

Questions for Direct Examination at SSA Administrative Law Judge (ALJ) Hearing

To help prepare SOAR practitioners to assist with appeals

While we do our best to help eligible individuals be approved on the initial application, sometimes the application is denied or we meet someone with a pending application and we may need to help someone through the appeals process, including an ALJ hearing. This guide contains questions the ALJ might ask the applicant and can help prepare both SOAR practitioners and applicants for ALJ hearings.

Personal and Educational Background

- What is your full name?
- What is your birthday? How old does that make you today?
- Where do you live? With whom do you live?
- Are you married? Do you have any children?
- Do you live in a house or an apartment? What floor is it on?
 - Do you have to climb stairs to get to your apartment? How many?
- Do you live mostly outside?
- Where did you go to school? What grade did you complete in school? Why did you leave school?
- Can you read? Do you read the newspaper? What section of the paper do you most often read? How often do you read this section?
- Can you write?
- Can you do addition? Multiplication? Division?
- Did you attend any vocational school or program? When was that? How long did the program last? Was it full-time or part-time?
 - Did you later find a job involving this kind of training?
- Were you ever in the military? Did you get any special training there?

Work History

- Are you currently working? Why aren't you working now?
- When did you last work? Where was this? How long did you work there?
 - What was your position there and what were your duties? Please describe your duties in detail.
- Did you have a supervisor? What did your supervisor do?
- If you were not closely supervised, how were your duties explained to you and how much did these duties vary from day to day? Did you operate any machinery on your own, read any instruments, or take measurements as a regular part of your job?
- Could you still do this job? Why not?
- Have you ever seen a vocational counselor? What was the result of the visit?
- At the last job that you had, how much of your time were you standing? How much did you sit? How much did you work?
- Did you regularly lift or carry objects? How heavy were these objects?
 - Did you ever have to lift unusually heavy objects? How heavy were these objects? 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?
- Did you operate any machinery or drive a car on the job?
- Did you use a small hand-tool? What tools did you normally use, if any?

- Does anything prevent you from using both of your hands? Both of your eyes?
- Does anything prevent you from concentrating through the 8 hours of a workday?
- Does anything interfere with your ability to deal with pressure on the job from supervisors or co-workers? Do you have any difficulties in accepting criticism from supervisors?
- Does anything interfere with your ability to remember simple/complex instructions or carry them out?
- Are you able to maintain attention to a simple task for at least 2 hours without needing a break or interruption?
- Does anything interfere with your ability to perform activities within a schedule? Are you able to respond appropriately to changes in your routine or work setting?
- Does anything interfere with your ability to be punctual in getting to work?
- Going back as far as 15 years ago, please tell us what jobs you performed, starting with the most recent.
 - As best as you can remember, how much sitting/standing/lifting/walking did these jobs require?
 - Did you operate any special kind of machinery on any of these jobs? Could you still operate this kind of machinery?
- Did you receive any special kind of training? Could you still perform this special kind of job training?
- What was the easiest job you ever had? Could you do it now?

Medical Information and Treatment

- What health problems do you have?
- Tell us about all the medical treatment you have received.
- Do you presently have a treating physician? How long have you been seeing the physician?
- Where do you go for appointments?
- Have you seen any specialists? How many times? For what specific problems?
- Have you ever been hospitalized? When? How long were you in the hospital? For what reason?
- Has this medical problem recurred? When? How often?
- What medication, if any, do you 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 your medication?
- Do you continue to have symptoms from your condition, despite the medication?

Mental Illness and Treatment

Tip: Always follow-up with, "Tell us about it."

- Give me some examples of things or activities that you find stressful or will bring on a panic attack?
- Do you ever feel anxious for no apparent reason?
- Do friends or family members tell you that your moods seem to change quickly and unpredictably?
- Do you ever find it difficult to think clearly or to organize your thoughts?
- Do you ever feel that people are talking about you behind your back?
- Do you ever feel that someone is watching you?
- Do you sometimes find that you get very angry over nothing?
- Have you ever been told that you should receive help from a counselor or psychologist?
- Have you ever called up a telephone hotline to talk about your problems or gone to a community mental health center?

- Have you ever been admitted to a hospital for a mental evaluation on an involuntary basis? On a voluntary basis?
- 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?

Traveling

- How did you get to this hearing today?
- How often have you left your home during the past month?
- When you go out, where do you go? Do you usually go alone?
- Do you have any emotional problems when you leave your home alone?
- Describe any difficulties you have with traveling outside the house.

Walking/Mobility, Strength, Endurance

- How many pounds can you easily lift? How many pounds can you lift frequently?
- Do you use a cane or crutches? Do you ever use a wheelchair?
- Can you kneel, or pick up small objects from the floor?
- How is your balance? Do you ever lose your balance?
- Do you have any problems with walking? How long /how far can you walk continuously in one stretch without stopping to rest? Can you walk without an assistive device (cane, walker)?
- Do you have any problems standing? How long can you stand continuously in one stretch of time?
- What happens if you try to sit too long?
- Do you have any difficulties bending at the waist? Stooping (bending the spine)? Kneeling (bending the legs)? Climbing the stairs? If so, please describe.
- Are you left- or right- handed? Does anything prevent you from using both of your hands?
- Do you have any difficulties using your arms?
- Do you have any difficulties working with hand tools, (e.g., screwdrivers, pliers)?
- How well can you perform buttoning your clothes? Picking up coins? Writing?

Pain

- Tell us about the pain in your _____? *(Tip: start at head to toes)*
- 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?
- What does the pain feel like? Is it tender to touch?
- Does it limit the amount you can bend? If yes, how much?
- Show us where this pain is located. (Ex: "Let the record reflect that the applicant is pointing to his low back at the beltline.")
- How many hours per day/days per month do you have this pain? How long does it last?
- What sort of things bring on this pain? What relieves it?
- 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?
- How severe is your pain, if we use a scale from 1 to 10, 10 being the most severe, how would you rate the pain?
 - Is it always the same intensity, if not, how often is it at each intensity of your pain?
- Is your pain affected by movement, or activity?
- How has this pain affected your life?
- Is the pain better on some days and worse on others?

Visual

- How good is your eyesight in the left/right eye? Does anything prevent the full use of both your eyes?
- Do you every have any blurring of vision, or do you ever see double?
- Do you wear glasses for reading or for distance? Even with our glasses on, do you ever have trouble reading?
- If blind or experiencing visual difficulties: Describe any difficulties that you have had as a result of being blind or having limited vision in the left/right eye.

Obesity

- How much do you weigh? What is your height?
- How long have you had a problem with your weight?
- Have you attempted in the past to lose weight? What have you tried in the past to reduce weight?
- Have you experienced any problems as a result of being overweight?
- Do you have problems moving or working? Do you feel any pain in your joints?

Specific body parts

- Do you have problems with your knees or legs? Tell me about these problems.
 - Do your knees or legs hurt when you walk? When you sit? When you stand?
- Do you have problems with your back? Tell me about your back problems.
 - Does you back hurt when you walk? When you sit? When you stand?
- Do you have any problems with your feet, hands, or ankles? How often does it occur? When did it last happen? Can you walk when this happens?

Functional Information

- Describe a normal day for yourself and how your condition affects you on a daily basis.
- How often do you cook for yourself, or who cooks for you? Do you have any difficulty in doing this? What kind?
- Do you make beds? Dust? Do the dishes? When you do not do these chores, who does? How long have you been unable to do these things?
- Do you go shopping? When you go, do you carry any bags? If you walk, how far away is the store? How long does it take you to walk to the store?
- Do you drive? How far do you drive? Do you have a driver's license? When was the last time it was renewed?
- How far can you walk? What happens if you try to walk farther than that?
- How often, if ever, do you use public transportation?
- Do your do your own laundry? How do you get to the Laundromat?
- Do you go to church? How do you get there? Do you have any problems sitting in church for one hour?
 - Do you belong to any clubs or church groups?
- Do you have any family or friends? Do you visit them? How often? Do they visit you? Do you keep in touch by phone? How often?
- Do you watch TV? Do you follow what's happening or keep it on as background sound?
- Do you have any hobbies? How have your interests changed since your condition began?
- Do you read for pleasure? What do you read? Do you visit the library? How often?

- Do you have any difficulty concentrating while you read? Do you lose your place, forget what you have read, have to re-read passages, or simply lose interest?
- Do you have trouble sleeping? What kind? What time do you go to bed?
 - How often do you wake up at night? What wakes you up?
 - Do you take medication to sleep? What kind? How much?
 - Do you sleep much during the day? How much?
 - Do you take regular naps during the day? At what times? For how long?
- How often do you go outside? How many times each week? Where do you go?
- Do you have any special routine or patterns you use when you go out to accommodate your medical conditions?