

Worksheet 2: How MS Impacts Your Functioning and Ability to Work

FOR PERSONAL USE

The purpose of this worksheet is to help describe how your MS symptoms and/or other conditions impact your ability to do work activities, under each MS criterion section below. For each, include how your symptoms have changed your ability to work over time.

Think about activities you did at work before your disability and what activities you can no longer do after your MS diagnosis. Think about activities that are too difficult or painful to perform for very long, activities for which you always need assistance to complete, and activities that you can no longer perform at all. Use the examples to think about your own situation.

Be thorough. If you do not have room to write in the space provided, use notebook paper or cut and paste into a word processing program.

Use the information you include here to talk with your doctor(s) and SSA representative. Give your doctor(s) copies of this worksheet so he or she can use the sheet when drafting your Medical Source Statement (MSS). **KEEP YOUR ORIGINALS.**

1. Physical or Other Work Activities

How have your MS symptoms and/or other conditions impacted the following physical or other work activities? Use these examples to describe your circumstances in your own words below.

- Sitting still at your workstation or keeping your balance in one place. **Describe any assistance or accommodations you might receive at work.**
- Standing, walking to work, walking around your workplace, or requiring an assistive device to walk.
- Grocery shopping, including length of time to buy five bags of groceries and how you feel when you're finished.
- Activities that use your hands, such as typing.
- Preparing breakfast or lunch at work. Cleaning the kitchen and dishes after meals.
- Carrying or lifting things, including weights of items lifted.
- Using public transportation or driving to work.
- Speaking clearly.
- Dressing yourself or other self-grooming activities.
- Controlling your bladder and bowel.
- Vacuuming, sweeping, or mopping, including length of time. **Describe any assistance you might receive at home.**
- Changing spark plugs, including length of time.
- Mowing the lawn of an average home, including length of time.
- Repair "minor" computer problems or balancing your checkbook, including length of time.
- Walk 100 yards (or one football field), including length of time.

2. Visual Work Activities

How have your MS symptoms and/or other conditions impacted the following visual work activities? Use these examples to describe your circumstances in your own words below.

- Writing paperwork.
- Reading, even in large type or font.
- Using a computer screen or other electronic screen.
- Seeing materials presented at work-related meetings.
- Using or operating work-related equipment.

Describe your visual limitations related to your work and other daily activities:

3. Thinking and Concentrating at Work (Cognitive Activities)

How have your MS symptoms and/or other conditions impacted the following cognitive activities at work? Use these examples to describe your circumstances in your own words below.

- Following and participating in workplace discussions or interacting with others at work.
- Working longer hours to catch up (because your work is slower or inferior) or not meeting deadlines or quotas.
- Memory. Remembering to perform all of your duties.
- Reasoning, concentration, and understanding your work functions.
- Concentrating on one task for longer than a few minutes. Organizing tasks, working with numbers or calculations, and remembering instructions.
- Tolerating stress or anxiety you feel at work.
- Losing focus at work because of depression, interruptions or distractions, or background noise.
- Becoming upset because of distractions or interruptions. Controlling your emotions.

Describe your cognitive limitations related to your work and other daily activities:

4. Extreme Feeling of Tiredness or Fatigue at Work

How have your MS symptoms and/or other conditions impacted your feelings of tiredness and fatigue at work? Use these examples to describe your circumstances in your own words below.

- Completing a full workday, including travel to and from work.
- Staying awake at work.
- Engaging in any activity for more than an hour.
- Walking, tripping, falling, and/or requiring an assistive device, like a wheelchair.
- Getting dressed or any other activity of daily living.
- Keeping up with the pace of activity at your workplace.
- Participating in evening activities away from home.
- Needing to rest on the weekends in order to be able to work the next week.
- Using vacation days when you are out of paid sick days.

Describe your limitations caused by tiredness and fatigue, related to your work and other daily activities:
