

**WORK RELATED ACTIVITIES (PHYSICAL)**

Name of Claimant: \_\_\_\_\_

SSN: \_\_\_\_\_

**IMPORTANT: PLEASE COMPLETE THE FOLLOWING ITEMS BASED ON YOUR CLINICAL EVALUATION OF THE CLAIMANT AND OTHER TESTING RESULTS. ANY ITEM YOU DO NOT BELIEVE YOU CAN ANSWER SHOULD BE MARKED N/A (NOT ANSWERABLE).**

Note: In terms of an 8-hour workday, "occasionally" equals 1% to 33%; "frequently," 34% to 66%; "continuously," 67% to 100%

**I. In an 8-hour workday, Claimant can: (Circle full capacity in hours for each activity)**

TOTAL AT ONE TIME

A) Sit	0	½	1	2	3	4	5	6	7	8
B) Stand	0	½	1	2	3	4	5	6	7	8
C) Walk	0	½	1	2	3	4	5	6	7	8

TOTAL DURING ENTIRE 8-HOUR DAY

A) Sit	0	½	1	2	3	4	5	6	7	8
B) Stand	0	½	1	2	3	4	5	6	7	8
C) Walk	0	½	1	2	3	4	5	6	7	8

<b>II. Claimant can lift:</b>	<u>NEVER</u>	<u>OCCASIONALLY</u>	<u>FREQUENTLY</u>	<u>CONTINUOUSLY</u>
A) Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) 6 to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) 11 to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) 26 to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) 51 to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>III. Claimant can carry:</b>	<u>NEVER</u>	<u>OCCASIONALLY</u>	<u>FREQUENTLY</u>	<u>CONTINUOUSLY</u>
A) Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) 6 to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) 11 to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) 21 to 25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) 26 to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) 51 to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. Claimant can use hands for repetitive action such as:**

	<u>SIMPLE GRASPING</u>	<u>PUSHING &amp; PULLING OF ARM CONTROLS</u>	<u>FINE MANIPULATION</u>
A) Right	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Left	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**V. Claimant can use feet for repetitive movements as in pushing & pulling of leg controls:**

<u>RIGHT</u>	<u>LEFT</u>	<u>BOTH</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>VI. Claimant is able to:</b>	<u>NOT AT ALL</u>	<u>OCCASIONALLY</u>	<u>FREQUENTLY</u>	<u>CONTINUOUSLY</u>
A) Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>VII. Restriction of activities involving:</b>	<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>TOTAL</u>
A) Unprotected heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Being around moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Exposure to marked changes in temperature & humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Driving automotive equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Exposure to dust, fumes & gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VIII. Does Claimant have a need to lay down during the workday?**  Yes  No  
If yes, how often?

**IV. Does Claimant need to elevate his/her leg during the workday?**  Yes  No  
If yes, how often?

Signature of Physician

Address

Date