

## HYPOTHETICAL QUESTIONS

ASSUME A PERSON OF CLAIMANT'S AGE, EDUCATION, AND WORK EXPERIENCE,  
WHO RETAINS THE ABILITY TO:

| <b>EXERTIONAL LIMITATIONS</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OCCASIONAL = 2 HOURS OR UP TO 1/3 OF 8 HRS    FREQUENT=6 HOURS OR UP TO 2/3 OF 8 HRS</b>                                                                                                                                               |                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Lift up to <b>10 pounds occasionally</b> and frequently<br><br><input type="checkbox"/> <b>Stand/walk</b> for about <b>2 hours &amp; sit</b> for up to <b>6 hours</b> in an 8-hour work day, with normal breaks. |                                                                                                                                                                                                                                                                           |
| <b>LIGHT</b>                                                                                                                                                                                                                              | <input type="checkbox"/> Lift up to <b>20 pounds occasionally</b> ; lift/carry up to <b>10 pounds frequently</b><br><br><input type="checkbox"/> <b>Stand/walk</b> for about <b>6 hours &amp; sit</b> for up to <b>6 hours</b> in an 8-hour work day, with normal breaks. |
| <b>MEDIUM</b>                                                                                                                                                                                                                             | <input type="checkbox"/> Lift no more than <b>50 pounds occasionally</b> ; lift/carry up to <b>25 pounds frequently</b> .                                                                                                                                                 |
| <b>HEAVY</b>                                                                                                                                                                                                                              | <input type="checkbox"/> Lift no more than <b>100 pounds occasionally</b> ; lift/carry up to <b>50 pounds frequently</b> .                                                                                                                                                |
| <b>NONE</b>                                                                                                                                                                                                                               | Perform Work with <b>NO exertional limitations</b>                                                                                                                                                                                                                        |
| <b>SIT/STAND OPTION</b>                                                                                                                                                                                                                   | <input type="checkbox"/> allowing person to alternate sitting or standing positions at one hour / thirty minute / fifteen minute intervals throughout the day.                                                                                                            |
| PUSH OR PULL    L    R    CONSTANT    FREQUENT    OCCASIONAL    NEVER    OVERHEAD                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
| FOOT CONTROL OPERATION    L    R    CONSTANT    FREQUENT    OCCASIONAL    NEVER                                                                                                                                                           |                                                                                                                                                                                                                                                                           |
| <b>POSTURAL LIMITATIONS</b>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                           |
| CLIMB RAMPS or STAIRS:                                                                                                                                                                                                                    | <input type="checkbox"/> <i>Frequent</i> <input type="checkbox"/> <i>Occasional</i> <input type="checkbox"/> <i>Never</i>                                                                                                                                                 |
| CLIMB LADDERS, ROPES or SCAFFOLDS:                                                                                                                                                                                                        | <input type="checkbox"/> <i>Frequent</i> <input type="checkbox"/> <i>Occasional</i> <input type="checkbox"/> <i>Never</i>                                                                                                                                                 |
| BALANCE <input type="checkbox"/> w/hand held ASSISTIVE DEVICE                                                                                                                                                                             | <input type="checkbox"/> <i>Frequent</i> <input type="checkbox"/> <i>Occasional</i> <input type="checkbox"/> <i>Never</i>                                                                                                                                                 |
| STOOP                                                                                                                                                                                                                                     | <input type="checkbox"/> <i>Frequent</i> <input type="checkbox"/> <i>Occasional</i> <input type="checkbox"/> <i>Never</i>                                                                                                                                                 |
| KNEEL                                                                                                                                                                                                                                     | <input type="checkbox"/> <i>Frequent</i> <input type="checkbox"/> <i>Occasional</i> <input type="checkbox"/> <i>Never</i>                                                                                                                                                 |
| CROUCH                                                                                                                                                                                                                                    | <input type="checkbox"/> <i>Frequent</i> <input type="checkbox"/> <i>Occasional</i> <input type="checkbox"/> <i>Never</i>                                                                                                                                                 |
| CRAWL                                                                                                                                                                                                                                     | <input type="checkbox"/> <i>Frequent</i> <input type="checkbox"/> <i>Occasional</i> <input type="checkbox"/> <i>Never</i>                                                                                                                                                 |
| <input type="checkbox"/> NO REPETITIVE <input type="checkbox"/> OCCASIONAL    ___ FREQUENT    ___ CONSTANT                                                                                                                                |                                                                                                                                                                                                                                                                           |
| ROTATION, FLEXION or EXTENSION of the <b>NECK</b>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |

## **MANIPULATIVE LIMITATIONS**

REACH:                    Bilateral   L   R // Frequent   Occasional   Never   Fully Extended

OVERHEAD REACH   Bilateral   L   R // Frequent   Occasional   Never   Fully Extended

HANDLE objects, that is, GROSS MANIPULATION

Bilateral   L   R            Frequent            Occasional            Never

FINGER ( FINE MANIPULATION of items no smaller than the size of a paper clip)

Bilateral   L   R            Frequent            Occasional            Never

FEEL   Bilateral   L   R            Constant   Frequent   Occasional   Never

OPERATION OF vibrating HAND TOOLS   bilateral\_\_\_ L\_\_\_ R\_\_\_   Never \_\_\_ Occasional\_\_\_ Frequent\_\_\_ Constant

Limited to jobs that can be performed while using a HAND HELD ASSISTIVE DEVICE required:

1. (a) \_\_\_ only for UNEVEN TERRAIN or PROLONGED AMBULATION *or* (b)\_\_\_ at ALL TIMES when STANDING and
2. (a) \_\_\_ the CONTRALATERAL UPPER EXTREMITY CAN be used to LIFT and CARRY up to exertional limits *or*  
(b) \_\_\_ the CONTRALATERAL UPPER EXTREMITY CANNOT be used to CARRY objects due to BALANCE needs.

## **ENVIRONMENTAL LIMITATIONS**

Avoid  concentrated  moderate  all ... Exposure to extreme **COLD**

Avoid  concentrated  moderate  all ... Exposure to extreme **HEAT**

Avoid  concentrated  moderate  all ... Exposure to **WETNESS**

Avoid  concentrated  moderate  all ... Exposure to **HUMIDITY**

Avoid  concentrated  moderate  all ... Exposure to excessive **NOISE**

Avoid  concentrated  moderate  all ... Exposure to excessive **VIBRATION**

Avoid  concentrated  moderate  all ... Exposure to **irritants** such as fumes, odors, dust, gases, poorly ventilated areas

Avoid  concentrated  moderate  all ... Exposure to **CHEMICALS**

Avoid  concentrated  moderate  all ... Exposure to operational control of **moving machinery** & unprotected **heights**

Avoid  concentrated  moderate  all ... Exposure to **Hazardous Machinery**

Never\_\_\_\_\_ Occasional\_\_\_\_\_ Frequently\_\_\_ Constant      Operation of a **Motor Vehicle**

## ***VISUAL LIMITATIONS***

Limited to Occupations Requiring:  only occasional  frequent  near acuity  far acuity  peripheral acuity

depth perception  color vision  nighttime vision

Other: \_\_\_\_\_

### ***DENVER FORM: VISION:***

*Able to avoid ordinary hazards in the work place such as boxes on the floor, doors ajar or approaching people or vehicles? \_\_\_\_yes \_\_\_\_no*

*Able to read very small print ? \_\_\_\_yes \_\_\_\_no*

*Able to read ordinary newspaper or book print ? \_\_\_\_yes \_\_\_\_no*

*Able to view a computer screen? \_\_\_\_yes \_\_\_\_no*

*Able to determine differences in shape and color of small objects such as screws, nuts or bolts ? \_\_\_\_yes  
\_\_\_\_no*

### ***DENVER FORM: HEARING***

Retain the ability to hear and understand oral instructions? \_\_\_\_yes \_\_\_\_no

Use a telephone to communicate? \_\_\_\_yes \_\_\_\_no

Avoid loud background noises? \_\_\_\_yes \_\_\_\_no

Very quiet: isolation booth, deep sea diving ,forest trail

Quiet: Library, private offices, funeral reception, golf course

Moderate: business office where machines are in use, dept. store, grocery store, light traffic

Loud: heavy traffic, large earth moving equipment

Very Loud: rock concert, jack hammer, rocket engine

## ***COMMUNICATIONS LIMITATIONS***

Limited to Occupations that do Not Require:  FINE HEARING capability  complex WRITTEN or VERBAL communication

frequent VERBAL communication  frequent TELEPHONE communication  Other (specify):

\_\_\_\_\_

**NONEXERTIONAL - MENTAL LIMITATIONS**

**A. CONCENTRATION, PERSISTENCE OR PACE DEFICITS**

Work limited to \_\_\_ 1 or 2 STEP TASKS \_\_\_ 3-4 step tasks

Work limited to **SIMPLE, ROUTINE and REPETITIVE TASKS**

Work allowed **OFF TASK** \_\_\_\_\_ % of the day. Breaks in addition to regularly scheduled breaks \_\_\_\_\_

**BREAKS** every \_\_\_\_\_ minutes for \_\_\_\_\_ minutes in addition to regularly scheduled breaks

Work in a **LOW STRESS** job, defined as having: \_\_\_\_\_  
\_\_\_\_\_

Work requiring \_\_\_ F REQUENT \_\_\_ INFREQUENT SIMPLE ROUTINE **DECISION MAKING**.  
\_\_\_\_\_ FREQUENT \_\_\_\_\_ INFREQUENT ROUTINE **CHANGES** in the WORK SETTING

Work with  NO or  infrequent \_\_\_\_\_ FREQUENT **JUDGMENT REQUIRED** on the job

Work with **NO PRODUCTION RATE** or PACE WORK, more GOAL ORIENTED work.

Work where this person must be **REMINDED OF TASKS** \_\_\_\_\_ times per day

Work where this person needs **CLOSE SUPERVISION**, defined as having a supervisor checking the person's work (\_\_\_\_) times a day.

**B. SOCIAL FUNCTIONING DEFICITS**

NO  only OCCASIONAL \_\_\_ FREQUENT BRIEF AND SUPERFICIAL **INTERACTION** with the **PUBLIC**

NO  only OCCASIONAL \_\_\_ FREQUENT SUPERFICIAL **INTERACTION** with **CO-WORKERS**  with NO TANDEM TASKS

Work is isolated, with **OCCASIONAL SUPERVISION (FREQUENCY AND DURATION)**

Work can be **around co-workers** throughout the day, but with only **OCCASIONAL INTERACTION** with co-workers.

**(COMBO)** Due to severe  PAIN  MENTAL impairments, this individual cannot sustain sufficient **CONCENTRATION, PERSISTENCE or PAC** to do even simple, routine tasks on a regular and continuing basis for 8 hours a day, 5 days a week, for a 40 hour work week or an equivalent work schedule.

YES  NO

Would competitive work at all exertional levels be precluded for an individual with a COMBINATION of  MEDICAL conditions  associated PAIN and  MENTAL impairments, who could not engage in SUSTAINED WORK ACTIVITY on a REGULAR and CONTINUING basis for 8 hours a day, 5 days a week, for a 40 hour work week.?  YES  NO

How many UNEXCUSED or UNSCHEDULED **ABSENSES** do employers customarily PERMIT per month? \_\_\_\_\_

How many **routine rest or break periods** do employers customarily permit employees per day? \_\_\_\_\_

Would **exceeding these customary limits** on a regular basis eliminate the jobs cited and work in the competitive workplace? \_\_\_\_\_