Form Approved OMB No. 0960-0662

# MEDICAL SOURCE STATEMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)

\_\_\_\_\_\_

### NAME OF INDIVIDUAL

#### SOCIAL SECURITY NUMBER

### **INSTRUCTIONS:**

Please assist us in determining this individual's ability to do work-related activities on a sustained basis. "Sustained basis" means the ability to perform work-related activities eight hours a day for five days a week, or an equivalent work schedule. (SSR 96-8p). Please give us your professional opinion of what the individual can still do despite his/her impairment(s). The opinion should be based on your findings with respect to medical history, clinical and laboratory findings, diagnosis, prescribed treatment and response, and prognosis.

For each activity shown below, respond to the questions about the individual's ability to perform the activity. When doing so, use the following definitions for the rating terms:

Functioning in this area independently, appropriately, effectively, and on a sustained basis. Absent or minimal limitations. If limitations are present they are transient and/or expected reactions to psychological stresses.



- Functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited. There is a slight limitation in this area, but the individual can generally function well.
- Moderate Functioning in this area independently, appropriately, effectively, and on a sustained basis is fair. There is more than a slight limitation in this area but the individual is still able to function satisfactorily.
- Marked Functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited. There is serious limitation in this area. There is a substantial loss in the ability to effectively function.
- Extreme Unable to function in this area independently, appropriately, effectively, and on a sustained basis. There is major limitation in this area. There is no useful ability to function in this area.

IT IS VERY IMPORTANT TO DESCRIBE THE FACTORS THAT SUPPORT YOUR ASSESSMENT. WE ARE REQUIRED TO CONSIDER THE EXTENT TO WHICH YOUR ASSESSMENT IS SUPPORTED.

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(1) Is ability to understand, remember, and carry out instructions affected by the impairment? No Yes If "no," go to question #2. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities.							
	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Marked</u>	<b>Extreme</b>		
Understand and remember simple instructions.							
Carry out simple instructions.							
The ability to make judgments on simple work-related decisions.							
Understand and remember complex instructions.							
Carry out complex instructions.							
The ability to make judgments on complex work-related decisions.							
Identify the factors (e.g., the particular medical sign	s. laboratory	findings, or oth	ner factors descr	ibed above) th	at support vour ass		

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(2)	Is ability to interact appropriately with superas respond to changes in the routine work set If "no," go to question #3. If "yes," please cl	ting, affected by heck the approp	y impairment	s?	□ No □	] Yes	Revised page numbers	
	restriction for the following work-related mental activities.							
	Interact appropriately with the public.	None	Mild	<u>Moderate</u>	Marked	<u>Extreme</u>		
	Interact appropriately with supervisor(s).							
	Interact appropriately with co-workers.							
	Respond appropriately to usual work situations and to changes in a routine work setting.							
	Identify the factors (e.g., the particular medic	cal signs, labora	tory findings	or other factors do	escribed above)	that support you	ur assessment.	
(3)	Are any other capabilities (such as the abilities impairment? If "yes," please identify the capability and de	No Yescribe how it is	es affected.			Added parentl inform	hetical nation	
(4)	The limitations above are assumed to be your However, if you have sufficient information limitations, on what date were the limitations	to form an opini	ion within a r	easonable degree o	of medical or ps	ychological pro	bability as to past	
(5)	If the claimant's impairment(s) include alcoh set forth above? If so, please identify and exanswers if the claimant was totally abstinent	ol and/or substa plain what chan	ance abuse, d ages you wou	o these impairmen ld make to your	ts contribute to	any of the claim	nant's limitations as	

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(6) Can the individual manage benefits in his/her own best in	iterest?	□ No	Yes	
Signature	Date			
Print Name, Title and Medical Specialty (Legibly Please)				

## **Privacy Act Statement**

### Collection and Use of Personal Information

Sections 205(a), 223(d), 1614(a)(3)(H)(I) and 1631(d)(1) of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to complete processing of the named patient's claim.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate or timely decision on the named patient's claim.

We rarely use the information you supply for any purpose other than for determining eligibility for benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
- 4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.ssa.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.

FORM HA-1152-U3 (04-2009) ef (04-2009)

Destroy Old StockSOCIAL SECURITY ADMINISTRATION
Approved

Form

OFFICE OF DISABILITY ADJUDICATION AND REVIEW

OMB No. 0960-0662

ERUCTIONS:  see assist us in determining this individual's ability to do work related activities on a sustained basis. "Sustains and the ability to perform work-related activities eight hours a day for five days a week, or an equivalent work. 19.6 (8). Please give us your professional opinion of what the individual can still do despite his/her impairment ion should be -based on your findings with respect to medical history, clinical and -laboratory findings, derived treatment and response, and prognosis.  seach activity shown below, respond to the questions about the individual's ability to perform the activity, endoing so, use the following definitions for the rating terms:  None -Able to function in this area independently, appropriately, effectively, and on a sustained basis, Absent or minimal limitation in this area, but the individual across the properties of the profession to psychological stresses.  MildEnterioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited. There is limitation in this area, but the individual can generally function well.  Moleven _Enterioning in this area independently, appropriately, effectively, and on a sustained basis is fair.  There is more than adjud limitation in this area independently, appropriately effectively, and an a sustained basis is fair.  There is no useful ability to fine area but the individual is still able to function sustained basis. There is major limit this area. There is no abbandard loss in the ability to effectively, and an a sustained basis, There is major limit this area. There is no abbandard loss in the bulky to effectively, and an a sustained basis. There is major limit this area. There is no abbandard loss in the bulky to effectively, and an a sustained basis, There is major limit this area. There is no abbandard loss in the bulky to effectively, and an a sustained basis, There is major limit this area. There is no abbandard loss in the area. The ability to under plant the area to a bulk in thi						
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If "no," go to question #2. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities:    None	WE ARE REQUIRED TO CONSIDE	<del>K THE EXT</del>	ENI IU W	HICH YOUR A	<del>33E33IVIEN I</del>	- 15 SUPPORTED.
If "no," go to question #2. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities:    None	Is ability to understand, remember, and carry out ins	structions affe	ected by the ir	npairment?	No Y	<del>Yes</del>
Understand and remember simple instructions.  Garry out simple instructions.  Carry out simple instructions.  The ability to make judgments on simple work related decisions.  Understand and remember complex instructions:  Carry out complex instructions.  Carry out complex instructions.  Carry out emplex work-related decisions.  Understand and remember complex instructions.  Carry out complex instructions.  Carry out complex instructions.  Carry out emplex work-related decisions.  Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment in the factors of the particular medical signs, laboratory findings, or other factors described above) that support your assessment in the factors of the particular medical signs, laboratory findings, or other factors described above) that support your assessment in the factors of the particular medical signs, laboratory findings, or other factors described above) that support your assessment in the factors of the particular medical signs, laboratory findings, or other factors described above) that support your assessment in the factors of the particular medical signs, laboratory findings, or other factors described above) that support your assessment in the factors of the particular medical signs, laboratory findings, or other factors described above) that support your assessment in the factors of the public, as well—your assessment in the factors of the public, as well—your assessment in the public, as well—your assessment in the factors of the factors of the factors of the public, as well—your assessment in the factors of the	If "no," go to question #2. If "yes," please check the	e appropriate			<del>al's</del>	
Understand and remember simple instructions:  Carry out simple instructions:  The ability to make judgments on simple work-related decisions.  Understand and remember complex instructions:  Carry out complex instructions.  Carry out complex instructions.  The ability to make judgments on complex work-related decisions:  Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment of the changes in the routine work setting, affected by impairments?  If no, go to question 43. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities.  None Mild Moderate Marked Extreme  Interact appropriately with the public.	restriction for the following work-related mental act	<del>ivities.</del>				
Carry out simple instructions:  The ability to make judgments on simple work-related decisions:  Understand and remember complex instructions:  Carry out complex instructions:  The ability to make judgments on complex work-related decisions:  Is ability to interact appropriately with supervision, co-workers, and the public, as well—spond to changes in the routine work setting, affected by impairments?  If "no," go to question #3. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities:  None Mild Moderate Marked Extreme  Interact appropriately with the public.		None None	<u>Mild</u>	<b>Moderate</b>	<b>Marked</b>	<b>Extreme</b>
The ability to make judgments on simple work-related decisions.  Understand and remember complex instructions:  Carry out complex instructions:  The ability to make judgments on complex work-related decisions:  Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment assessment of the complex work related propriately with supervision, co-workers, and the public, as well—spond to changes in the routine work setting, affected by impairments?  If "no," go to question #3. If "yes," please check the appropriate block to describe the individual's restriction for the following work related mental activities:  None Mild Moderate Marked Extreme  Interact appropriately with the public.	Understand and remember simple instructions.					
The ability to make judgments on simple work-related decisions.  Understand and remember complex instructions:  Carry out complex instructions:  The ability to make judgments on complex work-related decisions:  Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment assessment of the complex work related propriately with supervision, co-workers, and the public, as well—spond to changes in the routine work setting, affected by impairments?  If "no," go to question #3. If "yes," please check the appropriate block to describe the individual's restriction for the following work related mental activities:  None Mild Moderate Marked Extreme  Interact appropriately with the public.	Carry out simple instructions					
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The ability to make judgments on complex work-related decisions.  Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment ability to interact appropriately with supervision, co-workers, and the public, as well-spond to changes in the routine work setting, affected by impairments?  If "no," go to question #3. If "yes," please check the appropriate block to describe the individual's restriction for the following work-related mental activities:  None  Mild  Moderate  Marked  Extreme  Interact appropriately with the public.	simple work-related decisions.					
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restriction for the following work-related mental activities.  None Mild Moderate Marked Extreme  Interact appropriately with the public.	Is ability to interact appropriately with supervis	<del>ijon, co-work</del> i	ers, and the p	ublic, as well		
Interact appropriately with the public.    None   Mild   Moderate   Marked   Extreme	espond to changes in the routine work setting, affecte	d by impairm	ents?	No		
Interact appropriately with the public.	espond to changes in the routine work setting, affecte If "no," go to question #3. If "yes," please check the	d by impairm e appropriate	ents?	No		
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Interact appropriately with cuporticor(c)	espond to changes in the routine work setting, affected If "no," go to question #3. If "yes," please check the restriction for the following work-related mental act Nor	d by impairme appropriate ivities.	ents? block to desc	ribe the individu	al's	Extreme
Interact appropriately with supervisor(s).	respond to changes in the routine work setting, affecte If "no," go to question #3. If "yes," please check the restriction for the following work-related mental act	d by impairme appropriate ivities.	ents? block to desc	ribe the individu	al's	Extreme

—(	( )				Page 6 of 4	()	Page 6 of 4
	Interact appropriately with co-workers.						
	Respond appropriately to usual work- situations and to changes in a routine- work setting.						
	Identify the factors (e.g., the particular med	<del>ical signs, labor</del>	atory findings, o	or other factors d	<del>escribed above) t</del>	<del>hat support y</del>	<del>our assessment.</del>
<del>(3)</del>	Are any other capabilities affected by the ir If "yes," please identify the capability and o		<del>s affected.</del>	<del>No</del>	<del></del>		
	Identify the factors (e.g., the particular med	<del>ical signs, labor</del>	atory findings, (	or other factors d	<del>escribed above) t</del>	<del>hat support y</del>	<del>our assessment.</del>
(4)	The limitations above are assumed to be yo	ur oninion regan	ding current lin	nitations only			
( )	However, if you have sufficient information limitations, on what date were the limitation	ı to form an opiı	nion within a re	asonable degree	of medical or psy —	<del>chological pr</del>	obability as to past
<del>(5)</del>	If the claimant's impairment(s) include alcoset forth above? If so, please identify and canswers if the claimant was totally abstinen	ohol and/or subs xplain what cha	tance abuse, do nges you would	these impairmen make to your	ts contribute to a	ny of the clai	<del>mant's limitations as</del>
	0.00 CF/42 (0.00 CF) CF (12 CFF ATFMG						_

FORM HA-1152-U3 (12-2014) ef (12-2014)

<u>Destroy Prior Editions</u>FORM HA-1152-U3 (04-2009) ef (04-2009)

<u>Destroy Old Stock</u>

<del>()</del>			Page 7 of 4()	Page 7 of 4
- (6) Can the individual manage benefits in his/her own best in	terest?	No No	<del>Yes</del>	
Signature	Date			
Print Name, Title and Medical Specialty (Legibly Please)				

### **Privacy Act Statement**

### Collection and Use of Personal Information

Sections 205(a), 223(d), 1614(a)(3)(H)(I) and 1631(d)(1) of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to complete processing of the named patient's claim.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate or timely decision on the named patient's claim.

We rarely use the information you supply for any purpose other than for determining eligibility for benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 5. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 6. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
- 7. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
- 8. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.ssa.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.