

# Functional Job Demands

The activities listed below are rated by the *Dictionary of Occupational Titles* based on the frequency and duration of performance during the workday as shown in Table 1, below. Please check ONE box for each activity to indicate the appropriate job demand level for that activity.

Activity	Job Demand Level			
	C	F	O	N
Walk				
Climb				
Balance				
Stoop				
Kneel				
Crouch				
Crawl				
Reach				
Handling				
Fingering				
Feeling				
Sitting				
Standing				

The activities listed below are rated by the *Dictionary of Occupational Titles* based on the Physical Demand Characteristic (PDC) as defined in Table 2, at the bottom of the page. Please check ONE box for each activity to indicate the appropriate job demand level for that activity.

Activity	Job Demand Level (PDC)				
	S	L	M	H	VH
Lift High					
Lift Mid					
Lift Low					
Lift Full					
Carry					
Push					
Pull					
Overall *					

\* Overall job demand – includes all activities

Table 1: Activity Frequency - Dictionary of Occupational Titles Volume II, Fourth Edition, Revised 1991		Lifting Activity Height Definitions
Constant (C)	67 – 100% of the workday	High – above shoulder
Frequent (F)	34 – 66% of the workday	Mid – knuckle to shoulder
Occasional (O)	0 – 33% of the workday	Low – floor to knuckle
Not Present (N)	Activity is not performed	Full – full vertical work plane

Table 2: PDC - Dictionary of Occupational Titles - Volume II, Fourth Edition, Revised 1991			
Physical Demand Level	OCCASIONAL 0-33% of the workday	FREQUENT 34-66% of the workday	CONSTANT 67-100% of the workday
Sedentary (S)	1 - 10 lbs.	Negligible	Negligible
Light (L)	11 - 20 lbs.	1 - 10 lbs.	Negligible
Medium (M)	21 - 50 lbs.	11 - 25 lbs.	1 - 10 lbs.
Heavy (H)	51 - 100 lbs.	26 - 50 lbs.	11 - 20 lbs.
Very Heavy (VH)	Over 100 lbs.	Over 50 lbs.	Over 20 lbs.

# Activity Rating Chart

Clinic Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Rate your ability to perform each of these activities at an average pace (acceptable to most workers and employers) as a percent of an 8 hour workday as follows:

" 0 " means..... Unable to perform the activity

" 1 " means..... Able to perform the activity 10% of the day

" 5 " means..... Able to perform the activity 50% of the day

"10" means..... Able to perform the activity 100% of the day (able to perform with no restrictions)

Activity	Rating (please circle the appropriate number)										
Lifting 10 lbs	0	1	2	3	4	5	6	7	8	9	10
Lifting 20 lbs	0	1	2	3	4	5	6	7	8	9	10
Lifting 50 lbs	0	1	2	3	4	5	6	7	8	9	10
Carrying	0	1	2	3	4	5	6	7	8	9	10
Walking	0	1	2	3	4	5	6	7	8	9	10
Pushing/Pulling	0	1	2	3	4	5	6	7	8	9	10
Climbing	0	1	2	3	4	5	6	7	8	9	10
Balance	0	1	2	3	4	5	6	7	8	9	10
Stooping/Bending	0	1	2	3	4	5	6	7	8	9	10
Crouching	0	1	2	3	4	5	6	7	8	9	10
Kneeling	0	1	2	3	4	5	6	7	8	9	10
Crawling	0	1	2	3	4	5	6	7	8	9	10
Reaching	0	1	2	3	4	5	6	7	8	9	10
Handling	0	1	2	3	4	5	6	7	8	9	10
Fingering	0	1	2	3	4	5	6	7	8	9	10
Feeling	0	1	2	3	4	5	6	7	8	9	10
Sitting	0	1	2	3	4	5	6	7	8	9	10
Standing	0	1	2	3	4	5	6	7	8	9	10

I agree the representations made in this form are accurate and true.

\_\_\_\_\_  
Patient Signature

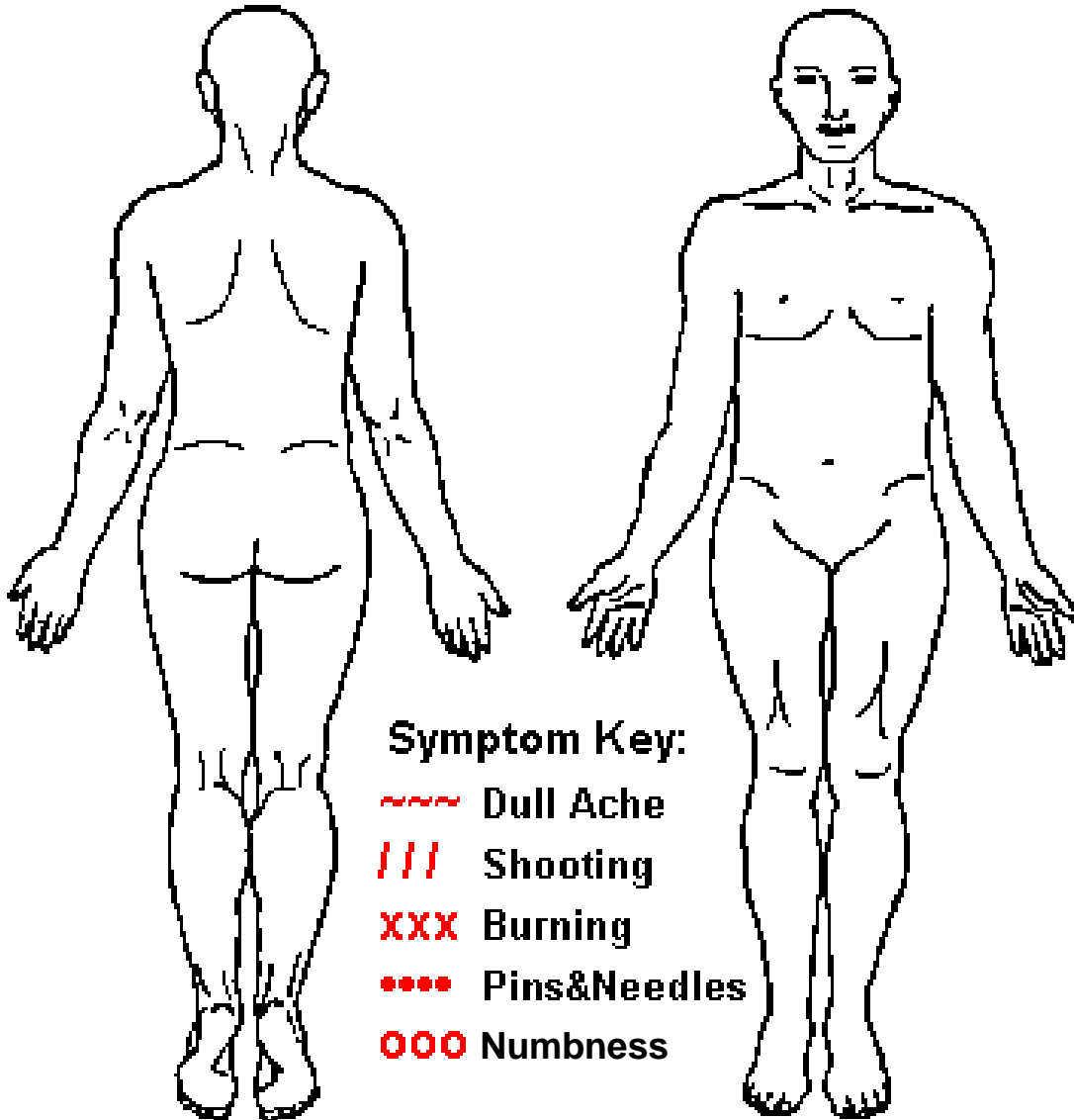
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

# Pain Drawing

Clinic Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Please describe your current symptoms by marking on the drawing below, using symbols shown in the "Symptom Key", to indicate specific types of sensation.



The above chart, and the copy shown to me on the computer, are an accurate description of my current symptoms.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date