

Social Security Disability/SSI Intake Questionnaire

Please fill in the information requested below. If you have difficulty understanding or reading the material, you may have a friend or family member help you or bring the document to your first meeting.

1. Name:
2. Address:
3. Date of Birth and Social Security Number:
4. Marital Status:
5. Dependant Children? If yes, please list names, ages and Social Security Numbers:
6. Can you read and write?
7. Can you understand articles in a newspaper and/or write and punctuate a letter?
8. How much education do you have? Please be specific and include degrees, diplomas and on-the-job training.
9. What is the source of your income? Include all details such as spousal income, insurance, food stamps, pension, etc.
10. What date are you claiming as the onset date of your disability?
11. What physical ailment you to be disabled? List all impairments, including aches and pains and depression.
12. How do your impairments affect you?
13. How do your impairments prevent you from working?
14. Do you perform outside tasks?
15. Are you active socially (such as Church, lodge, veterans affairs, family)?
16. Were you in the military service? Please list dates.
17. Describe a typical day in your life. Be specific with times and activities.
18. Do you need to rest often? How often and how?
19. Are you easily fatigued? Explain.

20. Do you have headaches? Explain how often, severity and length.
21. Do you get dizzy? How often, how severe, how long?
22. Do you get blurred vision? How often, how severe, how long?
23. Do you have difficulty driving. Please explain.
24. How much do you drive in an average week?
25. How far can you walk?
26. How long can you
 - a) Sit?
 - b) Stand?
27. How much weight can you lift?
28. Can you bathe and dress yourself? Explain if no.
29. Are you under a doctor's care (include pain management, therapists and counselors). List all with address and phone number.
30. List all doctors, hospitals and clinics you have been a patient at in the last ten years.
31. Are you receiving any therapy (physical and/or mental)?
32. What medicines are you taking? Please list which doctor prescribed the medication, the dosage and the amount you take daily.
33. Do you have any side effects from the medication? Please list each medication and the respective side effects.
34. Please list your height and weight.
35. Have you lost or gained weight in the last six months? If so, how much and why.
36. Do you have problems with your hands? Explain.
37. Which hand do you use to write and manipulate?
38. Do you have vision problems?
39. Why did you stop working and when?

40. Where you terminated because you were physically unable to do your job or were you laid off or did you quit?
41. Why can't you go back to your last job?
42. Are you working now? Where? When did you start?
43. Have you attempted to perform any other type of work, including part-time or volunteer? Please explain.
44. Have you considered other types of work or additional training for new types of work?

Please answer the following questions for each previous job held during the past 15 years. If additional space is needed, please continue on the back of this page.

JOB 1

Job Title: _____ Worked from _____ to _____
 Company Name: _____ Kind of Business: _____
 Training Necessary: _____ 0-30 days _____ 30-90 days _____ 3-12 months _____ more
 What did you do on this job? _____

Heaviest thing usually lifted:
 0-10 lbs. _____
 10-20 lbs. _____
 20-50 lbs. _____
 50-100 lbs. _____
 more _____

Weight lifted most often:
 0-10 lbs. _____
 10-20 lbs. _____
 20-50 lbs. _____
 50-100 lbs. _____
 more _____

Check any moves done regularly:
 Climbing _____ Stooping _____
 Pushing _____ Pulling _____
 Grasping _____ Bending _____
 Carrying _____ Reaching _____

Number of times per hour you lifted: _____
 Rate of pay per hour: _____

Number of hours standing/walking per day:
 0 1 2 3 4 5 6 7 8 9 10
 Number of hours sitting per day:
 0 1 2 3 4 5 6 7 8 9 10

JOB 2

Job Title: _____ Worked from _____ to _____

Company Name: _____ Kind of Business: _____

Training Necessary: _____ 0-30 days _____ 30-90 days _____ 3-12 months _____ more

What did you do on this job? _____

Heaviest thing usually lifted:

0-10 lbs. _____

10-20 lbs. _____

20-50 lbs. _____

50-100 lbs. _____

more _____

Weight lifted most often:

0-10 lbs. _____

10-20 lbs. _____

20-50 lbs. _____

50-100 lbs. _____

more _____

Check any moves done regularly:

Climbing _____ Stooping _____

Pushing _____ Pulling _____

Grasping _____ Bending _____

Carrying _____ Reaching _____

Number of times per hour you lifted: _____

Rate of pay per hour: _____

Number of hours standing/walking per day:

0 1 2 3 4 5 6 7 8 9 10

Number of hours sitting per day:

0 1 2 3 4 5 6 7 8 9 10

JOB 3

Job Title: _____ Worked from _____ to _____

Company Name: _____ Kind of Business: _____

Training Necessary: _____ 0-30 days _____ 30-90 days _____ 3-12 months _____ more

What did you do on this job? _____

Heaviest thing usually lifted:

0-10 lbs. _____

10-20 lbs. _____

20-50 lbs. _____

50-100 lbs. _____

more _____

Weight lifted most often:

0-10 lbs. _____

10-20 lbs. _____

20-50 lbs. _____

50-100 lbs. _____

more _____

Check any moves done regularly:

Climbing _____ Stooping _____

Pushing _____ Pulling _____

Grasping _____ Bending _____

Carrying _____ Reaching _____

Number of times per hour you lifted: _____

Rate of pay per hour: _____

Number of hours standing/walking per day:

0 1 2 3 4 5 6 7 8 9 10

Number of hours sitting per day:

0 1 2 3 4 5 6 7 8 9 10

JOB 4

Job Title: _____ Worked from _____ to _____

Company Name: _____ Kind of Business: _____

Training Necessary: _____ 0-30 days _____ 30-90 days _____ 3-12 months _____ more

What did you do on this job? _____

Heaviest thing usually lifted:

0-10 lbs. _____

10-20 lbs. _____

20-50 lbs. _____

50-100 lbs. _____

more _____

Weight lifted most often:

0-10 lbs. _____

10-20 lbs. _____

20-50 lbs. _____

50-100 lbs. _____

more _____

Check any moves done regularly:

Climbing _____ Stooping _____

Pushing _____ Pulling _____

Grasping _____ Bending _____

Carrying _____ Reaching _____

Number of times per hour you lifted: _____

Rate of pay per hour: _____

Number of hours standing/walking per day:

0 1 2 3 4 5 6 7 8 9 10

Number of hours sitting per day:

0 1 2 3 4 5 6 7 8 9 10

JOB 5

Job Title: _____ Worked from _____ to _____

Company Name: _____ Kind of Business: _____

Training Necessary: _____ 0-30 days _____ 30-90 days _____ 3-12 months _____ more

What did you do on this job? _____

Heaviest thing usually lifted:

0-10 lbs. _____

10-20 lbs. _____

20-50 lbs. _____

50-100 lbs. _____

more _____

Weight lifted most often:

0-10 lbs. _____

10-20 lbs. _____

20-50 lbs. _____

50-100 lbs. _____

more _____

Check any moves done regularly:

Climbing _____ Stooping _____

Pushing _____ Pulling _____

Grasping _____ Bending _____

Carrying _____ Reaching _____

Number of times per hour you lifted: _____

Rate of pay per hour: _____

Number of hours standing/walking per day:

0 1 2 3 4 5 6 7 8 9 10

Number of hours sitting per day:

0 1 2 3 4 5 6 7 8 9 10