**Disability Pre-Hearing Questions for Witness**

**NAME: (normally spouse but can be close friend, employer, co-worker, etc.)**

1. What is your relationship to the claimant?
2. Have you lived with them or seen them on a regular basis since the alleged date of disability?
3. Has their personality changed since the above date?
4. How has it changedsince the above date?
5. Does the claimant have cognitive impairments? (e.g. short term memory)
	1. Do they leave lights on?
	2. Do they leave the gas, stove on?
	3. Do they leave doors unlocked?
	4. Do they forget where they put things or conversations with people? (describe)
	5. Do they have problems remembering things like TV shows or what they read?
6. Have you noticed them spending more time resting during the day and if so, how many hours in an 8-hour day do they rest?
7. Are there activities you have to help them with that they used to do alone?
8. Is the claimant able to do household chores? If so, which ones?
9. Does the claimant finish what they start?
10. Does the claimant cook and if so, how often? Is it difficult for them to do now?
11. Are there hobbies they used to do that they can’t do anymore?
12. What are the claimant’s hobbies now, if any?
13. How does the claimant spend their day?
14. Does the claimant want to leave work?
15. How is the claimant handling the fact that they can’t work any more?
16. Any other comments about the claimant’s work ethic, character, illness, etc?
17. Anything else you want to add?