

CLAIMANT HEARING QUESTIONS

Background Information

- Age/DOB
- Height/Weight/right or left handed
- Military experience
- Do you have health insurance? If no, how are you getting medical care?
- Do you drive? How long can you drive before needing a break? What kind of places do you drive to?
- Where do you currently live and who do you live with?
- Are there any stairs in your house? How many?

Educational History

- What is your highest level of education?
- Do you have any special vocational certificates, licenses or training?
- Are those licenses still valid?

Work History

- When is the last time that you worked?
- What was your job title?
- What were your job duties?
- Did you supervise anyone? If yes, how many people? Did you hire and fire? What part of your day was spent supervising them?
- What percentage of your day was spent standing and walking?
- Did you have to lift and carry anything at this job? What was it and how heavy?
- What problems, if any, did you have towards the end of your employment?
- How did your last job end?
- *Why do you feel that you cannot return to work?*

Medical Treatment

- What doctors do you see on a regular basis? What kind of treatment has that doctor provided you?
- Are you currently on medication? What relief if any in your symptoms does your medication provide to you? Do you experience any side effects from your medications? If yes, how do they affect you?
- When was the last time that you were hospitalized? What were the reasons for your hospitalization?
- When was the last time that you went to the emergency room? What were the reasons for your ER visit?
- What surgeries have you had related to your conditions? What relief have those surgeries provided to you?
- What surgeries, if any, have been recommended to you?

- What non-surgery treatment methods have you had related to your pain? What relief have those methods provided to you?

Physical Symptom Cases

- Do you experience pain anywhere?
- Where is the pain located?
- What does the pain feel like?
- Do you experience headaches? How often? What are the symptoms?
- Do you experience numbness or tingling anywhere? Where is it located? Is it constant or episodic?
- Does the weather ever exacerbate or improve your pain?

Mental Symptom Cases

- How many hours of uninterrupted sleep do you typically get? Do you sleep during the day?
- How would you describe your energy levels?
- Are there things that you used to be interested in that you are no longer interested in?
- How would you describe your appetite?
- Do you experience mood swings?
- Do you experience suicidal thoughts?
- What are some of the things that you feel guilty about?
- Do you experience anxiety? What kind of things causes you anxiety?
- Do you experience panic attacks? What are the symptoms? How long do they last? How often do they occur? Are you able to predict them?

Limitations

- How long can you stand before you need to sit?
- How long can you sit before you need to stand or change positions?
- How far can you walk before you need to stop?
- What position is most comfortable for you? What part of your day is spent in that position?
- How much can you lift and carry, without pain? Can you do that repetitively or only occasionally?
- Do you experience any pain when reaching for things? Do you ever drop things?
- Do you ever lose your balance?
- Can you bend or crouch down to pick something up off the floor?
- Any problems with your vision or hearing?
- How long can you concentrate before you lose focus?
- What kind of things are hard for you to remember?
- Do you need to be reminded of things? What kind of things? Who reminds you?
- Do you have any issues getting along with people?
- Do you avoid going to any places?

- Have you had any issues in getting along with coworkers and supervisors?

Activities of Daily Living

- Please describe your typical day.
- Do you prepare meals?
- Do you participate in or perform household chores?
- Do you drive? Any limits to driving?
- Do you run errands? Any limits to the type of errands you can do?
- Do you watch TV? How many hours?
- Do you use the internet? What kinds of things do you do on the internet?
- Are you able to dress, bathe and toilet? Do you need assistance? Who helps you?

Red Flags

- **Noncompliance with suggested medication or treatment:** Why haven't you been taking your medication regularly as suggested by your doctor? The doctor recommended that you have a consultation with a neurologist, why haven't you been able to do so?
- **Smoking:** Why haven't you stopped smoking as recommended by your doctor? What efforts have you made to stop smoking? Have you reduced the amount you smoke?
- **Nonattendance at consultative exams:** Why did you not attend the consultative exam that was scheduled for you? Did you receive notice of this exam?
- **Drug and alcohol abuse:** When is the last time you drank alcohol or used an illegal drug? Is there a connection between your decision to use and your impairments? What is your longest period of sobriety? What efforts have you made to stay sober?