

Fig. 1: Work/Education Screen for Curtailed SSA-3368

Social Security Online  
www.socialsecurity.gov

# Adult Disability Report

Overview Identification Medical **Work/Education** Remarks Review Submit

Introduction **Work Activity** Job History

<<[P]revious [N]ext >>

## Work/Education Introduction

In determining whether you meet the requirements for receiving disability benefits, we must consider your work experience and job skills. [More Info](#)

This section of the report asks for information about when your condition(s) began to affect your ability to work and your earnings. We do not need your education details at this time.

Please give as much information as you can. We will contact you later if we need more information.

### Work Status

**Are you currently working?**

No, I have never worked

No, I have stopped working

Yes, I am currently working

[S]ign Off (finish later) <<[P]revious [N]ext >>

**Changes to the Work/Education screen for a curtailed Internet SSA-3368:**

The sub-tab "Education" will not appear on the Work/Education tab.

The highlighted text informs user that education information is not necessary.

**Fig. 2: Work Activity Screen**

Fig. 2-1

**Social Security Online**  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

Overview    Identification    Medical    **Work/Education**    Remarks    Review    Submit

Introduction    **Work Activity**    Job History

<<[P]revious    [N]ext >>

### Work Activity

We need to know more about your reasons for stopping work and whether you made any changes in your work as a result of your condition(s).

**When did you stop working?**  
If you don't know the exact date, enter the closest date you can remember.

Month: March    Day: 2    Year: 2005

**Why did you stop working?**

- Because of my condition
- Because of my condition AND other reasons
- Because of other reasons

**Did your condition(s) cause you to make changes in your work activity before you stopped working?** [More Info](#)

Yes     No

[S]ign Off (finish later)    <<[P]revious    [N]ext >>

**Change to the Work Activity screen for a curtailed Internet SSA-3368:**

This version of the screen appears when the user reported on the Work/Education Introduction screen that work stopped

The sub-tab "Education" will not appear on the Work/Education tab.

The curtailed Internet SSA-3368 will not present questions associated with the "Education" sub-tab to the user.

Fig. 2-2

**Social Security Online**  
www.socialsecurity.gov

Kelly G. Anderson    xxx-xx-1234

Overview    Identification    Medical    **Work/Education**    Remarks    Review    Submit

Introduction    **Work Activity**    Job History

**Work Activity**

We need to know if you made any changes in your work as a result of your condition. If so, this may help show how your ability to work was limited because of a disability. [More Info](#)

**Has your condition(s) caused you to make any changes to your work activity?**

Yes     No

**If yes, when did you make changes?**  
If you don't know the exact date, enter the closest date you can remember.

Month: March    Day: 2    Year: 2005

[Sign Off (finish later)]    <<[P]revious    [N]ext >>

**Change to the Work Activity screen for a curtailed Internet SSA-3368:**

This version of the screen appears when the user reports on the Work/Education Introduction screen that the disabled person is working.

The sub-tab "Education" will not appear on the Work/Education tab.

The curtailed Internet SSA-3368 will not present questions associated with the "Education" sub-tab to the user.

Fig. 3: Job History Screen

Social Security Online  
www.socialsecurity.gov

Kelly G. Anderson xxx-xx-1234

Overview Identification Medical **Work/Education** Remarks Review Submit

Introduction Work Activity **Job History**

<<[P]revious [N]ext >>

### Job History

Since March 2, 2005, have you had gross earnings greater than \$830 in any month? Do not count sick leave, vacation or disability pay.

Yes  No

**Note :** If you answer yes, we may contact you for more information.

[S]ign Off (finish later) <<[P]revious

**Change to the Job History screen for a curtailed Internet SSA-3368:**

The sub-tab "Education" will not appear on the Work/Education tab.

This question will appear only when necessary. When presented, it will be the only question on the screen.

The curtailed Internet SSA-3368 will not present the job list and job detail questions that the non-curtailed Internet SSA-3368 presents.

**Fig. 4: Review Screen**

Fig. 4-1

**Social Security Online**  
www.socialsecurity.gov

John Daniels xxx-xx-2012

Overview ✓ Identification ✓ Medical ✓ Work/Education ✓ Remarks ✓ Review Submit

Review

<< [P]revious [N]ext >>

### Review

This is an opportunity to review the answers provided thus far. You will be given an opportunity to print this information after you submit the report.

**Note:** You will have to address all items marked with or .

**Skip down to:**

- [Identification](#)
- [Medical](#)
- [Work/Education](#)
- [Remarks](#)

✓ **Identification**

**Identification**

Name: **John Daniels**  
Social Security Number: **743692012**  
Date of Birth: **February 19, 1960**

✓ **Report Completer**

✓ **Report Completer**

Report Completer: **I am completing this disability report for myself.**

✓ **Personal Information**

**Change to the Review screen on the curtailed Internet SSA-3368:**

Figure 4 is a series of six screenshots that illustrate the Review screen (the Review screen is too long to fit into one screenshot).

The only change to the Review screen is in the sixth screenshot, below.



Fig. 4-2










|   |
|---|
| <input type="button" value="Edit"/>  <b>Personal Information</b>   |
| Other Names Used on Medical or Educational Records: <b>No</b><br>Speak English: <b>Yes</b><br>Read English: <b>Yes</b><br>Write English: <b>Yes</b><br>Mailing Address: <b>Line 1, BALTIMORE, MD, 21244</b><br>Daytime Phone: <b>123-332-1331</b><br>Extension<br>Alternate Phone: <b>No</b><br>E-Mail Address: |
|  <b>Reentry Number</b>   |
| <input type="button" value="View"/>  <b>Reentry Number</b>   |
| Reentry Number: <b>D15771424</b>  |
|  <b>Other Contact</b>  |
| <input type="button" value="Edit"/>  <b>Other Contact</b>  |
| Name: <b>No contact person given</b><br>Relationship:<br>Mailing Address:<br>Daytime Phone Number:<br>Extension<br>Speak and Understand English:<br>Preferred Language:   |
| <a href="#">Back to Top</a>   |
|  <b>Medical</b>  |
|  <b>Conditions</b>   |
| <input type="button" value="Edit"/>  <b>Conditions</b>   |

Fig. 4-3

[Edit](#)  **Conditions**

**List of physical and mental conditions:**

- 1 **Liver Cancer, stage 4**
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Height without shoes:

Weight without shoes:


Conditions cause pain or other symptoms: **Yes**


**Seen a healthcare provider or received treatment, or have an appointment scheduled:**

For physical conditions: **Yes**

For mental conditions: **Yes**

---

 **Doctors and Other Healthcare Professionals**

[Edit](#)  **Doctor/Healthcare Professional 1**

Name: **Dr. Mary James**

Address: **Baltimore, MD, 21244**

Phone Number: **443-436-7931**

Extension:

First Visit: **3 days ago**

Last Visit:

Next Scheduled Appointment:

Medical conditions treated: **headache**

Treatments Received: **went to doctor**

[Add Doctor/Healthcare Professional](#)

Fig. 4-4

**✓ Hospitals and Clinics**

**✓ Hospital/Clinic 1**

Name: **John Hopkins**  
Address: **Baltimore, MD, 21244**  
Phone Number: **443-436-7931**  
Extension  
Emergency Room Visits: **No**  
Inpatient Stays: **Yes**  
Inpatient Stay 1: Admission Date: **March 2000**  
Discharge Date:  
Inpatient Stay 2: Admission Date:  
Discharge Date:  
Inpatient Stay 3: Admission Date:  
Discharge Date:  
Outpatient Visits: **No**  
Medical conditions treated: **headache**  
Treatments Received: **consulted doctor**

**✓ Tests**

**✓ Test 1**

Kind of test: **IQ Testing**  
Date of test:  
Sent for test by: **Dr.Mary James**

**✓ Medicines**

**✓ Medicine 1**

Medicine: **Tylenol**



Fig. 4-5

Medicine: **Tylenol**  
Reason: **Headache**  
Prescribed by: **Dr. Sarah Marshall**

✔ **Other Medical Records**

✔ **Other Medical Record 1**

Organization Name: **Pikesville Medical Center**  
Name of Contact:  
Address: **Baltimore, MD**  
Phone Number: **443-436-0202**  
Extension  
First Visit:  
Last Visit:  
Next Visit:  
Case Number:  
Reasons for Visits:

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Fig. 4 -6

**✓ Work/Education**

**✓ Introduction**

**✓ Work Status**  
Currently working: **No, I have stopped working**

**✓ Work Activity**

**✓ Work Activity**  
Date stopped working: **January 10, 2011**  
Reason for stopping: **Because of my condition**  
Changes in work activity before stopping work: **Yes**  
Date when changes were made: **December 03, 2010**

**✓ Job History**

**✓ Job History**  
Earnings greater than \$1000 since December 3, 2010: **No**

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**✓ Remarks**

**✓ Remarks**

**✓ Remarks**  
Additional Information:

[Back to Top](#)

**Change to the Review screen on the curtailed Internet SSA-3368:**

The Work/Education section does not display the Education subheading because we did not collect education history from the user.

There are no job details or job listings displayed because we did not collect that information from the user.

**Fig. 5: Receipt for Your Records screen**

Fig.5-1

**Social Security Online**  
www.socialsecurity.gov

John Daniels xxx-xx-2012

Overview Identification Medical Work/Education Remarks Review **Submit**

Printing Instructions Submit **Receipt** Next Steps

[N]ext >>

## Receipt for Your Records

Thank you for completing this disability report. This is your receipt.

Print or save this page for your records. If you choose to save this page, save it as a file and not as a bookmark.  
[More Info](#)

[Print this page...](#)

**Your Online Adult Disability Report was received on February 11, 2011 at 11:49:00 am Eastern Time.** We will process it at your local Social Security office.

### What to Expect

- It takes about 120 days to make a disability decision. Every case is different. We may take more or less time on your case.
- We may contact you for more information while we work on your case.
- If we need more medical evidence, we may ask you to see a doctor for a special exam free of charge.

**Contact us immediately to report:**

- A change of address or phone number
- Visits to a new doctor
- A new medical test
- A change in medical condition
- A change in work activity. [More Info](#)

**Change to the Receipt for Your Records screen on the curtailed Internet SSA-3368:**

Figure 5 is a series of six screenshots that illustrate the Receipt for Your Records screen (the screen is too long to fit into one screenshot).

The only change to the screen is in the sixth screenshot, below.

Fig. 5-2

**To Contact Social Security:**

- Call our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m., or
- Contact the local Social Security office at the address below

SOCIAL SECURITY ADMINISTRATION  
5 PARK CENTER CT  
SUITE 100  
OWINGS MILLS, MD 21117  
(866) 681-1412

**Identification**

**Identification**

Name: **John Daniels**  
Social Security Number: **743692012**  
Date of Birth: **February 19, 1960**

**Report Completer**

---

**Report Completer**

Report Completer: **I am completing this disability report for myself.**

**Personal Information**

---

**Personal Information**

Other Names Used on Medical or Educational Records: **No**  
Speak English: **Yes**  
Read English: **Yes**  
Write English: **Yes**  
Mailing Address: **Line 1, BALTIMORE, MD, 21244**

Fig. 5-3

|  |  |
|--|--|
| <p>Daytime Phone: <b>123-332-1331</b><br/>Extension</p> <p>Alternate Phone: <b>No</b></p> <p>E-Mail Address:</p> <hr/> <p><b>Other Contact</b></p> <hr/> <p><b>Other Contact</b></p> <p>Name: <b>No contact person given</b></p> <p>Relationship:</p> <p>Mailing Address:</p> <p>Daytime Phone Number:<br/>Extension</p> <p>Speak and Understand English:</p> <p>Preferred Language:</p> <p><a href="#">Back to Top</a></p> <hr/> <p><b>Medical</b></p> <hr/> <p><b>Conditions</b></p> <hr/> <p><b>Conditions</b></p> <p><b>List of physical and mental conditions:</b></p> <ol style="list-style-type: none"><li>1 <b>Liver Cancer, stage 4</b></li><li>2</li><li>3</li><li>4</li><li>5</li><li>6</li><li>7</li><li>8</li><li>9</li><li>10</li></ol> <p>Height without shoes:</p> <p>Weight without shoes:</p> <p>Conditions cause pain or other symptoms: <b>Yes</b></p> |  |
|--|--|



Fig. 5-4

|   |  |
|---|--|
| <p><b>Seen a healthcare provider or received treatment, or have an appointment scheduled:</b><br/>For physical conditions: <b>Yes</b><br/>For mental conditions: <b>Yes</b></p> <p><b>Doctors and Other Healthcare Professionals</b></p> <hr/> <p><b>Doctor/Healthcare Professional 1</b></p> <p>Name: <b>Dr. Mary James</b><br/>Address: <b>Baltimore, MD, 21244</b><br/>Phone Number: <b>443-436-7931</b><br/>Extension<br/>First Visit: <b>3 days ago</b><br/>Last Visit:<br/>Next Scheduled Appointment:<br/>Medical conditions treated: <b>headache</b><br/>Treatments Received: <b>went to doctor</b></p> <p><b>Hospitals and Clinics</b></p> <hr/> <p><b>Hospital/Clinic 1</b></p> <p>Name: <b>John Hopkins</b><br/>Address: <b>Baltimore, MD, 21244</b><br/>Phone Number: <b>443-436-7931</b><br/>Extension<br/>Emergency Room Visits: <b>No</b><br/>Inpatient Stays: <b>Yes</b><br/>Inpatient Stay 1: Admission Date: <b>March 2000</b><br/>Discharge Date:<br/>Inpatient Stay 2: Admission Date:<br/>Discharge Date:<br/>Inpatient Stay 3: Admission Date:<br/>Discharge Date:<br/>Outpatient Visits: <b>No</b></p> |  |
|---|--|

Fig. 5-5

|   |  |
|---|--|
| <p>Medical conditions treated: <b>headache</b><br/>Treatments Received: <b>consulted doctor</b></p> <hr/> <p><b>Tests</b></p> <hr/> <p><b>Test 1</b></p> <p>Kind of test: <b>IQ Testing</b><br/>Date of test:<br/>Sent for test by: <b>Dr.Mary James</b></p> <hr/> <p><b>Medicines</b></p> <hr/> <p><b>Medicine 1</b></p> <p>Medicine: <b>Tylenol</b><br/>Reason: <b>Headache</b><br/>Prescribed by: <b>Dr.Sarah Marshall</b></p> <hr/> <p><b>Other Medical Records</b></p> <hr/> <p><b>Other Medical Record 1</b></p> <p>Organization Name: <b>Pikesville Medical Center</b><br/>Name of Contact:<br/>Address: <b>Baltimore, MD</b><br/>Phone Number: <b>443-436-0202</b><br/>    Extension<br/>First Visit:<br/>Last Visit:<br/>Next Visit:<br/>Case Number:<br/>Reasons for Visits:</p> <p><a href="#">Back to Top</a></p> |  |
|---|--|

Fig. 5-6

**Work/Education**

**Introduction**

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**Work Status**

Currently working: **No, I have stopped working**

**Work Activity**

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**Work Activity**

Date stopped working: **January 10, 2011**  
Reason for stopping: **Because of my condition**  
Changes in work activity before stopping work: **Yes**  
Date when changes were made: **December 3, 2010**

**Job History**

---

**Job History**

Earnings greater than \$1000 since December 3, 2010: **No**

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**Remarks**

---

**Remarks**

Additional Information:

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[Print this page...](#)

[N]ext >>

**Change to the Receipt for Your Records screen on the curtailed Internet SSA-3368:**

The Work/Education section does not display the Education subheading because we did not collect education history from the user.

There are no job listings or job details displayed because we did not collect that information from the user.