

Helping patients obtain benefits

- Your patients may require your help, as well as legal assistance, to access critically needed benefits
- In order to qualify for disability benefits from the Social Security Administration, the applicant will need to provide medical evidence of his/her impairments
- The opinion of a treating physician is entitled to greater weight than that of a one time consultant under Social Security rules

Definition of Disability

- A medically determinable physical or mental impairment or combination of impairments which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of 12 months, and which, in light of individual's age, education and work experience, prevents performance of any substantial gainful activity.

Definition of disability for kids

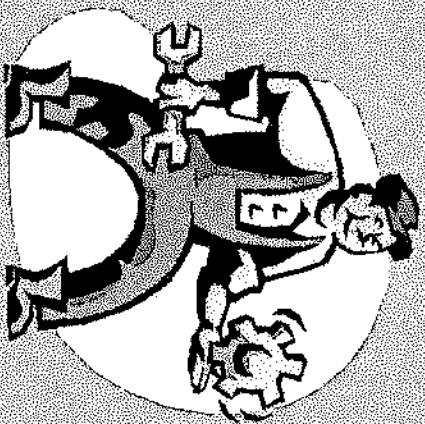
Children under 18 are not considered disabled under the SSI program unless they demonstrate a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations and which can be expected to result in death or which has lasted or can be expected to last for 12 months.

HOW SSA DETERMINES DISABILITY

The Five-Step Sequential Evaluation
Process

STEP 1

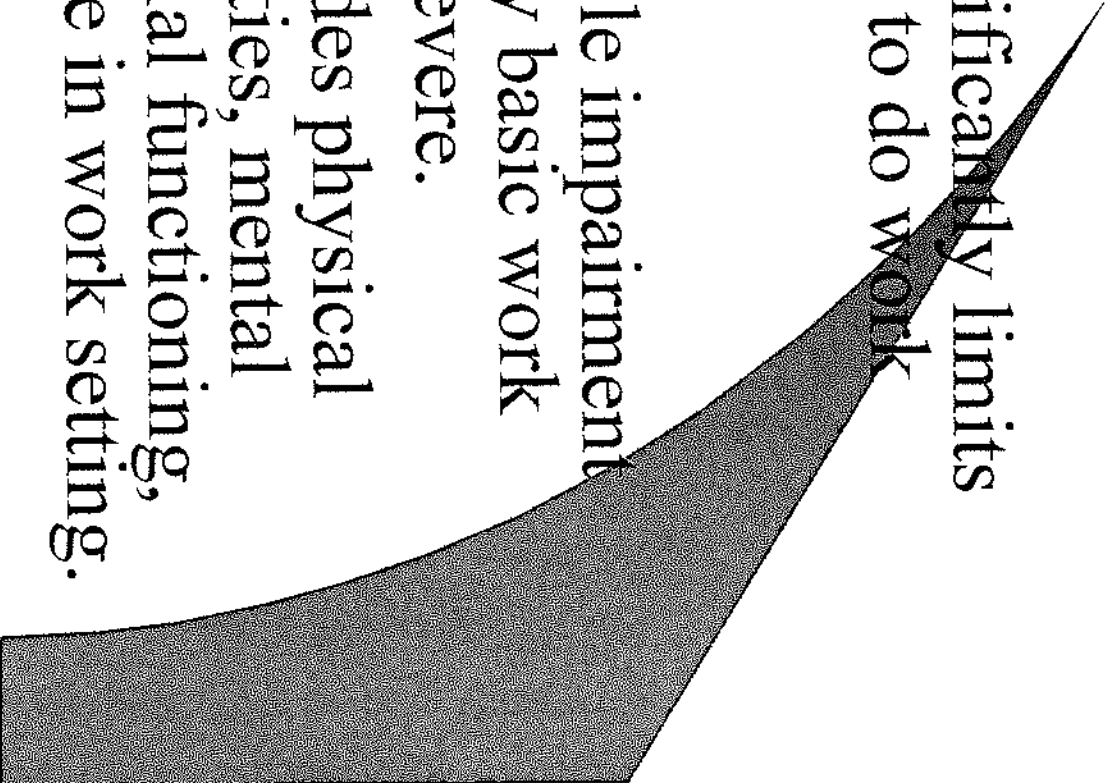
- Is claimant performing substantial gainful activity?
- Yes = “not disabled”
- No = go to Step 2



STEP 2

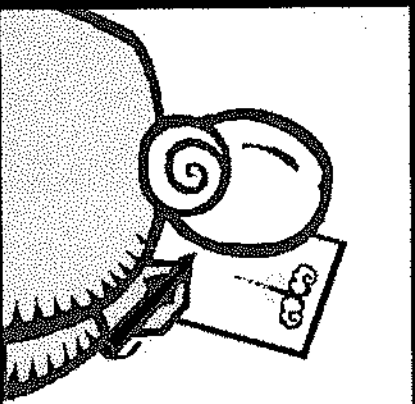
- Does claimant have a severe impairment?
- No = “not disabled”
- Yes = go to Step 3

What constitutes a “severe” impairment?

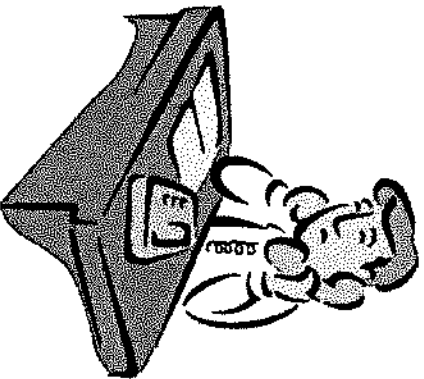
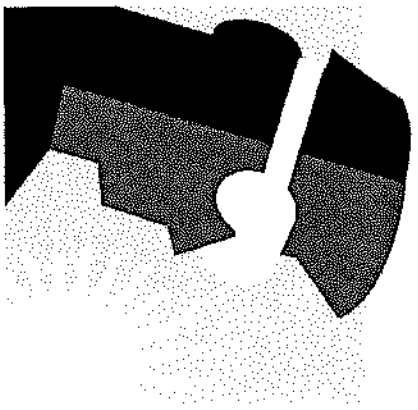
- A severe impairment significantly limits physical or mental ability to do work related activities.
 - *De minimus* test.
 - If a medically determinable impairment imposes limitations in any basic work activity the condition is severe.
 - Basic work activity includes physical functions, sensory capacities, mental capacities, judgment, social functioning, ability to deal with change in work setting.
- 

STEP 3

- Does claimant have an impairment or combination of impairments which meets or equals a listed impairment under SSA's regulations?
- Yes = "disabled"
- No = go to Step 4

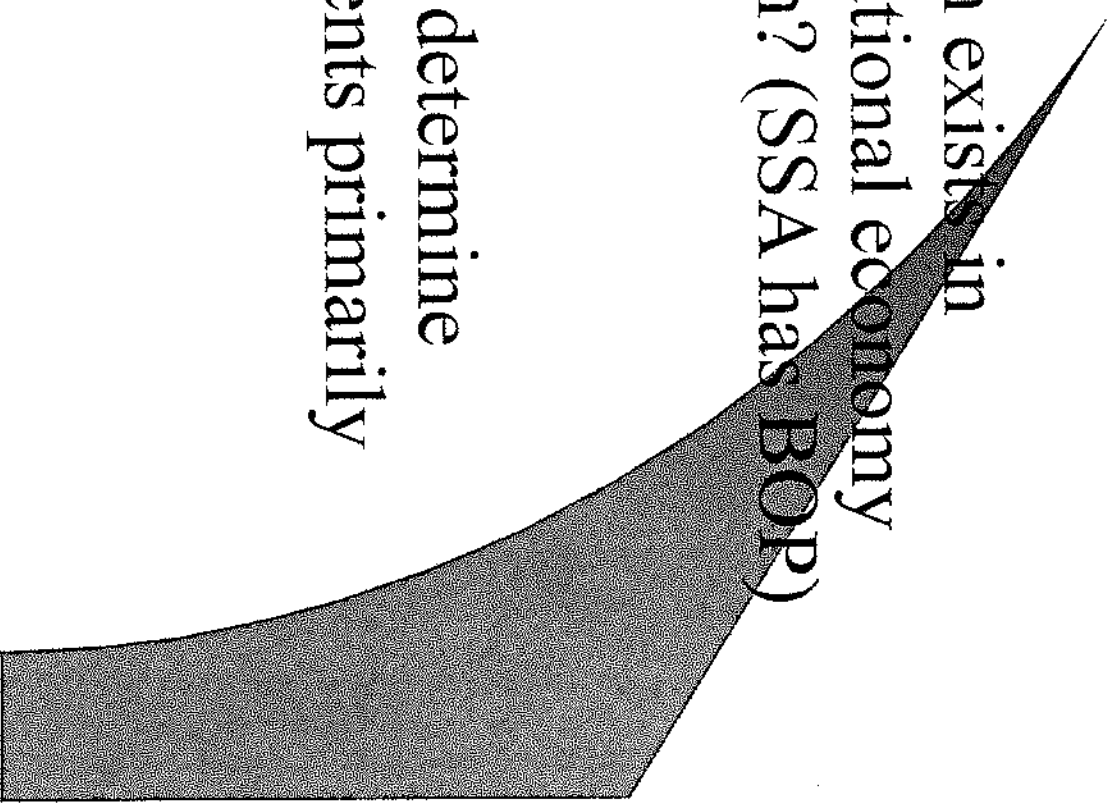


STEP 4



- Can claimant perform past relevant work?
- Yes = “not disabled”
- No = go to Step 5

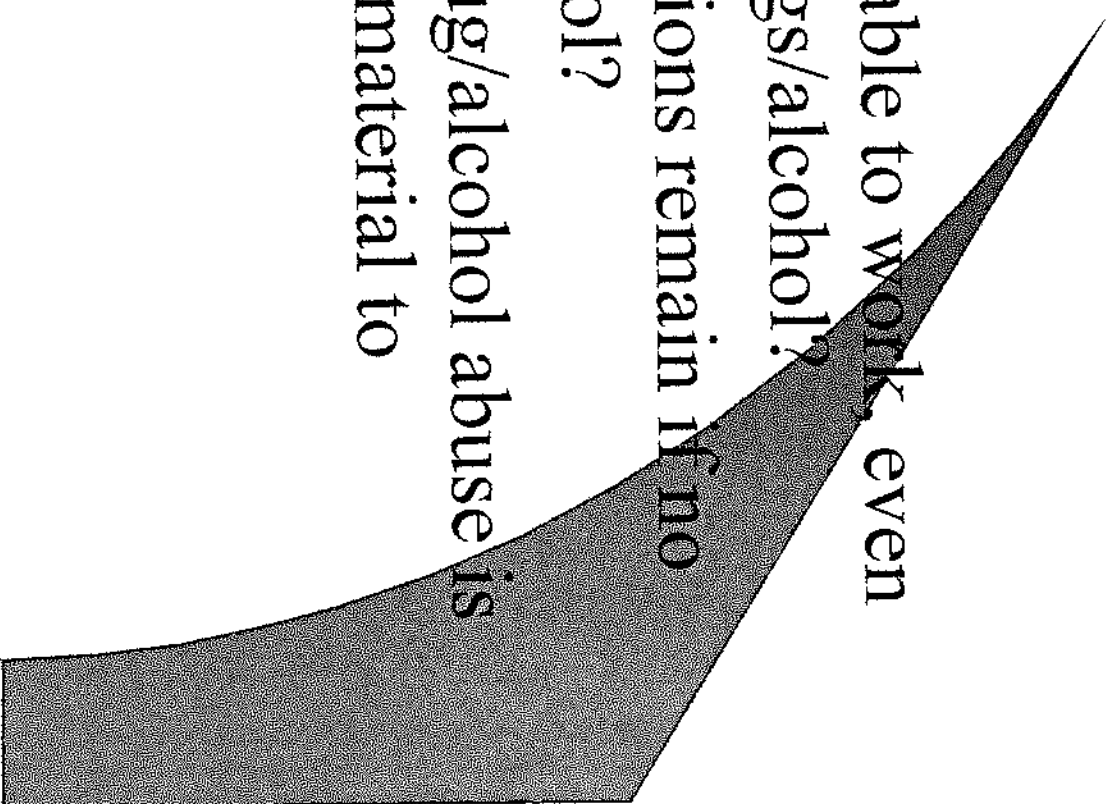
STEP 5

- Is there other work which exists in significant numbers in national economy that claimant can perform? (SSA has BOP)
 - Yes = “not disabled”
 - No = “disabled”
 - SSA may rely on Grid to determine disability when impairments primarily exertional.
- 

Disqualifying Factors

- Fleeing arrest/incarceration
- False statements (sanctions imposed)
- Incarceration (institutionalization if SSI)
- SSI only: transfer of assets for less than FMV within 36 months of application
- Impairments for which drug/alcohol abuse is material factor
- Felony related impairments

Determining if drug/alcohol abuse is a contributing material factor to disability

- Would patient still be unable to work, even if s/he stopped using drugs/alcohol?
 - Would functional restrictions remain if no longer using drugs/alcohol?
 - If answers “yes” then drug/alcohol abuse is not a contributing factor material to disability
- 

PHYSICIAN'S REPORT OF DISABILITY
DUE TO PHYSICAL IMPAIRMENT

Patient's Name:

Patient's Address:

Bronx, New York 104

Patient's Social Security No.

Dear Doctor:

Please answer each of the following questions about this patient. The questions concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient can receive benefits, please make sure that it is legible (if handwritten, that the handwriting can be easily read) and that each question is answered completely. If a question is not applicable to the patient, please so indicate. If more room is needed, please use the page opposite the question.

1. Give the first and last dates of treatment and the average frequency of treatment.

2. Diagnosis(es) .

3. Have the above medical condition(s) lasted or are they expected to last at least twelve months?

Yes _____ No _____

4. Describe in detail the patient's signs.

5. Give results of any tests the patient has received.

6. If the patient's medical condition causes or could cause pain, please explain.

7. Does the patient have to lie down during the day?

Yes _____ No _____ If yes, state the period of time and the reason.

8. Describe the treatment the patient has received.

9. (a) Give the medications prescribed for the patient, including the dosage.

(b) Do any medication (s) have any side effects?

Yes _____ No _____ If yes, explain.

10. If the question's number is circled, please answer this question. The Social Security Administration has established a "Listing of Impairments." Attached is a copy of that portion of the Listing of Impairments that may relate to the patient's medical condition(s). If the patient has a medical condition(s) that meets or equals the Listing of Impairments, give the section number(s) _____ and the reasons.

11. Please answer each question by estimating the degree of the patient's ability to do the following in an ordinary work setting on a regular and continuing basis.

(a) In an 8 hour workday the amount of time the patient can:

Sit continuously in a normal seated position is _____ and a total of _____;

Stand continuously at a work station without moving about is _____ and a total of _____;

Walk continuously is _____ and a total of _____.

(b) In an 8-hour workday the weight (in pounds) the patient can lift is:

	<u>Never</u>	<u>Occasionally</u> ¹	<u>Frequently</u>	<u>Continuously</u>
Up to 5	[]	[]	[]	[]
6-10	[]	[]	[]	[]
11-20	[]	[]	[]	[]
21-50	[]	[]	[]	[]
51-100	[]	[]	[]	[]

¹ Occasionally means 1% to 33%, frequently means 34% to 66%, continuously means 67% to 100% of an 8-hour workday.

(c) In an 8-hour workday the weight (in pounds) the patient can carry is:

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Up to 5	[]	[]	[]	[]
6-10	[]	[]	[]	[]
11-20	[]	[]	[]	[]
21-50	[]	[]	[]	[]
51-100	[]	[]	[]	[]

(d) In an 8-hour workday the patient can:

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Bend	[]	[]	[]	[]
Squat	[]	[]	[]	[]
Crawl	[]	[]	[]	[]
Climb	[]	[]	[]	[]
Reach	[]	[]	[]	[]

(e) In an 8-hour workday the patient can use hands for repetitive action, such as:

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
<u>Handling (gross manipulation)</u>				
Right	[]	[]	[]	[]
Left	[]	[]	[]	[]
<u>Fingering (fine manipulation)</u>				
Right	[]	[]	[]	[]
Left	[]	[]	[]	[]
<u>Pushing and Pulling of Arm Controls</u>				
Right	[]	[]	[]	[]
Left	[]	[]	[]	[]

(f) In an 8-hour workday, the patient can use feet for repetitive movements, such as pushing and pulling of leg controls:

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>
Right	[]	[]	[]	[]
Left	[]	[]	[]	[]
Both	[]	[]	[]	[]

12. The patient has restrictions involving:

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Total</u>
Unprotected heights	[]	[]	[]	[]
Being around moving machinery	[]	[]	[]	[]
Exposure to marked changes in temperature and humidity	[]	[]	[]	[]
Driving a motor vehicle	[]	[]	[]	[]
Exposure to dusts, fumes, gases, noxious odors and poor ventilation	[]	[]	[]	[]

Explain or add any restrictions. _____

13. Would the patient have difficulty traveling alone to work on a daily basis:

(a) By bus? Yes _____ No _____

(b) By subway? Yes _____ No _____

If yes, explain. _____

14. Additional comments: _____

Date _____

Physician (signature)

Physician (print name)

Physician's Specialty

Name of Clinic or Hospital
Where Physician is
Treating Patient

Address

Telephone Number and Extension

**REPORT FOR CLAIM OF
DISABILITY DUE TO MENTAL IMPAIRMENT**

Client's Name: _____ **Period of time covered by this report:**

Client's I.D. # _____ **From:** _____ **To:** _____

Dear Sir or Madam:

Please answer each of the following questions about your client. They concern your client's claim for disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if your client is disabled, please make sure that it is legible (if handwritten, that the handwriting can be easily read). **Please answer each question completely.** If a question is not applicable to your client, please indicate this. **Thank you for your time.**

1. Give the first and last dates of meeting with client and the average frequency of meetings:

2. Diagnoses (please use DSM-IV classifications and diagnostic codes):

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

(describe most significant psychosocial stressors)

Severity of stressor:

None Minimal Mild Moderate Severe Extreme Catastrophic Unspecified

Axis V _____

(GAF – **Current** level of adaptive functioning)

Superior Very good Good Fair Poor Very Poor Grossly impaired Unspecified

(GAF - **Lowest** level of adaptive functioning in last year)

(GAF - **Highest** level of adaptive functioning in last year)

3. Describe in detail your client's symptoms (the client's description of his or her impairments, including pain).

4. Describe in detail your client's signs (clinical findings) including: mental status examination; general appearance; attitude and behavior; characteristics of speech; characteristics of thought; mood and affect; sensorium and intellectual functions; and insight and judgment.

5. Has your client's mental disorder lasted or can it be expected to last at least twelve months?

Yes _____ No _____

6. Give the name, results and dates of any tests administered:

7. Describe the course of treatment (other than medication) the client has received:

8. (a) Give the medications prescribed for the client, including the dosage and frequency:

(b) Do any of the medications have any side effects or limit the client's activities?
Yes _____ No _____ If yes, explain: _____

9. Would the client have difficulty traveling alone to work on a daily basis:

(a) By bus? Yes _____ No _____

(b) By subway? Yes _____ No _____

If yes, explain: _____

10. **FUNCTIONAL LIMITATIONS** Please indicate to what degree the following functional limitations exist as a result of your client's mental disorder(s).

A. Restriction of activities of daily living

Activities of daily living include adaptive activities such as cleaning, shopping, cooking, taking public transportation, paying bills, maintaining a residence, caring appropriately for one's grooming and hygiene, using telephones and directories, using a post office, etc. In the context of the individual's overall situation, the quality of these activities is judged by their independence, appropriateness and effectiveness. Please indicate the extent to which your client is capable of initiating and participating in activities independent of supervision or direction.

Degree of limitation: Slight
 Moderate
 Marked¹
 Extreme
 Not applicable

B. Difficulties in Maintaining Social Functioning

Refers to an individual's capacity to interact appropriately and communicate effectively with others. Includes the ability to get along with others, e.g., family members, friends, neighbors, grocery clerks, landlords, bus drivers, etc. Impaired social functioning may be demonstrated by a history of altercations, eviction, firings, fear of strangers, avoidance of interpersonal relationships, social isolation, etc. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority, e.g., supervisors, or cooperative behavior involving co-workers.

Degree of limitation: Slight
 Moderate
 Marked¹
 Extreme
 Not applicable

10. **FUNCTIONAL LIMITATIONS** (cont'd)

¹ "Marked" means more than moderate but less than extreme. For this question, "Marked" is not the number of activities which are restricted but the overall degree of restriction or combination of restrictions which must be judged. For example, a person who is able to cook and clean might still have marked restriction of daily activities if the person were too fearful to leave the immediate environment of home and neighborhood, hampering the person's ability to obtain treatment or to travel away from the immediate living environment.

C. Deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (in work settings or elsewhere)

Refers to the ability to sustain focused attention sufficiently long to permit the timely completion of tasks commonly found in work settings. In activities of daily living, concentration may be reflected in terms of ability to complete tasks in everyday household routines. Major impairment in this area can often be assessed through direct psychiatric examination and/or psychological testing, although mental status examination or psychological test data alone should not be used to accurately describe concentration and sustained ability to adequately perform work-like tasks. Strengths and weaknesses in area of concentration can be discussed in terms of frequency of errors, time it takes to complete the tasks, and extent to which assistance is required to complete the task.

- Degree of limitation:**
- Slight
 - Moderate
 - Marked²
 - Extreme
 - Not applicable

D. Episodes of deterioration or decompensation in work or work-like settings which cause the client to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors)

Refers to repeated failure to adapt to stressful circumstances which cause the individual either to withdraw from that situation or to experience exacerbation of signs and symptoms (i.e., decompensation) with an accompanying difficulty in maintaining activities of daily living, social relationships, and/or maintaining concentration, persistence or pace (i.e., deterioration which may include deterioration of adaptive behaviors). Stresses common to the work environment include decisions, attendance, schedules, completing tasks, interactions with supervisors, interactions with peers, etc.

- Degree of limitation:**
- Never
 - Once or twice
 - Repeated (3 or more)
 - Continual

² "Marked" means more than moderate but less than extreme. For this question, "Marked" is not the number of tasks that a person cannot complete but the nature and overall degree of interference with function. For example, a person who is able to complete many simple tasks may still have a marked limitation in this area if he or she cannot complete these tasks without extra supervision or assistance, or in accordance with quality and accuracy standards or at a consistent pace without an unreasonable number and length of rest periods, or without undue interruptions or distractions.

11. Please indicate your client's capacity to perform the following activities, **day-to-day, continuously, on a sustained competitive basis:**

	Not Significantly <u>Limited</u>	Moderately <u>Limited</u>	Markedly <u>Limited</u>	Extremely <u>Limited</u>
--	--	------------------------------	----------------------------	-----------------------------

(a) Understanding and Memory

- | | | | | |
|--|-----|-----|-----|-----|
| (1) The ability to remember locations and work-like procedures. | [] | [] | [] | [] |
| (2) The ability to understand and remember very short and simple instructions. | [] | [] | [] | [] |
| (3) The ability to understand and remember detailed instructions. | [] | [] | [] | [] |

**(b) Sustained Concentration
And Persistence**

- | | | | | |
|--|-----|-----|-----|-----|
| (4) The ability to carry out very short and simple instructions. | [] | [] | [] | [] |
| (5) The ability to carry out detailed instructions. | [] | [] | [] | [] |
| (6) The ability to maintain attention and concentration for extended periods. | [] | [] | [] | [] |
| (7) The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances. | [] | [] | [] | [] |
| (8) The ability to sustain an ordinary routine without special supervision. | [] | [] | [] | [] |
| (9) The ability to work in coordination with or in proximity to others without being distracted by them. | [] | [] | [] | [] |
| (10) The ability to make simple work related decisions. | [] | [] | [] | [] |

	Not Significantly <u>Limited</u>	Moderately <u>Limited</u>	Markedly <u>Limited</u>	Extremely <u>Limited</u>
--	--	------------------------------	----------------------------	-----------------------------

**(b) Sustained Concentration
And Persistence (cont'd)**

(11) The ability to complete a normal workday and work week without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable lengthy rest period.	[]	[]	[]	[]
--	-----	-----	-----	-----

(c) Social Interaction

(12) The ability to interact appropriately with the general public.	[]	[]	[]	[]
---	-----	-----	-----	-----

(13) The ability to ask simple questions or request assistance.	[]	[]	[]	[]
---	-----	-----	-----	-----

(14) The ability to accept instructions and respond appropriately to criticism from supervisors.	[]	[]	[]	[]
--	-----	-----	-----	-----

(15) The ability to get along with co-workers or peers without distracting them or exhibiting behavioral extremes.	[]	[]	[]	[]
--	-----	-----	-----	-----

(16) The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.	[]	[]	[]	[]
--	-----	-----	-----	-----

(d) Adaptation

(17) The ability to respond appropriately to changes in the work settings.	[]	[]	[]	[]
--	-----	-----	-----	-----

(18) The ability to be aware of normal hazards and take appropriate precautions.	[]	[]	[]	[]
--	-----	-----	-----	-----

	Not Significantly <u>Limited</u>	Moderately <u>Limited</u>	Markedly <u>Limited</u>	Extremely <u>Limited</u>
--	--	------------------------------	----------------------------	-----------------------------

(d) Adaptation (cont'd)

- | | | | | |
|--|-----|-----|-----|-----|
| (19) The ability to travel in unfamiliar places or use public transportation. | [] | [] | [] | [] |
| (20) The ability to set realistic goals or make plans independently of others. | [] | [] | [] | [] |

12. Other comments: _____

 (signature) _____
 Date

 (print name)

 Specialty/Title

 Name of Hospital, Clinic or Organization

 Address

 Phone Number and Extension

Examination of Claimant at Hearing

Only select questions here which are relevant to your client's case. See also Appendix 4C, Interview Form for Social Security Disability Claim.

I. Personal and Educational Background

1. What is your full name?
2. Where do you live?
3. With whom do you live?
4. Do you live in a house or an apartment?
5. What floor is it on? Do you have to climb stairs to get to your apartment? How many?
6. Are you married?
7. When were you born?
8. Are your parents living?
9. How old were they when they each died?
10. What did they die of? (Identifying the causes of parent's death can be helpful in cases where the claimant is suffering from a related impairment; this testimony may enhance the claimant's credibility, particularly with regard to such impairments as hypertension or heart disease.)
11. Where did you go to school?
12. What grade did you complete in school?
13. Why did you leave school?
14. Can you read?
15. Do you read the newspaper? What section of the paper do you most often read? How often do you read this section?
16. Can you write?
17. Can you do a) addition, b) multiplication, c) division?
18. See if you can tell me the answer to this question: If laundry detergent costs \$1.59 and you give the cashier \$5.00, how much change do you get back?
19. Did you attend any vocational school or program?
20. When was that?
21. How long did the program last? Was it full-time or part-time?
22. Did you later find a job involving this kind of training?
23. Were you ever in the armed services?
24. Did you ever get any special training there? The questions concerning education and vocational training are important in ascertaining whether the claimant possesses any transferable skills, a crucial factor in applying the Grid Regulations in Appendix 2.

II. Work History

1. When did you last work?
2. Where was this?
3. What was your position there and what were your duties? Please describe your duties in detail.
4. Did you have a supervisor?
5. What did (s)he do? (This question will be relevant in cases of any sheltered-workshop program where the employer subsidizes the employment of handicapped or elderly people. Follow-up questions should identify the degree of special supervisory attention that the claimant receives so as to indicate any inability to work independently.)
6. If you were not closely supervised, how were your duties explained to you? How much did these duties vary from day to day? Did you operate any machinery on your own, read any instruments, or take measurements of a regular part of your job?
7. Could you still do this job? Why not?
8. How long did you work there?
9. Have you ever seen a vocational counselor?
10. What was the result of this visit?
11. At the last job you had, how much of your time were you standing? How much did you sit? How much did you walk?
12. Did you regularly lift or carry objects? How heavy were these objects?
13. Did you ever have to lift unusually heavy objects? How heavy were those objects?
14. Did you operate any machinery or drive a car on the job?
15. Did you use any small hand tools? What tools did you normally use, if any? (These questions attempt to classify the previous employment as sedentary, light, medium, or heavy work. If the claimant is currently unable to perform the light work requirements of former employment, then only the sedentary work grid will be applicable at the hearing.)
16. Does anything prevent you from using both your hands? Does anything prevent the full use of both your eyes or ears? Does anything prevent you from concentrating throughout the eight hours of a work day? Does anything interfere with your ability to deal with pressure on the job from supervisors or co-workers? Does anything interfere with your ability to remember instructions or carry them out? (Although these factors will be investigated further in the course of the medical testimony, it is valuable to identify here all limitations on the claimant's capacity to perform the full range of sedentary work on a sustained basis. These limitations could make the sedentary work grid inapplicable to the client's case.)

17. Going back as far as 15 years ago, please tell us what jobs you performed, starting with the most recent.
18. As best you can remember, how much sitting, standing, lifting, walking, or operating of tools and machinery did this job require? (The attorney should ask this question for each job and wait for a precise answer. The regulations provide that "vocationally relevant work" extends back 15 years. It is necessary, therefore, to establish the exertional requirements of each job in light of the heavy/medium/light/sedentary job classifications.)
19. What was the heaviest object you regularly had to lift or pull on any of these jobs? How often would you have to do this?
20. Did you learn to operate any special kind of machinery on any of these jobs?
21. Could you still operate this kind of machinery?
22. Did you receive any special kind of job training?
23. Could you still perform this special kind of work? (Once again, these questions identify any transferable skills the claimant may have acquired. If the claimant's current impairments preclude the use of such acquired skills, then the transferable skills provisions of the Grid Regulations will not apply.)
24. What was the easiest job you ever had? Could you do it now?

III. Medical Information

1. What health problems do you have?
2. Taking each separately, tell us about your knee problems:
 - a. Do your knees hurt when you walk?
 - b. How far can you walk before the pain requires you to sit or rest?
 - c. Do you use a cane or crutches? Do you ever use a wheelchair?
 - d. Do your knees hurt when you sit?
 - e. How long can you sit or stand without pain? (Sedentary work will be precluded if the claimant is unable to sit for a sustained period. Light work may similarly be precluded if the claimant is unable to stand for a sustained period due to the impairment.)
 - f. Describe any pain which you experience. Does it feel like being caught in a vise or like being poked with a nail?
 - g. What do you do when you have this kind of pain?
 - h. Do you lay down, take pills, or apply heat pads?
 - i. How often do you have to do this?

- j. How long does it take before the pain goes away? (The claimant's own testimony about the effects of pain will be a crucial factor in the ALJ's decision about his/her credibility, and about the existence of disabling pain. If found credible, the claimant could secure benefits on the basis of disabling pain alone.)
 - k. What medication do you take for pain? How often and how much do you take? Does the medication make you sleepy, dizzy, or sick to your stomach?
 - l. Can you kneel, or pick up small objects from the floor?
 - m. How long have you had this pain in your knees?
 - n. Is there more pain now than there was three months ago? (If the client takes any medication, a list of all medications should be made: what (s)he takes them for, how often, in what dosage, and what effect they have. At the hearing, the client should then be questioned in detail about these medications. The effect medication have on the client's coordination and concentration may significantly exacerbate his/her other functional limitations.)
3. Tell us about your back problems.
- a. How many pounds can you easily lift? How frequently?
 - b. How long can you stand without pain requiring you to sit or lie down?
 - c. What difficulty, if any, do you have in stooping to pick up things? Please describe in detail. (Review questions above on pain (2.f. - 2.n.) as applicable.)
4. Tell us about the hypertension that you have.
- a. Do you have headaches? How often?
 - b. How is your balance? Do you ever lose your balance?
 - c. Do you get nose bleeds? How often?
 - d. How long do they last?
 - e. Have you ever been hospitalized on an emergency basis? When?
 - f. Have you ever been told that your hypertension has an effect on your eyes? Your kidneys? Your heart? (Although it is not necessary to show "end organ damage" to secure disability benefits for hypertension, all indications of organic tissue damage would enable the claimant to show equivalency with the hypertension listings in Appendix 1.)

5. Tell us about any problem you have had with your feet, hands or ankles.
 - a. What trouble have you had with your feet?
 - b. How often does it occur? When did it last happen?
 - c. What time of day does this problem occur?
 - d. Can you walk when this happens?
 - e. Have you had any trouble with either hand?
 - f. Are you able to write, use a screwdriver, grip a steering wheel, or lift a phone book?
 - g. When any of these problems occurs how long does it last? (Such impairments could preclude the full range of sedentary work, rendering the Grid Regulations inapplicable.)
6. Tell us about any problems with your ears, eyes or throat?
 - a. Do you ever have any blurring of vision, or do you ever see double?
 - b. Do you wear glasses for reading or for distance?
 - c. Even with your glasses on, do you ever have trouble reading?
 - d. Do you wear a hearing aid?
 - e. How often do you fail to hear things, even with your hearing aid?
7. Tell us about any other problem that you have.
 - a. Have you been told that you must lose weight?
 - b. How much weight are you supposed to lose?
 - c. Are you currently on a diet? What sort of diet?
 - d. How much weight have you lost since you started?
 - e. Have you noticed any loss of appetite resulting from your medical problems?
 - f. Do you drink any alcoholic beverages? When?
 - g. Do you find that drinking helps your pain go away?
 - h. How much beer, wine, or liquor do you drink each day?
 - i. Have you ever been told that you should drink less?
 - j. Have you ever stopped drinking for any length of time? For how long have you stopped?
 - k. Have you ever undergone treatment for alcoholism?
 - l. Have you ever been told that you should undergo this kind of treatment? Why didn't you?
 - m. Do you ever feel anxious for no apparent reason?
 - n. Do family members tell you that your moods seem to change quickly and unpredictably?
 - o. Do you ever find it difficult to think clearly or to organize things? Do you forget things easily?
 - p. Do you sometimes find that you get very angry over nothing?

- q. Have you ever been told that you should receive help from a counselor or a psychologist?
 - r. Have you ever called up a telephone hotline to talk about your problems or gone to a community mental health center?
 - s. Has a doctor ever prescribed a tranquilizer or sedative for you? When? How often? Did you renew the prescription? Do you still take this medication? (Where there is any significant evidence of or testimony about alcoholism or psychological impairments, the ALJ is required to determine whether the condition is disabling. It is undoubtedly in the client's best interest to develop the evidence in this area as fully as possible, although some tact may be required.)
8. Tell us about all the medical treatment you have received.
- a. Do you presently have a treating physician?
 - b. How long have you been seeing this physician?
 - c. Where do you go for appointments?
 - d. Have you seen any specialists? How many times?
 - e. For what specific problems?
 - f. Have you ever been hospitalized?
 - g. How long were you in the hospital?
 - h. What medication, if any, did you receive?
 - i. Has this medical problem recurred? When? How often?
 - j. What medication do you now take each day? How often do you take it? For each medication, please tell us how much you take each day. Have you noticed any side effects from taking this medication?
 - k. Have you ever gone to see a psychologist or psychiatrist for regular appointments? When?

IV. Daily Activities

1. How often do you cook your own meals? Do you have any difficulty in doing this? What kind?
2. When you do not cook for yourself, who cooks for you?
3. Do you make beds? Dust? Do the dishes?
4. When you do not, who does?
5. How long have you been unable to do these things?
6. Do you go shopping? When you go, do you carry any bags? Do you drive a car? If you walk, how far away is the store? How long does it take you to walk to the store?
7. Do you ever visit friends?
8. How far can you walk? What happens if you try to walk farther than that?
9. How often, if ever, do you use public transportation?

10. How did you get to the hearing today?
11. How many times do you climb stairs each day?
12. How long does it take you to climb stairs each day?
13. Do you do your own laundry? How do you get to the laundromat?
14. Do you go to church? How do you get there? Do you have any problems sitting in church for one hour?
15. Do you belong to any club or church groups?
16. What do you do for entertainment? Do you watch television? For how long each day? Do you go to the movies? Why not?
17. Do you read for pleasure? Do you get books from the library for reading? How often? Do you ever have difficulty concentrating while you read?
18. How long does it take you to get dressed in the morning? What time do you get up in the morning?
19. Do you sleep much during the day? How long? What time do you take a nap? What time do you go to bed at night? How often do you wake up during the night? Do you often take any medication to help you sleep? What medication?
20. How often do you go outdoors in good weather? How often do you go outdoors each week?
21. Do you handle your own financial affairs? Who helps you? When was the last time you went to the bank? To the Social Security office? To the Post Office?
22. What do you do on an average day?

The aim of all these questions is to establish in detail the degree to which the claimant's impairments prevent the kind of exertion which is required by substantial gainful activity. The Administrative Law Judge may go into this area of "daily activity" in great length; the legal representative should go over this entire area carefully with the claimant before the hearing, looking for corroboration of the disabling impairment in daily activities. Having the client maintain a daily diary for a week prior to the hearing will be very helpful to a thorough examination at the hearing. Even if a client can do certain things (e.g., walk to the store, climb stairs or do laundry), the legal representative should ascertain how long it takes the client to do these simple tasks. For instance, a client may be able to walk four blocks to the store, but it may take him or her 45 minutes to do so.