

## COGNITIVE WORK CAPABILITIES FORM

This form is designed for medical providers to document work capabilities of patients with injuries or illnesses affecting cognitive function. To complete this form, use available information (e.g., from your interactions with the patient and information from the care team) to estimate the patient's work abilities.

Cognitive capabilities are divided into 3 categories: Cognition, Self-regulation, and Resilience. Rate performance in each category. Choose from the listed job modifications to help end users of this form, such as an employer, determine appropriate accommodations.

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

Please rate patient's ability on the following scale: **1 = no limitation; 2 = needs environmental modifications; 3 = needs close supervision or assistance; 4 = unable to perform despite close supervision or assistance**

If a category is rated mostly with 4's, consider whether to select any job modifications within that category because they may not promote ability to work.

<b>Cognition</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Remember simple instructions				
Remember complex instructions				
Understand simple instructions				
Understand complex instructions				
Carry out an individual task				
Carry out multiple tasks				
Make simple decisions				
Perform complex decision making				
Maintain attention for extended periods				
Tolerate distraction in the work environment				
Manage time to be punctual				
Take appropriate precautions to workplace hazards				
Maintain an organized workstation or environment				

<b>Job modification(s) related to Cognition (choose all that apply):</b>	
Needs written work task available to remember instructions	
Needs to take notes to remember details of non-routine work tasks	
Requires supervised repetition to learn work tasks	
New tasks should have limited steps with additional steps added only after initial sequence is performed independently	
Work tasks should be isolated to one task at a time	
Complex problem solving should not be required for any work tasks	
Complex problem solving should not be required for new work tasks, but tasks that are practiced can involve complex problem solving	
Needs assistance for complex problem solving	
Need to limit to one computer monitor to decrease need for multitasking	
Reminders, such as on a cell phone, are needed to manage time and maintain a schedule	
Needs a more isolated work area to decrease auditory and visual distraction	
Wear earplugs or earmuffs to decrease auditory distraction	
Needs supervision to create and maintain organization within the work environment	

<b>Self-regulation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Able to interact with the general public				
Able to interact with coworkers or peers				
Responsive to feedback from supervisors				
Able to request assistance when needed				
Complete work without interruptions from psychological symptoms				
Adhere to basic hygiene and cleanliness standards				
<b>Job modification(s) related to Self-Regulation (choose all that apply):</b>				
Working with the general public should not be an essential job function				
Direct interaction should be with a limited number of coworkers				
Employer performance feedback should be provided in writing at scheduled intervals				
Needs to work with a team member for a majority of the day to compensate for limited ability to ask for assistance				
Needs supervision with adhering to company hygiene/dress standards				

<b>Resilience</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Respond flexibly to changes				
Make and adjust plans independently				
Work with time pressure				
Manage daily work demands				
Maintain regular attendance				
Learn from adverse events.				
<b>Job modification(s) related to Resilience (choose all that apply):</b>				
Needs check-in from a supervisor to help process adverse events				
Needs check-in from supervisor to help process change in the work routine				
Working under time pressure should be limited				
Rest breaks are needed. Please specify:				
Unable to work consecutive shifts or needs alternate days off Please specify:				
Need to limit certain shifts such as day shifts, night shifts, or on-call shifts Please specify:				
Unable to tolerate overtime				

Any other job modification recommendations not listed above:

<b>Put an X in the box to mark the appropriate cognitive work capability level.</b>	
Can work without restrictions	
Modified hours required: Can work _____ hours per day _____ days per week	
Requires job modifications other than limited hours of work	
Does not have a cognitive work capability	
Cognitive work capability will be reassessed on date: _____	

Medical provider's name (print) \_\_\_\_\_ Date \_\_\_\_\_

Medical provider's signature \_\_\_\_\_

Medical provider's duration of role on care team: \_\_\_\_\_