

# METHODOLOGY FOR ASSESSMENT OF WORK ABILITY

Ministry of Social Affairs

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## **Introduction**

Assessment of work ability is a part of the system supporting work ability. The purpose of assessment of work ability is to support working and access to working of persons with reduced work ability and to ensure that they have income (work ability allowance).

The methodology developed for the assessment of work ability allows establishment of the level of work ability of persons with long-term health damage, limitations on activity and participation and giving recommendations on the conditions of work, supporting work ability and the need for aids.

The methodology of assessment of work ability has been developed in accordance with international recommendations, relying on the International Classification of Functioning, Disability and Health (ICF). The methodology was prepared by the Estonian Society of Occupational Health Physicians in 2013, commissioned by the Ministry of Social Affairs. The methodology has been supplemented and revised in the following years, with due consideration of the results of testing, the proposals made by disability and disease specific associations, and observations made in the course of implementation of the methodology of work ability assessment in practice.

The present description of the methodology of work ability assessment provides an overview of the basics and general principles of work ability assessment, the data used upon assessment, the process and actions done in the course of work ability assessment, the formation of evaluation, criteria and classifiers of passing decisions concerning the assessment of the scope of work ability, which serve as a basis for issuing recommendations concerning aids and working conditions.

The Annexes to the Methodology contain:

- 1) the table of correspondence of the areas of work ability assessment, key actions, and the ICF codes;
- 2) the list of states of health precluding work ability;
- 3) the form of application for assessment of work ability;
- 4) the form of work ability expertise;
- 5) the table of correspondence of degrees of severity of key actions;
- 6) the terms and conditions of passing decisions concerning the assessment of the scope of work ability;
- 7) classifier of skills and work requirements;
- 8) list of aids on the basis of the ISO classifier.

## 2. Definitions

**Visit to a doctor** – if a person within six months before submitting the application for assessment of work ability has not visited his or her family physician, a medical specialist who is mainly treating the person, or an occupational health doctor (hereinafter referred to as the doctor), the Unemployment Insurance Fund shall notify the person about the need to go to the doctor and fix a time limit for that. If a person has visited some doctor within six months before submitting the application for assessment of work ability, he or she will not be sent to the doctor in order to specify his or her details.

**Document-based expertise** means the assessment of work ability based on the application of a person and his or her health data.

**Expert opinion** – a provider of a health care service or an employee of the Estonian Unemployment Insurance Fund (hereinafter referred to as the Unemployment Insurance Fund) that has completed medical training, upon assessment of work ability, has issued an opinion concerning the existence or absence of limitations in the field of physical and mental abilities of a person, the scope of work ability, the prognosis of changes in the state of health, and the existence of a state of health precluding work ability, or a special case, together with relevant justifications and the recommendations concerning working conditions, aids, and the support of work ability.

**Expert doctor** is a doctor holding the competence to assess work ability who has completed relevant training.

**Expertise team** is the team consisting of doctors and specialists holding the competence enabling them to carry out assessment (first and foremost, a physiotherapist, an occupational therapist, a psychologist, a special education specialist, or a speech therapist), which is involved by the person providing expert opinion into the provision of expert opinion whenever required.

**Special case** is an exceptional case of assessment, in which upon the assessment of acting capacity by areas, the limitations a person has in terms of acting and participation are mild and do not conform to the criteria of partial or no work ability, but, due to his or her state of health, his or her working is partially or completely hindered.

**Partial work ability** – the working of a person is partially hindered taking into account his or her state of health, acting capacity, and limitations related to acting and participation arising from it, their prognosis and estimated duration.

**Long-term health damage** is the permanent state of health which, according to some preconditions, is not going to change considerably within at least six months.

**Limitations related to acting and participation (limitations on activity)** are the limitations that a person experiences when performing an activity or in everyday situations.

**Acting capacity** is the capacity of a person to do a task or carry out an activity.

**Visit to a provider of a health care service** – the Unemployment Insurance Fund may send a person to a provider of a health care service for carrying out assessment on the basis of a visit in order to assess the person's acting and participation capacity with the help of explanations provided by a person, an examination, and tests. A visit-based expertise is carried out if the limitations related to different fields and health data provided in the application for assessment of work ability differ from each other significantly, or if the health data entered into the Health Information System is contradictory.

**Additional health data** is the health data of a person applied for from the doctor by the Unemployment Insurance Fund, if the doctor mentioned in the application for assessment of work ability has not

entered the data into the Health Information System, or if the data entered into the Health Information System is not sufficient for the purpose of assessment of work ability, including the cases when the existing health data needs clarification or is contradictory. In order to clarify the limitation a person has, the Unemployment Insurance Fund may also apply for relevant data from a specialist mentioned in the application for assessment of work ability.

**Assessment of work ability** is the determination of the scope of work ability of a person with long-term health damage, in the course of which the state of health of a person as well as his or her own evaluation of his or her acting capacity and relevant limitations related to acting or participation are taken into consideration as well as their prognosis and estimated duration, and the decision is passed concerning the scope of working ability, and, on an as-needed basis, recommendations are issued concerning working conditions, the use of aids, and the support of work ability.

**No work ability** – the person is not capable of working taking into account his or her state of health, acting capacity, and limitations related to acting and participation arising from it as well as their prognosis and estimated duration.

**Condition precluding work ability** is an especially complicated state of health that is not subject to change, which causes complete incapacity for work, or absence of work ability.

**Area/field** is the practical and meaningful aggregate of mutually related physiological functions, anatomical structures, activities, tasks, and scopes of activity.

**Visit-based expertise** is assessment of work ability, in addition to document-based expertise, on the basis of data collected by an expert doctor in the course of a person's visit to the doctor's (examination results, explanations provided by a person, results of need-based tests aimed at checking acting and participation capacity).

**Key action** is the activity that is essential and required for the purpose of work performance.

## 3. Description of the methodology for assessment of work ability

### 3.1. Basics and principles of assessment of work ability

Assessment of work ability is the determination of the degree of reduction of work ability of a person with long-term health damage and the existing scope of work ability, in the course of which the state of health of a person as well as his or her own evaluation concerning his or her acting capacity are taken into consideration, and also limitations related to acting and participation arising from the aforementioned, their prognosis, and estimated duration. In the course of work ability assessment, recommendations concerning the need for aids, support of work ability, and working conditions are provided, by taking into consideration of which it might be possible to help a person to take part in working life, including finding work and keeping it.

In the course of assessment of work ability, the evaluation is given to the long-term health damage of a person, i.e. to the permanent state of health, which, in accordance with certain preconditions, is not subject to significant change in the course of six months.

The work ability of a person is assessed in seven areas/fields of physical and mental abilities on the basis of key actions in the area, which were determined on the basis of an aggregate of subdivisions in the field of acting and participation prepared by the European Union of Medicine in Assurance and Social Security (EUMASS<sup>1</sup>), which in its turn is based on the International Classification of Functioning, Disability and Health<sup>2</sup> (ICF).

The ICF is the classifier that was developed by the World Health Organisation and approved of in 2001, and the main purpose of which is to provide a uniform standard language and framework for describing health and states of health. It is recommended to use this classifier together with the international classifier of diseases (RHK-10), which can be used to encode a disease or a health problem by adding the information about the functional capacity of the body, its structures, acting and participation of a person, and the environmental factors affecting them, which is encoded in accordance with the ICF. In other words, RHK-10 provides a diagnosis of a disease, a health problem, and other health issues, which can be supplemented by additional information concerning the functional capacity of the body in accordance with the ICF. The information about a diagnosis and a functional capacity provides a larger and more meaningful overview of the state of health of a person and his or her acting capacity.

The areas to be assessed in accordance with work ability assessment methodology:

- 1) moving;
- 2) manual activity;
- 3) transmitting and receiving information;
- 4) remaining conscious and self-care;
- 5) learning and performing activities;
- 6) adapting to changes and perception of threat;
- 7) communication.

In each area, the acting capacity of a person is assessed by means of key actions. Key actions are the actions that are required for work performance or provide an overview of the function required for

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<sup>1</sup> European Union of Medicine in Assurance and Social Security

<sup>2</sup> [http://www.sm.ee/sites/default/files/content-editors/eesmargid\\_ja\\_tegevused/Tervis/E-tervis\\_ja\\_e-tervisetoend/rfk\\_icf\\_sissejuhatus.pdf](http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Tervis/E-tervis_ja_e-tervisetoend/rfk_icf_sissejuhatus.pdf)

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work performance (e.g. lifting items of certain weight, moving on different surfaces, establishing rapport with another person).

In accordance with the recommendations provided by the EUMASS, 18 key actions have been developed covering 27 categories, which should be used in the course of assessment of work ability. A key action is not limited to one only ICF category, but also includes other similar activities. For example, the key activity "Standing and sitting" in the "Moving" area covers categories d420 of the ICF "Transferring oneself from one surface to another", d415 "Maintaining a body position", and d410 "Changing basic body position".

Using the recommended key actions distributed between different areas/categories upon assessment of work ability, the assessment of all applicants on equal grounds is provided. In spite of the fact that the questions concerning key actions do not necessarily reflect working conditions or all possible everyday situations, their content is transferable to other similar actions, including the ones related to work.

Acting capacity is always assessed in combination with stable and adequate treatment, which means that in order to compensate for the health problem of an applicant, treatment has been prescribed (if it is possible), and treatment methods (medications, procedures, etc.) have been implemented in accordance with doctor's prescriptions.

Acting capacity is always assessed together with an aid that a person needs and uses on a daily basis, considering his or her state of health, or the usage of which would improve acting capacity. This is why an applicant should describe all of the aids that he or she is using. Aids can be medical or technical used by an applicant on a daily basis.

In certain cases, if a person suffers from the condition precluding work ability, the absence of work ability is only determined on the basis of a diagnosis or a state of health; no additional assessment of acting capacity as well as the limitations related to acting and participation takes place. The list of states of health precluding work ability ([ANNEX 2](#)) has been prepared with due consideration of suggestions and recommendations issued by the medical panel. The list of states of health precluding work ability consists of six very severe states of health, which, as a rule, cause total loss of work ability. The list of states of health precluding work ability does not include the diseases that can also cause complete incapacity for work, but which can have very different forms and stages, and in which case complete incapacity for work is not an obvious manifestation of a disease.

Even though the applicant's own evaluation of his or her acting capacity is very important, his or her statements should be supported by health data.

The authority assessing work ability is the Estonian Unemployment Insurance Fund (hereinafter referred to as the Unemployment Insurance Fund), which involves a provider of a health care service into the process of assessment in order to obtain expert opinion (hereinafter referred to as the expert doctor). The expert doctor carries out the assessment of work ability on his or her own or, on an as-needed basis, together with other doctors and specialists (hereinafter also referred to as an expertise team). In addition to that, in the application for assessment of work ability, a person can provide contact details of those specialists (e.g. a social worker, a psychologist) who can provide extra information about his or her assessment of work ability as well as the names of the doctors who provide main treatment to him or her. The decision concerning the involvement of other doctors, members of the expertise team, and other doctors and specialists listed by the person in his or her application is made by the expert doctor, who is responsible for preparing high quality expert opinion.

The expert doctor assesses work ability on the basis of documents,<sup>3</sup> i.e. document-based, or on the basis of documents and a face-to-face meeting with the applicant, i.e. visit-based, involving the expertise team on an as-needed basis. A visit-based expertise is carried out if the limitations related to acting capacity and health data provided in the application for assessment of work ability differ from each other significantly, or if the health data entered into the Health Information System is contradictory. Visit-based expertise is not held if a person has not visited a doctor in connection with the limitations listed in the application for assessment of work ability, or if there is sufficient health data describing the limitations listed in the application, and there are no contradictions within such health data, and also for the purpose of establishing new diagnoses or determining limitations arising from diseases running with exacerbations and remissions.

As a result of assessment of work ability of the applicant, the expert doctor provides his or her expert opinion concerning physical and mental abilities of the person, the scope of his or her work ability, and limitations related to acting and participation, the state of health precluding work ability, or the occurrence of a special case, together with relevant justifications and prognosis. On an as-needed basis arising in the course of assessment, expert opinion may also include recommendations concerning the use of aids and the support of work ability as well as about suitable and non-suitable working conditions.

The expert opinion prepared in the course of assessment serves as a basis for the Unemployment Insurance Fund when passing a decision on whether or not the work ability of the applicant is partial, reduced, or absent. The Unemployment Insurance Fund establishes partial or no work ability for up to five years, but until pensionable age at the latest. In the event of existence of the state of health precluding work ability, no work ability can be established until pensionable age if the essence of the health damage of a person and its estimated duration are not subject to change or are progressing.

## **3.2. Assessing work ability of a person with health damage**

### **3.2.1. Data and enquiries that serve as a basis upon the assessment of work ability**

The following is used in the course of assessment of work ability:

- the application for assessment of work ability filled out with the required data by the applicant;
- the applicant's health data (data available in the Health Information System and enquiry results);
- on an as-needed basis, additional data obtained from other experts and specialists (e.g. members of the expertise team, other doctors and specialists listed in the application).

The source documents for assessment of work ability include the application<sup>4</sup> for the assessment of work ability/determination of the degree of severity of disability (Application form), in which a person provides his or her own evaluation to his or her acting capacity in different areas and key actions.

The prerequisite for the assessment of work ability is the fact that the applicant has visited a family physician, a specialist doctor providing main treatment to him or her, or an occupational health

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<sup>3</sup> Electronic documents that serve as a basis: the data from an application for work ability assessment entered into the information system of the Unemployment Insurance Fund, enquiries made in the Health Information System, and, on an as-needed basis, the results of additional enquiries submitted by the expert doctor to other specialists or doctors.

<sup>4</sup> Within one and the same application, a person can apply for the assessment of work ability and the determination of the degree of severity of disability at the same time. The degree of severity of disability is determined by the expert doctor of the Social Insurance Board on the basis of the expert opinion shaped in the course of assessment of work ability.

physician within the past six months before submitting an application for the assessment of work ability, since there should be a possibility to use relevant health data of the applicant in the course of assessment of work ability. The Unemployment Insurance Fund will check whether the applicant has been at the doctor's within the six months preceding the application submission for the assessment of work ability. If a person has not done that, the Unemployment Insurance Fund will notify the person about the need to pay a visit to the doctor's and fix a time limit for that.

Before the assessment of work ability starts, the applicant should confirm that he or she agrees to the fact that the employees of the Unemployment Insurance Fund that have completed medical training and the providers of a health care service involved into the assessment of work ability will process his or her personal data available in the Health Information System.

**Application for the assessment of work ability** consists of five parts:

- 1) general data (personal data of the applicant, data of the representative of the applicant, reasons for applying, way of delivery of decisions, data required for paying allowances, data of doctors and specialists);
- 2) states of health precluding work ability and the agreement to the usage of data available in the Health Information System;
- 3) data related to working;
- 4) data concerning physical assistance, rehabilitation, and social services that the applicant needs;
- 5) the applicant's own evaluation of his or her physical and mental abilities in different areas and by different key actions, together with the description of aids the applicant uses and difficulties he or she might encounter.

Part 5 of the application contains a question about the will to take part in everyday life as well as key questions about physical and mental abilities. In this part, it is ascertained how easily the applicant can carry out different activities taking into consideration his or her physical and mental state and his or her vitality, motivation, and stamina (the will to take part in everyday life). The entire scope of the information provided by the applicant about himself/herself is extremely important upon the assessment of work ability.

As a rule, physical ability means the actions that people do using muscle strength taking into consideration general strength and ability. Physical ability can be affected by structural peculiarities of the body that occurred as a result of an injury, a disease, or developmental disorders (e.g. absence of a limb, joint transformation, muscle atrophy). In addition to that, a long-term physical disease can easily cause fatigue or shortness of breath, which prevent performing physical activities.

As a rule, mental ability means the ability to acquire skills, to establish rapport with people, the perception of the surrounding environment and human relations, the response to different situations. Mental ability can be aggravated by mental diseases/disorders, or developmental arrest and problems with learning, but also mental problems caused by an injury.

In certain cases, physical problems can be accompanied by mental disorders (e.g. a serious long-term physical disease can lead to depression and the deterioration of mental abilities). In addition to that, mental problems can be accompanied by physical symptoms (e.g. if we are dealing with psychosomatic, somatoform disorders, or schizophrenia), which cause acting and performance restrictions in the field of physical abilities. In this case, the limitations related to acting capacity are established in both fields, but first and foremost, the field which causes the limitation, based on health data, should be specified.

The question concerning the existence of will opens up for the expert doctor the approach to life and the attitudes of an applicant, how the person is motivated to cope with his or her life, including the contribution into work life, proceeding from his or her physical or mental state.

The questions concerning key actions similarly to physical and mental ability are divided into different fields. Next to every key action, it is required to specify the problem/limitation that occurs and, when necessary, to describe aids in use.

If a person confirms in his or her application that he or she has a state of health precluding work ability, he or she does not have to fill out the remaining parts of the application. If the state of health precluding work ability exists, assessment can be carried out using the simplified procedure: the expert doctor will check the existence of the state of health precluding work ability on the basis of health data and prepare an expert opinion.

The compulsory basis for carrying out the expertise by the expert doctor is the availability of medical information that can be verified, since it is forbidden to provide an evaluation of work ability of an applicant without the existence of health data of sufficient quality. In order to carry out high quality expertise, the following data available in the Health Information System should be used:

- diagnoses for the past five years<sup>5</sup> and relevant clinical reports;
- prescription medications and medical appliances prescribed within the past two years, according to the data available in the centre of medical prescriptions;
- sick-leave episodes within the past two years (and their duration by dates) and the diagnoses that caused them.

If there is no verifiable medical information available in the Health Information System concerning the data included in the application, or if it is not sufficient for assessing work ability, the expert doctor should turn to the person conducting proceedings at the Unemployment Insurance Fund, describe the content of the data he or she wishes to obtain (data scope), and specifies who the data can be obtained from. The person conducting proceedings submits a written enquiry to doctors specified by the expert doctor, and the proceedings stop and get prolonged for up to 10 working days. If it is not possible to obtain data by means of enquiries, the Unemployment Insurance Fund will ask the expert doctor to provide evaluation on the basis of available data or to state that it is not possible to provide evaluation due to the absence of data.

Whenever necessary, the expert doctor can ascertain the state of health of a person on his or her own on the basis of the data available in the Health Information System as follows:

- the expert doctor can turn to a doctor or another specialist specified in the application by phone or e-mail;
- enters the data obtained by phone into the information system of the Unemployment Insurance Fund used for assessing work ability;
- uploads the information obtained in writing into the information system of the Unemployment Insurance Fund used for assessing work ability or sends it to the person conducting proceedings at the Unemployment Insurance Fund, who will upload such data into the information system himself/herself.

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<sup>5</sup> If no diagnoses confirming the limitation the applicant might have are included into the data for the past five years, the expert doctor can make an additional enquiry about the period longer than five years.

The expert doctor will enter the results of the expertise (expert opinion) into the **form of expertise** used for assessing work ability and available in the information system of the Unemployment Insurance Fund (Form of expertise) on the basis of data available in the application form and electronic health data. The Form of expertise is used both in case of document-based and visit-based expertise.

The Form of expertise consists of three parts:

- 1) **general data**: personal and contact details of an applicant; data about a health care service provider and an expert doctor that were involved into the shaping of expert opinion; whether or not the applicant has a state of health precluding work ability;
- 2) **evaluation provided by the expert doctor**, by key actions, as to whether or not the state of health of an applicant conforms to the degree of severity of functional capacity assessed by the applicant, on the basis of medical data, in the fields of physical and mental abilities: moving; manual activity; transmitting and receiving information; remaining conscious and self-care; learning and performing activities; adapting to changes and perception of threat; communication; influence of addictive substances and adverse drug reactions; other health problems;
- 3) **summary of assessment of work ability** (Form of summary of expert evaluation): the summarising opinion shaped by the expert doctor submitted by him or her to the Unemployment Insurance Fund for the purpose of passing a decision, which includes diagnoses and the descriptions of states of health, on the basis of which the evaluation has been made, limitations related to acting and participation and the degree of their severity, limitations on acting capacity and their impact on acting capacity, the scope of work ability, recommendations for working conditions, the information concerning the need for using aids and the support of work ability.

### 3.2.2. Activities carried out in the course of assessment

The specific character of assessment carried out by the expert doctor:

- establishing the link between the reduction in acting capacity and its objective reason, i.e. a diagnosis;
- objectification of reduction in acting capacity;
- taking into consideration a possible prognosis of a disease;
- assessing the possibility to compensate for a disease and/or a functional disorder with treatment or an aid.

**Within the frames of a document-based expertise** the expert doctor:

- carries out the analysis of the application form filled out by the applicant;
- makes online enquiries into the Health Information System about the outpatient visits paid by the applicant and inpatient treatment as well as about diagnoses, prescription medications, medical appliances, and sick-leaves;
- whenever necessary, asks for additional electronic medical information about the applicant (the information is entered into the Health Information System or submitted to the Unemployment Insurance Fund within ten working days after receiving a relevant enquiry from the Unemployment Insurance Fund);
- fills out the Form of work ability expertise of a person in the information system of the Unemployment Insurance Fund (Form of expertise);
- assesses the circumstances pertaining to the work ability of the applicant on the basis of all available electronic data;

- whenever necessary, uses additional data obtained from the members of the expertise team and other doctors and specialists listed in the application form submitted by a person.

**Within the frames of a visit-based expertise** the expert doctor (in addition to the activities done in the course of a document-based expertise):

- involves the expertise team on an as-needed basis;
- whenever necessary, carries out additional tests on acting and participation capacity;
- assesses the circumstances pertaining to the work ability of the applicant with the help of examination and the explanations provided by the applicant;
- proceeding from the acting capacity of the applicant, ascertains suitable and non-suitable working conditions (nature of work and job description) as well as the need for an aid that would make it less difficult for the applicant to cope with work;
- specifies and supplements the initial data in the Form of expertise filled out on the basis of a document-based expertise in the information system of the Unemployment Insurance Fund, attaches the statement and explanations provided by the applicant to the doctor (the description of objective finding, or what has been observed during the visit, or what objectifying tests have been carried out).

The expert doctor arranges the results of assessment of work ability, or expert opinion, on the basis of all of the medical documents pertaining to work ability, or on the basis of documents and visits in the Form of expertise in the information system of the Unemployment Insurance Fund (Form of expertise).

**The expert opinion should include:**

- the degree of severity of a limitation broken down by key actions, on the basis of data filled out by the applicant;
- the evaluation made by the expert doctor as to whether or not the state of health of the applicant conforms or does not conform to the degree of severity of a limitation assessed by the applicant broken down by key actions, on the basis of medical data;
- the degree of severity of a limitation together with the justification provided by the expert doctor if the state of health of the applicant does not conform to the degree of severity of a limitation assessed by the applicant broken down by key actions;
- diagnoses broken down by key actions, which the expert opinion relies on;
- summaries broken down by different fields, which should include: degrees of severity of limitations, manifestation of a limitation, reason and effect on acting capacity, objective status and diagnostic findings, the course of health damage caused by a limitation, self-evaluation of the applicant and his or her ability to adapt to the limitation;
- the summarising opinion about the acting capacity of the applicant (summary of the expert opinion).

A separate summary should be prepared about a special case, which should include:

- 1) diagnoses and states of health that the expert opinion relies on;
- 2) different fields and key actions if their combined effect can be handled as a special case;
- 3) manifestation of a limitation, its reason and effect on acting capacity, objective status and diagnostic findings, the course of health damage caused by a limitation.

**The opinion summarising the results of the assessment of work ability of the applicant** (Summary of assessment of work ability) should include the entire scope of the information about the assessment of work ability that has been collected and analysed in the course of assessment.

Summary of assessment of work ability:

1. The main diagnosis causing limitations should be specified as well as obvious manifestations that have been determined in the course of assessment.
2. The degrees of severity of limitations broken down by different fields, with the limitation named in the application and the expert opinion, should be listed as well as the manifestation of limitation, objective status, diagnostic findings, the course of health damage caused by a limitation, self-evaluation of the applicant, the ability to adapt to the limitation, the reason for the limitation and its effect on acting capacity, and the evaluation of the following aspects should be provided:

1) the combined effect of the reasons underlying different limitations (in the event of a special case), the manifestation of limitations and their degrees of severity on the work ability of a person, broken down by different fields;

2) activities that are restricted or impossible to carry out;

3) work ability of a person together with justification;

4) prognosis for changes in condition in the event of partial work ability or no work ability;

5) estimated duration of the reduction in work ability together with justification in the event of partial or no work ability.

The summarising opinion should also include recommendations about suitable and non-suitable working conditions as well as the recommendations about using aids and the support of work ability if such need arises in the course of assessment.

If the state of health precluding work ability has found its evidence in the expert opinion, the summarising opinion is prepared, which contains a list of diagnoses and states underlying the relevant state of health, a description of the main diagnosis causing limitations as well as its obvious manifestations, which have been observed in the course of assessment; the evaluation is given to the scope of work ability of a person together with justification; the prognosis for possible changes in the state of health is established as well as the estimated duration of non-existent work ability together with justification.

### **3.3. Forming the assessment of work ability**

#### **3.3.1. Terms and conditions of passing a decision pertaining to the assessment of work ability**

Assessment of work ability is based on a prerequisite that every single person is unique, and one and the same disease may have different manifestations in different people.

In the course of assessment of work ability of the applicant in different fields, his or her will should be taken into consideration as well as the capacity to carry out different activities. All of the activities are

to be carried out repeatedly, within a reasonable time period, in a safe manner, and without pain that would hinder the performance.

The evaluation given by the applicant to his or her acting capacity as well as the reasons are of great significance. If the applicant has commented on or described his or her state of health in connection with any of the key actions, the doctor must take that into consideration and confirm while providing reasons or justify the refusal from taking the applicant's description into consideration in the course of determining a limitation pertaining to acting capacity.

The expert doctor should be very careful about the information that is indicative of addiction to alcohol or narcotic substances or consumption of medications or substances having intoxicating effect. In this case, the evaluation provided by the applicant may differ significantly from his or her actual acting capacity. Limitations may manifest themselves clearly, but there might be difficulties in establishing them, and the doctor should avoid over- or underestimating the acting capacity of the applicant.

In the course of assessment, the expert doctor should establish the reason underlying a problem or a limitation. A problem existing in one field may manifest itself in a similar way in different people, but there might be different reasons underlying it. This is why this problem should be handled separately from the aspect of work ability.

Upon determining the degree of severity of a limitation pertaining to each key action, the expert doctor must take into consideration the usage of aids and the will and ability of the applicant to carry out activities, and express those aspects when justifying the limitation pertaining to this or that activity.

As a rule, the evaluation of work ability is provided for a long-term and permanent condition. Permanent condition is the state of health which, proceeding from a number of prerequisites, will not change significantly within a period of two years. The evaluation of work ability is not provided for a temporary condition, i.e. the condition that has lasted less than two months, which has been caused by a recent injury, surgery, or some other health problem. In this case, the applicant might be in the process of active treatment (including rehabilitation), in the course of which, as a rule, temporary work ability applies,<sup>6</sup> and the person's fast recovery in the result of treatment is expected.

In addition to that, the condition that can be permanent in its essence but does not necessarily affect performance is not subject to assessment either.

According to the assessment, a reduction in work ability can be caused by:

- a medical condition precluding work ability;
- acting and participation limitations existing in one particular field;
- a combination of acting and participation limitations existing in different fields.

The basis for point values (ANNEX 5) 0, 1, 2, 3, and 4 in questions used for assessing work ability is the determination of a degree of severity of a limitation pertaining to acting capacity provided in the ICF:

- 0 – NO problem (none, absent, negligible, ...) 0–4%;
- 1 – MILD problem (slight, low, ...) 5-24%;
- 2 – MODERATE problem (medium, fair, ...) 25-49%;

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<sup>6</sup> In the event of a disease or an injury, the consulting physician issues a sick leave to a person until the day of full recovery of work ability, but for no longer than 240 subsequent calendar days in case of tuberculosis or 182 subsequent calendar days in case of some other disease.

- 3 – SEVERE problem (high, extreme, ...) 50-95%;
- 4 – COMPLETE problem (total, ...) 96–100%.

According to the evaluation provided by the applicant, the degree of severity of a limitation related to acting capacity is determined in numbers. If the applicant has not determined the degree of severity of a limitation and has noted down that his or her condition changes, the expert doctor must determine the degree of severity of a limitation pertaining to acting capacity on the basis of a description provided by the applicant and the medical data available in the Health Information System.

Example. If in the "Moving" category the applicant answers to the key questions in "Moving on different surfaces" that he or she can cover more than 200 metres without any problems, there is no problem with his or her moving (0 degree of severity). If the applicant answers that his or her moving changes, and the applicant adds that he or she suffers from shortness of breath and fatigue that prevent him or her from carrying on moving, and, according to the health data, the applicant has been diagnosed with chronic cardiac insufficiency and lung disease, the doctor should assess the limitation related to acting capacity as moderate or severe.

### **Description of degrees of severity**

Mild problem does not interfere much with everyday life, has only rarely occurred in the last thirty days, and is present less than 25% of the time.

Moderate problem is present between 25% and 50% of the time with an intensity that sometimes interferes with daily life, and a person experiences more difficulty in performing some actions than people without the disease.

Severe problem interferes with everyday life to a considerable extent, occurs frequently or permanently, it is almost impossible to carry out an activity, but to some extent it still is.

Complete problem occurs permanently or with an intensity that totally alters daily life, it is not possible to carry out an activity.

#### **3.3.1.1. Taking aids into consideration when assessing work ability**

When assessing work ability, it should be ascertained whether or not the applicant is using aids improving his or her acting capacity, and which aids in particular could improve acting capacity.

When we are talking about physical abilities, the usage of aids that could compensate for acting capacity should be taken into consideration on the basis of the following principles:

- if the applicant uses some aids on a daily basis, the acting capacity should be assessed together with the aid;
- if a specialist (a consulting physician, a family physician, a specialist that has prescribed an aid, etc.) has prescribed/recommended using an aid to the applicant, the acting capacity should be assessed within the context of this aid, or taking into consideration acting capacity using the relevant aid;
- if the applicant does not use an aid, and it has never been prescribed/recommended to him or her, the applicant should be assessed on the basis of his or her actual acting capacity. The expert

evaluation should include a description of how an aid, which the applicant does not actually use, could improve the acting capacity of the applicant.

The expertise should take into consideration usual and reasonable usage of an aid. Usual means the aid that is usually used by this particular applicant as well as an aid (including financial help) that is available to the majority of the people who need it within the social and healthcare system.

If an aid has been prescribed/recommended to the applicant, but the applicant is not using it, the expert should find out:

- whether or not the usage of an aid could improve the acting capacity of the applicant;
- why the applicant is not using it;
- whether the reason for not using it is reasonable.

### **3.3.2. Determining the degree of severity of limitations and assessing the scope of work ability**

When determining the degrees of severity of limitations and assessing the scope of work ability, the expert doctor should consider the manifestation of limitations related to acting capacity arising from the state of health of an individual, the progression of the disease that caused the limitation and frequency of exacerbations, and the applicant's own evaluation of and the ability to adapt to the limitation.

Degrees of severity of limitations related to key actions (ANNEX 5) are determined similarly to degrees of severity of limitations related to acting capacity according to the ICF:

- 0 – no (0–4%);
- 1 – mild (5–24%);
- 2 – moderate (25–49%);
- 3 – severe (50–95%);
- 4 – complete (96–100%).

The verbal degree of severity of a limitation included in questions in the application does not conform to a degree of severity of a limitation pertaining to acting capacity under the ICF, i.e. the degrees of severity pertaining to limitations differ in different key actions and the questions describing them.

The total value of points for key actions (ANNEX 5) and the total number of points obtained upon the work ability assessment differ in meaning. The total value of points for key actions determines the degree of severity of a limitation, while the total number of points, or score, shows acting capacity, or the scope of work ability.

Summing up, or scoring, is the addition of points for all key actions, or degrees of severity. The 0 and 1 degrees of severity are not added up, i.e. only the degrees of severity 2, 3, and 4 are to be summed up.

The scope of work ability is assessed in accordance with the terms and conditions of passing a decision pertaining to the assessment of work ability (ANNEX 6). The score that serves as the basis for determining the scope of work ability is the total amount of the scores for all key actions (except 0 and 1).

The person providing expert opinion assesses work ability as either partial or non-existent, using the right of discretion, if the total amount of numerical values of degrees of severity of limitations for key actions is four or more than that, or in the event of a special case, or if the degree of severity of a limitation for the key action in the field of communication has a numerical value of four.

When using the right of discretion, the person providing expert opinion, first and foremost, takes into consideration the following circumstances affecting the acting capacity of the applicant: a combined effect of limitations existing in different fields, the scope of health damage or a disease, its progression, the degree of severity and frequency, the criticism and awareness of the disease on the part of the applicant, adherence to treatment, and the effect of limitations on everyday activities.

The person providing expert opinion assesses the work ability of a person as partial, using the right of discretion, if the person is not capable of performing some sort of activity on his or her own.

The degree of severity of a limitation related to acting capacity in this or that field (in the summary of the assessment of work ability) is determined on the basis of the key action with the largest score in the same field. The points for two different questions in one and the same field are not summed up; the largest point value is regarded as the degree of severity.

The applicant does not have work ability in the following cases:

- a state of health precluding work ability has been established
- one of the key actions has 4 points<sup>7</sup>;
- the score for any kind of key actions in different fields altogether makes up  $\geq 4$ , and due to the combined effect of limitations related to acting capacity in different fields, a person is not capable of working;
- the field-based acting capacity of the applicant does not have a severe or complete limitation (3-4 points), but the health of the applicant will be in danger if he or she continues working. This condition arises from special cases if the meaning of score 4 is non-existent work ability.

A special case means an exceptional case of the assessment of work ability, which cannot be handled within any of the assessment fields, and in case of which the state of health of a person causes limitations from time to time only, or causes mild limitations in several fields of assessment, or if there is a risk of deterioration of a disease if the person continues working.

For example, we can be dealing with a special case if:

- the applicant is undergoing chemical therapy or radiation therapy due to a malignant tumour, while in all of the field questions above his or her acting capacity is good;
- the applicant has a severe inflammatory skin disease, due to which his or her skin contact with any items (including clothes) is restricted due to pain, and the risk of infection is high, while in all of the field questions above his or her acting capacity is good;
- the applicant is of dwarfish stature, which is why the surfaces required for work, communication, and other everyday purposes are hard to access for him or her, while in all of the field questions above his or her acting capacity is good.

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<sup>7</sup> If the score for one key action is 4, there is no work ability by default. The doctor has a possibility to pass a decision over the scope of work ability if the score 4 was assigned for a special case or due to limitations existing in the field of communication.

In a special case, the expert doctor passes a discretionary decision concerning the scope of work ability and the degree of severity, relying, in addition to other factors, on the criteria listed in this chapter in the course of analysis of health data and the assessment of work ability.

The applicant has partial work ability in the following cases:

- the score for any kind of key actions in different fields altogether makes up  $\geq 4$ , and due to the combined effect of limitations related to acting capacity in different fields, the work ability is partial;
- the applicant is not capable of performing some sort of key action without the help of other people;
- the field-based acting capacity of the applicant does not have a severe or complete limitation (3-4 points), but there is a threat of deterioration of health of the applicant if he or she continues working. This condition arises from a special case if the meaning of score 4 is partial work ability.

The applicant is capable of working if the score for any kind of key action in different fields makes up  $\leq 3$  in total.

The prognosis for a condition can be the following:

- it is not likely to change a lot;
- it is likely to improve;
- it is likely to deteriorate;
- it is difficult to predict.

The prognosis is determined on the basis of the prognosis for the applicant's condition taking into consideration the preceding progression of a disease, the usual progression of a similar disease or possible changes, treatment options, etc.

Any prognosis should be justified. The prognosis for the applicant's condition is described taking into consideration the preceding progression of a disease(s) underlying the existing limitations related to acting capacity, the usual progression of a similar disease or possible changes, treatment options, etc. It also serves as a justification of the term of validity of work ability.

When determining the term of validity, one should proceed from the prognosis: the estimated term for recovery if the prognosis is "it is likely to improve", and the longest possible term if the prognosis is "it is not likely to change a lot" (if it is appropriate).

### **3.3.3. Providing recommendations in the summary of expert opinion**

#### **Suitable and non-suitable working conditions**

In general, possible suitable and non-suitable working conditions are determined, which take into consideration the limitations related to work ability existing at the applicant's. When providing recommendations, the person providing expert opinion can use the classifier of abilities and work requirements (ANNEX 7).

## **Aids**

When recommending aids, the ISO classifier is used (ANNEX 8) as a minimum of a 2-digit code in the main groups. The differentiation between the existing aids and the required aids is drawn.

### **Recommendations concerning further support of work ability**

Recommendations can be associated with the functions that a person should develop as well as specific interventions (e.g. treatment).

Example. The applicant is recommended to use new working methods and aids for learning. Since a person can experience difficulties in adapting to a new situation after a stroke, he or she can be offered psychological help, etc.

# ANNEX 1. THE TABLE OF CORRESPONDENCE OF THE AREAS OF ASSESSMENT OF WORK ABILITY, KEY ACTIONS, AND THE ICF CODES

The ICF consists of fields and subcategories in different fields.

A system of letters and number is used in the ICF.

Letters b, s, d, and e are used to describe body functions (b), body structures (s), activities and participation (d), and environmental factors (e). Letters are followed by a numerical code. Upon the assessment of work ability, only the codes for functions, structures, and activities and participation are used. Codes for environmental factors are not used.

| ICF areas                   | Areas in the methodology                  | Key actions in different areas           | ICF area and activities and participation codes  |
|-----------------------------|---|--|--|
| <b>Physical performance</b> |   |  |  |
| d4 Moving                   | 1. Moving                                 | <b>1.1. Moving on different surfaces</b> | d450 Walking<br>d465 Moving around using equipment<br>d455 Moving around:  |
|                             |   | <b>1.2. Moving around safely</b>         | b210 Seeing functions*<br>b156 Perceptual functions*   |
|                             |   | <b>1.3. Standing and sitting</b>         | d420 Transferring oneself<br>d415 Maintaining a body position  |
|                             | 2. Manual activity                        | <b>2.1. Arm stretching</b>               | d445 Hand and arm use: d4452 Reaching;<br>d4553 Turning or twisting the hands or arms  |
|                             |   | <b>2.2. Moving objects</b>               | d430 Lifting and carrying objects  |
|                             |   | <b>2.3. Manual dexterity</b>             | d440 Fine hand use   |
| d3 Communication            | 3. Transmitting and receiving information | <b>3.1. Transmitting information</b>     | d349 Communication - producing, other specified and unspecified<br>d398 Communication, other specified<br>d330 Speaking<br>d350 Conversation<br>b156 Perceptual functions*<br>b167 Mental functions of language*<br>b210 Seeing functions*                           |
|                             |   | <b>3.2. Receiving information</b>        | d310 Communicating with - receiving - spoken messages<br>d329 Communicating - receiving, other specified and unspecified<br>d325 Communicating with - receiving - written messages<br>b210 Seeing functions*<br>b156 Perceptual functions*<br>b230 Hearing functions |
| d5 Self-care                |   | <b>4.1. Remaining conscious</b>          | d570 Looking after one's health<br>b110 Consciousness functions*   |

| <b>ICF areas</b>                                | <b>Areas in the methodology</b>                 | <b>Key actions in different areas</b>           | <b>ICF area and activities and participation codes</b>  |
|---|---|---|---|
|   | 4. Remaining conscious and self-care            | <b>4.2. Toileting</b>                           | d530 Toileting<br>b620 Urination functions*   |
|   |   | <b>4.3. Eating and drinking</b>                 | d550 Eating<br>d560 Drinking<br>b510 Ingestion functions*                                       |
| <b>Mental performance</b>                       |   |   |   |
| d1 Learning and applying knowledge              | 5. Learning and performing activities           | <b>5.1. Learning to perform activities</b>      | d155 Acquiring skills<br>d1550 Acquiring basic skills<br>d1551 Acquiring complex skills         |
|   |   | <b>5.2. Beginning and completing activities</b> | d175 Solving problems<br>d1750 Solving simple problems<br>d230 Carrying out daily routine       |
| d2 General tasks and demands                    | 6. Adapting to changes and perception of threat | <b>6.1. Going outside</b>                       | d240 Handling stress and other psychological demands<br>b164 Higher-level cognitive functions*  |
|   |   | <b>6.2. Recognising risks or threat</b>         | d210 Undertaking a single task<br>d210 Undertaking a simple task                                |
|   |   | <b>6.3. Coping with changes</b>                 | d240 Handling stress and other psychological demands<br>d2303 Managing one's own activity level |
| d7 Interpersonal interactions and relationships | 7. Communication                                | <b>7.1. Coping communication</b>                | d730 Relating with strangers<br>d750 Informal social relations                                  |
|   |   | <b>7.2. Appropriate behaviour</b>               | d710 Basic interpersonal interactions   |
| <b>All areas</b>                                |   | b130 Energy and drive functions**               |   |

\*Body function on the basis of the ICF which should be considered in connection with activities and participation.

\*\* Nuclear code on the basis of the ICF which is used for key actions in all areas.

## **ANNEX 2. STATES OF HEALTH PRECLUDING WORK ABILITY**

### **States of health precluding work ability:**

- 1) alleviating ailments associated with a malignant tumour or hospice care when oncospecific treatment is not available and only the best supportive care is provided with a malignant tumour;
- 2) dialysis treatment;
- 3) artificial ventilation or constant oxygen therapy for respiratory insufficiency;
- 4) dementia;
- 5) moderate or severe intellectual disability;
- 6) permanently bedridden (requiring 24-hour personal assistance).

# ANNEX 3. FORM OF APPLICATION FOR ASSESSMENT OF WORK ABILITY/DETERMINATION OF THE DEGREE OF SEVERITY OF DISABILITY<sup>8</sup>

## IGENERAL PART

### 1.1. APPLICANTDATA

|  |                   |
|--|-------------------|
| First name:<br>.....   | Surname:<br>..... |
| Personal identification code:  |                   |
| If you do not have an Estonian personal identification code, specify the date of birth:<br>__.__. __ and sex: <input type="checkbox"/> M <input type="checkbox"/> F  |                   |
| Foreign personal identification code (if applicable):<br>.....   |                   |
| Country of issue of personal identification code: .....  |                   |
| Postal address (to receive a work ability card and disabled persons card):<br>.....<br>.....   |                   |
| E-mail address:<br>.....   | Phone:<br>.....   |
| If you have a speaking, hearing, or some other difficulty, due to which you are not capable of communicating by phone, and you give your permission to getting in touch with a person close to you on the issues pertaining to the application, please specify this particular person (first name and surname, contact details):<br>.....<br>..... |                   |

<sup>8</sup> The form to be filled out by applicants is available on the homepage of the Unemployment Insurance Fund: [www.tootukassa.ee](http://www.tootukassa.ee)  
Version revised on 31.03.2020

**If your place of residence is both in Estonia and in some other country, specify a foreign country and your address in this foreign country:**

.....

**Data about residence/working in a foreign country**

If you live/work or have lived/worked in a foreign country, specify the country and the periods of living/working there with dates.

.....

| <b>Country</b> | <b>Period</b> | <b>If you have been working in that country within the past five years, specify who you have been working as (please consider all forms of working)</b> |
|----------------|---------------|---|
|                |               |   |
|                |               |   |
|                |               |   |

**INFORMATION ABOUT THE APPLICANT'S REPRESENTATIVE**

Please fill in the information about a representative (a representative with proxy, parent, guardian) if the applicant is younger than 18 y.o., or if a guardian or a representative have been assigned to the applicant

- Guardian/parent
- Representative with proxy

|                               |                   |
|-------------------------------|-------------------|
| First name:<br>.....          | Surname:<br>..... |
| Personal identification code: |                   |
| E-mail address:<br>.....      | Phone:<br>.....   |
| Postal address:<br>.....      |                   |

If the applicant's representative is a legal entity, specify the name of that legal entity:

.....

**If the application is submitted by a representative with proxy, please attach to the application a**

**power of attorney that serves as a basis for the right of representation.**

**IAPPLY FOR:**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Work ability assessment  |
| <input type="checkbox"/> | Work ability allowance   |
| <input type="checkbox"/> | Determination of a degree of severity of disability  |
| <input type="checkbox"/> | Disability allowance for a person of working age   |
| <input type="checkbox"/> | Disabled parents allowance (it is paid to one of the disabled parents or to a single disabled parent or guardian, or to a foster family) |

**Which office of the Unemployment Insurance Fund would you like to turn to if you have any questions?**

.....

**Agreement to the processing of health data available in the Health Information System**

I give my agreement to the processing of the following data on the part of the Estonian Unemployment Insurance Fund and the Social Insurance Board for the purpose of work ability assessment and determination of the degree of severity of disability:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | my data / the data of the person that I am a guardian of that is available in the Health Information System (entries with health data made by doctors, including the information about visits, inpatient treatment, and medications). The afore-mentioned data can only be processed by the employees that have undergone medical training as well as a provider of a health care service who was involved into work ability assessment. The name of a doctor that made an entry in the Health Information System and the time when the entry was made can be processed by employees vested with relevant rights. |
|--------------------------|---|

I am aware of the fact that the present agreement also applies to personal data available in the Health Information System, the access to which I have prohibited to a provider of a health care service.

I am aware of the fact that I have the right to withdraw my agreement at any time (agreement cannot be withdrawn retrospectively) by submitting a relevant expression of will to the Estonian Unemployment Insurance Fund and the Social Insurance Board.



|  |  |
|--|--|
| Bank account number:   |  |
| <b>A foreign bank account at the applicant's expense:</b>  | <input type="checkbox"/>                             |
| Bank account number:   |  |
| SWIFT/BIC code:  |  |
| Bank name:   |  |
| <b>To the Estonian bank account of another person, including local government, or some other institution:</b> (you can choose this option if the present application is signed at the Unemployment Insurance Fund or at the Social Insurance Board on the spot, submitted online with a digital signature, or with notarial certification)   | <input type="checkbox"/>                             |
| First name and surname of another person/name of the local government or some other institution:   |  |
| Personal identification code of another person:  |  |
| Bank account number:   |  |
| Reference number:  |  |
| <b>Home delivery by mail at the applicant's expense:</b><br>specify home delivery address: .....<br>.....  | <input type="checkbox"/>                             |
| <b>Home delivery by mail at the expense of the Unemployment Insurance Fund/Social Insurance Board at the address of the applicant, since I have severe disability, and:</b><br>- my moving is hindered;<br>- I live in a dispersed settlement area and have difficulties in accessing bank services.<br>Justify your choice .....<br>.....<br><b>If you are applying for home delivery by mail at the expense of the Unemployment Insurance Fund/Social Insurance Board, in addition to payment methods listed above, please specify one alternative payment method in case if home delivery at the expense of the Unemployment Insurance Fund/Social Insurance Board is not available</b> | <input type="checkbox"/><br><input type="checkbox"/> |

If you want to receive the work ability allowance paid by the Unemployment Insurance Fund using some other method or being transferred to an account that is different from the one to which the disability allowance is transferred, please specify the way you wish your work ability allowance is paid to you and also provide details next to the relevant payment method above.

**Work ability allowance to be transferred:**

|   |                          |
|---|--------------------------|
| To the Estonian bank account of the applicant | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| To the foreign bank account of the applicant at the applicant's expense                                 | <input type="checkbox"/> |
| To the Estonian bank account of another person, including local government, or some other institution   | <input type="checkbox"/> |
| Home delivery by mail at the applicant's expense  | <input type="checkbox"/> |
| Home delivery by mail at the expense of the Unemployment Insurance Fund at the address of the applicant | <input type="checkbox"/> |

|   |  |
|---|--|
| <b>If you get an allowance, pension, or some other monetary compensation from a foreign country for the same purpose as the work ability allowance, please specify:</b>   |  |
| name of a foreign country paying an allowance, pension, or some other monetary compensation   |  |
| type of allowance, pension, or some other monetary compensation paid by a foreign country, its amount and payment period (also attach to the application the document confirming its payment, e.g. a decision pertaining to the relevant allowance, pension, or compensation) |  |

### 1.3. DOCTORS AND OTHER SPECIALISTS

Have you been at the doctor's within the past six months?

YES  NO

If you live or work abroad and have been there at the doctor's within the past six months, please specify the country:

.....

**1.3.1. Name the doctors that have information about your health problems essential for the purpose of work ability assessment. Only specify the doctors that have diagnosed your permanent disease or treated it.**

|   |  |
|---|--|
| <b>DOCTOR</b>                           |  |
| First name and surname                  |  |
| Speciality                              |  |
| Institution                             |  |
| Last visit to this doctor (year, month) |  |
| <b>DOCTOR</b>                           |  |
| First name and surname                  |  |

|   |  |
|---|--|
| Speciality                              |  |
| Institution                             |  |
| Last visit to this doctor (year, month) |  |
| <b>DOCTOR</b>                           |  |
| First name and surname                  |  |
| Speciality                              |  |
| Institution                             |  |
| Last visit to this doctor (year, month) |  |
| <b>DOCTOR</b>                           |  |
| First name and surname                  |  |
| Speciality                              |  |
| Institution                             |  |
| Last visit to this doctor (year, month) |  |

**If you wish, you can also name specialists that could provide additional data about the limitations related to acting capacity that you might have.**

|  |  |
|--|--|
| <b>SOCIAL WORKER</b>   |  |
| First name and surname   |  |
| Institution  |  |
| <b>PSYCHOLOGIST</b>  |  |
| First name and surname   |  |
| Institution  |  |
| <b>SOCIAL SERVICE PROVIDER</b> (including a support person, activity supervisor, etc.)                         |  |
| First name and surname   |  |
| Institution  |  |
| <b>OTHER</b> (e.g. a physiotherapist, an action therapist, a special education specialist, a speech therapist) |  |
| First name and surname   |  |
| Institution  |  |

## II STATES OF HEALTH PRECLUDING WORK ABILITY

If any of the states of health listed below exists, your application will be processed under the simplified procedure.

If the state of health precluding work ability does not find evidence in the course of expertise, you will further on will be asked to fill out the application for work ability assessment in full.

### 2.1. Do you have any of the states of health listed below?

YES                       NO

- alleviating ailments associated with a malignant tumour or hospice care when oncospecific treatment is not available and only the best supportive care is provided with a malignant tumour ;
- dialysis treatment;
- artificial ventilation or constant oxygen therapy for respiratory insufficiency;
- dementia;
- moderate or severe intellectual disability;
- permanently bedridden (requiring 24-hour personal assistance).

**I undertake** to notify the Unemployment Insurance Fund immediately about circumstances that can affect my right to receive work ability allowance and its amount, including moving to a foreign country to live or work and receiving salary in a foreign country, receiving unemployment benefit, parental allowance, temporary incapacity allowance, and pension in a foreign country as well as about some other allowance, pension, or other monetary compensation paid with the same purpose as work ability allowance.

**I undertake** to notify the Social Insurance Board immediately about circumstances that can affect my right to receive social benefits meant for disabled people, including the interruption of studies of a child (disabled parents allowance), moving to a foreign country to live, and receiving some other allowance or other monetary compensation paid by a foreign country with the same purpose as social benefits meant for disabled people.

**I am aware of the fact** that the Estonian Unemployment Insurance Fund/Social Insurance Board have the right to claim back from me for the amounts of allowances/compensations assigned and paid without legal grounds.

**2.2. If you have selected YES in question 2.1 about the state of health precluding work ability and do not wish to continue filling out the application, please sign the application form.**

\_\_\_\_\_  
(date)                      (name of applicant)                      (signature)

\_\_\_\_\_  
(date)                      (name of representative of an applicant)                      (signature)

### **III WORKING**

If you face difficulties at your present workplace due to health problems, please describe them:

.....  
.....  
.....  
.....

If any of your previous labour relations have been terminated due to a state of health, please describe the reasons:

.....  
.....

### **IV PERSONAL ASSISTANCE, REHABILITATION, AND SOCIAL SERVICES**

#### **Personal assistance**

Do you have to call on for help from other people in everyday life?

YES  NO

#### **Rehabilitation**

Have you used a service of social rehabilitation via the Social Insurance Board within the past three years?

YES  NO

(Data concerning professional rehabilitation is available to the Unemployment Insurance Fund).

#### **Social services**

If you are using social services, please name them:

.....

## V PHYSICAL AND MENTAL ABILITIES

Please assess below how good you are at performing different activities, taking into consideration your physical and mental abilities.

Your own evaluation of limitations related to your acting capacity is extremely important upon the ASSESSMENT of work ability. Next to relevant limitations, please describe their manifestation, frequency, and scope as precisely as possible.

If you manage to perform an activity without any difficulties, it means that you can perform it safely, repeatedly, and without overexertion.

Use the answer "My ability changes" if sometimes you can carry out an activity easily, while at other times you cannot (e.g. recurrent exacerbation of a disease). Please describe as precisely as possible the so-called "good" and "bad" days, and also specify the frequency of manifestation of limitations.

Before starting to fill out the application, please read the entire application form carefully. It will help you to understand, in which areas you should describe the existing limitations.

### **Do you have the will to participate in everyday life?**

YES  NO

If your answer is NO, please describe, how often and in the performance of which everyday activities you experience difficulties.

.....  
.....  
.....

### **1. Moving**

In this part you will be asked about whether or not you are able to move around, go up and down the stairs, overcome obstacles, maintain and alternate seating and standing positions. If you use aids or the help of another person for moving, standing, or sitting, mark it down next to the relevant activity.

Aids used for moving can include artificial lower limb(s); manual and electric wheelchairs; walking frames, crutches, walking canes, rollators; cars with adapted steering; two- and three-wheel mopeds, adapted bicycles (including motorised); appliances for stretching out and moving the body (transfer boards, lifting devices, ramps); probing and white canes, guide dogs; hand, foot, back, or neck orthoses.

#### **1.1. Moving on different surfaces**

Moving around means covering a certain distance with a usual speed on the same surface level. Please compare yourself with your friend, family member, or co-worker who do not have limitations. Can you keep up with them? Have they ever had to stop and wait for you? Moving on different surfaces means moving on different levels, overcoming obstacles, and going up and down the stairs. Moving does not cause difficulties if you do not experience pain, weakness, fatigue, shortness of breath, loss of balance, etc.

**I am able to move around without difficulties and go up and down the stairs.**

YES  NO

If you answered YES, please move to question 1.2 (p. ...). If you answered NO, please go on answering the following questions.

**1.1.1. How long is the distance that you can cover without pain, weakness, fatigue, dizziness, shortness of breath, or loss of balance?**

- More than 200 metres
- 200 metres
- 100 metres (approximately the length of a football pitch)
- 50 metres (approximately the length of 5 buses )
- I am not capable of moving on my own at all
- My ability to move changes

Specify your answer. Please describe the way you move and what prevents you from moving around. Add the frequency of manifestation of limitations (per day, per week, etc.), and if you feel pain, say how strong it is. If you use an aid, please specify which one and how you use it. If you cannot use the aid that has been prescribed or recommended to you, say why.

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**1.1.2. Are you capable of going up and down the stairs and overcome obstacles if you encounter them (e.g. thresholds, border stones, etc.)?**

- Yes
- With minor difficulties

- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to move up and down the stairs changes

Specify your answer. Please say whether or not you need an aid. Do you experience pain, loss of balance, shortness of breath or rapid heartbeat, falling down, etc. while overcoming obstacles or going up and down the stairs, and how often?

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## **1.2. Moving around safely**

Moving around safely means moving around without difficulties and in a safe manner (e.g. without loss of balance, falling down, on different surfaces) and being able to reach the desired destination within a reasonable time period. It includes moving around safely with regard to the diseases of the locomotive system and seeing and hearing difficulties. It does not include difficulties caused by fear or anxiety.

**I am able to move around safely inside and outside.**

YES  NO

If you answered YES, please move to question 1.3 (p. ...). If you answered NO, please go on answering the following questions.

### **1.2.1. Are you capable of moving around safely outside, including places you have never been to before?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to move around safely changes

Specify your answer, including the use of an aid. Describe the difficulties that prevent you from moving around safely. If you use an aid (including seeing, hearing, and moving aids), describe how they help you to move safely.

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**1.2.2. Are you capable of moving around safely inside, including the rooms you have never been to before?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to move around safely inside changes

Specify your answer, including the description of the use of an aid. Describe those difficulties that prevent you from visiting new places and moving there around safely.

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**1.3. Standing and sitting**

Standing means being able to stay at one place, if needed, using an aid or leaning on something (e.g. table or chair). Another person's help is not taken into consideration here.

Sitting means being able to stay in a sitting position on a chair without arms. Standing and sitting positions can be alternated, i.e. you can sit for 2-3 minutes between the periods of standing.

**I am able to maintain body positions and alternate them without difficulties or pain.**

YES  NO

If you answered YES, please move to question 1.4 (p. ...). If you answered NO, please go on

answering the following questions.

**1.3.1. Are you capable of remaining in one and the same position standing or sitting without feeling pain or fatigue?**

- Yes
- With minor difficulties
- I can do that for up to three hours
- I can do that for less than one hour
- No
- My ability to stay in the same position sitting, standing, or alternating positions changes

Specify your answer. Describe your ability to stay in one and the same position as well as the difficulties that you face. If you use an aid, please specify which one and how you use it.

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**1.3.2. Are you capable of alternating body positions, e.g. stand up, sit on a chair, bow down, etc.?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to alternate body positions changes

Specify your answer. Describe whether or not you have difficulties in alternating body positions, and how they manifest themselves. If you use an aid, please specify which one and how you use it.

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**1.4. Other limitations related to moving**

If you experience other difficulties related to moving, maintaining or alternating body positions that you have not been able to describe while answering the questions above, describe them here.

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## 2. Manual activity

In this part you will be asked about whether or not you can stretch your arms without overexertion, grab and move large objects, and make precise movements with your fingers. Manual activity takes place without difficulties if you do not experience pain, weakness or tremor in your hands/arms, or any limitations while moving your hands/arms, etc.

If you are using aids or the help of another person, mark it down next to the relevant activity.

Aids used for the purpose of manual activity may include artificial upper limb or hand/arm, robotic arms, grippers, upper limb, wrist, or finger orthoses, special purpose computer keyboards, and/or mouse devices.

**I am:**

- Left-handed
- Right-handed

### 1.5. Arm stretching

Arm stretching means stretching your arms to different heights, bending arms at a shoulder or elbow joint, including reaching out for something or throwing an object.

**I am able to lift my arms without difficulties.**

YES  NO

If you answered YES, please move to question 2.2 (p. ...). If you answered NO, please go on answering the following questions.

#### 1.5.1. Are you capable of lifting your arm high enough in order to reach for an object on the shelf?

- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to lift my arm and bend it changes

Specify your answer. If you are not capable of lifting your arm, describe the reason and whether or not it is true about both hands. If you use an aid, please specify which one and how you use it.

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**1.6. Moving objects**

Moving objects means grabbing them with both hands and moving to a desired place at the height of your waist (from one side of the body to another).

**I am able to move objects with my hands.**

YES  NO

If you answered YES, please move to question 2.3 (p. ...). If you answered NO, please go on answering the following questions.

**1.6.1. Are you capable of lifting and moving a vessel with one litre of liquid in it?**

- Yes
- With minor difficulties
- With moderate difficulties
- I am able to lift a vessel weighing up to half a litre
- I am not able to lift any objects, regardless of their weight
- My ability to lift and move such vessel changes

Specify your answer. If you cannot move a vessel with one litre of liquid in it, please describe what exactly the difficulties consist of (e.g. the liquid can be spilled because of hand tremor, or you need to use both hands because one of them is too weak, etc.). If you use an aid, please specify which one and how you use it.

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**1.6.2. Are you capable of lifting and moving without difficulties a large and lightweight object, e.g. a pillow or a cardboard box?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to lift and move such an object changes

Specify your answer. If you cannot lift any objects, please describe why.

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**1.7. Manual dexterity**

Manual dexterity means moving and strength of fingers and wrists, the ability to rotate a hand at its wrist inside and outside, and precise movements of hands and fingers (grabbing small objects, keeping them, fingering).

**I am able to use my hands and fingers without difficulties.**

YES  NO

If you answered YES, please move to question 2.4 (p. ...). If you answered NO, please go on answering the following questions.

**1.7.1. How good are you at using your hands and fingers?**

- I can do that with minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to use hands and fingers changes

Specify your answer. Describe the activity you experience difficulties with and say why. If you

use an aid, please specify which one and how you use it.

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### **1.8. Other limitations related to manual activity**

If you experience difficulties with manual activity that the questions above have not enabled you to describe, please describe them here.

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## **2. Transmitting and receiving information**

In this part you will be asked about whether or not you can communicate with other people taking into consideration your seeing, hearing, and speaking skills and the ability to forward and receive information.

If you use aids for communication or the help of another person, mark it down next to the relevant activity.

Aids used for communication may include glasses, magnifying glasses, reading TVs, magnifying video and other systems, materials forwarded in dots, hearing kits, hearing kits with implants, hearing glasses, amplifiers, electronic means for close communication (dialogue equipment), alternative means of communication (communicators, etc.).

### **2.1. Transmitting information**

Transmitting information means communication by means of speaking and writing. Among other things, information can be forwarded by gesture language, typing, etc.

**I am able to communicate with other people both in speaking and writing without difficulties.**

YES  NO

If you answered YES, please move to question 3.2 (p. ...). If you answered NO, please go on answering the following questions.

**2.1.1. Are you capable of transmitting a simple message to another person?** (a simple message can include a warning shout-out, information about time or location, etc.)

- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to transmit simple messages changes

Specify your answer. Describe the way you communicate with other people. What do the difficulties in communicating with other people manifest themselves in? If you use an aid, please specify which one and how you use it.

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## **2.2. Receiving information**

In this part you will be asked about whether or not you are capable of receiving information with the help of different hearing and seeing aids.

**I am able to hear something I have been told and read something that has been written without difficulties.**

YES  NO

If you answered YES, please move to question 3.3 (p. ...). If you answered NO, please go on answering the following questions.

**2.2.1. Are you capable of hearing and/or reading a simple message from another person's lips?**

(a simple message can include a warning shout-out, information about time or location, etc.)

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to perceive verbal messages changes

Specify your answer. Describe the activities you experience difficulties with and say why. If you use an aid, please specify which one and how you use it.

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**2.2.2. Can you read messages written in large letters?**

(as a rule, large letters mean the text that is written with the font of at least 14 and is larger than the usual newspaper or book font)

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to read written messages changes

Specify your answer . Describe how you see and perceive messages. If you use an aid, please specify which one and how you use it.

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**2.3. Other limitations related to information exchange**

If you experience difficulties with communication due to seeing, hearing, or speaking problems that the questions above have not enabled you to describe, please describe them here.

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### 3. Remaining conscious and self-care

In this part you will be asked:

- 1) whether you lose consciousness and if yes, how often, and whether you have impairments of consciousness (e.g. fits of losing consciousness);
- 2) whether you have difficulties with controlling your intestine and bladder;
- 3) whether you have difficulties with eating and drinking.

If you use aids or another person's help for controlling intestine and bladder or for eating and drinking, describe them next to relevant activities.

Aids helping to control intestine and bladder may include the means for collecting urine and faeces, means for directing urine, protecting and cleaning agents for skin, diapers and dressing absorbing urine, etc.

Aids helping to eat and drink may include cutlery and drinking straws, special mugs, plates, bowls, etc.

Aids related to self-care may include toilet seat support rails, toilet seats and chairs, shower and bath seats and chairs, toilet paper holders, tracheostoma aids, etc.

#### 3.1. Remaining conscious

Remaining conscious means a usual alert state and contact capacity in the waking state. It does not include dizziness or giddiness.

**I remain conscious without difficulties.**

YES  NO

If you answered YES, please move to question 4.2 (p. ...). If you answered NO, please go on answering the following questions.

##### 3.1.1. How often do you suffer from impairments of consciousness?

(they include losing consciousness, epileptic fits, impairments of consciousness related to diabetes, etc.)

- Once per couple of years
- Several times a year
- Every month

- At least once per week

Specify your answer. Describe the reasons for impairments of consciousness and how they manifest themselves.

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### **3.2. Toileting**

Toileting means the ability to control intestine and bladder, including the problems related to aids, such as frequent smudging of clothing and the need to change certain items of clothing.

When answering this question, take into consideration the use of diapers or collection appliances (stoma bags and urinary catheters), small leakages (controlled by diapers or other protecting inserts), which do not require changing clothes, and also the limitations related to retention of the contents of intestine or bladder.

**I am able to control my intestine and bladder without difficulties.**

- YES  NO

If you answered YES, please move to question 4.3 (p. ...). If you answered NO, please go on answering the following questions.

#### **4.2.1. Do you have problems with controlling intestine or bladder?**

- Yes, on individual occasions throughout a year
- Yes, every month
- Yes, every day
- My ability to control intestine or bladder changes

Specify your answer. Describe your ability to control intestine or bladder, being able to cope with aids, and how often you have to wash or change clothes because of smudging or wetting it, or leaking.

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### 4.3. Eating and drinking

Eating and drinking mean independent eating and drinking of the food you are given, using special aids whenever the need arises.

**I am able to eat and drink without difficulties.**

YES  NO

If you answered YES, please move to question 4.4 (p. ...). If you answered NO, please go on answering the following questions.

#### 4.3.1. Are you capable of putting food and drinks into your mouth without another person's help?

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to eat and drink changes

Specify your answer. Describe the activities you experience difficulties with and say what kind of difficulties they are. Describe the aids you use and the activities you use them for.

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#### 4.3.2. Are you capable of chewing and swallowing food easily?

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to chew and swallow food changes

Specify your answer. Describe how you eat and drink and what difficulties you might experience while chewing or swallowing. Describe the aids you use and the activities you use them for.

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#### **4.4. Other limitations related to remaining conscious and self-care**

If you experience difficulties with self-care that the questions above have not enabled you to describe, please describe them here.

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### **5. Learning and performing activities**

In this part you will be asked about how well you manage to acquire new skills and use them, plan your activities and perform them. When answering the questions, please take into consideration motivation and energy you have, the ability to control your emotions, mood swings, the ability to comprehend time, place, and your own self, the ability to focus and keep attention, etc. If you use the help of another person, mark it down next to the relevant activity.

This part includes difficulties caused by mental and psychological limitations.

#### **5.1. Learning new activities**

Learning new activities means the ability to learn and perform simple and more complex everyday activities.

A simple activity is an activity consisting of one or two stages, for example, switching TV channels with a remote control, sweeping the floor, setting the table.

A more complex activity consists of several subsequent stages, for example, shopping for food and cooking dinner, shopping for washing powder and using a washing machine, using an ATM machine and a mobile phone.

**I am able to learn and perform new simple and more complex everyday activities without difficulties.**

YES  NO

If you answered YES, please move to question 5.2 (p. ...). If you answered NO, please go on

answering the following questions.

**5.1.1. Are you capable of learning new simple activities?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to learn simple activities changes

Specify your answer. Describe the activities and skills, in the course of learning and using of which you experience difficulties and say why.

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**5.1.2. Are you capable of learning more complex activities?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to learn more complex activities changes

Specify your answer. Describe the activities and skills, in the course of learning and using of which you experience difficulties and say why.

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**5.2. Beginning and completing activities**

Beginning and completing activities means the ability to plan and perform everyday activities. When answering the question, take into consideration the difficulties that you might experience with memory

and concentration and how much will, motivation, and energy you have for initiating and completing different activities.

This part includes difficulties caused by mental and psychological limitations.

**I am able to start doing everyday activities without difficulties.**

YES  NO

If you answered YES, please move to question 5.3 (p. ...). If you answered NO, please go on answering the following questions.

**5.2.1. Are you capable of detecting the need for some specific everyday activity and planning, initiating, and completing it without the help of others?**

- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to begin and complete activities changes

Specify your answer. Describe how good you are at remembering, planning, and organising things. Say what can be difficult for you, and how often and when you need other people's help.

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**5.3. Other limitations related to learning and performing activities**

If you experience difficulties with learning new skills, performing activities or doing them repeatedly that the questions above have not enabled you to describe, please describe them here.

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## 6. Adapting to changes and perception of threat

In this part you will be asked about whether you can leave your home without feeling emotional stress and extreme anxiety, assess dangerous situations in everyday life, and adapt to changes. If you use the help of another person, describe it next to the relevant activity.

This part includes difficulties caused by mental and psychological limitations.

### 6.1. Going outside

Emotional and mental stress associated with going outside means anxiety, the feeling of discomfort, or fear when leaving home. Difficulties can also be associated with the perception of time and place, memory, or being delusional.

**I am able to go out without emotional or mental stress.**

YES  NO

If you answered YES, please move to question 6.2 (p. ...). If you answered NO, please go on answering the following questions.

#### 6.1.1. Are you capable of going to a familiar place without emotional or mental stress and anxiety?

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to go to familiar places changes

Specify your answer. Say whether you need someone to accompany you and why.

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**6.1.2. Are you capable of going to an unfamiliar place without emotional or mental stress and anxiety?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to go to unfamiliar places changes

Specify your answer. Say whether you need someone to accompany you and why.

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**6.2. Recognising risks or threat**

Recognising threat means the understanding of what kind of everyday activities can be dangerous for your own health or for the health of other people, and behaving in such a way that would enable you to avoid dangerous situations.

**I am able to perform everyday activities in a safe manner and recognise threats that may exist in traffic.**

YES  NO

If you answered YES, please move to question 6.3 (p. ...). If you answered NO, please go on answering the following questions.

**6.2.1. Do you need someone beside you to avoid danger?**

- No
- When doing individual activities, not every day
- Yes, always at daytime
- Yes, all day long
- My need for having someone beside me changes

Specify your answer. Describe dangerous situations that can occur and how you cope with them.

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### **6.3. Coping with change**

Coping with change means adapting to unexpected situations that interfere with everyday life.

**I am able to cope with changes without difficulties.**

YES  NO

If you answered YES, please move to question 6.4 (p. ...). If you answered NO, please go on answering the following questions.

#### **6.3.1. Are you capable of coping with changes in everyday life?**

(for example, dinner time has shifted, a bus or a train is running late, a friend or a caretaker comes earlier or later than it was planned)

- With minor difficulties
- Yes, if I know about such changes in advance
- No, if a change is unexpected
- I cannot cope with them at all
- My ability to cope with changes varies

Specify your answer. Describe how you cope with changes and what difficulties you might experience.

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## **6.4. Other limitations related to the ability to cope with change and recognise threats**

If you experience difficulties coping with change or recognising threats due to the lack of will or energy that the questions above have not enabled you to describe, please describe them here.

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## **7. Communication**

In this part you will be asked about whether you experience difficulties in communicating with familiar people or strangers and how you cope with situations that require communication. If you use the help of another person, describe it next to the relevant activity.

### **7.1. Coping communication**

Coping communication between people means the willingness to meet with people and communicate with both familiar people and strangers.

**I am able to engage in coping communication without feeling extreme anxiety or fear.**

YES  NO

If you answered YES, please move to question 7.2 (p. ...). If you answered NO, please go on answering the following questions.

**7.1.1. Are you capable of meeting with familiar people without feeling extreme anxiety or fear?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to meet with familiar people without feeling extreme anxiety or fear changes

**7.1.2. Are you capable of meeting with strangers without feeling extreme anxiety or fear?**

- Yes
- With minor difficulties
- With moderate difficulties
- With significant difficulties, almost impossible
- No
- My ability to meet with strangers without feeling extreme anxiety or fear changes

Specify your answer. Describe what the difficulties with meeting and communicating with people consist of.

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**7.2. Appropriate behaviour**

Appropriate behaviour means the ability to control your emotions and behave appropriately in each situation, i.e. how you express your feelings and whether or not your behaviour disturbs other people (by accident or on purpose).

**I am able to control my emotions and behaviour.**

YES  NO

If you answered YES, please move to question 7.3 (p. ...). If you answered NO, please go on answering the following questions.

**7.2.1. How often do you lose control over your emotions and behaviour?**

- Rarely
- From time to time
- Often
- Every day

Specify your answer. Describe how often, in which situations, and how your behaviour disturbs other people.

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**7.3. Other limitations related to communication**

If you experience difficulties in communication between people that the questions above have not enabled you to describe, please describe them here.

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**8. Influence of addictive substances and adverse drug reactions**

**8.1. Do you experience difficulties caused by the consumption of alcohol or other addictive substances?**

YES  NO

If you answered YES, please specify your answer. Describe the problems related to the consumption of those substances and their frequency as well as how they hinder your acting capacity.

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**8.2. Do you experience adverse reactions of medications you are taking (e.g. vomiting, nausea, dizziness, etc.)?**

YES  NO

If you answered YES, please specify your answer. Describe the problems related to the consumption of medications and their frequency as well as how they hinder your acting capacity.

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## **9. Other health problems**

In this part you will **only be asked** about such difficulties caused by the state of health that you have not mentioned above.

### **9.1. Are there any difficulties that you have not mentioned while answering questions above?**

YES  NO

If you said YES, describe those difficulties and specify how often they occur.

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## **ATTACHED DOCUMENTS**

Please name the documents that you are attaching to the application.

.....  
.....  
.....

\_\_\_\_\_  
(date)                      (name of applicant)                      (signature)

\_\_\_\_\_  
(date)                      (name of representative of an applicant)                      (signature)

## ANNEX 4. FORM OF WORK ABILITY EXPERTISE

Document-based      Date: \_\_\_\_ . \_\_\_\_ . \_\_\_\_  
 Visit-based      Date: \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Initial assessment  
 Recurrent assessment

Reason for visit-based expertise:

.....  
 .....

Members of the expertise team involved (speciality, first name and surname):

.....  
 .....

Tests carried out for the purpose of objectification of condition and their results:

.....  
 .....

### Data of a person carrying out expertise (provider of a health care service)

|  |  |
|--|--|
| NAME OF INSTITUTION                        |  |
| FIRST NAME AND SURNAME OF AN EXPERT DOCTOR |  |

### I APPLICANT DATA

#### Data of a person applying for work ability assessment

|                                 |  |
|---------------------------------|--|
| PERSONAL IDENTIFICATION CODE    |  |
| FIRST NAME AND SURNAME          |  |
| CONTACT DETAILS (phone; e-mail) |  |

A brief decision concerning work ability assessment should be sent to the applicant (in accordance with § 4 of the Mental Health Act):

#### Medical background

**Data in the Health Information System** (enquiry from the information system concerning diagnoses within the past five years<sup>9</sup>, medications and medical appliances within the past two years, and sick-leaves within the past two years):

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<sup>9</sup> If there is no data in the Health Information System for the past five years, or if the data is insufficient, the expert doctor has the right to file an enquiry for a period that is longer than five years.

- list of diagnosed diseases
- medications taken, medical appliances
- duration of sick-leave episodes with dates

**ADDITIONAL ENQUIRIES**

**Experts involved**

| Name | Position | Institution |
|------|----------|-------------|
|      |          |             |
|      |          |             |

**Specialists involved** (e.g. a social worker, a provider of a special care service, a psychologist, etc.)

| Name | Position | Institution |
|------|----------|-------------|
|      |          |             |
|      |          |             |

If an additional enquiry was needed, the obtained information should be documented (if the information was forwarded by phone, the conversation should be protocolled; if the document was sent by e-mail, it should be scanned into the system).....

**STATES OF HEALTH PRECLUDING WORK ABILITY**

**Does the applicant have states of health precluding work ability?**

**Applicant's evaluation: NO/YES**

**Evaluation of the expert doctor: NO/YES**

**Precluding states of health:**

- alleviating ailments associated with a malignant tumour or hospice care when oncospecific treatment is not available and only the best supportive care is provided with a malignant tumour
- dialysis treatment
- artificial ventilation or constant oxygen therapy for respiratory insufficiency
- dementia
- moderate or severe intellectual disability
- permanently bedridden (requiring 24-hour personal assistance).

Diagnosis:

.....

The state of health precluding work ability has not found evidence  
(add explanations)

.....

**If the applicant has a state of health precluding work ability, he or she does not have to fill out part II. Part III is to be filled out (summary of work ability assessment).**

## **II PHYSICAL AND MENTAL ABILITIES**

### **PHYSICAL ABILITIES**

0 – no problem (0-4%); 1– mild (5-24%); 2 – moderate (25-49%); 3 – severe (50-95%); 4 – complete (96-100%).  
If one activity has several questions and answer options, the highest value is used

#### **1. MOVING**

If in the application for work ability assessment the total amount of points in this field is 0, and/or the applicant does not have relevant limitations, put a tick in the box and move on to the 2nd field/area:

##### **1.1. Moving on different surfaces**

The total amount of points in the application (if one key action has several questions and answer options, the highest value is always marked down):

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

##### **1.2. Moving around safely**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:  
.....

**1.3. Standing and sitting**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):  
.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:  
.....

Explanations provided at the visit:  
.....

**1.4. Other limitations related to moving** (to be filled out if it is not possible to assess the limitation the applicant has by means of existing key actions, but the limitation in the field does exist, and the disease causing the limitation has been diagnosed)

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:.....

Add the reason explaining why the limitation cannot be assessed by means of existing key actions:  
.....

**MOVING - Summary**

**1) Degree of severity of the limitation: Moving**

- Moving on different surfaces
- Moving around safely
- Standing and sitting
- Other limitations related to moving

**The reason why the applicant's evaluation has not found evidence:**  
.....

**2) Manifestation of the limitation** (association of the state of health with functional capacity on the basis of the ICF):

Activities and participation (d-codes): .....

Body functions (b-codes): .....

Body structures (s-codes): .....

**3) Manifestation of the limitation, effect on acting capacity, and reason: .....**

.....  
.....

**3.1) Objective status and examination results** (list the most significant examination results and analyses confirming the objective status):

.....

**3.2) Objective status** (established on the basis of a visit):

.....

**4) Progression of the disease that causes the limitation:**

.....

**5) The ability of the applicant to adapt to the limitation:**

.....

**The applicant has** ..... (degree of severity of a limitation) **limitation in the field of**..... (name field/fields), **which is caused by:**

.....

(summarise the essence of a disease and body structure/system/organ).

**2. MANUAL ACTIVITY**

If in the application for work ability assessment the total amount of points in this field is 0, and/or the applicant does not have relevant limitation, put a tick in the box and move on to the 3rd field/area:

**2.1. Arm stretching**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

**2.2. Moving objects**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

### 2.3. Manual dexterity

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

**2.4. Other limitations related to manual activity** (to be filled out if it is not possible to assess the limitation the applicant has by means of existing key actions, but the limitation in the field does exist, and the disease causing the limitation has been diagnosed)

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:.....

Add the reason explaining why the limitation cannot be assessed by means of existing key actions:

.....

### MANUAL ACTIVITY - Summary

**1) Degree of severity of the limitation: Manual activity**

- Arm stretching
- Moving objects
- Manual dexterity
- Other limitations related to manual activity

**The reason why the applicant's evaluation has not found evidence:**

.....

**2) Manifestation of the limitation** (association of the state of health with functional capacity on the basis of the ICF):

Activities and participation (d-codes): .....

Body functions (b-codes): .....

Body structures (s-codes): .....

**3) Manifestation of the limitation, effect on acting capacity, and reason:** .....

.....

.....

**3.1) Objective status and examination results** (list the most significant examination results and analyses confirming the objective status):

.....

**3.2) Objective status** (established on the basis of a visit):

.....

**4) Progression of the disease that causes the limitation:**

.....

**5) The ability of the applicant to adapt to the**

**limitation:**.....

**The applicant has** ..... (degree of severity of a limitation) **limitation in the field of**..... (name field/fields), **which is caused by:**

.....

(summarise the essence of a disease and body structure/system/organ).

### 3. TRANSMITTING AND RECEIVING INFORMATION

If in the application for work ability assessment the total amount of points in this field is 0, and/or the applicant does not have relevant limitations, put a tick in the box and move on to the 4th field/area:

#### 3.1. Transmitting information

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

#### 3.2. Receiving information

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

**3.3. Other limitations related to information exchange** (to be filled out if it is not possible to assess the limitation the applicant has by means of existing key actions, but the limitation in the field does exist, and the disease causing the limitation has been diagnosed)

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Add the reason explaining why the limitation cannot be assessed by means of existing key actions:

.....

**To assess disability**

**"Can you read messages written in large letters?"<sup>10</sup>**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant taking into consideration seeing only:

Yes

No; provide a reason for a negative answer:

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

<sup>10</sup> Fill out if the applicant has noted down a limitation in the answer to the second questions of key action 3.2 of the application, or has noted down limitations related to seeing in the answers to other questions in the 3rd area presented in the application.

**"Are you capable of hearing and/or reading simple information from another person's lips?"<sup>11</sup>**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant taking into consideration hearing only:

Yes

No; provide a reason for a negative answer:

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

**TRANSMITTING AND RECEIVING INFORMATION - Summary**

**1) Degree of severity of the limitation: Transmitting and receiving information**

- Transmitting information
- Receiving information
- Other limitations related to transmitting and receiving information

**The reason why the applicant's evaluation has not found evidence:**

.....

**2) Manifestation of the limitation** (association of the state of health with functional capacity on the basis of the ICF):

Activities and participation (d-codes): .....

Body functions (b-codes): .....

Body structures (s-codes): .....

**3) Manifestation of the limitations, effect on acting capacity, and reason:** .....

.....

**3.1) Objective status and examination results** (list the most significant examination results and analyses confirming the objective status):

.....

**3.2) Objective status** (established on the basis of a visit):

.....

---

<sup>11</sup> Fill out if the applicant has noted down a limitation in the answer to the first questions of key action 3.2 of the application, or has noted down limitations related to hearing in the answers to other questions in the 3rd area presented in the application.

**4) Progression of the disease that causes the limitation:**

**5) The ability of the applicant to adapt to the limitation:**

The applicant has ..... (degree of severity of a limitation) **limitation in the field of**..... (name field/fields), **which is caused by:**  
.....  
(summarise the essence of a disease and body structure/system/organ).

**4. REMAINING CONSCIOUS AND SELF-CARE**

If in the application for work ability assessment the total amount of points in this field is 0, and/or the applicant does not have relevant limitations, put a tick in the box and move on to the 5th field/area:

**4.1. Remaining conscious**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):  
.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:  
.....

Explanations provided at the visit:  
.....

**4.2. Toileting**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):  
.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:  
.....

Explanations provided at the visit:  
.....

**4.3. Eating and drinking**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):  
.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:  
.....

Explanations provided at the visit:  
.....

**4.4. Other limitations related to remaining conscious and self-care** (to be filled out if it is not possible to assess the limitation the applicant has by means of existing key actions, but the limitation in the field does exist, and the disease causing the limitation has been diagnosed)

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:  
.....

Add the reason explaining why the limitation cannot be assessed by means of existing key actions:  
.....

**REMAINING CONSCIOUS AND SELF-CARE - Summary**

**1) Degree of severity of the limitation: Remaining conscious and self-care**

- Remaining conscious
- Toileting
- Eating and drinking
- Other limitations related to remaining conscious and self-care

**The reason why the applicant's evaluation has not found evidence:**  
.....

**2) Manifestation of the limitation** (association of the state of health with functional capacity on the basis of the ICF):

Activities and participation (d-codes): .....

Body functions (b-codes): .....

Body structures (s-codes): .....

**3) Manifestation of the limitation, effect on acting capacity, and reason: .....**

.....  
.....

**3.1) Objective status and examination results** (list the most significant examination results and analyses confirming the objective status):

.....  
**3.2) Objective status** (established on the basis of a visit):

.....  
**4) Progression of the disease that causes the limitation:**

.....  
**5) The ability of the applicant to adapt to the limitation:**

.....

**The applicant has** ..... (degree of severity of a limitation) **limitation in the field of**..... (name field/fields), **which is caused by:**

.....  
(summarise the essence of a disease and body structure/system/organ).

## MENTAL ABILITIES

0 – no problem (0-4%); 1– mild (5-24%); 2 – moderate (25-49%); 3 – severe (50-95%); 4 – complete (96-100%).  
If one activity has several questions and answer options, the highest value is used

### 5. LEARNING AND PERFORMING ACTIVITIES

If in the application for work ability assessment the total amount of points in this field is 0, and/or the applicant does not have relevant limitations, put a tick in the box and move on to the 6th field/area:

#### 5.1. Learning new activities

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

**5.2. Beginning and completing activities**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

**5.3. Other limitations pertaining to learning and performing activities** (to be filled out if it is not possible to assess the limitation the applicant has by means of existing key actions, but the limitation in the field does exist, and the disease causing the limitation has been diagnosed)

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Add the reason explaining why the limitation cannot be assessed by means of existing key actions:

.....

**LEARNING AND PERFORMING ACTIVITIES - Summary**

**1) Degree of severity of the limitation: Learning and performing activities**

- Learning new activities
- Beginning and completing activities
- Other limitations related to learning and performing activities

**The reason why the applicant's evaluation has not found evidence:**

.....

**2) Manifestation of the limitation** (association of the state of health with functional capacity on the basis of the ICF):

Activities and participation (d-codes): .....

Body functions (b-codes): .....

Body structures (s-codes): .....

**3) Manifestation of the limitation, effect on acting capacity, and reason:** .....

.....  
.....  
**3.1) Objective status and examination results** (list the most significant examination results and analyses confirming the objective status):

.....  
**3.2) Objective status** (established on the basis of a visit):

.....  
**4) Progression of the disease that causes the limitation:**

.....  
**5) The ability of the applicant to adapt to the limitation:**

.....  
**The applicant has** ..... (degree of severity of a limitation) **limitation in the field of**..... (name field/fields), **which is caused by:**  
.....  
(summarise the essence of a disease and body structure/system/organ).

## **6. ADAPTING TO CHANGES AND PERCEPTION OF THREAT**

If in the application for work ability assessment the total amount of points in this field is 0, and/or the applicant does not have relevant limitations, put a tick in the box and move on to the 7th field/area:

### **6.1. Going outside**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....  
 Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....  
Explanations provided at the visit:

### **6.2. Recognising risk or threat**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

### **6.3. Coping with changes**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:

.....

**6.4. Other limitations related to coping with changes and perception of threat** (to be filled out if it is not possible to assess the limitation the applicant has by means of existing key actions, but the limitation in the field does exist, and the disease causing the limitation has been diagnosed)

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Add the reason explaining why the limitation cannot be assessed by means of existing key actions:

.....

### **ADAPTING TO CHANGES AND PERCEPTION OF THREAT - Summary**

#### **1) Degree of severity of the limitation: Adapting to changes and perception of threat**

- Going outside
- Recognising risk or threat
- Coping with changes

- Other limitations related to adapting to changes and perception of threat

**The reason why the applicant's evaluation has not found evidence:**

.....

**2) Manifestation of the limitation** (association of the state of health with functional capacity on the basis of the ICF):

Activities and participation (d-codes): .....

Body functions (b-codes): .....

Body structures (s-codes): .....

**3) Manifestation of the limitation, effect on acting capacity, and reason: .....**

.....

**3.1) Objective status and examination results** (list the most significant examination results and analyses confirming the objective status):

.....

**3.2) Objective status** (established on the basis of a visit):

.....

**4) Progression of the disease that causes the limitation:**

.....

**5) The ability of the applicant to adapt to the limitation:**.....

**The applicant has** ..... (degree of severity of a limitation) **limitation in the field of**..... (name field/fields), **which is caused by:**

.....

(summarise the essence of a disease and body structure/system/organ).

**7. COMMUNICATION**

If in the application for work ability assessment the total amount of points in this field is 0, and/or the applicant does not have relevant limitations, put a tick in the box and move on to the 8th field/area:

**7.1. Coping communication**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):

.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:

.....

Explanations provided at the visit:  
.....

**7.2. Appropriate behaviour**

Point value in the application

On the basis of medical data, the state of health of the applicant conforms to the degree of severity of functional capacity assessed by the applicant:

Yes

No (provide a reason for a negative answer):  
.....

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:  
.....

Explanations provided at the visit:  
.....

**7.3. Other limitations related to communication** (to be filled out if it is not possible to assess the limitation the applicant has by means of existing key actions, but the limitation in the field does exist, and the disease causing the limitation has been diagnosed)

Point value assigned in the course of expertise

Diagnoses, on the basis of which points were assigned:  
.....

Add the reason explaining why the limitation cannot be assessed by means of existing key actions: .....

**COMMUNICATION - Summary**

**1) Degree of severity of the limitation: Communication**

- Coping communication
- Appropriate behaviour
- Other limitations related to communication

**Reason why the applicant's evaluation has not found evidence** (information from the fields containing the reasons for a negative answer): .....

**2) Manifestation of the limitation** (association of the state of health with functional capacity on the basis of the ICF):

Activities and participation (d-codes): .....

Body functions (b-codes): .....

Body structures (s-codes): .....

**3) Manifestation of the limitation, effect on acting capacity, and reason: .....**

.....

**3.1) Objective status and examination results** (list the most significant examination results and analyses confirming the objective status):

.....

**3.2) Objective status** (established on the basis of a visit):

.....

**4) Progression of the disease that causes the limitation:**

.....

**5) The ability of the applicant to adapt to the limitation:**

.....

**The applicant has .....** (degree of severity of a limitation) **limitation in the field of.....** (name field/fields), **which is caused by:**

.....

(summarise the essence of a disease and body structure/system/organ).

## **8. Influence of addictive substances and adverse drug reactions**

On the basis of medical data, the state of health of the applicant conforms to the information provided by the applicant:

Yes (add an explanation if necessary):

.....

No (provide a reason for a negative answer):

.....

Explanations provided at the visit:

.....

**Fields and key actions that have been assessed in terms of the effect that the addictive substances and adverse drug reactions might have on behaviour:**

.....

## 9. Other health problems

On the basis of medical data, the state of health of the applicant conforms to the information provided by the applicant:

Yes (add an explanation if necessary):.....

No (provide a reason for a negative answer):  
.....

Explanations provided at the visit:  
.....

**Fields and key actions that have been assessed in terms of the effect that health problems listed above might have on behaviour:**  
.....

### Special case

In the course of processing of the applicant's data it has become clear that this is a case of a serious disease, or a physical and mental disorder, or a combined effect of diseases that intensifies the effect of limitations related to acting capacity, and due to this disease or disorder, the mental or physical state of the person could have been in danger if limited work ability had not been established in due time.

Explanations provided at the visit:  
.....

#### SPECIAL CASE - Summary

Diagnoses, on the basis of which points were assigned:  
.....

**Fields and key actions, the combined effect of which is handled as a special case** (to be filled in if the combined effect exists):  
.....

**1) Degree of severity of the limitation:**

**2) Manifestation of the limitation** (association of the state of health with functional capacity on the basis of the ICF):

Activities and participation (d-codes): .....

Body functions (b-codes): .....

Body structures (s-codes): .....

**3) Manifestation of the limitation, effect on acting capacity, and reason:** .....

.....  
.....

**3.1) Objective status and examination results** (list the most significant examination results and analyses confirming the objective status):  
 .....

**3.2) Objective status** (established on the basis of a visit):  
 .....

**4) Progression of the disease that causes the limitation:**  
 .....

**5) The ability of the applicant to adapt to the limitation:**  
 .....

**The applicant has** ..... (degree of severity of a limitation) **limitation in the field of**..... (name field/fields), **which is caused by:**  
 .....

(summarise the essence of a disease and body structure/system/organ).

### III SUMMARY OF WORK ABILITY ASSESSMENT

#### Form of summary of expert evaluation

|  |   |
|--|---|
| <b>The main diagnosis causing limitations</b>  | .....   |
| <b>Obvious conditions that have been established in the course of assessment</b>                         | .....   |
| <b>Evaluation of the scope of work ability</b><br>(information from the summaries in each of the fields) | <p><b>Fields, degree of severity of a limitation, functions, connection with the state of health</b> (evaluations broken down by fields with limitations, listed in the application and in the expert opinion).</p> <p><b>Degree of severity of a limitation</b> (information from the summary in each particular field):</p> <ul style="list-style-type: none"> <li>• 4 points – complete limitation of acting capacity</li> <li>• 3 points – severe limitation of acting capacity</li> <li>• 2 points – moderate limitation of acting capacity</li> <li>• 1 point – mild limitation of acting capacity</li> <li>• 0 points – limitations of acting capacity have not been established</li> </ul> <p><b>Manifestation of a limitation, its reason and effect on acting capacity</b> (information from the summary in a particular field):<br/>         .....</p> <p><b>Reason why the applicant's evaluation has not found evidence</b> (information from the summary in a particular field):<br/>         .....</p> |

|   |   |
|---|---|
| <p><b>Consolidated summary concerning acting capacity</b></p>   | <p><b>Manifestation of a limitation, its reason and effect on acting capacity</b> (information from summaries in different fields, in which the applicant has limitations, according to the evaluation of the expert doctor):</p> <p>.....</p> <p>.....</p>   |
| <p><b>The activities that are precluded/hindered/restricted, proceeding from the aforementioned</b></p> | <p><b>The activities that are precluded/hindered/restricted, proceeding from the aforementioned</b> (verbal equivalents of the ICF d-codes from summaries in different fields):</p> <p>.....</p> <p>.....</p>   |
| <p><b>Work ability of the applicant</b></p>   | <p><b>Scope of work ability:</b></p> <p><input type="checkbox"/> work ability has not been reduced</p> <p><input type="checkbox"/> partial work ability</p> <p><input type="checkbox"/> non-existent work ability</p>   |
| <p><b>Prognosis for partial or non-existent work ability and its duration</b></p>                       | <p><b>Prognosis:</b></p> <ul style="list-style-type: none"> <li>• it is not likely to change a lot</li> <li>• it is likely to improve</li> <li>• it is likely to deteriorate</li> <li>• it is difficult to predict</li> </ul> <p><b>Duration</b> (the duration of partial or non-existent work ability is determined for up to five years, but no longer than until pension age):</p> <ul style="list-style-type: none"> <li>• 6 months</li> <li>• 1 year</li> <li>• 2 years</li> <li>• 3 years</li> <li>• 4 years</li> <li>• 5 years</li> <li>• until pension age (can only be determined if the state of health precluding work ability exists, if the state of health precluding work ability, taking into consideration the essence of the health damage of a person and its estimated duration, is not going to change or is going to deteriorate)</li> </ul> <p><b>Prognosis for partial or non-existent work ability of the applicant, its duration and the reason for it:</b></p> <p>The applicant has ..... (name the prognosis) condition with the duration of ..... (name the duration) since: .....</p> <p>.....</p> <p>.....</p> <p>(add the reason for duration taking into consideration the essence of health damage and its estimated duration).</p> |

|                               |  |
|-------------------------------|--|
| <p><b>Recommendations</b></p> | <p><b>Working conditions</b> (describe suitable and non-suitable working conditions or working environment, proceeding from the acting capacity of a person)</p> <ul style="list-style-type: none"> <li>- If a person has partial work ability, describe working conditions and environment that are definitely not suitable for a person with this particular health damage.</li> <li>- If a person has non-existent work ability, if possible, provide recommendations concerning working conditions and environment that could be suitable for him or her taking into consideration his or her state of health.</li> <li>- If a person is capable of working, if necessary, provide recommendations as to how to avoid the deterioration of his or her state of health.</li> </ul> <p>.....</p> <p><b>Using aids</b> (the recommendation is provided on the basis of a 2-digit code from main groups of the ISO classifier or, if necessary, a more precise code consisting of up to 6 digits):</p> <p>.....</p> <p><b>The need for services supporting work ability</b> (taking into consideration the essence of health damage and/or limitations related to acting capacity, describe the functions that will be improved or preserved by means of the recommended intervention):</p> <p>.....</p> |
|-------------------------------|--|

## ANNEX 5. TABLE OF CORRESPONDENCE OF DEGREES OF SEVERITY OF KEY ACTIONS

| Questions related to a relevant field and key action | Points conforming to a degree of severity |
|--|---|
| My ability ... changes*                              | 9   |

### PHYSICAL AND MENTAL ABILITIES

**Do you have the will to participate in everyday life?\***

- Yes
- No

#### 1. Moving

##### 1.1. Moving on different surfaces

1.1.1. How long is the distance that you can cover without pain, weakness, fatigue, dizziness, shortness of breath, or loss of balance?

- More than 200 metres 0\*\*\*
- 200 metres 2
- 100 metres (approximately the length of a football pitch) 3
- 50 metres (approximately the length of 5 buses ) 4
- I am not capable of moving on my own at all 4

1.1.2. Are you capable of going up and down the stairs and overcome obstacles if you encounter them (e.g. thresholds, border stones, etc.)?

- Yes 0\*\*\*
- With minor difficulties 0
- With moderate difficulties 1
- With significant difficulties, almost impossible 2

---

\* One of the answer options under the questions concerning all of the key actions. Number 9 means that the answer is not applicable as a degree of severity determined by the applicant. The expert doctor assigns the value to the answer "My ability... changes" in accordance with the degree of severity of a limitation existing in this or that field at the scale from 0 to 4.

\*\* The answer is taken into consideration when determining the degree of severity of a limitation related to a key action, but points are not assigned to it separately.

\*\*\* Value 0 is assigned to the degree of severity with regard to those activities, whose answer options include "Yes", "With minor difficulties", or "More than 200 metres". The doctor fills in the evaluation in accordance with a suitable degree of severity:

- if there is no limitation, the value is 0; if there is a mild limitation, the value is 1;
- if a person can cover the distance of over 200 metres without limitations, the value is 0;
- if a person can cover the distance of over 200 metres with mild limitations, the value is 1.

| Questions related to a relevant field and key action | Points<br>conforming to a<br>degree of<br>severity |
|--|--|
| – No   | <b>3</b>   |

## 1.2. Moving around safely

1.2.1. Are you capable of moving around safely outside, including places you have never been to before?

- Yes **0\*\*\***
- With minor difficulties **1**
- With moderate difficulties **2**
- With significant difficulties, almost impossible **3**
- No **4**

1.2.2. Are you capable of moving around safely inside, including the rooms you have never been to before?

- Yes **0\*\*\***
- With minor difficulties **0**
- With moderate difficulties **1**
- With significant difficulties, almost impossible **2**
- No **3**

## 1.3. Standing and sitting

1.3.1. Are you capable of remaining in one and the same position while standing or sitting without feeling pain or fatigue?

- Yes **0\*\*\***
- With minor difficulties **1**
- I can do that for up to three hours **2**
- I can do that for less than one hour **3**
- No **4**

1.3.2. Are you capable of alternating body positions, e.g. stand up, sit on a chair, bow down, etc.?

- Yes **0\*\*\***
- With minor difficulties **1**
- With moderate difficulties **2**
- With significant difficulties, almost impossible **3**
- No **4**

| Questions related to a relevant field and key action  | Points<br>conforming to a<br>degree of<br>severity |
|---|--|
| <b>1.4. Other limitations related to moving**</b>   |  |
| <b>2. Manual activity</b>   |  |
| <b>2.1. Arm stretching</b>  |  |
| 2.1.1. Are you capable of lifting your arm high enough in order to reach for an object on the shelf?                                |  |
| – With minor difficulties   | 1  |
| – With moderate difficulties  | 2  |
| – With significant difficulties, almost impossible  | 3  |
| – No  | 4  |
| <b>2.2. Moving objects</b>  |  |
| 2.2.1. Are you capable of lifting and moving a vessel with one litre of liquid in it?   |  |
| – Yes   | 0***   |
| – With minor difficulties   | 1  |
| – With moderate difficulties  | 2  |
| – I am able to lift a vessel weighing up to half a litre  | 3  |
| – I am not able to lift any objects, regardless of their weight   | 4  |
| 2.2.2. Are you capable of lifting and moving without difficulties a large and lightweight object, e.g. a pillow or a cardboard box? |  |
| – Yes   | 0***   |
| – With minor difficulties   | 1  |
| – With moderate difficulties  | 2  |
| – With significant difficulties, almost impossible  | 3  |
| – No  | 4  |
| <b>2.3. Manual dexterity</b>  |  |
| 2.3.1. How good are you at using your hands and fingers?  |  |
| – I can do that with minor difficulties   | 1  |
| – With moderate difficulties  | 2  |
| – With significant difficulties, almost impossible  | 3  |
| – No  | 4  |

| Questions related to a relevant field and key action | Points<br>conforming to a<br>degree of<br>severity |
|--|--|
|--|--|

## 2.4. Other limitations related to manual activity\*\*

### 3. Transmitting and receiving information

#### 3.1. Transmitting information

3.1.1. Are you capable of transmitting a simple message to another person?

(a simple message can include a warning shout-out, information about time or location, etc.)

- With minor difficulties 1
- With moderate difficulties 2
- With significant difficulties, almost impossible 3
- No 4

#### 3.2. Receiving information

3.2.1. Are you capable of hearing and/or reading a simple message from another person's lips?

(a simple message can include a warning shout-out, information about time or location, etc.)

- Yes 0\*\*\*
- With minor difficulties 1
- With moderate difficulties 2
- With significant difficulties, almost impossible 3
- No 4

3.2.2. Can you read messages written in large letters? (as a rule, large letters mean the text that is written with the font of at least 14 and is larger than the usual newspaper or book font)

- Yes 0\*\*\*
- With minor difficulties 1
- With moderate difficulties 2
- With significant difficulties, almost impossible 3
- No 4

| Questions related to a relevant field and key action | Points<br>conforming to a<br>degree of<br>severity |
|--|--|
|--|--|

### 3.3. Other limitations related to information exchange\*\*

## 4. Remaining conscious and self-care

### 4.1. Remaining conscious

4.1.1. How often do you suffer from impairments of consciousness?

(they include losing consciousness, epileptic fits, impairments of consciousness related to diabetes, etc.)

- Once per couple of years 1
- Several times a year 2
- Every month 3
- At least once per week 4

### 4.2. Toileting

4.2.1. Do you have problems with controlling intestine or bladder?

- Yes, on individual occasions throughout a year 2
- Yes, every month 3
- Yes, every day 4

### 4.3. Eating and drinking

4.3.1. Are you capable of putting food and drinks into your mouth without another person's help?

- Yes 0\*\*\*
- With minor difficulties 1
- With moderate difficulties 2
- With significant difficulties, almost impossible 3
- No 4

4.3.2. Are you capable of chewing and swallowing food easily?

- Yes 0\*\*\*
- With minor difficulties 1
- With moderate difficulties 2
- With significant difficulties, almost impossible 3
- No 4

| Questions related to a relevant field and key action | Points<br>conforming to a<br>degree of<br>severity |
|--|--|
|--|--|

#### 4.4. Other limitations related to remaining conscious and self-care\*\*

### 5. Learning and performing activities

#### 5.1. Learning new activities

5.1.1. Are you capable of learning new simple activities?

- Yes **0\*\*\***
- With minor difficulties **1**
- With moderate difficulties **2**
- With significant difficulties, almost impossible **3**
- No **4**

5.1.2. Are you capable of learning more complex activities?

- Yes **0\*\*\***
- With minor difficulties **0**
- With moderate difficulties **1**
- With significant difficulties, almost impossible **2**
- No **3**

#### 5.2. Beginning and completing activities

5.2.1. Are you capable of detecting the need for a particular everyday activity, and planning, initiating, and completing them without the help of others?

- With minor difficulties **1**
- With moderate difficulties **2**
- With significant difficulties, almost impossible **3**
- No **4**

| Questions related to a relevant field and key action | Points<br>conforming to a<br>degree of<br>severity |
|--|--|
|--|--|

### 5.3. Other limitations related to learning and performing activities\*\*

## 6. Adapting to changes and perception of threat

### 6.1. Going outside

6.1.1. Are you capable of going to a familiar place without emotional or mental stress and anxiety?

- |  |             |
|--|-------------|
| – Yes  | <b>0***</b> |
| – With minor difficulties                          | <b>1</b>    |
| – With moderate difficulties                       | <b>2</b>    |
| – With significant difficulties, almost impossible | <b>3</b>    |
| – No   | <b>4</b>    |

6.1.2. Are you capable of going to an unfamiliar place without emotional or mental stress and anxiety?

- |  |             |
|--|-------------|
| – Yes  | <b>0***</b> |
| – With minor difficulties                          | <b>0</b>    |
| – With moderate difficulties                       | <b>1</b>    |
| – With significant difficulties, almost impossible | <b>2</b>    |
| – No   | <b>3</b>    |

### 6.2. Recognising risk or threat

6.2.1. Do you need someone beside you to avoid danger?

- |   |          |
|---|----------|
| – No  | <b>0</b> |
| – When doing individual activities, not every day | <b>2</b> |
| – Yes, always at daytime                          | <b>3</b> |
| – Yes, all day long                               | <b>4</b> |

### 6.3. Coping with changes

6.3.1. Are you capable of coping with changes in everyday life?

(for example, dinner time has shifted, a bus or a train is running late, a friend of a carer comes earlier or later than it was planned)

- |  |          |
|--|----------|
| – With minor difficulties                      | <b>1</b> |
| – Yes, if I know about such changes in advance | <b>2</b> |
| – No, if a change is unexpected                | <b>2</b> |

| <b>Questions related to a relevant field and key action</b> | <b>Points<br/>conforming to a<br/>degree of<br/>severity</b> |
|---|--|
| – I cannot cope with them at all                            | <b>4</b>   |

#### **6.4. Other limitations related to adapting to changes and perception of threat\*\***

### **7. Communication**

#### **7.1. Coping communication**

7.1.1. Are you capable of meeting with familiar people without feeling extreme anxiety or fear?

- Yes **0\*\*\***
- With minor difficulties **1**
- With moderate difficulties **2**
- With significant difficulties, almost impossible **3**
- No **4**

7.1.2. Are you capable of meeting with strangers without feeling extreme anxiety or fear?

- Yes **0\*\*\***
- With minor difficulties **0**
- With moderate difficulties **1**
- With significant difficulties, almost impossible **2**
- No **3**

#### **7.2. Appropriate behaviour**

7.2.1. How often do you lose control over your emotions and behaviour?

- Rarely **1**
- From time to time **2**
- Often **3**
- Every day **4**

#### **7.3. Other limitations related to communication\*\***

### **8. Influence of addictive substances and adverse drug reactions \*\***

8.1. Do you experience difficulties caused by the consumption of alcohol or other addictive substances (drugs, glue, solvents, etc.)?

- Yes
- No

| Questions related to a relevant field and key action | Points<br>conforming to a<br>degree of<br>severity |
|--|--|
|--|--|

8.2. Do you experience adverse reactions of medications you are taking (e.g. vomiting, nausea, dizziness, etc.)?

- Yes
- No

**9. Other health problems\*\***

9.1. Are there any difficulties that you have not mentioned while answering questions above?

- Yes
- No

**10. Special cases**

On the basis of medical evaluation

- Yes **4**
- No **0**

## ANNEX 6. TERMS AND CONDITIONS OF PASSING A DECISION RELATED TO WORK ABILITY

The scope of work ability is assessed on the basis of terms and conditions of passing a decision related to work ability.

**The points for two different questions under one and the same key action are not summed up; the highest value is regarded as a degree of severity.**

**Scoring is the addition of points for all key actions, or degrees of severity. Only the degrees of severity 2, 3, and 4 are to be scored. The degrees of severity 0 and 1 are not added up.**

| ASSESSMENT OPTIONS | States of health precluding work ability   | Physical and mental abilities               | Special cases | Total score in the result of assessment                      | Work ability of the applicant DOCTOR'S EVALUATION  | DECISION PASSED BY THE UNEMPLOYMENT INSURANCE FUND                 |
|--------------------|--|---|---------------|--|--|--|
|                    | YES/NO   | 0/1/2/3/4 values for individual key actions | 0/4 points    | the total amount for key actions is $\leq 3 / \geq 4$ points | Existent / Partially hindered / Non-existent   |  |
| 1                  | Medical data does not support the data presented in the application with sufficient reliability, there is no diagnosis that would support the complaints |   |               |  |  | Refer the applicant to a consulting physician to specify diagnosis |
| 2                  | YES  | -   | -             | -  | Non-existent   | Non-existent work ability  |
| 3                  | NO   | -   | -             | -  | The applicant must fill out the entire application, further proceedings to be decided upon on the basis of the application |  |
| 4                  |  | 4 points value for one key action           | 0/4 points    | $\geq 4$   | Non-existent   | Work ability does not exist  |
| 5                  |  | 0—3 points value for one key action         | 4 points      | $\geq 4$ *   | Partially hindered / Non-existent  | Partial work ability / Non-existent work ability                   |

|          |  |   |             |            |                                      |   |
|----------|--|---|-------------|------------|--------------------------------------|---|
| <b>6</b> |  | 0—3 points<br>value for one<br>key action | 0<br>points | 0-3        | Existent                             | Work ability has<br>not been reduced                      |
| <b>7</b> |  | 0—3 points<br>value for one<br>key action | 0<br>points | $\geq 4$ * | Partially hindered /<br>Non-existent | Partial work<br>ability /<br>Non-existent<br>work ability |

\*If the score for functional capacity in the result of expertise is  $\geq 4$ , it is up to the doctor to decide whether the work ability is partial or non-existent.

## ANNEX 7. CLASSIFIER OF SKILLS AND WORK REQUIREMENTS

### I Skills

#### Endurance features affecting the performance of an employee

1. Cognitive skills
2. Psychomotor skills
3. Sensory skills

#### II Working conditions and working environment, their physical and social factors

14. Communication environment
15. Physical environment
16. Peculiarities of work

*Subsections can be used whenever needed in the form of a wording with a one-, two-, or several-digit code.*

### I Skills

#### Endurance features affecting the performance of an employee

**1. Cognitive skills** are the skills that affect the acquisition of knowledge and its implementation in difficult situations.

**1.1. Verbal skills** are the skills that affect verbal processing of information in difficult situations.

1.1.1. Understanding speech is the ability to listen and understand the information transmitted verbally in the form of words and sentences.

1.1.2. Understanding the written text is the ability to read and understand the information transmitted in writing.

1.1.3. Verbal means of self-expression is the skill to transmit verbal information to other people in a comprehensive manner.

1.1.4. Written means of self-expression is the skill to transmit written information to other people in a comprehensive manner.

**1.2. Thinking and understanding skills** are the skills that affect the processing of the information in difficult situations.

1.2.1. Fluency of ideas is the ability to offer several ideas within the frames of one and the same topic (the number of ideas is important; their quality, authenticity, or creativity are not important).

1.2.2. Originality is the ability to present unusual or smart ideas on a certain topic or within a certain situation; the ability to resolve difficult situations in an innovative way.

1.2.3. Problem perception is the ability to say when something is wrong or can go wrong (the identification of the problem is important, not the ability to solve a specific problem).

1.2.4. Deductive reasoning is the ability to implement general rules and take certain steps in order to resolve a problem in an efficient/logical manner.

1.2.5. Inductive reasoning is the ability to combine bits of information in order to make general assertions (including the ability to see connections between the events that seem to have no connections at first sight).

1.2.6. Ordering the information is the ability to put objects or activities into a logical order or a specific pattern, proceeding from specific requirements or specific rules (e.g. ordering numbers, letters, words, pictures, or mathematical rules according to certain regularities).

1.2.7. Flexibility between categories is the ability to develop or use different regularities with the aim of combining or grouping things in a new or a different manner.

**1.3. Quantitative skills** are the skills that affect the resolution of difficult situations containing mathematical correlations.

1.3.1. Mathematical reasoning is the ability to choose suitable mathematical methods or formulas to solve a problem.

1.3.2. Numerical fluency is the ability to add, deduct, multiply, and divide easily, quickly, and correctly.

**1.4. Memory skills** are the skills that are related to memorizing the existing information.

1.4.1. Memorizing is the ability to memorize information in the form of words, numbers, pictures, and activities.

**1.5. Perception skills** are the skills that are related to acquiring and organising the information perceived by seeing.

1.5.1. Speed of comprehension is the ability to quickly understand, combine, and organise the information into a meaningful regularity.

1.5.2. Flexibility of perception is the ability to identify or notice familiar regularities/patterns (image, item, word, sound) which at first sight might be overshadowed by background noise.

1.5.3. Speed of perception is the ability to compare similarities and differences between letters, numbers, items, pictures, and patterns (the items to be compared might be introduced both at the same time or one after another; a person is able to compare a given item with another item that has been memorized before).

**1.6. Spatial skills** are the skills that are related to handling and using spatial information.

1.6.1. Being able to navigate in the surrounding space is the skill to be able to determine one's location in a specific environment or the location of other items in the room against oneself.

1.6.2. Visualising is the ability to imagine how things or a room could look like after the positioning of the items in the room has been changed.

**1.7. Attention** includes all of the skills related to attention.

1.7.1. Selective attention is the ability to concentrate on a task for a certain period of time undisturbedly.

1.7.2. Time distribution is the ability to switch from one activity or information flow to another (speech, sound, physical contact, etc.).

**2. Psychomotor skills** are the skills that affect the scope of handling and controlling things.

**2.1. Solidity of manual performance** includes the skills that are related to handling things.

2.1.1. Solidity of arms and shoulders is the ability to keep an arm or a shoulder in a certain position, also maintaining a certain position when moving the arm.

2.1.2. Manual dexterity is the ability to move one or both hand/arms fast in order to grab items, handle, or pick them up.

2.1.3. Finger dexterity is the ability to perform precise coordinated finger movements with one or both hands to grab something, handle something, or pick up very small items.

**2.2. Control over movements** includes the skills related to keeping control over things.

2.2.1. Control precision is the ability to adapt to the right location of machine keys/buttons fast and on numerous occasions.

2.2.2. Coordination of several limbs is the ability to coordinate two or more limbs (i.e. two legs, two arms, one leg and one arm) while sitting, standing, or lying. It does not include the evaluation of performance of such activities that involve the whole body.

2.2.3. Responding to signals is the ability to choose fast between two or more moves as a response to two or more signals (sound, light, image). It also includes the speed required for providing the correct response using an arm, a leg, or some other body part.

2.2.4. Speed control is the ability to coordinate one's moves or the movement of things in response to the speed or direction of a moving object.

**2.3. Response time and speed** includes the skills related to the speed of handling things.

2.3.1. Response time is the ability to respond quickly (with an arm, a finger, or a leg) to external signals (sound, light, image) whenever they come up.

2.3.2. Wrist-finger speed is the ability to perform fast, simple, repeated moves with fingers, wrists, and hands.

2.3.3. Limb speed is the ability to move arms and legs fast.

**2.4. Physical abilities** are the skills that affect strength, endurance, flexibility, balance, and coordination.

**2.5. Physical strength** includes the skills that are related to using force.

2.5.1. Standing strength is the ability to apply maximum muscle strength in order to lift, push, pull, or carry objects.

2.5.2. Strength of push is the ability to apply short-term muscle strength to move oneself (jumping or running) or throwing things.

2.5.3. Dynamic strength is the ability to apply muscle strength repeatedly or permanently within a time unit (muscle endurance and endurance against muscle fatigue should also be taken into consideration).

2.5.4. Torso strength is the ability to apply stomach and lower back muscles to lift one's body repeatedly or permanently within a time unit without feeling exhausted or "giving up".

**2.6. Endurance** is the ability to exert effort within a long time period without feeling short of breath.

2.6.1. Perseverance is the ability to exert effort within a long time period without feeling short of breath or exhaustion.

**2.7. Flexibility, balance, and coordination** are the skills that are related to the coordination of the moves of one's entire body.

2.7.1. Flexibility while stretching is the ability to bow down, stretch, twist, or stretch further out with the entire body, arms, and/or legs.

2.7.2. Dynamic flexibility is the ability to bow down, stretch, twist, or stretch further out quickly and repeatedly with the entire body, arms, and/or legs.

2.7.3. Coordination of the entire body is the ability to coordinate the moves of arms, legs, and core when the entire body is moving.

2.7.4. Balance of the entire body is the ability to maintain and restore balance or remain upright in an unstable position.

**3. Sensory skills** are the skills that affect the perception of things we see, hear, or say.

**3.1. Seeing** includes the skills that are related to visual perception.

3.1.1. Near-sightedness is the ability to see details at a close range (at a distance of one metre from the observer).

3.1.2. Far-sightedness is the ability to see details at a distant range.

3.1.3. Distinguishing between colours is the ability to differentiate between colours, including colour hues and brightness of colours.

3.1.4. Seeing in the dark is the ability to see well in the conditions of insufficient light.

3.1.5. Peripheral vision is the ability to see things and their movement on the sides of the observer, without turning one's head or rolling one's eyes.

3.1.6. Perception of distance is the ability to assess the distance between oneself and an object appropriately or to comprehend which of the objects is closer or further than the other.

3.1.7. Ability to see in bright light is the ability to see objects in very bright light.

**3.2. Hearing and speaking ability** includes the skills that are related to the perception of speech.

3.2.1. Hearing sensibility is the ability to differentiate between sounds on the basis of their pitch or loudness.

3.2.2. Attention to hearing is the ability to concentrate on one source of sound in the presence of other sounds distracting attention.

3.2.3. Sound localisation is the ability to identify the direction, from which the sound is coming.

3.2.4. Perception of speech is the ability to identify and understand the speech of another person.

3.2.5. Clarity of speech is the ability to speak clearly and in a manner that is comprehensible to others.

## **II Working conditions and working environment, their physical and social factors**

**14. Communication environment** – this category includes a description of the essence of work taking into consideration communication activities between people.

**14.1. Transmitting and receiving information** means communication methods included into the range of job tasks and the frequency of communication.

14.1.1. Communication methods

- public performance
- phone conversation
- e-mail
- letters and notes
- face-to-face communication.

14.1.2. Interaction/contact with people, i.e. how much communication is expected at the workplace (face-to-face, by phone, or by e-mail)?

**14.2. Role relations** include the importance of different forms of communication within an organisation and outside of it.

14.2.1. Professional relations

- working within a group or a team
- communication with customers
- supervising and organising the work of other people.

**14.3. Responsibility to other people** means responsibility that an employee bears to other employees:

- being responsible for their health and safety
- being responsible for their performance and achievement.

**14.4. Conflicting interactions** mean that an employee is forced into conflict situations at work:

- frequency of conflict situations
- dealing with unpleasant and/or angry people
- dealing with physically aggressive people.

**15. Physical environment** – this category includes a description of the essence of work taking into consideration correlations between a person and working environment.

**15.1. Workplace** is the physical environment that an employee is surrounded with upon the performance of job tasks.

15.1.1 Workplace

- inside under controlled conditions
- inside under random conditions (e.g. unheated warehouse)

- outside under weather conditions
- outside under the roof (e.g. a building with a roof, but without walls)
- in an open vehicle (e.g. a tractor)
- in a closed vehicle (e.g. a car).

15.1.2. Physical disposition, i.e. to what extent the employees performing job tasks are located very close in physical sense to their co-workers.

**15.2. Environmental conditions** include a description of extreme environmental conditions, in which an employee has to stay while performing job tasks:

- very hot or cold (over 32 °C or below 0 °C )
- a loud or disturbing voice, sound, or noise
- extremely bright or insufficient light
- contact with pollutants (e.g. gases, odour, dust)
- narrow room, inconvenient body positions
- whole body vibration (e.g. working with pneumatic tools).

**15.3. Dangerous situations** include a description of dangerous situations, which an employee can find himself or herself in while performing job tasks:

- danger of infection
- radiation
- height
- dangerous conditions damaging health
- equipment damaging health
- injury threat.

**15.4. Body position** working in different positions:

- standing
- sitting
- crawling
- walking and running
- kneeling, on one's hunkers, bending, twisting one's body
- keeping balance
- working with hands
- bending one's body
- making one and the same moves again and again.

**15.5. Uniform/equipment**

- general safety measures, e.g. safety boots, goggles, gloves, earplugs, helmet, safety vest
- specific safety measures, e.g. breathing machines, safety harness, safety suit, radiation shield.

**16. Job peculiarities** – this category includes a description of interaction of an employee with the peculiarities and essence of work.

**16.1. Level of criticality of a position**, i.e. what is the effect this position has on the performance of the employee holding this particular position?

16.1.1. Consequence of making an error, i.e. what are the consequences for an employee who has made an irrevocable error?

**16.2. Decision-making burden**, i.e. the essence of decisions made by an employee and their impact on an organisation.

16.2.1. The effect of decisions on the performance of co-workers or the organisation as a whole.

16.2.2. The need to make decisions, i.e. making decisions that affect the organisation (its image and financial status) or co-workers.

16.2.3. Freedom in making decisions, i.e. freedom and lack of supervision in making decisions.

**16.3. Routine or challenging work**

16.3.1. Automated work.

16.3.2. Need for precision and correctness.

16.3.3. Importance of repeated movements, i.e. making certain physical (e.g. inserting the key) or mental (e.g. checking the values in a field in the table) moves repeatedly.

16.3.4. Well-structured schedule or flexible hours, i.e. the work that has been planned and ordered in a well-structured way vs. freedom to choose tasks, set priorities, and goals.

**16.4. Competitiveness**, i.e. how competitive the work at a certain position is.

**16.5. Speed and planning**, i.e. the role time planning plays in the performance of job tasks.

16.5.1. Time pressure, i.e. the need to adhere to strict deadlines.

16.5.2. Speed conditioned by the type of equipment.

16.5.3. Work schedule, i.e. regular or irregular schedule, including working evening and night shifts.

16.5.4. Duration of the working week, i.e. the number of working hours within a working week.

## **ANNEX 8. LIST OF ASSISTIVE TECHNOLOGY DEVICES ON THE BASIS OF THE ISO CLASSIFIER**

### **CODE, PRODUCT GROUPS, AND DESCRIPTION**

#### **04 Assistive technology devices for measuring, supporting, training or replacing body functions**

Assistive technology devices that help to improve, monitor, and preserve the state of health: inhalers, respirators, oxygen equipment, stockings and socks that help to treat or prevent swollen feet, and other pieces of clothing, dialysis equipment, dispensers for medications, single-use syringes, infusion pumps, muscle stimulating devices, vibrators, wound care products, devices to produce heat or cold for therapeutic purposes, sterilizing equipment.

#### **05 Assistive technology devices for training in skills** (including products that improve a person's physical, mental and social abilities)

Devices for using voice and speech, devices for training reading and writing skills, devices for training fingerspelling, gesture language, and lip-reading skills, devices for training the use of Braille system, devices for training communication with the help of images and symbols, devices for training controlling the functioning of intestine and bladder, devices for training memory, attention, and concentration skills, devices for training the understanding of the notions of time, money, and dimensions, assistive devices for teaching different subjects, devices for training the participation in recreational activities, devices for training social behaviour, devices for training using a computer and computer accessories.

#### **06 Orthoses and prostheses**

Orthoses meant for supporting or keeping in place different body parts (lower back, chest, stomach, arm, and leg orthoses, electric and neuromuscular stimulators), orthopedic footwear; external upper and lower limb prostheses meant for compensating missing body parts, cosmetic prostheses, except for endoprostheses.

#### **09 Assistive technology devices for self-care activities and participation in self-care**

Devices helping to eat and drink; protective clothing; protective devices for head, legs, arms, ears, eyes, and airways; toilet seats, bowls, and other WC devices; tracheostomy cannulas, stoma bags and accessories; diapers and bedsheets; baths, shower chairs, anti-slip rugs and other assistive devices for washing; skin washing and cleaning devices; devices for putting on clothing and taking it off; medical thermometers, clocks, and scales; devices for manicure, pedicure, personal hygiene.

#### **12 Assistive technology devices for personal moving and transportation**

Adapted cars, mopeds, motorcycles, scooters, motor sledges, kick sledges, bicycles, manual wheelchairs, electric wheelchairs, canes, crutches, walking frames, devices for stretching and transportation (rotation boards, transportation boards, removable rails, gripping belts, lifting belts), lifting devices for transporting people, devices that help to navigate (white canes, electronic and audio compasses).

## **15 Assistive technology devices for domestic activities and participation in domestic life**

Devices for making food and drinks (fridges, alarm and reminder devices in the kitchen), dish-washing brushes and machines, devices helping to eat and drink (special dishes, kitchen scales, plugs and fillers, special spoons, forks, knives, drinking cups and mugs, plates, food barriers helping to avoid food slipping off the plate, feeding tubes), cleaning devices (vacuum cleaners, carpet-cleaning machines, floor brushes, garbage bins), devices for furniture care (sewing machines, knitting machines, devices for manual sewing, washing machines, irons, devices for drying clothes).

## **18 Furnishings, fixtures, and other assistive technology devices for supporting activities in indoor and outdoor human-made environments**

Special tables with adjustable height and angle, rotating and guidable lamps, adjustable chairs and benches, beds, devices for opening gates and doors (remote controls), lifting devices for transporting people, alarm and reminder devices (safety devices, protection equipment), room furniture and/or furniture for recreational activities (with and without wheels), furniture attachments, devices and machines helping to adapt the rooms for living, working, and studying.

## **22 Assistive technology devices for communication and information management**

Seeing assistive devices (contact lenses, magnifying glasses, binoculars, telescopes, magnifying reading screens), hearing assistive devices (sound amplifying devices, hearing glasses, hearing kits worn in front of and behind the ear, hearing kits with implants, headphones, hearing accessories), assistive devices for reading (page turners, books with large font and sound, book supports and holders, books with dot font, reading masks with limited text sections), assistive devices for writing and drawing (pencils, templates, pairs of compasses, rulers, devices for dot writing, typewriters, signing devices, special writing paper, diaries with dot font, desk stands for writing and drawing, computer software for drawing and painting), assistive devices for calculating (calculators, computer software), assistive devices for phoning and sending messages (mobile phones, text phones, phone devices for transforming and sending sounds, answering machines, devices for establishing connection inside, house intercoms), assistive devices for forwarding alarm messages, sound amplifiers, computer mouse devices, computer keyboards and screens, speech identification devices, printers.

## **24 Assistive technology devices for controlling, carrying, moving, or handling objects and devices**

Remote control devices that help to control home appliances, devices for starting up and controlling other devices (rotating handles and knobs, pedals, switches, switching devices, time relays), devices for replacing manual functions (grippers), positioning and fixing devices (fixing the items in place, rotating, or sliding them, lifting devices), devices helping to carry and transport objects (grates, hooks, shopping trolleys, vehicle trailers).

## **28 Assistive technology devices for work activities and participation in working**

Special workplace furniture (desks, work chairs), devices for hanging and moving objects at a workplace (cranes, cargo-handling equipment, devices for lifting goods, rotating-sliding-inclining devices for moving objects, lifting platforms), devices for fixing and grabbing objects at a workplace (manual magnets, claws), testing and monitoring devices at a workplace

(dispensers, scales, thermometers, measuring jars, pipettes, microscopes), devices for managing information at a workplace (perforating devices, staplers, franking machines, envelope openers and fillers, copying machines, computer software for office work), devices for health protection and safety provision at a workplace (protection devices for head, eyes, arms, and legs, air-cleaning devices, mats and other materials absorbing noise and vibration, anti-slip and fireproof floor coatings), devices for professional training.