

i3368PRO
AB003:

Adult Disability & Work History Report - PRO

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John Public xxx-xx-3001
Alleged Onset: **03/04/2002** Work Status: **Never worked**
Condition(s): Cancer.

About John Public: Medical, Work, and Education History

Items marked with an asterisk (*) are required.

About the Claimant's Condition(s)

* List all of the conditions that limit the claimant's ability to work: 1.
(If there is more than one, list each on a separate line.)
2.
3.
4.
5.
6.
7.
8.
9.
10.

* When did the claimant's condition first interfere with his/her ability to work?
(whether he/she knew what the problem was at the time)

* Do any of the conditions listed cause the claimant pain or other symptoms? Yes No

* Did the claimant go to a doctor, hospital, clinic or anyone else for mental or emotional problems that limit his/her daily activities? Yes No

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3368PRO/i3368PROPages/ab003.html>


AB004:

Sign Off Edit Organization Profile Help/FAQ

John Public xxx-xx-3001
Alleged Onset: **03/04/2002** Work Status: **Never worked**
Condition(s): Cancer.

Important: Describe John Public's Conditions

Items marked with an asterisk (*) are required.

*** Describe each of the claimant's listed conditions that limit his/her ability to work.**  You indicated you have cancer. In the text area below please add the type and stage of the cancer.

(500 characters maximum. About 10 lines. If you need more space, continue in the Remarks section at the end of this report.)

Count Characters You have entered 5 characters

Check Spelling

*** Explain how the claimant's condition(s) limit his/her ability to do basic work activities such as sitting, lifting and carrying things, standing, walking, concentrating, or remembering instructions.**

(500 characters maximum. About 10 lines. If you need more space, continue in the Remarks section at the end of this report.)

Count Characters You have entered 4 characters

*** Explain how the following items limit the claimant's ability to work.**

- Pain
- Fatigue
- Feeling depressed

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3368PRO/i3368PROPages/ab004.html>

i3369:
AY005-SWCW

Social Security Online
www.socialsecurity.gov

Sign Off | **About You** | Medical History | Work/Education | Review and Send

Name: **John Public**
SSN: xxx-xx-3000

About You: Your Illnesses, Injuries, or Conditions

Please tell us about all of your illnesses, injuries, or conditions (referred to from here on as conditions) that limit your ability to work.

- If you have more than one condition, list and describe each of them.
- Use your own words if you do not know the medical names.
- Include all physical, mental, or emotional conditions, including any major complications resulting from your condition.
- We will consider these conditions whether or not you have been receiving treatment.

After you leave this page, the information you entered will be locked. If you need to correct the information you gave us, you will be able to make changes on following pages where we ask you for more details. Or, you can make changes from the summary page at the end of each section, or at the end of this report.

You must answer all of the questions on this page before you can continue. We will ask you for more information about these conditions later.

List ALL the conditions that limit your ability to work.

Examples: Back injury, Arthritis, Diabetes, Glaucoma, Depression, Blind

1. Cancer
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

When did any of the above first interfere with your ability to work?

January 1, 2007

Enter the closest date you can remember.
Examples: June 2001; 6/2/01; June 2, 2001; Dec 2, 2001; at birth; summer 2001; 6??/02; etc.

Do any of the above ever cause...

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3369/i3369Pages/ay005-swcw.html>

Social Security Online
www.socialsecurity.gov

Sign Out | **About You** | Medical History | Work/Education | Review and Send

Name: **John Public**
SSN: xxx-xx-3000

About You: Important: Describe Your Conditions


You listed these condition(s) that limit your ability to work:

Cancer

This is one of the most important pages in the report. You can help your case by giving us a detailed description of all of your conditions, and any symptoms that limit your ability to work. Please do not assume that your condition is self-explanatory. Different people with the same condition have different symptoms and complications. One person may need leg braces, another needs crutches and still another needs a wheelchair. No one knows better than you how this condition affects you, and your ability to work.

Please answer each of the questions below in your own words. If you are not sure how much information to give us, please review the examples.

Tell us more about your condition(s).

 You indicated you have cancer. In the text area below please add the type and stage of the cancer.

500 Characters Maximum. This is about 10 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

Count Characters You have entered 0 characters

[Example](#)

Tell us how your condition(s) limit your ability to do basic work activities such as sitting, lifting and carrying things, concentrating, or remembering instructions.

500 Characters Maximum. This is about 10 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

[Example](#)

Count Characters You have entered 0 characters

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3369/i3369Pages/ay006-swcw.html>

i3820:
AC008:

The screenshot shows a web browser window displaying the Social Security Online 'Child Disability Report' form. The browser's address bar shows 'www.socialsecurity.gov'. The page title is 'Child Disability Report'. The user's name is 'John Public Jr' and their SSN is 'xxx-xx-3000'. The form is titled 'About the Child: About John Public Jr's Illnesses, Injuries, or Conditions'. It asks the user to list and describe all of John Public Jr's disabling conditions. A warning icon indicates that the user has indicated they have cancer, and a text area is provided for describing the type and stage of the cancer. The text area currently contains the word 'Cancer'. Below the text area, there are links for 'Examples of Condition Descriptions' and a 'Check Spelling' button. The form also asks for the date when John Public Jr became disabled, with dropdown menus for month (April), day (27), and year (2008). Finally, it asks if any of the above ever cause pain or other symptoms, with radio buttons for 'Yes' and 'No'.

Social Security Online
www.socialsecurity.gov

Child Disability Report

Sign Off About the Child Education and Work Medical History Review and Send

Name: John Public Jr
SSN: xxx-xx-3000

About the Child: About John Public Jr's Illnesses, Injuries, or Conditions

Please tell us about all of John Public Jr's illnesses, injuries, and conditions (referred to from here on as conditions):

- If John Public Jr has more than one condition, **list and describe each of them**.
- Use your own words if you do not know the medical names.
- Include **all** physical, mental, and emotional conditions, including learning disabilities and behavioral problems.
- We will consider these conditions whether or not John Public Jr has been receiving treatment.

You must answer all of the questions on this page before you can continue. We will ask you for more information about these conditions later.

List and describe ALL of John Public Jr's disabling conditions.

You indicated you have cancer. In the text area below please add the type and stage of the cancer.

Your answer can be no more than 1000 characters, which is about 20 lines of typing. If you need more space, continue in the Remarks section at the end of this report.

Count Characters You have entered 0 characters

Cancer

[Examples of Condition Descriptions](#) Check Spelling

When did John Public Jr become disabled? April 27 2008

Enter the closest date you can remember.

Do any of the above ever cause pain or other symptoms? Yes No

Current screenshot on SNAPP:

<http://eis.ba.ssa.gov/snapp/screenshots/i3820/i3820Pages/ac008.html>