



# Sample Social Security Disability Hearing Questions

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# Introduction

The following questions are the types of questions that the Administrative Law Judge (ALJ) or your attorney may ask you during your Social Security disability hearing.

Not all of these questions will be relevant to your Social Security case, and for some of the questions the answers may not matter too much to the judge's decision about your disability benefits.

However, it is important for your testimony to show your individual limitations, and these questions show you the types of things that may come up at your disability hearing.

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## Sample Questions: Physical Symptoms

If the main issue in your disability hearing is the extent of your physical impairment, then your description of your symptoms is the most important part of your testimony. If you can give a credible, vivid description of your symptoms, then you will have taken a giant step toward winning your case.

The following types of questions cover different aspects of physical symptoms of disability.

### **Pain**

#### *Description of the pain:*

- What is nature of your pain?
- What is the location of your pain?
- What happened to cause you to have this pain?
- How long have you had the pain?
- Has there been any significant period since it started that the pain was in remission?
- If so, what caused the period of remission (e.g., medication, surgery, physical therapy)? How long did the remission last?
- What does the pain feel like?
- Is it tender to touch?
- Does it limit the amount you can bend the affected joint? How much?
- Is the quality of the pain always the same or is it sometimes different? If so, how and when is it different?
- Show us where this pain is located. (Your attorney might then say something like “Let the record reflect that the claimant is pointing to his low back at the beltline.”)
- Is this pain constant or does it come and go?
- If it comes and goes:
  - How often does it come?
  - How long does it last?
  - How many hours per day/days per month do you have this pain?
  - What sorts of things bring on this pain?
  - What relieves it?
  - Do you have muscle spasms?
- How severe is your pain? If we use a ten-point scale with ten being the most severe pain you’ve ever had, how would you rank the pain you’ve been telling us about?
- Is it always of the same intensity? If not, how often is it at each intensity?
- What increases the intensity of your pain? Is it affected by movement, activity, staying in one position, environmental conditions or stress?
- Does the pain ever radiate, such as going down one of your legs? If so:
  - Which leg?
  - What route does it travel? Be specific.
  - What does it feel like when it goes down your leg?
  - How often does this happen?
- Is there any numbness or pins-and-needles feeling associated with this pain?
- Are there any other symptoms associated with this pain, such as redness, swelling, heat, stiffness, crepitus (crackling noise heard when joint moves), muscle weakness, muscle atrophy, fatigue, appetite loss, weight loss?

### *Treatment for the pain:*

- How often do you see your doctor?
- What does your doctor do for you?
- How is the pain affected by medication?
- Do you have side effects from pain medication such as drowsiness, dizziness, lack of concentration, slow reflexes, nausea?
- What treatment other than medication have you tried, such as transcutaneous nerve stimulator (TENS unit), physical therapy, massage, “back school” (training in back exercises and mechanics), bio-feedback, hypnosis, psychological therapy, chiropractic manipulation, acupuncture, Hubbard tank, traction, exercises, injections, pain clinic? How much have these things helped?
- What home remedies have you tried, such as hot baths, heating pads, ointments? How much have these things helped?
- Is the pain helped by limiting your activities, lying down, shifting positions frequently, sitting in a special chair, etc.?

### *Resulting restrictions:*

- How has this pain affected your life?
- Do you use assistive devices? (For example, cane, brace, cervical collar, special door handles, gripping devices, bathtub or shower bars, special chair.)
- Are your daily activities affected (including relationship with others, sleep, hobbies, etc.)?
- Are you irritable, depressed, worried, anxious, have difficulty concentrating, or remembering?
- How has the pain affected your capacity for work? See mental and physical residual functional capacity.

### **Shortness of breath:**

- What brings on shortness of breath?
  - Cardiac chest pain?
  - Lung congestion?
  - Asthma?
  - Weather changes?
  - Allergies?
  - Speaking?
  - Exertion?
  - Lying down?
  - Hyperventilation?
  - Stress?
  - Panic attacks?
- Describe how it feels when you are short of breath.
- How many pillows do you use when you sleep?
- How many stairs can you climb before you become short of breath and have to stop?
- How fast do you walk?
- How far can you walk before you become short of breath and have to stop?
- Are you bothered by dust, fumes, gases? If so, to what degree do you need to be in a clean environment?
- How often do you wheeze?
- How often do you have lung infections?
- How often do you have acute episodes of breathing problems?

- What brings on these acute episodes?
- How long does each episode last?
- What are your symptoms during acute episodes?
- How often would you miss work because of your breathing problems?
- If you were at work, would you need to take unscheduled breaks? If so, do you expect that this would occur daily, weekly, several times per month? Would you need to sit down or recline?

**Fatigue:**

- When did you begin feeling fatigued?
- Did fatigue come on gradually or all at once?
- Describe your fatigue.
- Is it the same as being weak? physically tired? lacking energy?
- Is it the same as being drowsy or sleepy?
- When you are fatigued, how would you describe your level of motivation to do anything?
- Is your fatigue associated with a lack of patience?
- What things make your fatigue worse?
  - Physical activity?
  - Stress?
  - Heat?
  - Depression?
- Give specific examples of things that worsen your fatigue.
  - How much physical activity will bring on fatigue?
  - Give examples of stressful things that you think made your fatigue worse in the past.
  - How much heat brings on the fatigue?
  - Will a hot bath make you fatigued?
- Is fatigue affected by the time of day? What time of day is worse? What time of day is better?
- What things make your fatigue better?
  - Rest?
  - Sleep?
  - Positive experiences?
- How well do you sleep?
- How long do you need to rest for your fatigue to get better so that you can get up and do something?

## Sample Questions: Mental Symptoms & Limitations

If your disability involves mental symptoms, the questions that you will be asked will attempt to get you to talk about your symptoms. For example, after asking whether you have a specific symptom, you will be asked to explain or tell about it.

You want to talk freely about your symptoms so that the judge can make a good evaluation of your qualifications for disability benefits.

### **Stress**

If stress tolerance is at issue, you will be questioned about the specific kinds of things that you find stressful.

There may be questions about examples of stressful things, and for descriptions of what happens to you when you are under stress (e.g., panicky feeling, terror, a feeling of impending doom, fight or flight response, trembling, shaking, palpitations, chest pain, shortness of breath, smothering feeling, choking, feeling faint, unsteady, sweaty, nausea, stomach ache, numbness, tingling, hot flashes, chills, hallucinations, flashbacks, fear of dying, fear of going crazy, fear of doing something uncontrolled).

Questions may relate to the following work demands that some people find stressful:

- speed.
- precision.
- complexity.
- deadlines.
- working within a schedule.
- making decisions.
- exercising independent judgment.
- completing tasks.
- working with other people.
- dealing with the public (strangers).
- dealing with supervisors.
- being criticized by supervisors.
- simply knowing that work is supervised.
- getting to work regularly.
- remaining at work for a full day.
- fear of failure at work.

The Social Security Administration often takes the position that routine repetitive work constitutes low stress work. But many people find one or more of the following aspects of such work to be stressful:

- monotony of routine.
- little latitude for decision-making.
- lack of collaboration on the job.
- no opportunity for learning new things.
- underutilization of skills.
- lack of meaningfulness of work.

## **Mental Residual Functional Capacity**

You may be asked questions about your ability to deal with the following:

- Understanding, carrying out, and remembering simple instructions:
  - remember locations and work-like procedures.
  - understand and remember very short and simple instructions.
  - carry out very short and simple instructions.
  - maintain concentration and attention for extended periods (the approximately 2-hour segments between arrival and first break, lunch, second break and departure).
  - perform activities within a schedule.
  - maintain regular attendance.
  - be punctual within customary tolerances.
  - sustain an ordinary routine without special supervision.
  - work in coordination with or proximity to others without being unduly distracted by them.
  - complete a normal workday and workweek without interruptions from psychologically based symptoms.
  - perform at a consistent pace without an unreasonable number and length of rest periods.
- Use of judgment:
  - make simple work-related decisions.
  - be aware of normal hazards and take appropriate precautions.
- Responding appropriately to supervision, coworkers, and usual work situations:
  - ask simple questions or request assistance.
  - accept instructions.
  - respond appropriately to criticism from supervisors.
  - get along with coworkers or peers without unduly distracting them or exhibiting behavioral extremes.
- Dealing with changes in a routine work setting:
  - respond appropriately to changes in a routine work setting.

## Sample Questions: Limitations & Residual Functional Capacity

### Physical Residual Functional Capacity

One of the issues in a Social Security disability hearing is your Residual Functional Capacity (RFC).

The following questions are the type that you might be asked about your residual functional capacity.

When you answer these questions, you should be estimating your capacity to do these activities on a day-to-day basis, 8 hours per day, 5 days per week, approximately 50 weeks per year in a regular work setting.

You should also volunteer examples of your limitations due to your disability.

### Sitting

- Do you have any problem with sitting?
- How long can you sit:
  - Continuously in one stretch?
  - Total during an eight-hour working day (with normal breaks)?
- When you sit, can you sit:
  - Without squirming?
  - Without leaning on elbows?
- Can you sit:
  - At a desk?
  - In an armless office chair?
  - In an office chair with arms?
  - On a backless stool?
  - At a bench?
  - On a high backless stool?
  - On a high stool with a back?
  - In a work-like position?
  - With your arms extended?
  - With hands available to manipulate objects?
  - With neck slightly bent forward?
- If pain limits your sitting tolerance, describe:
  - Changes in the pain.
  - The way the pain feels (type or quality of pain)
  - Radiation of the pain.
  - Intensity
  - How you try to control the pain (e.g., shifting position in chair, leaning, getting out of the chair)
- If you must get out of the chair:
  - How long can you sit before getting up?
  - How long is it before you can resume sitting?
- When you sit is it necessary for you to elevate a leg? If so:
  - Which leg?
  - How long must you elevate it?
  - How high?
- When you get up from sitting:
  - Do you need help getting up?



- How long does this problem last?
- Do you have difficulty standing when you first get up? If so, why (e.g., dizziness, stiffness, pain)?
- What happens if you try to sit too long? Give examples of sitting; limitations:
  - Driving or riding in a car.
  - Sitting at the dining room table.
  - Eating.
  - Paying bills.
  - Watching a movie.
  - Watching television.
  - Doing crafts.
  - Fishing.
- Have you had to give up or limit any hobbies because of your problem with sitting?

### **Alternate Sitting, Standing and Walking Lists**

- Can you alternate sitting with standing? If so:
  - How often do you need to stand?
  - How long must you stand before resuming sitting?
  - Can you work at a bench while standing?
  - Does it depend on the height of the bench?
- Can you get through an eight-hour working day alternating sitting and standing? If not, how many hours total?
- Is it necessary for you to alternate periods of sitting with periods of walking?
  - Why?
  - How often do you need to walk?
  - How long, must you walk before you can resume sitting?
  - Can you get through an eight-hour working day alternating sitting and walking? If not, how many hours total?

### **Standing**

- Do you have any problem with standing?
- How long can you stand:
  - Continuously in one stretch?
  - Total during an eight-hour working day?
- When you stand, can you stand:
  - Without moving away from a machine?
  - Without leaning against something?
  - In a work-like position:
    - With your arms extended?
    - With hands available to manipulate objects?
    - With neck slightly bent forward?
- What happens if you try to stand too long?
- Examples of standing limitations:
  - Waiting in line.
  - Standing at the stove to cook.
  - Doing dishes at the sink.
  - Waiting for a bus.

## Walking

- Do you have any problem with walking?
- How long/how far can you walk:
  - Continuously in one stretch without stopping to rest?
  - Total during an eight-hour working day?
- Can you walk:
  - Without an assistive device?
  - At a normal speed
- What happens if you try to walk too far?
- Do you have any problem keeping your balance on a slippery or moving surface?
- Examples of walking limitations:
  - Walking the aisles at a grocery store.
  - Walking around the neighborhood.

## Lifting and Carrying

- Do you have any problem with lifting or carrying?
- How much can you lift or carry:
  - If you only had to do it for up to one-third of a work day?
  - If you had to do it from one-third to two-thirds of a work day?
- What is the heaviest thing you encounter in your daily life that you can still lift and carry?
- Describe how you lift/carry these objects.
- What sorts of things that you encounter in your daily life can you no longer lift and carry?
- What happens when you try to lift or carry too much?

## Postural Limitations

- Describe any difficulty:
  - Bending at the waist.
  - Twisting.
  - Stooping (bending the spine).
  - Kneeling (bending the legs).
  - Crouching (bending both the spine and the legs).
  - Climbing stairs.
  - Climbing a ladder.
  - Other climbing.
  - Crawling.
- Can you do these activities:
  - Up to one-third of a working day?
  - From one-third to two-thirds of a working day?
- What happens if you overdo any of these activities?

## Manipulative Limitations

- Are you left or right-handed?
- Describe any difficulty using your hands and arms for:
  - Reaching all directions, including overhead.
  - Handling objects (gross manipulation).
  - Fingering (fine manipulation).

- Feeling.
- Pushing or pulling.
- Twisting the wrists.
- Working with hand tools (e.g., screwdrivers, pliers).
- Do you have any problem with dropping things?
- Do your hands ever shake? go numb? have a pins and needles sensation?
- How well can you perform the following?
  - Opening a jar.
  - Opening a door.
  - Buttoning clothes.
  - Picking up coins.
  - Writing.
  - Washing the dishes.
- Can you do repetitive hand activities for most of an eight-hour working day?

### Traveling

- How did you get to this hearing today?
- How often have you left your home during the past (month) (year)?
- When you go out:
  - Where do you go?
  - Do you usually go alone?
- If you usually have someone with you when you go out, why don't you go alone?
- Do you have emotional problems when you leave your home alone?
  - If so, describe the feelings you have and why it is difficult to leave your home alone.
- Do you have a driver's license?
  - If no, have you ever had a driver's license?
  - Why don't you have one now?
- Do you have any special restrictions on your driver's license? For example:
  - Glasses?
  - Times of day?
  - Speed?
  - Distance?
- Do you have regular access to an automobile?
  - Does it have power or regular brakes and steering?
  - Does it have a standard or automatic transmission?
- How is driving different for you now than before your health problems became severe?
- How often do you drive?
- How long (or far) can you tolerate driving before you have to stop and rest?
  - How long must you rest?
- What is the greatest distance (or longest time) you have driven in the last year?
  - Did you have to stop during this trip?
  - How many times and for how long?
- Describe any difficulties with:
  - Getting into or out of a car.
  - Turning your head from side to side.
  - Looking behind you when you drive in reverse.
  - Sitting while you drive.

- Using your legs while driving.
- Using your arms or hands while driving.
- Vision.
- Do you have emotional problems while driving? For example:
  - Mental confusion?
  - Nervousness or fear?
  - Getting lost?
  - Difficulty keeping your concentration and attention?
- Are you taking any medications:
  - Which affect your driving?
  - About which you have been warned that you should not drive while taking them?
  - If so, what are these medications?
- If you have problems driving, how do you get around?
- Do you have problems being a passenger in a car, either physically (e.g., getting in and out, prolonged sitting) or emotionally (e.g., paranoia, anxiety)?
- Do you ride the bus or use any other public transportation?
  - If so, how often?
- Do you have difficulties taking a bus, such as:
  - Walking to the bus stop?
  - Standing waiting for the bus?
  - Climbing the steps into the bus?
  - Sitting on the bus?
  - Standing on the bus?
  - Have you ever fallen while on a bus?
- Do you have any emotional problems riding buses?
  - If a bus is crowded, do you feel anxious or paranoid?
- Have you ever gotten lost or missed your stop while riding a bus?
  - What happened?
  - How often has this happened?

### **Good Days/Bad Days**

- If your capacity widely varies, categorize your days, for example:
  - Good days/bad days.
  - Good days/so-so days/bad days.
- Describe each kind of day.
- What are you capable of doing on each kind of day?
- Would you be going to work on a bad day?
- How many of each kind of day do you have in a month?

## Sample Questions: Education

Your educational background can be a factor in the disability determination. Be prepared to answer questions similar to the ones below.

### **Background, Age, Education and Vocational Training**

- Name, address, Social Security number.
- Date of birth, age today, age at onset of disability.
- Highest grade completed in school.

### **If you are not fluent in English:**

- Where were you born?
- What language did you grow up speaking?
- Where were you educated?
- When did you come to the United States?
- What language is spoken at your home today?
- Who reads the mail at your house?
- Are you able to read in another language?

### **In intellectual disabilities and similar cases:**

- Did you attend regular classes or special education classes?
- How well did you do in school?
- If an 8th grade reading level is average, would you say that you're at least an average reader?

### **If you are less than an average reader:**

- Can you read and understand a newspaper?
- Can you "read or write a simple message such as instructions or inventory lists"?

### **If you are illiterate:**

- Who does your reading for you?
- How have you handled job applications?
- How did you get a driver's license?
- How have you managed to deal with SSA forms?
- Can you multiply and divide/add and subtract/make change?
- Describe any vocational training; was it completed? When?
- Describe any on-the-job training. When?
- Describe any training in the military. When?

## Sample Questions: Work History

### Work Experience

For work to be “past relevant work” it must have been done within the last 15 years, lasted long enough for you to learn to do it, and was substantial gainful activity.

Thus, for all work during 15 years prior to date of adjudication or prior to last date insured if that date is earlier, you may be asked about the following:

#### Job background information:

- Name of employer
- Approximate dates of employment
- Name of job
- Job duties
- Full time or part time
- Length of employment
- Did you do this job long enough to learn the job and develop “the facility needed for average performance”
- Earnings (relevant to SGA issue and in assessing skill level)
- Why did you leave this job?
- Before you left this job, did your impairment cause you to miss work, do a poor job, change job duties, change hours of work, etc.?

#### Exertional level:

- Heaviest weight lifted/carried
- How often did you lift/carry this much?
- What objects weighed this much?
- How far did you carry them?
- Average weight lifted/carried
- How often?
- What objects?
- How far?
- How much sitting and standing/walking in an eight-hour working day?
- Did the nature of this job allow you to sit, stand or walk as you chose?
- How much bending? Any crawling, climbing, balancing?
- How much manipulative ability was required?

#### Environmental limitations:

- Describe work environment: temperature, wetness, humidity, noise, vibration, fumes, odors, dusts, gases, hazards (e.g. machinery, heights).

#### Skill level:

- How long did it take to learn to do this job?
- Describe machines, tools and equipment used.

- Describe any technical knowledge or skill used on this job.
- Describe any writing or completing reports.
- How much independent judgment was required?
- Describe any supervisory responsibilities: how many people? Did you complete work evaluations? Have any hiring/firing responsibilities?

**Stress level:**

Where stress tolerance is an issue:

- What was it about this job that you found stressful? e.g., speed, precision, complexity, deadlines, working within a schedule, making decisions, exercising independent judgment, working with other people, dealing with the public (strangers), dealing with supervisors, being criticized by supervisors, simply knowing that work is supervised, monotony of routine, getting to work regularly, remaining at work for a full day?

**Meeting your burden of proof:**

- Why can't you do this job now?
  - Or, if no longer insured for Title II: Why couldn't you do this job as of [the date last insured]?

## Sample Questions: Daily Activities

The ALJ will likely be interested in discussing your daily life with you in order to obtain a better understanding of your day-to-day functional limitations. The questions below are examples of the type of information in which ALJs are usually interested.

### Background and General Description

- Do you live in an apartment, a house, a duplex, a condo, a mobile home?
  - Does your house have one story or two?
  - Is your bedroom upstairs or downstairs?
  - How many rooms?
- What do you do on an average day?
- Describe your day for us from the time you get up in the morning until you go to bed at night.
- Give us some examples of things you do differently now than you used to do.

### Activities of Daily Living

How are the following things handled at your house?

- Cooking.
- Doing the dishes.
- Grocery shopping.
- Cleaning.
- Dusting.
- Straightening up.
- Taking out the garbage.
- Making beds.
- Changing bed sheets.
- Vacuuming.
- Floor mopping.
- Bathroom cleaning.
- Laundry.
- Watching children.
- Yard work.
- Grass cutting.
- Gardening.
- Snow shoveling.
- Home repairs.
- Paying bills/handling finances.
- Going to the post office.
- Taking public transportation.

### Social Functioning and Leisure Activities

- How often do you visit:
  - Family members?
  - Friends?



- Neighbors?
- Do you initiate contacts or do they?
- Do you have any problem getting along with:
  - Family?
  - Friends?
  - Neighbors?
  - Store clerks?
  - Landlords?
  - Bus drivers?
- How often do you go to church?
- Do you participate in any organizations?
- Do you play cards? Other games?
- Do you attend sports events?
- Do you go to movies?
- Do you go out to eat?
- Do you have any hobbies?
- How often do you read the newspaper?
- Do you watch television news programs?
- Do you keep up with current events?

### **Personal Care**

- Do you have any problem, need any assistance or reminders with:
  - Dressing?
  - Buttoning clothes?
  - Tying shoelaces?
  - Bathing?
  - Combing/fixing hair?
  - Shaving?
- Do you get dressed every day?

### **Examples of Limited Activities**

- How much time do you spend daily doing the following:
  - Sitting in your favorite chair? Describe the chair.
  - Watching television?
  - Reading?
  - Talking on the telephone?
  - Sleeping?
  - Lying down?
    - Where do you go to lie down (e.g., bed, couch, recliner)?
- How often do you drive a car?
- How often do you go out of the house?
- When you begin a household task, do you complete it in a timely manner? If not, give examples.
- Are there any hobbies you have been forced to give up because of your impairment?

## Sample Questions: Medical History

Medical history is established by the medical records. Most ALJs have read the medical records and taken notes on them for use at the hearing. Thus, detailed testimony about medical history is not necessary in most cases.

The degree to which the judge or your attorney will ask about your medical history depends on the nature of your case. Cases in which more development of medical history is necessary include those involving virtually every known treatment for pain, unusual impairments, unusual treatment or especially cryptic medical records where testimony from the claimant will educate the ALJ.

If medical history is required, your attorney may ask the following types of questions:

Q: You injured your back at work on January 15th, 20\_\_, didn't you?

Q: And you never went back to work after that, did you?

Q: Your condition continued to get worse, you had numerous medical tests which found a ruptured disc, and you had surgery on May 15, 20\_\_, didn't you?

Q: During the summer of 20\_\_ you recovered from the immediate aftereffects of surgery, didn't you?

Q: And wouldn't you say that as of September 15th of 20\_\_, the day your doctor told the worker's compensation insurance carrier that your condition had plateaued, your symptoms then were pretty much the same as they are now?

### Current Treatment

While, as a rule, testimony about past medical treatment should be kept to a minimum, you may be asked a lot of questions about current, on-going treatment, and any lack of ongoing treatment should be fully explained.

You may be asked the following:

- Names of those treating you now.
- Their specialties.
- Length of relationship.
- Frequency of treatment.
- Which condition does this doctor, therapist, etc. treat?
- What treatment does he provide?
- How much has this treatment helped?
- What medication do you take now? How much do you take each time you take it? How often do you take it? Are there any side-effects? How much does it help and for how long?
- If no regular treatment/medication, why not?