**Disability Pre-Hearing Questions for Claimant**

**A. WORK HISTORY/EDUCATION**

1. How far did you get in school?
2. What kind of work did you do?
3. In each job lasting more than 3 months, give job title, lifting requirements, etc. Make sure you go back at least 10-15 years in work history if you have that:
	1. Job title
	2. Did you do the job sitting, standing or a combination of both?
	3. How long did it take you to learn the job?
	4. What was average weight lifted?
	5. Were there extra requirements of climbing, bending, stooping and crawling?
	6. Describe the job fully:

**B. SYMPTOMS**

1. Do you have pain?
	1. Where is pain?
	2. How often does it come?
	3. How severe is pain? Scale of 1-10?
	4. How is it worsened? (include details on migraines and any other body pain in detail, focusing on the worst 3-4 things)
	5. How is it decreased? e.g. medication, sleep (include details on migraines and any other body pain in detail, focusing on the worst 3-4 things)
	6. How long does the pain last?
	7. Does the pain affect your ability to sit, stand or walk for long periods of time?
	8. How long can you sit before experiencing pain or having to change positions?
	9. How long can you stand at one time? (in minutes.)
	10. How long can you walk at one time? (in minutes.)
	11. Do you use any assistive devices such as a cane, walker and brace?
2. Do you lie down during the day? If so, how many hours? Has a doctor recommended rest, and if so, which doctor?
3. Do you have dizziness?
4. List other physical problems that affect your ability to work or complete daily activities.
5. Any surgeries or hospitalizations?
6. What does the doctor want to do in the future? Surgery/Therapy/Pain Management
7. Current Medications: Did you fill out a list for the judge?
8. Problems with grasping, groping, fine manipulation with left/right hands
	1. Weakness in left or right hand?
	2. Do you drop things with either hand? Which hand?
	3. How much weight can you lift on a frequent basis?
	4. How much on an occasional basis?
9. Bad side effects from medications?
	1. Sleepy or tired?
	2. Nausea?
	3. Dizziness?
	4. In a Fog?
	5. Dry mouth?
	6. Diarrhea?
	7. Hard to concentrate?
	8. Loss of memory
	9. Other
10. Have you reported these side effects to your doctors?
11. Has your doctor changed your medications as a result?
12. Do you have good and bad days? How many bad days do you have during the week?
13. Depression?
	1. No interest in activities?
	2. Suicide?
	3. Guilty?
	4. Sad?
	5. Angry?
	6. Mood Swings?
	7. Anxiety attacks?
	8. Nervousness?
	9. Gain/lose weight?
	10. Memory loss?
	11. Hard to concentrate?
	12. Trouble sleeping at night?

**C. DAILY ACTIVITIES/SOCIAL FUNCTIONING:**

1. **Driving**: Can you drive and if so, how often and how far? Can you do long distances?
2. **Household chores**: What chores do you do, do you have trouble finishing them? Are you able to cook and is this difficult for you to do?
3. **Grocery shopping**: Can you complete a whole shopping trip for the family by yourself and do you need assistance? If this is hard, why?
4. **Hobbies**: What things did you use to do and what hobbies do you have now?
5. **Vacation**: Do you go on vacation trips and when was your last one?
6. **Social Activities**: What do you do and how often? Were you more active before disability? What do you do during the day and what are your biggest challenges?
7. **Anything else**: What else is important for the judge to know that you haven’t stated before including:
	1. Major losses or changes in your life
	2. How your disability has impacted your children and spouse
	3. How you have to deal with your migraine attacks
	4. Side effects of medications
	5. The four stages of migraine as they occur for you
	6. How many attacks you have per month and how many migraine days
	7. How disabling your migraine attacks are
	8. What you have done to try and treat your migraine
8. **Independent Medical Exam**: Do you recall seeing a doctor from Social Security (IME)?
	1. How many different IME doctors did you see?
	2. How many times did you see him/her?
	3. How long was the exam?
	4. Did the IME doctor review your medical records?
	5. Did the IME doctor give you any tests?
	6. Anything you remember about the exam that was unusual or different from an exam at your doctor's office?