

Quick Guide to Cognitive Work Capabilities Form

The purpose of the Cognitive Work Capabilities Form is to guide assessment and efficiently document a best estimate of a patient's cognitive work ability based on the treating clinician's medical opinion. The assessment should incorporate available information from the care team, interviewing the patient, and available clinical exam or test results. This process should complement other aspects of your visit without taking substantially more time. See the manual for more information.

The Cognitive Work Capabilities Form can be used to:

- release the patient to work
- assist employer with implementing work accommodations
- assist vocational rehabilitation counselor with appropriate work placement
- provide documentation for work disability benefits such as short or long term disability, workers' compensation, or Social Security Disability Insurance (SSDI)

The Cognitive Work Capabilities Form can be completed by:

- the treating medical or psychiatric provider
- Occupational Therapists (OT), Speech Language Pathologists (SLP), neuropsychologists, clinical psychologists, and counselors can complete sections of the form within their professional ability as a communication tool with the primary treating provider

How to use this form:

The form can be used to guide a functional interview during a visit. To address potential issues of lack of patient insight, ask questions that include functional examples valid to the individual such as self-care, home management, and job performance. (For example, to assess carrying out multiple tasks: "Can you cook bacon, eggs, and toast at the same time?"). To promote quality of the interview and accuracy of ratings, the user must be aware of potential unconscious biases (age, race, ethnicity, education, socioeconomic status, etc.).

Cognitive capabilities listed on the form are divided into 3 categories: Cognition, Self-Regulation, and Resilience.

A scale of 1-4 is used to rate function in each category:

1 = no limitations – patient can independently perform this aspect of work

2 = needs environmental modifications – patient can perform this aspect of work with strategies or environmental adjustments that do not require increased level of supervision or assistance

3 = needs close supervision or assistance – patient can perform this aspect of work only with increased level of monitoring from a supervisor or direct assistance

4 = unable to perform despite close supervision or assistance - patient is unable to perform this aspect of work even with a supervisor or co-worker monitoring and providing direct assistance

Option 5: Unable to estimate must be used with caution. This should only be chosen if the provider does not have enough information to estimate or the item being rated is outside of the provider's area of practice.

Job modifications are listed at the end of each category for providers to choose from based on the patient's cognitive capabilities. Job modifications may be chosen for the following purposes:

- to successfully maintain current employment or promote successful return to work
- help patient find appropriate new employment
- extensive number of modifications documents the patient has a limited cognitive work capacity

COGNITIVE WORK CAPABILITIES FORM

This form is designed for health care 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 three 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; 5 = unable to estimate**

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

Cognition	1	2	3	4	5
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					
Job modification(s) related to cognition (choose all that apply):					
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 initially have limited steps					
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 only be performed for practiced work tasks					
Needs assistance for all 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 option to dim light to decrease visual strain, distraction, and reduce symptom triggers					
Needs supervision to create and maintain organization within the work environment					

Self-regulation	1	2	3	4	5
Interact with the general public					
Interact with coworkers or peers					
Responsive to feedback from supervisors					
Request assistance when needed					
Complete work without interruptions from psychological symptoms					
Adhere to basic hygiene and cleanliness standards					
Job modification(s) related to self-regulation (choose all that apply):					
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 someone to compensate for limited ability to ask for assistance					
Needs supervision with adhering to company hygiene/dress standards					
Resilience	1	2	3	4	5
Respond flexibly to changes					
Make and adjust plans independently					
Work with time pressure					
Manage daily work demands					
Maintain regular attendance					
Learn from adverse events					
Job modification(s) related to resilience (choose all that apply):					
Needs check-in from supervisor to help process change in the work routine					
Needs check-in from supervisor to help process adverse events					
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:					

Any other job modification recommendations not listed above:

Mark the appropriate <u>cognitive</u> work capability level (choose all that apply):	
Can work without job modifications	
Modified hours required: Can work _____ hours per day _____ days per week	
Requires job modifications other than modified work hours	
Can tolerate sheltered employment (working with someone) (<i>consider when most answers are 3</i>)	
Volunteering can be explored	
Does not have a cognitive work capability	
Cognitive work capability will be reassessed on date: _____	

Sources supporting this medical opinion (check all that apply):

Patient interview	
Observations during present or past visits	
Health care provider evaluation	
Administration or review of objective cognitive or psychological testing	
Discussion with care team or other treating provider	
Medical record review	
Review of work history	
Employer report of work performance	

Medical provider's name (print) _____ Date _____

Medical provider's signature _____

Medical provider's duration of role on care team: _____