

**IMPORTANT PARTS OF THE DISABILITY APPLICATION
FORM SSA-3368
ADULT DISABILITY REPORT**

SECTION 2

Describing your medical conditions.

Early in the application you will be asked to list your “illnesses, injuries or conditions.” You will also be asked how those conditions affect your ability to work.

Under Section 2A (or the equivalent section in the online application) you will list all of the medical conditions that are limiting your ability to work. Do not just list “multiple sclerosis” if you are being treated for other related (or unrelated conditions). If you have other medical problems list them as well. Examples include: mental health conditions (depression, anxiety, bi-polar disorder, post traumatic stress disorder to name the most common); orthopedic conditions (including past surgeries); vision disturbances; other neurological conditions such as seizures or headaches; diabetes; heart conditions; bowel or bladder conditions; sleep apnea and memory or cognitive disorders. This list is not meant to be exclusive. The goal is to list all of the medical conditions that impact your ability to work. Try to list them in the order of their impact on your work. Multiple sclerosis should usually be listed first.

It serves no purpose to list non-disabling conditions, however. Examples might include high blood pressure, need for corrective lenses, skin conditions or urinary conditions that don’t involve pain or incontinence.

Under Section 2B (or the equivalent section in the online application) you will list all of the symptoms and functional limitations that are limiting your ability to work. You may run out of room on the paper form. If so, continue the information in the Section 9 Remarks section. Keep in mind that your goal is to provide a clear picture of your condition to the adjudicator who will decide your claim. List all of your symptoms and functional limitations, not just the ones that bother you the most. The most significant symptoms to report would include: pain; limited use of hands, arms or legs; poor balance (including use of assistive device and whether and how often you fall or lose your balance); cognitive problems (poor memory, inability to work at the pace you used to, confusion, lack of concentration or attention); fatigue (including poor sleep, insomnia and the need to nap during the day); depression and anxiety.

Under Section 2E (or the equivalent section in the online application) you will be asked when you became unable to work due to your medical conditions. Do not use the date you last worked if you were absent from work for medical reasons for at least a month within the six month period before you finally left. Instead, use the date you last worked on a sustained basis. Example: A person has an MS flare-up and stops work on April 15. They recover and return to work on June 1. They work until September 15 and then have to stop for good. Social Security will consider the work from June 1 to

September 15 to be an “unsuccessful work attempt” in most cases. The “onset date” for disability purposes is April 15 not September 15. If you use the September 15 date on your application, you may be paid five fewer months of benefits than you are entitled to. This is an especially good reason to consult an attorney before you submit your application.

Under Sections 2H and 2J (or the equivalent sections in the online application) you will be asked how your condition affected your ability to work and why you stopped working. Go into detail in those sections. Many individuals work until their medical conditions cause frequent absences or poor performance. If that was true for you, be free to admit it. If you were fired or asked to leave or encouraged to apply for disability by your employer, explain that. How better to convince Social Security you cannot sustain employment than to be asked to leave by your former employer?

SECTION 3 – Information about your work

This section asks for information about your past work. Here are the key tips for this section of the application. Remember and include all of the physical demands of your past work, even if it appears to have been sedentary. For example, if you were a secretary, but had to delivery files to another part of the office or plant, then walking and standing were required of that job. If you had to move files or office equipment, then lifting and carrying were involved. Try to remember the times when your job required you to lift or carry more than 10 or 20 pounds and include that information. You want to accurately describe you job in a way that will also allow the adjudicator to understand why you can no longer perform that job on a sustained basis. For example, if your job required you to work with a computer screen most of the day and you were experiencing double or blurred vision, be sure to mention the computer work and that difficulty. If you had a skilled job (say a teacher for example) and were forgetting information, mention that.

SECTION 9 – Remarks

Use this space for additional information where space was limited in earlier sections. You can also use this space (or attach additional pages) for a narrative about your condition(s) and how they affect your daily life (although the state agency will be sending you a long questionnaire about daily activities).

You may also want to strengthen your application with letters from former co-workers or supervisors (who witnessed your symptoms and functional limitations at work) or neighbors or friends (who assist you with chores, child care, etc.).