

**Temperaments factors**  
**Work situation**  
**Residual Functional Capacity**

*The Revised Handbook for Analyzing Jobs* published by the Department of Labor Employment and Training Administration (1991) defines Temperaments as a “component of Worker Characteristics, are the adaptability requirements made on the worker by specific types of jobs.”

The Dictionary of Occupation Titles includes temperament characteristics for each job title.

*The Revised Handbook for Analyzing Jobs*, further states that, “the degree to which a worker can adapt to work factors is often a determining factor for success. A person’s dissatisfaction or failure to perform adequately can sometimes be attributed to an inability to adapt to a work situation rather than an inability to learn and carry out job duties.”

I would appreciate it if you could please determine if there has been a reduction in the ability for your patient to adapt to the Temperament characteristics required by jobs on account of his/her psychiatric impairment(s). If there is any Temperament(s) requirements that your patient should avoid please note below. This information will allow for a cross reference between Temperaments to avoid or not to the data base of jobs contained in the Dictionary of Occupation Titles when considering medically compatible post injury occupations.

The 11 Temperaments factors and their definitions are:

- 1. DIRECTING, CONTROLLING OR PLANNING ACTIVITES OF OTHERS:** *Involves accepting responsibility for formulating plans, practices, policies, methods, regulations and procedures for operations or projects; negotiating with individuals or groups for agreements or contracts; and supervising subordinate workers to implement plans and control activities.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

- 2. PERFORMING REPETITIVE OR SHORT-CYCLE WORK:** *Involves performing a few routine and uninvolved tasks over and over again according to set procedures, sequence, or pace with little opportunity for diversion or interruption. Interaction with people is included when it is routine, continual, or prescribed.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

- 3. INFLUENCING PEOPLE IN THEIR OPINIONS, ATTITUDES AND JUDGMENTS:** *Involves writing, demonstrating, or speaking to persuade or motivate people to change their attitudes or opinions, participate in a particular activity, or purchase a specific commodity of service.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

4. **PERFORMING A VARIETY OF DUTIES:** *Involves frequent changes of tasks involving different aptitudes, technologies, techniques, procedures, working conditions, physical demands or degrees of attentiveness without loss of efficiency or composure. The involvement of the worker in two or more work fields may be a clue that this temperament is required.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

5. **EXPRESSING PERSONAL FEELINGS:** *Involves creativity and self-expression interpreting feelings, ideas or facts in terms of a personal point of view; treating a subject imaginatively rather than literally, reflecting original ideas or feelings in writing, painting, composing, sculpting, decorating or inventing; or interpreting the works of others by arranging, conducting, playing musical instruments, choreographing, acting, directing, critiquing, or editorializing.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

6. **WORKING ALONE OR APART IN PHYSICAL ISOLATION FROM OTHERS:** *Involves working in an environment that regularly precludes face-to-face interpersonal relationships for extended periods of time due to physical barriers or distances involved.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

7. **PERFORMING EFFECTIVELY UNDER STRESS:** *Involves coping with circumstances dangerous to the worker or others.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

8. **ATTAINING PRECISE SET LIMITS, TOLERANCES, AND STANDARDS:** *Involves adhering to and achieving exact levels of performance, using precision measuring instruments, tools and machines to attain precise dimensions; preparing exact verbal and numerical records; and complying with precise instruments and specifications for materials, methods, procedures, and techniques to attain specified standards.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

9. **WORKING UNDER SPECIFIC INSTRUCTIONS:** *Performing tasks only under specific instructions, allowing little or no room for independent action or judgment in working out job problems.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

10. **DEALING WITH PEOPLE:** *Involves interpersonal relationships in job situations beyond receiving work instructions.*

<b>Should avoid</b>	<b>Not necessary to avoid</b>
<input type="checkbox"/>	<input type="checkbox"/>

**11. MAKING JUDGMENTS AND DECISIONS:** *Involves solving problems, making evaluations, or reaching conclusions based on subjective or objective criteria such as the five senses, knowledge, past experiences, or quantifiable or factual data.*

Should avoid	Not necessary to avoid
<input type="checkbox"/>	<input type="checkbox"/>

Current GAF: \_\_\_\_\_

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the report accurately describes the information provided to me and except as noted herein, that I believe it to be true. I also declare under the perjury that this physician has no violated section 139.3 of the Labor Code.

My opinions are expressed to a degree of medical probability, unless otherwise stated.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments: \_\_\_\_\_