐ Distrust or suspiciousness of others |
| ☐ Panic attacks followed by a persistent concern or worry about additional panic attacks or their consequences | ☐ Disproportionate fear or anxiety about at least two different situations (e.g. Agoraphobia) |
| ☐ Involuntary, time consuming preoccupation with intrusive, unwanted thoughts | ☐ Repetitive behaviors aimed at reducing anxiety |
| ☐ Symptoms of altered voluntary motor or sensory function that is not better explained by another medical or mental disorder | ☐ One or more somatic symptoms that are distressing, with excessive thoughts, feelings, or behaviors related to the symptoms |
| ☐ Qualitative deficits in verbal communication, nonverbal communication, and social interaction | ☐ Preoccupation with having or acquiring a serious illness without significant symptoms present |
| ☐ Detachment from social relationships | ☐ Disregard for and violation of the right of others |
| ☐ Excessive emotionality and attention seeking | ☐ Feelings of inadequacy |
| ☐ Excessive need to be taken care of | ☐ Preoccupation with perfection and orderliness |
| ☐ Recurrent, impulsive, aggressive behavioral outbursts | ☐ Instability of interpersonal relationships |
| ☐ Significantly restricted, repetitive, patterns of behaviors, interests, or activities | ☐ Difficulty sustaining attention |
| ☐ Difficulty organizing tasks | ☐ Hyperactive and impulsive behavior |
| ☐ Significant difficulties learning and using academic skills | ☐ Exposure to actual or threatened death, serious injury, or violence |
| ☐ Recurrent motor movement | ☐ Involuntary re-experiencing of a traumatic event |
| ☐ Avoidance of external reminders of the event | ☐ Disturbance in mood and behavior |
| ☐ Increase in arousal and reactivity | ☐ Persistent alteration in eating or eating-related behavior resulting in a change in consumption or absorption of food that significantly impairs physical or psychological health |

11. Please give your opinion of your patient's abilities after considering the limitations caused by his/her medically determinable mental impairments using the following definitions:

- **Mild limitation** = ability to function is slightly limited
- **Moderate limitation**= ability to function is fair (performance would be expected to be precluded by 20% in an 8-hour day)
- **Marked limitation** = ability to function seriously limited (performance would be expected to be precluded by more than 20%)
- **Extreme limitation** = inability to function

| **A. UNDERSTAND, REMEMBER, AND APPLY INFORMATION:** Ability to learn, recall, and use information independently, appropriately, effectively, and on a sustained basis. | | | | | |
|---|---|---|---|---|---|
| **DEGREE OF LIMITATION.** | None | Mild | Moderate | Marked | Extreme |
| Understand and learn terms, instructions, procedures | ☐ | ☐ | ☐ | ☐ | ☐ |
| Follow one- or two-step instructions to carry out a task | ☐ | ☐ | ☐ | ☐ | ☐ |
| Describe work activity to someone else | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ask and answer questions and provide explanations | ☐ | ☐ | ☐ | ☐ | ☐ |
| Recognize a mistake and correct it | ☐ | ☐ | ☐ | ☐ | ☐ |
| Identify and solve problems | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sequence multi-step activities | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use reason and judgement to make work-related decisions | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Overall ability in this category:** | ☐ | ☐ | ☐ | ☐ | ☐ |

| **B. INTERACT WITH OTHERS:** Ability to relate to and work with supervisors, coworkers, and the public independently, appropriately, effectively, and on a sustained basis. | | | | | |
|---|---|---|---|---|---|
| **DEGREE OF LIMITATION.** | None | Mild | Moderate | Marked | Extreme |
| Ask for help when needed | ☐ | ☐ | ☐ | ☐ | ☐ |
| Handle conflicts with others | ☐ | ☐ | ☐ | ☐ | ☐ |
| State one's own point of view | ☐ | ☐ | ☐ | ☐ | ☐ |
| Initiate or sustain conversation | ☐ | ☐ | ☐ | ☐ | ☐ |
| Understand and respond to social cues | ☐ | ☐ | ☐ | ☐ | ☐ |
| Respond to requests, suggestions, criticisms, corrections, and challenges | ☐ | ☐ | ☐ | ☐ | ☐ |
| Keep social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Overall ability in this category:** | ☐ | ☐ | ☐ | ☐ | ☐ |

| **C. CONCENTRATE, PERSIST, OR MAINTAIN PACE:** Ability to focus attention on activities and stay on task at a sustained rate independently, appropriately, effectively, and on a sustained basis. | | | | | |
|---|---|---|---|---|---|
| **DEGREE OF LIMITATION.** | None | Mild | Moderate | Marked | Extreme |
| Initiate and perform a known task | ☐ | ☐ | ☐ | ☐ | ☐ |
| Work at an appropriate and consistent pace | ☐ | ☐ | ☐ | ☐ | ☐ |
| Complete tasks in a timely manner | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ignore or avoid distractions | ☐ | ☐ | ☐ | ☐ | ☐ |
| Change activities or work settings without being disruptive | ☐ | ☐ | ☐ | ☐ | ☐ |
| Work close to or with others without interrupting or distracting them | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sustain an ordinary routine and regular attendance at work | ☐ | ☐ | ☐ | ☐ | ☐ |
| Work a full day without needing more than the allotted number or length of rest periods | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Overall ability in this category:** | ☐ | ☐ | ☐ | ☐ | ☐ |

| **D. ADAPT OR MANAGE ONESELF:** Ability to regulate emotions, control behavior, and maintain well-being independently, appropriately, effectively, and on a sustained basis. | | | | | |
|---|---|---|---|---|---|
| **DEGREE OF LIMITATION.** | None | Mild | Moderate | Marked | Extreme |
| Respond to demands | ☐ | ☐ | ☐ | ☐ | ☐ |
| Adapt to changes | ☐ | ☐ | ☐ | ☐ | ☐ |
| Manage psychologically-based symptoms | ☐ | ☐ | ☐ | ☐ | ☐ |
| Distinguish between acceptable and unacceptable work performance | ☐ | ☐ | ☐ | ☐ | ☐ |
| Set realistic goals | ☐ | ☐ | ☐ | ☐ | ☐ |
| Make plans independently of others | ☐ | ☐ | ☐ | ☐ | ☐ |
| Maintain personal hygiene and attire appropriate to a work setting | ☐ | ☐ | ☐ | ☐ | ☐ |
| Be aware of normal hazards and take appropriate precautions | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Overall ability in this category:** | ☐ | ☐ | ☐ | ☐ | ☐ |

12. Please check if the following apply to your patient:

☐ Medically documented history of a neurocognitive disorder; a schizophrenia spectrum or other psychotic disorder; a depressive, bipolar, or related disorder; an anxiety or obsessive compulsive disorder; or a trauma or stressor-related disorder of at least 2 years' duration

☐ Reliance, on an ongoing basis, upon medical treatment, mental health therapy, psychosocial support, or a highly structured setting, to diminish signs and symptoms of their mental disorder

☐ Marginal adjustment: Minimal capacity to adapt to changes in their environment or to demands that are not already part of their daily life

☐ Repeated episodes of decompensation

Please explain: _____

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13. Describe the clinical findings that support your opinion of your patient's functioning: _____

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14. Does your patient have a Substance Use Disorder? ☐ Yes ☐ No (go to question 15)

a) If your patient has a Substance Use Disorder, would your patient's other impairment(s) be expected to significantly improve in the absence of substance use?
☐ Yes ☐ No ☐ Unknown

b) If significant improvement would be expected, please explain to what degree your patient's functioning in the areas described above would improve: _____

_____

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_____

15. On average, how many days per month do you anticipate that your patient would be absent from work as a result of his/her impairments and/or his/her need for medical treatment?

☐ less than 1 day ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days or more

16. Based upon all of your patient's physical and mental limitations taken in combination, what percent of an 8-hour work day, 5 days per week, in a competitive work environment would your patient be expected to be precluded from performing a job, or be "off task"?

☐ 5% or less ☐ 10% ☐ 15% ☐ 20% ☐ 25% ☐ 30% ☐ More than 30%

17. Do symptoms and limitations cause your patient to have difficulty with (check all that apply):

☐ attending appointments ☐ regularly taking medications ☐ consistently engaging with treatment

Please explain: _____

_____

18. Are the intensity, persistence, and limiting effects of your patient's impairments and symptoms expected to fluctuate over time? ☐ Yes ☐ No

Please explain: _____

_____

19. Please describe any additional reasons not covered above why your patient would have difficulty working at a regular job on a sustained basis: _____

_____

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| | | |
|---|---|---|
| _____ | _____ | _____ |
| **Date** | **Signature** | **Print Name & Title / License** |
| _____ | _____ | _____ |
| **Date** | **Signature** | **Print Name & Title / License** |