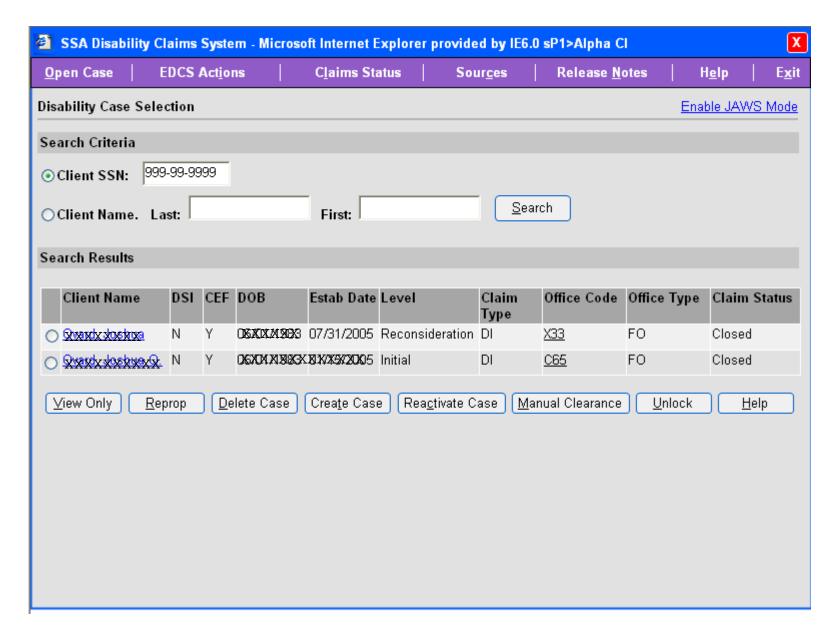
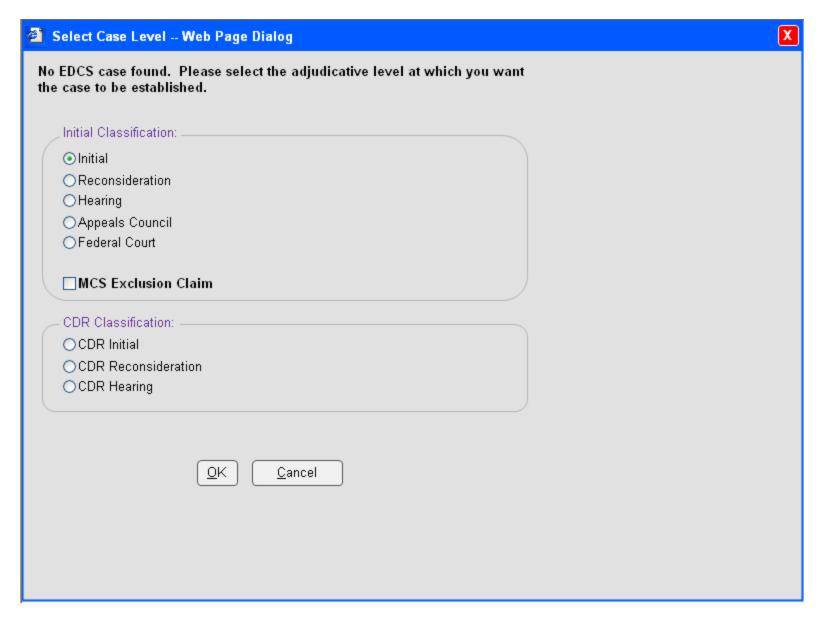
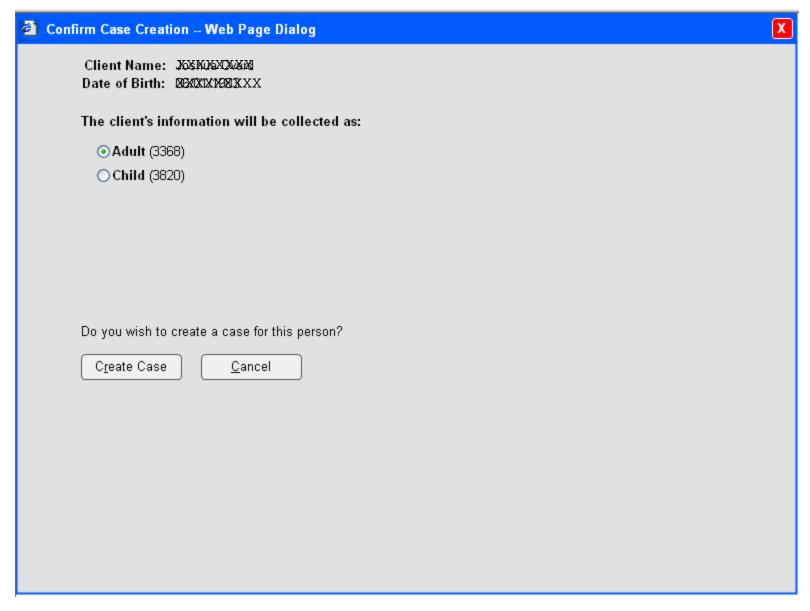
## **Disability Case Selection**



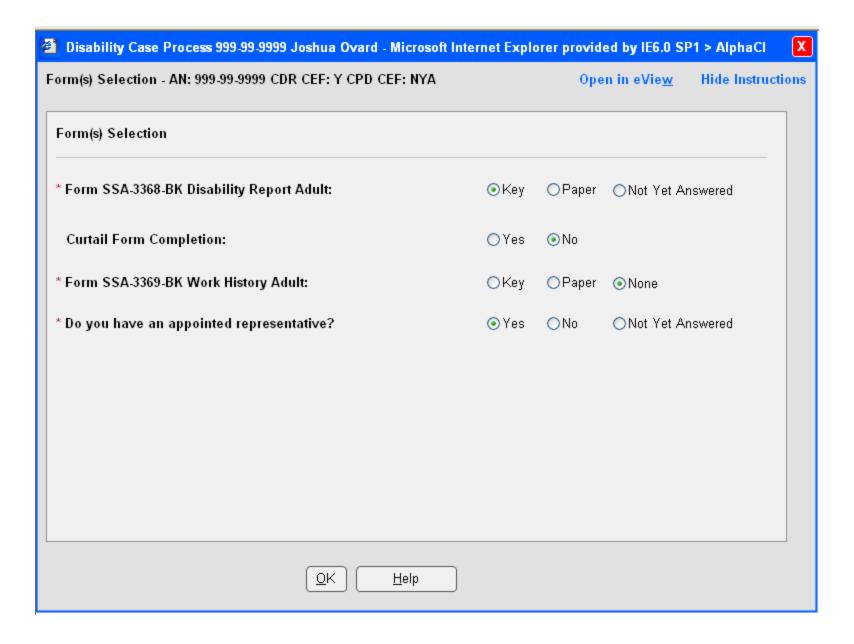
#### Select Case Level



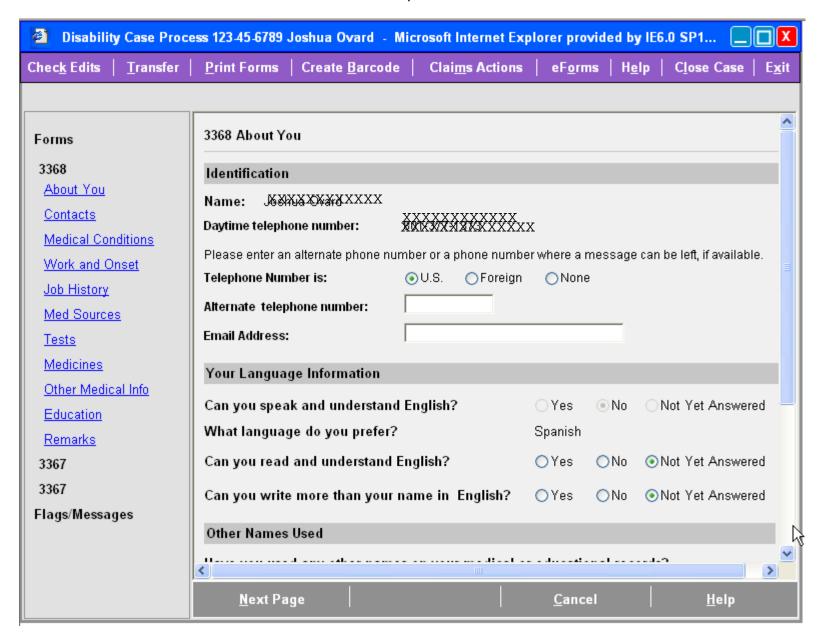
## **Confirm Case Creation**



#### Form Selection



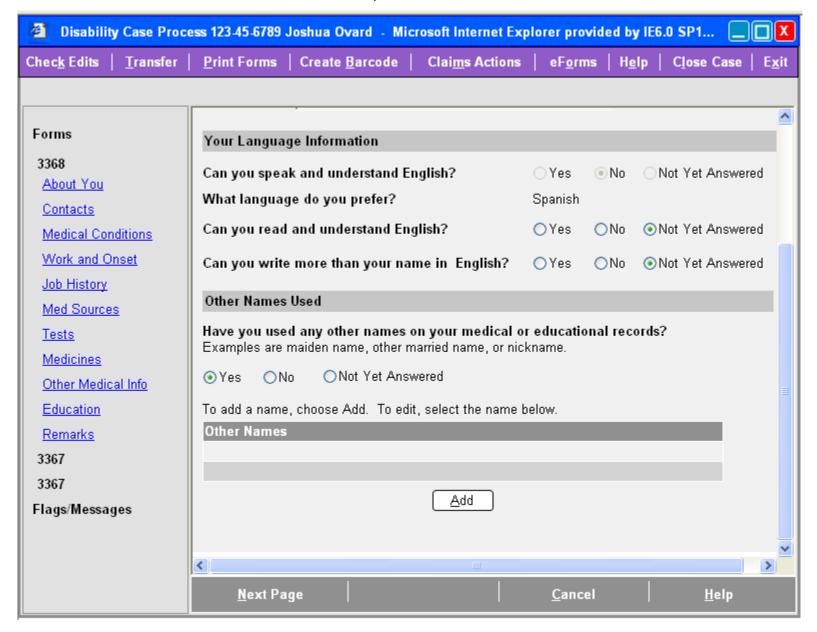
## About You, Part 1 of 2



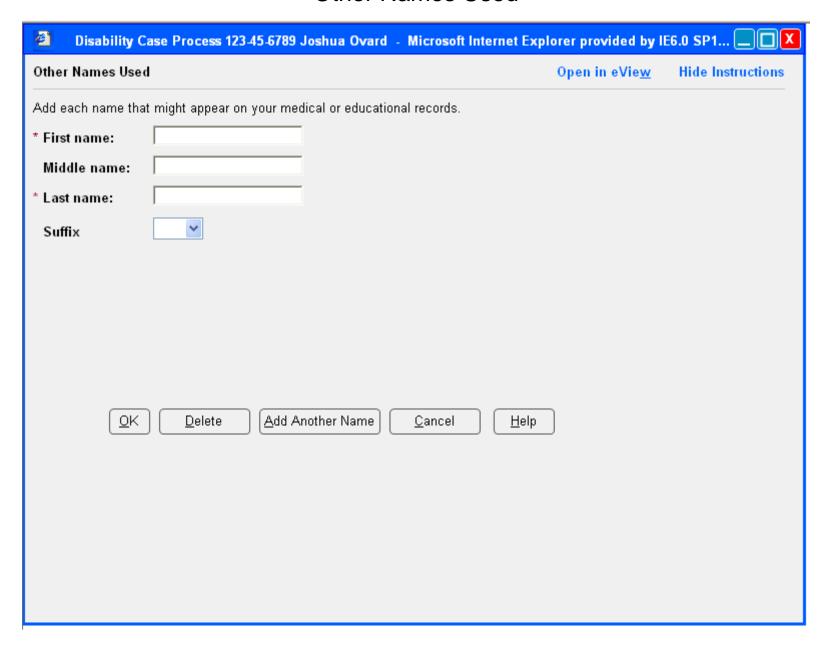
June 24, 2009 5

## About You, Part 2 of 2

Other Names = Yes, but no other names entered



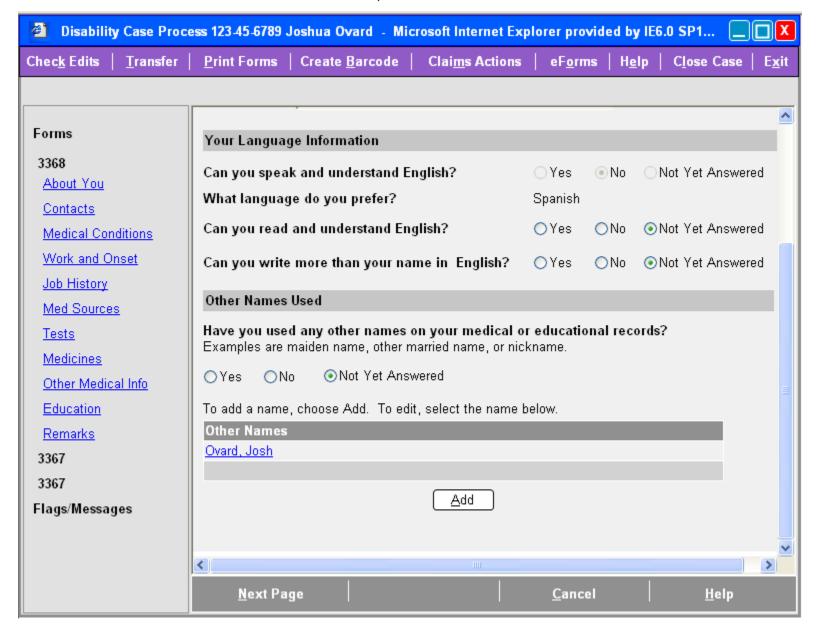
#### Other Names Used



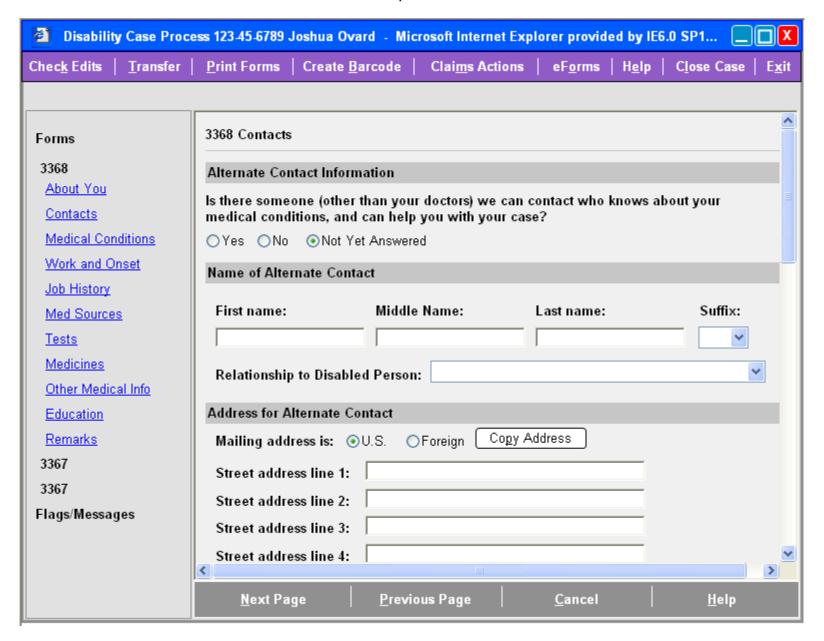
May 13, 2009 7

## About You, Part 2 of 2

Other Names = Yes, with another name entered

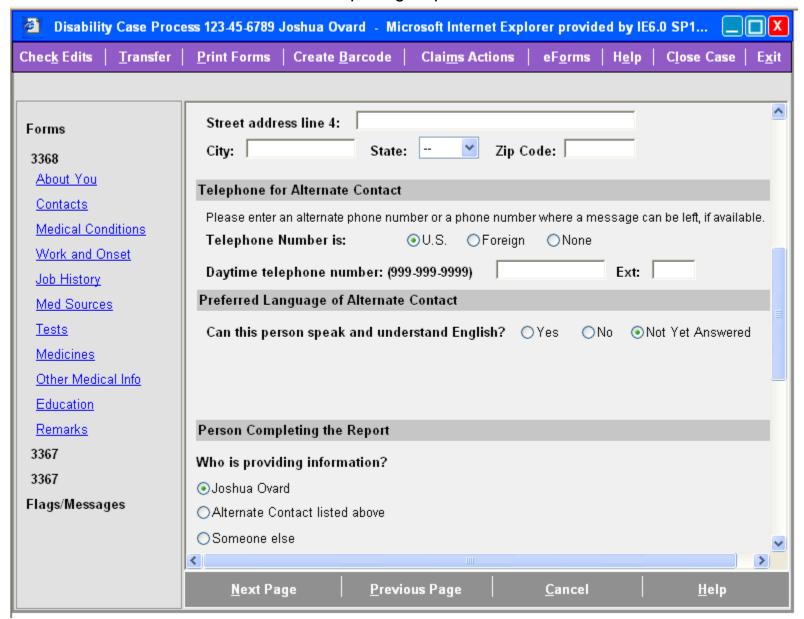


## Contacts, Part 1 of 3



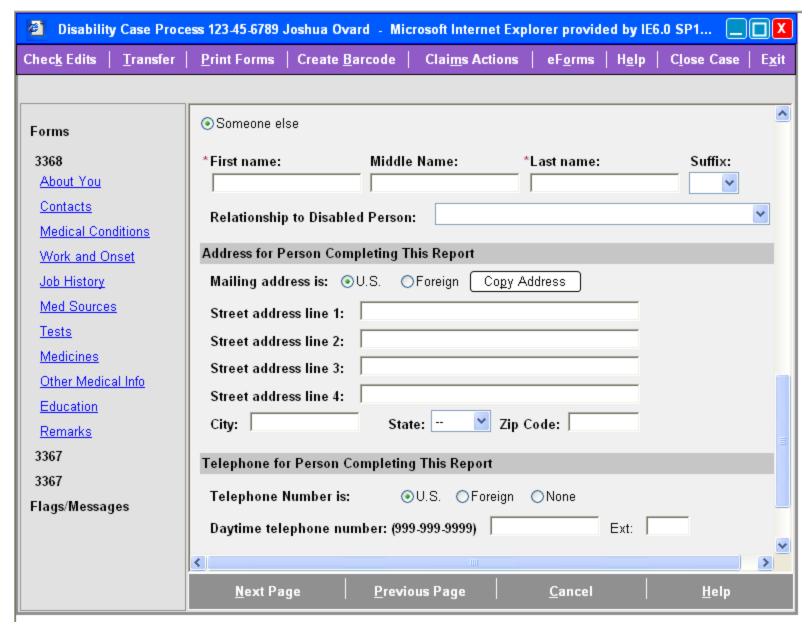
#### Contacts, Part 2 of 3

#### Person Completing Report = Claimant



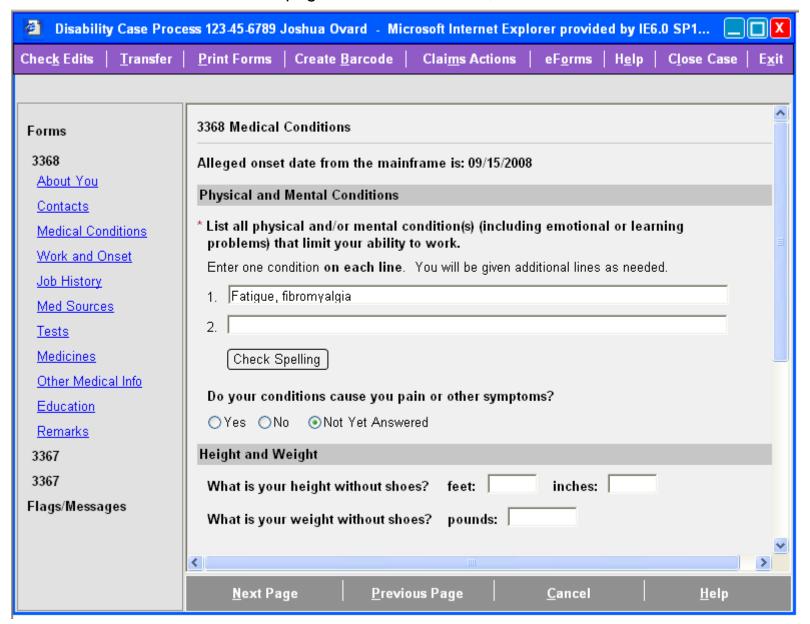
## Contacts, Part 3 of 3

#### Person Completing Report = Someone Else



#### **Medical Conditions**

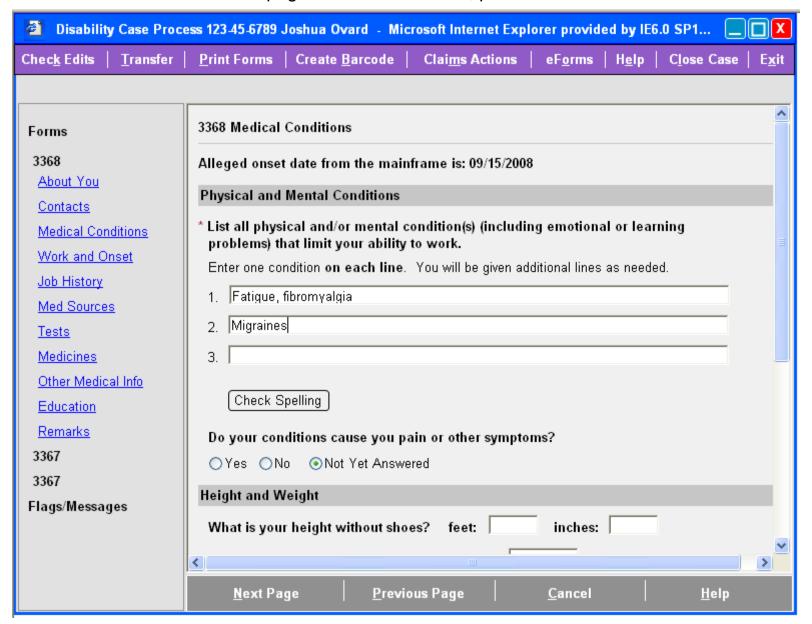
Medical Conditions Propagated from mainframe, no new conditions entered



June 8, 2009

#### **Medical Conditions**

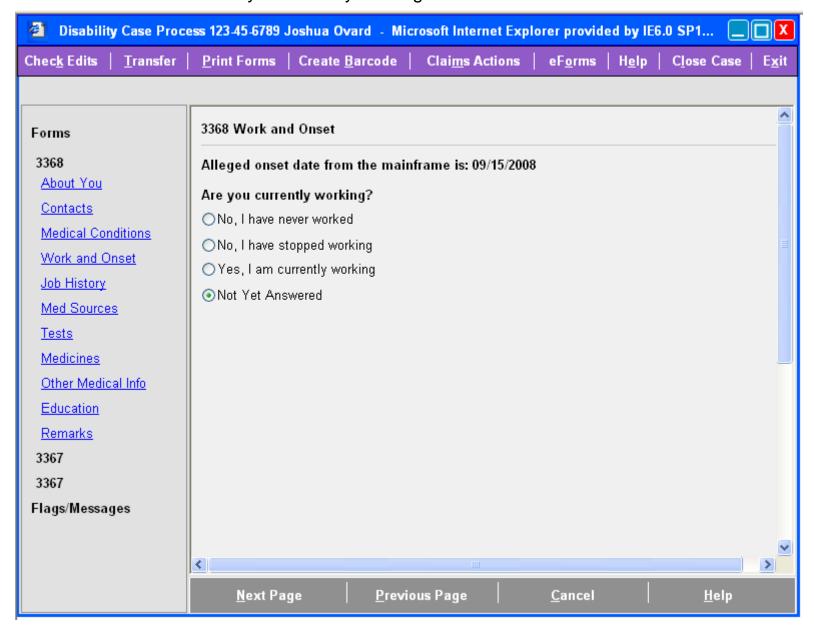
Medical Conditions Propagated from mainframe, plus one new condition entered



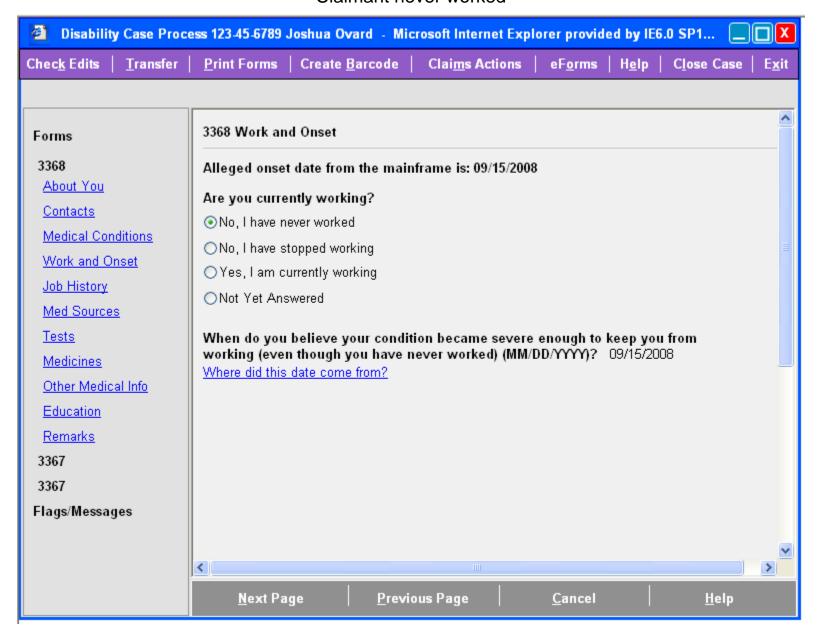
June 8, 2009

#### Work and Onset

Are you currently working? = Not Yet Answered

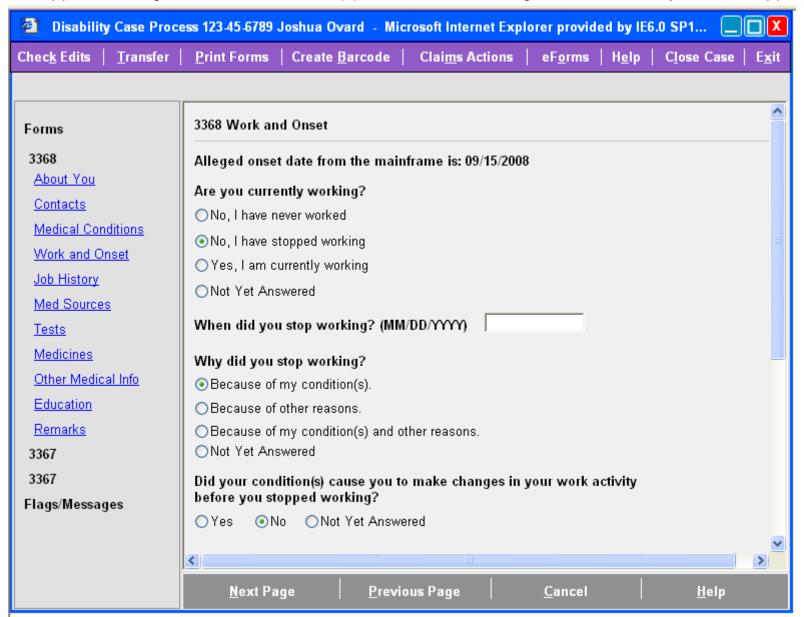


# Work and Onset Claimant never worked



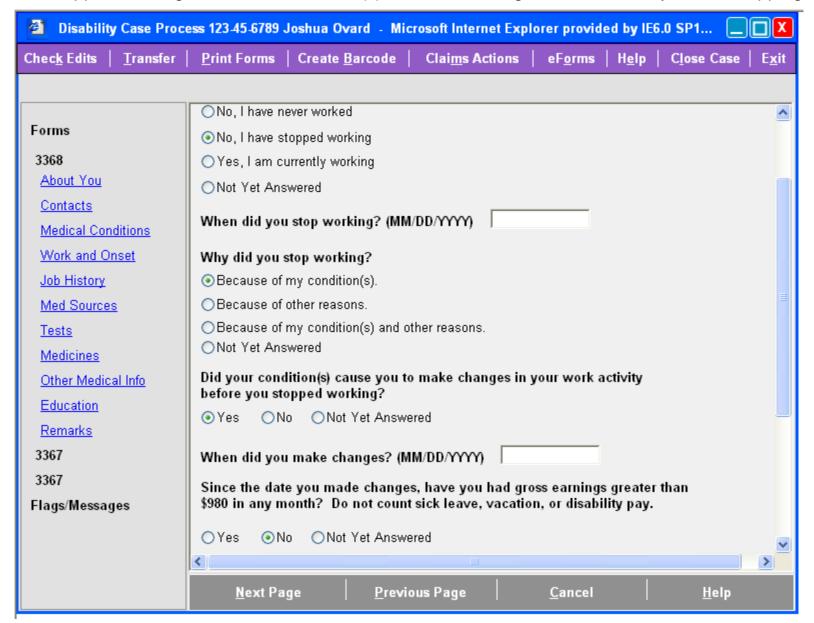
## Work and Onset, Part 1 of 2

Claimant stopped working because of condition(s), did not make changes in work activity before stopping work



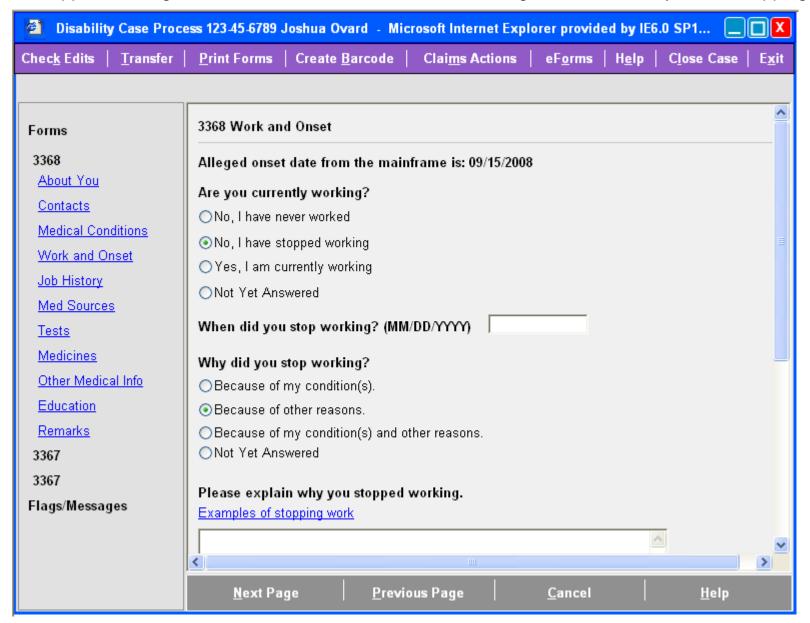
## Work and Onset, Part 2 of 2

Claimant stopped working because of condition(s), did make changes in work activity before stopping work



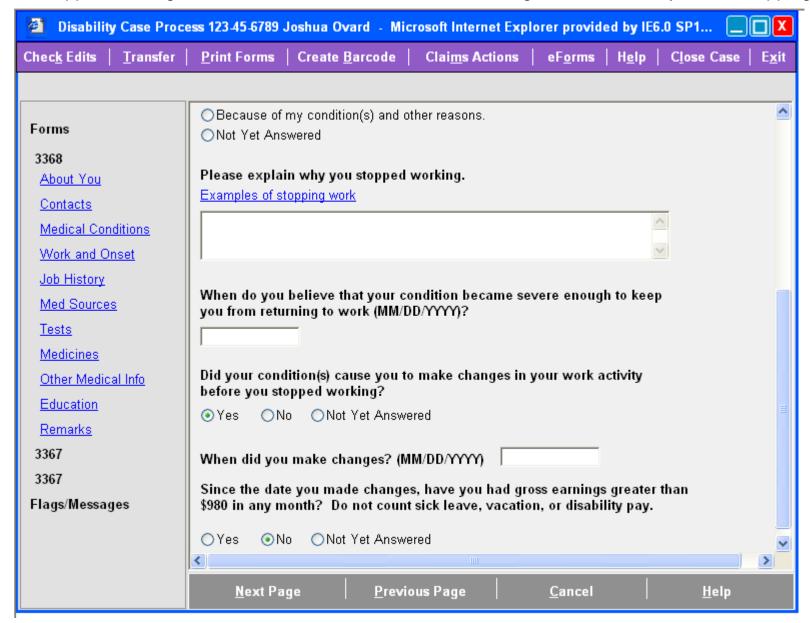
## Work and Onset, Part 1 of 2

Claimant stopped working because of other reasons, did make changes in work activity before stopping work



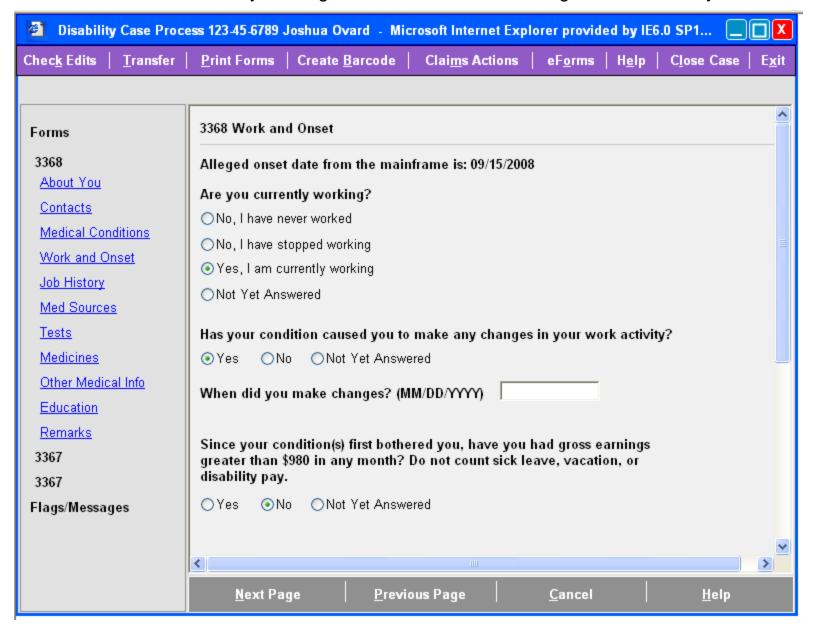
### Work and Onset, Part 2 of 2

Claimant stopped working because of other reasons, did make changes in work activity before stopping work



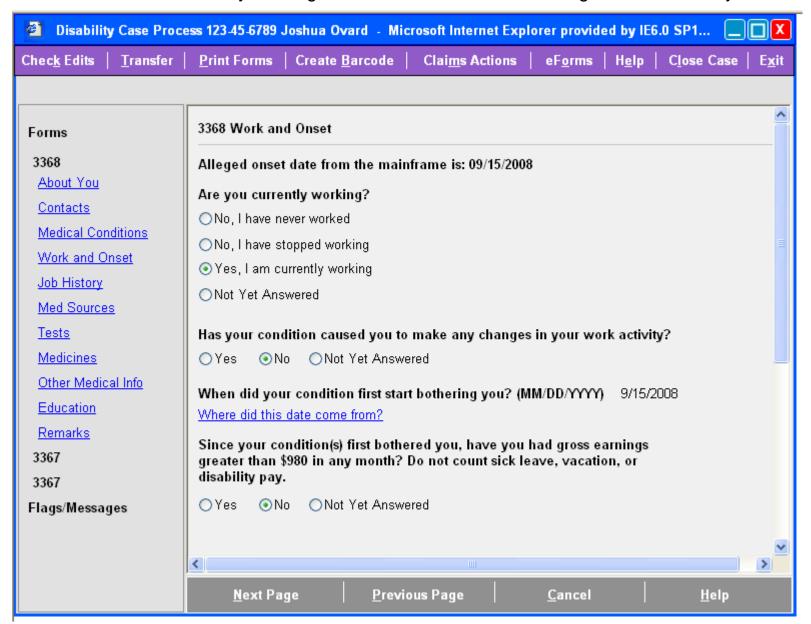
#### Work and Onset

Claimant is currently working, condition has caused changes in work activity



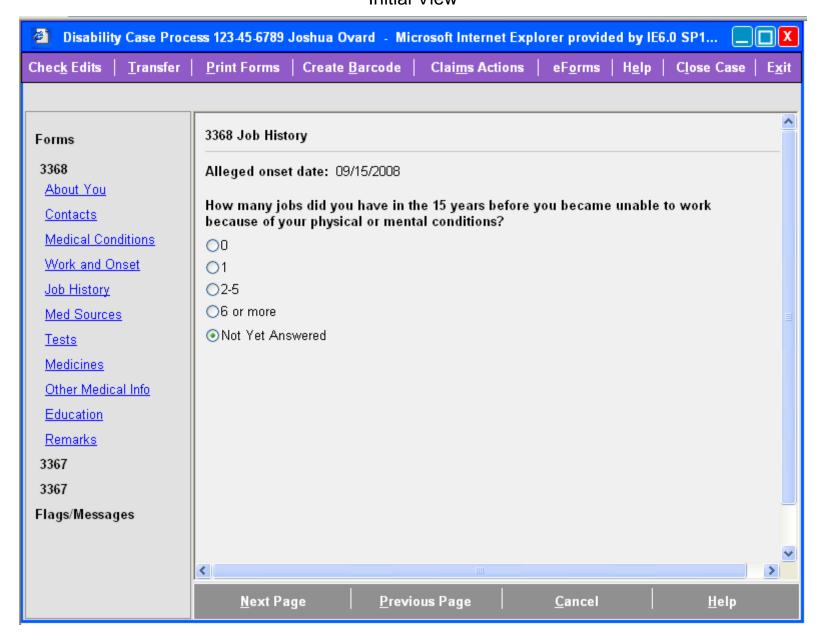
#### Work and Onset

Claimant is currently working, condition has not caused changes in work activity

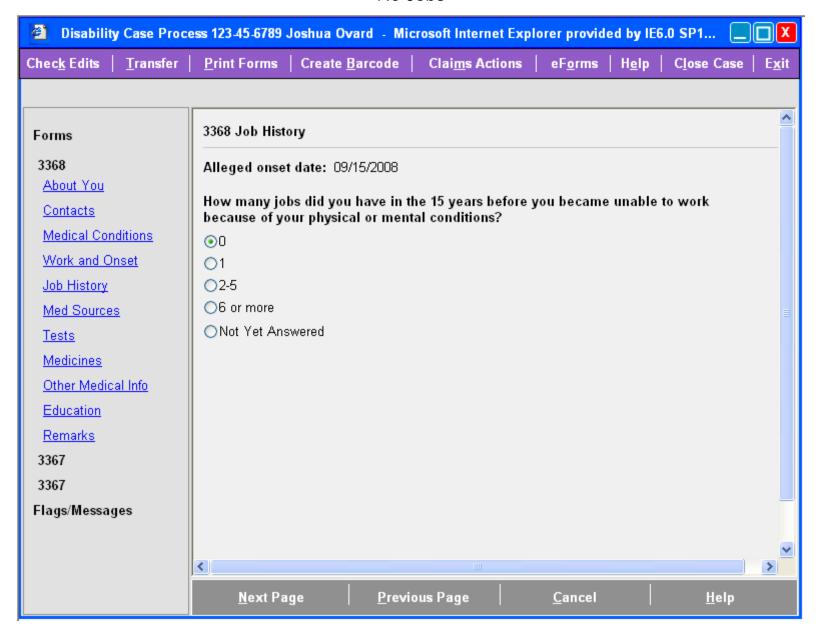


May 13, 2009 21

## Job History Initial View

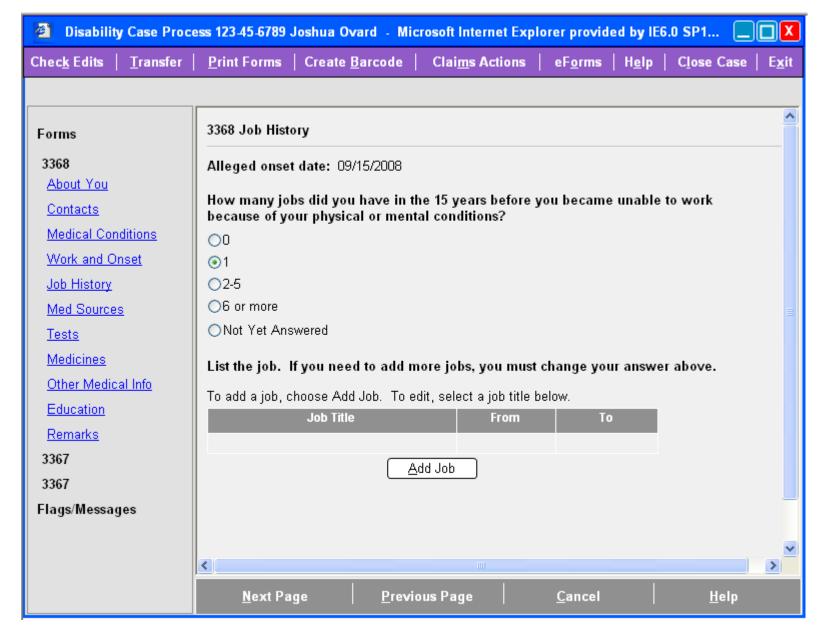


## Job History No Jobs

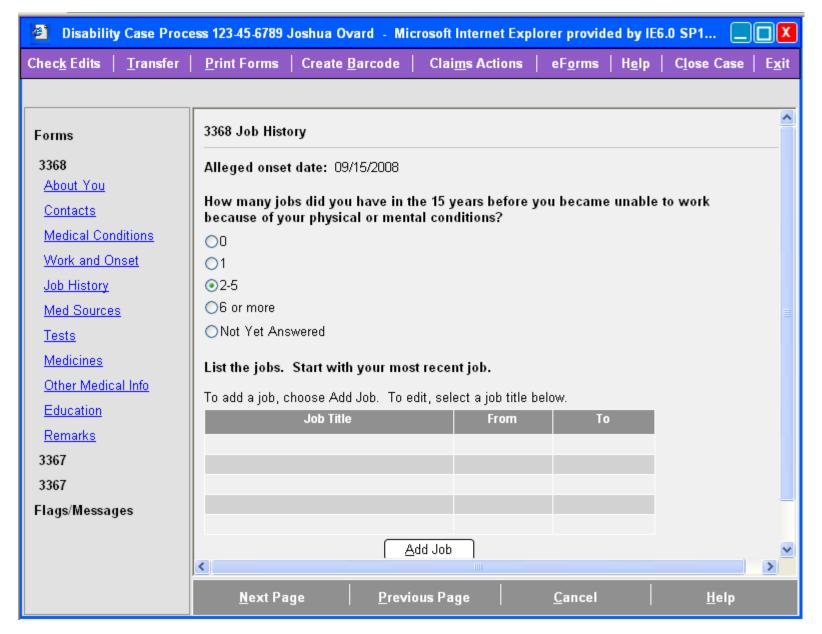


June 1, 2009 23

# Job History One Job

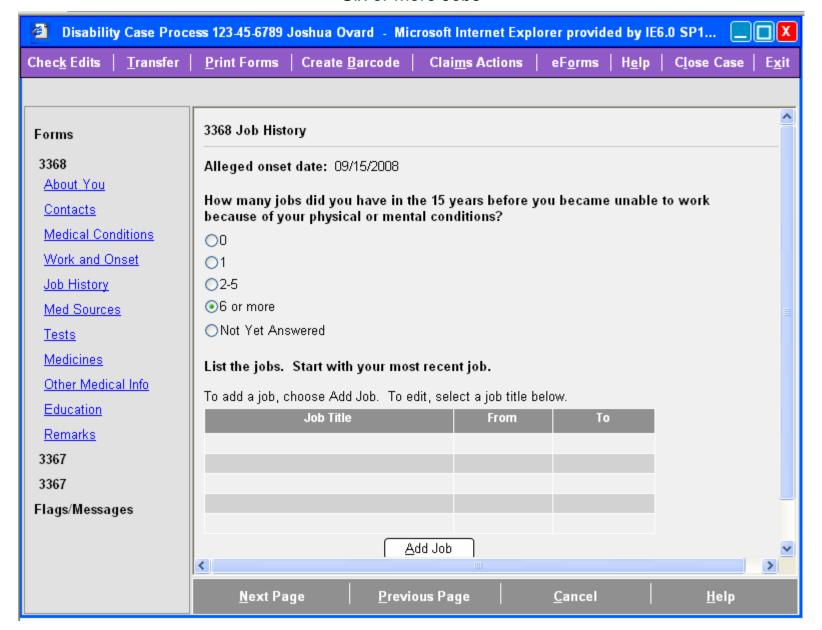


# Job History Two to Five Jobs



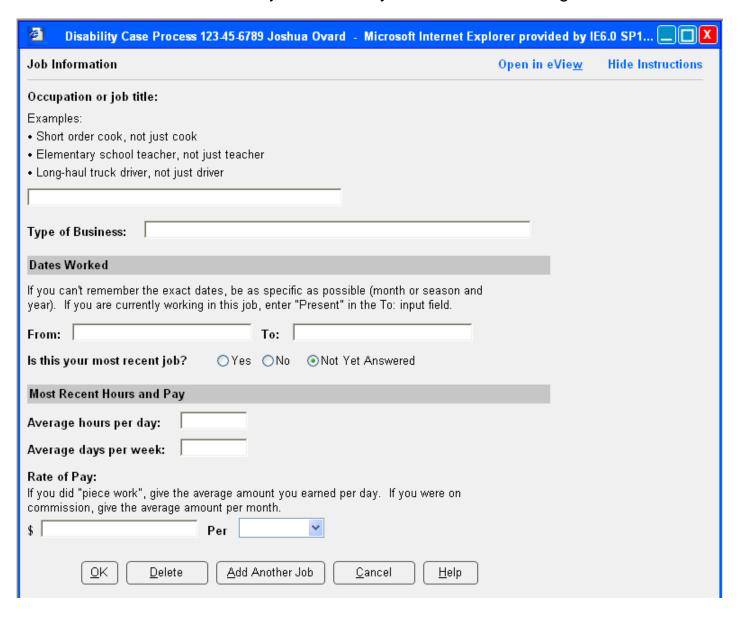
June 1, 2009 25

# Job History Six or More Jobs



#### Job Information

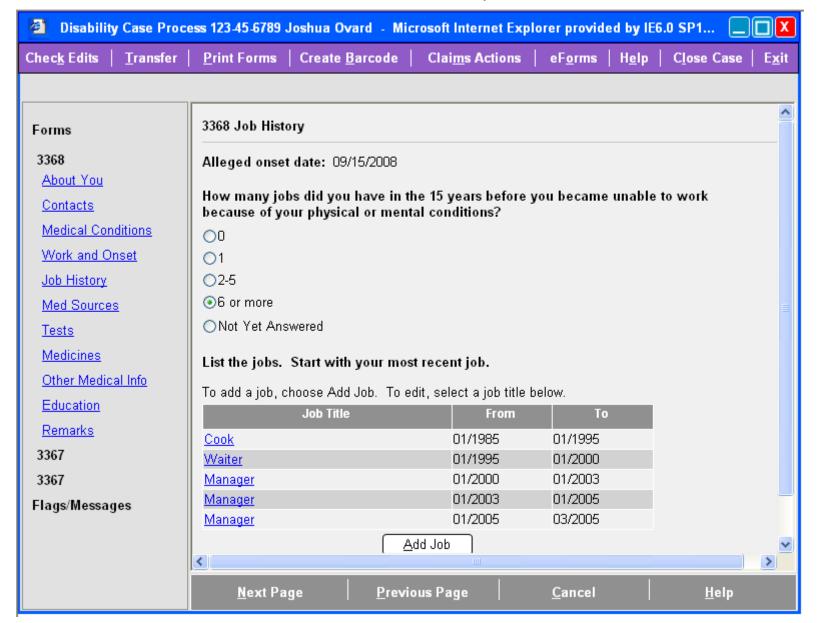
Claimant had more than one job in last 15 years before becoming unable to work



June 1, 2009 27

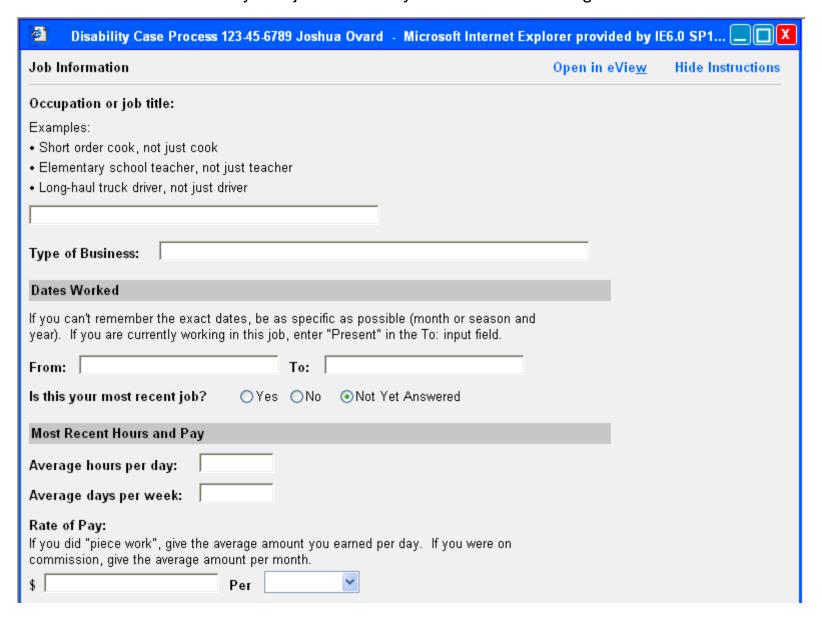
## Job History

#### User has entered five jobs



## Add Job, Part 1 of 4

Claimant had only one job in last 15 years before becoming unable to work



# Add Job, Part 2 of 4

Claimant had only one job in last 15 years before becoming unable to work

What did you do all day in this job?	
Describe this job. What did you do all day?	
^	
<u> </u>	
In this job, did you:	
Use machines, tools, or equipment?	
Examples:	
Carpenters may use tools like power saws and nail guns	
Administrative assistants may use a computer	
OYes ONo ⊙Not Yet Answered	
Use technical knowledge or skills?	
Examples:	
Electricians may use a computer	
Teachers know the subjects they teach	
◯Yes ◯No ⊙Not Yet Answered	
Do any writing, complete forms, or perform duties like this?	
Examples:	
Waitresses write customers' orders	
Bookkeepers complete reports	
Truck drivers complete trip logs	
OYes ONo ⊙Not Yet Answered	

# Add Job, Part 3 of 4

Claimant had only one job in last 15 years before becoming unable to work

In this job, how many hours a day did you do each of the tasks listed?			
The following numbers do not have to add up to the total "Average hours per day" listed above because you may be performing more than one activity at a time. For example, you may be standing and lifting or sitting and typing simultaneously.			
Walk?			
Stand?			
Sit?			
Climb? (stairs, ladders, etc.)			
Stoop? (bend down and forward at the waist)			
Kneel? (bend legs to rest on knees)			
Crouch? (bend legs and back down and forward)			
<b>Crawl?</b> (move on hands and knees)			
Handle large objects? Examples: •Lift a box •Move a lever such as a gear shift			

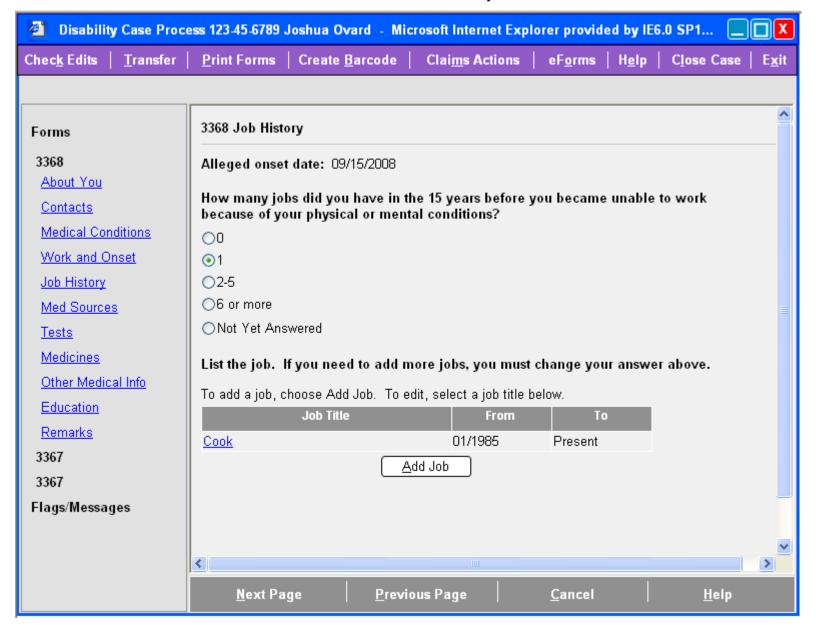
# Add Job, Part 4 of 4

Claimant had only one job in last 15 years before becoming unable to work

Write, type, or handle small objects?
Example:
∙Write on a pad ∙Use a calculator
•Sort objects by hand
Reach?
Physical Activities: Lifting and Carrying
Describe what you lifted, how far you carried it, and how often you did this in your job.
Examples of lifting and carrying
Select the heaviest weight lifted:
Select the weight frequently lifted:  (By frequently, we mean from 1/3 to 2/3 of the workday.)
Did you supervise people in this job?
◯ Yes ◯ No ⊙ Not Yet Answered
How many people did you supervise?
What part of your time did you spend supervising people?
Did you hire and fire employees? ○ Yes ○ No ○ Not Yet Answered
Were you a lead worker?
○Yes ○No ⊙Not Yet Answered
OK Delete Add Another Job Cancel Help

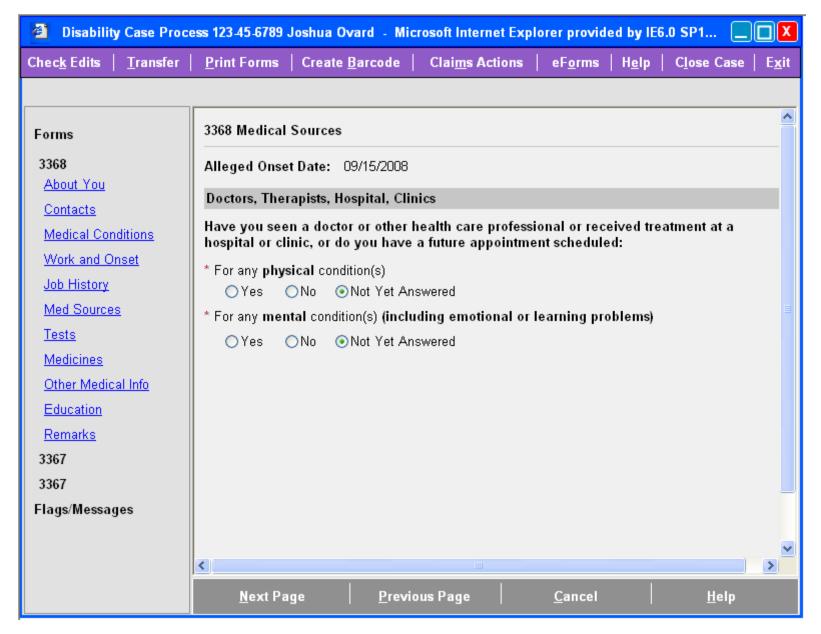
## Job History

#### User has entered one job



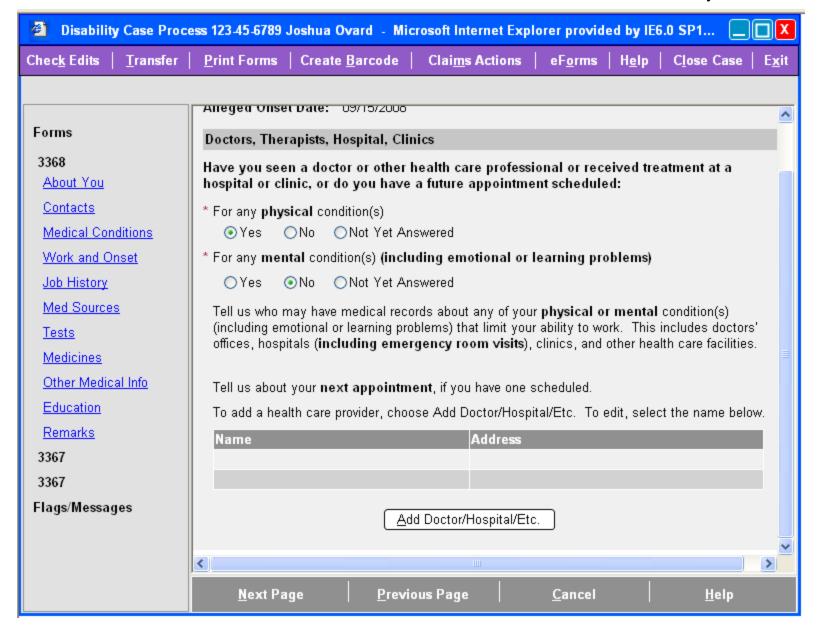
## **Medical Sources**

#### Initial view

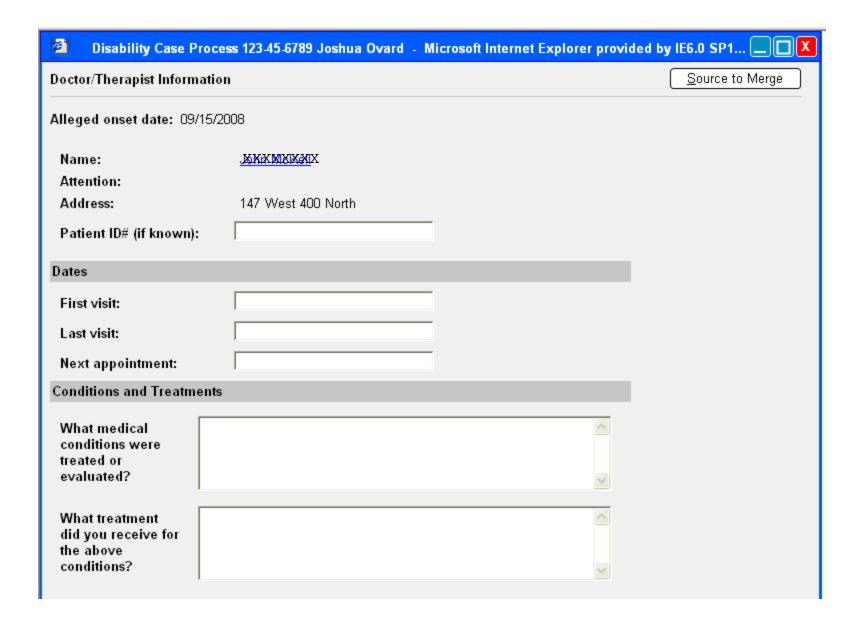


#### **Medical Sources**

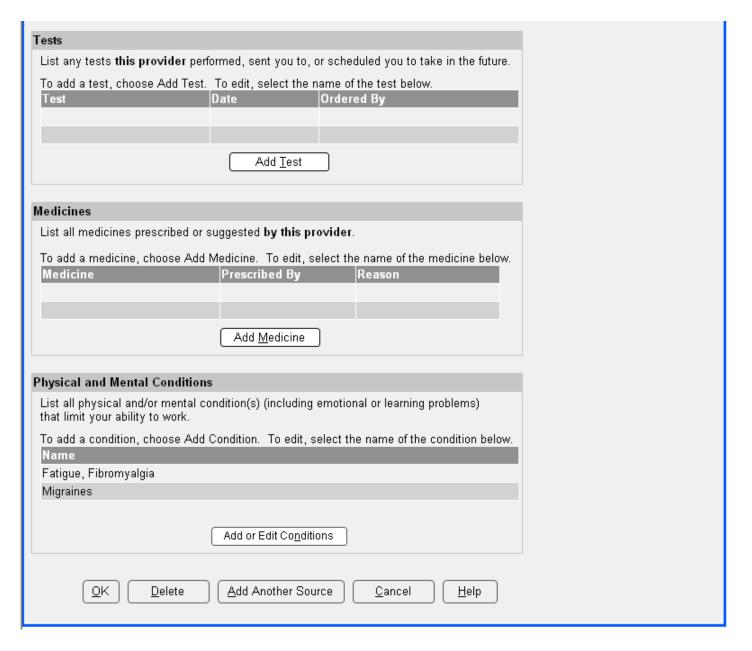
User has indicated claimant has medical sources, but has not entered any



## Doctor/Therapist Information, Part 1 of 2

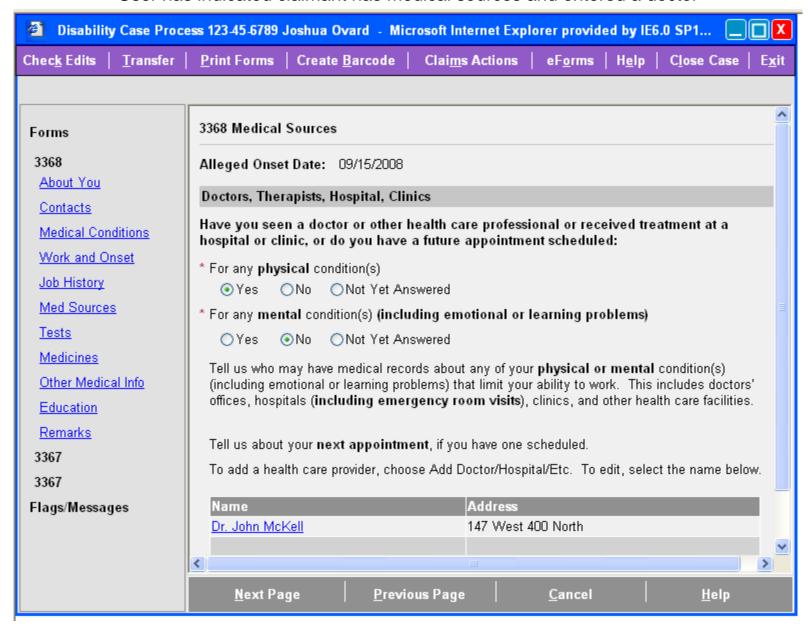


## Doctor/Therapist Information, Part 2 of 2



#### **Medical Sources**

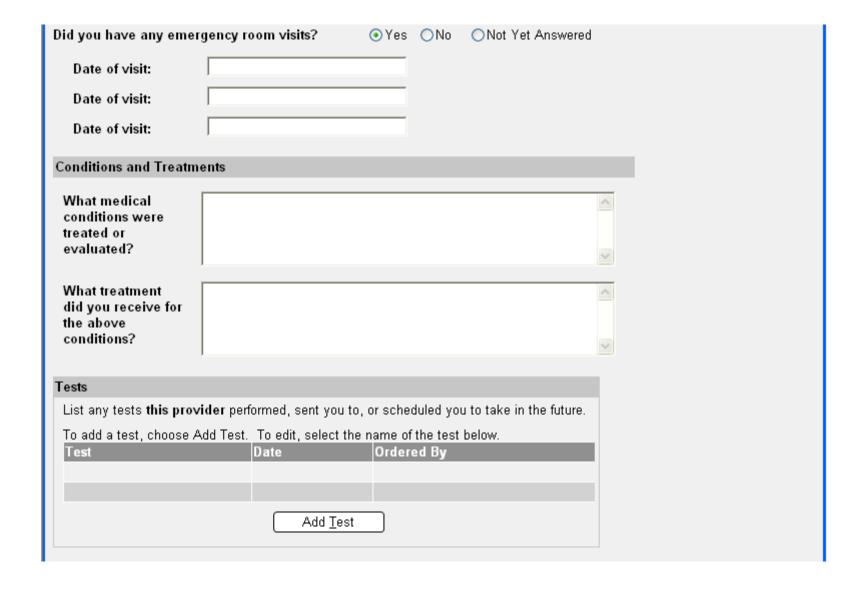
User has indicated claimant has medical sources and entered a doctor



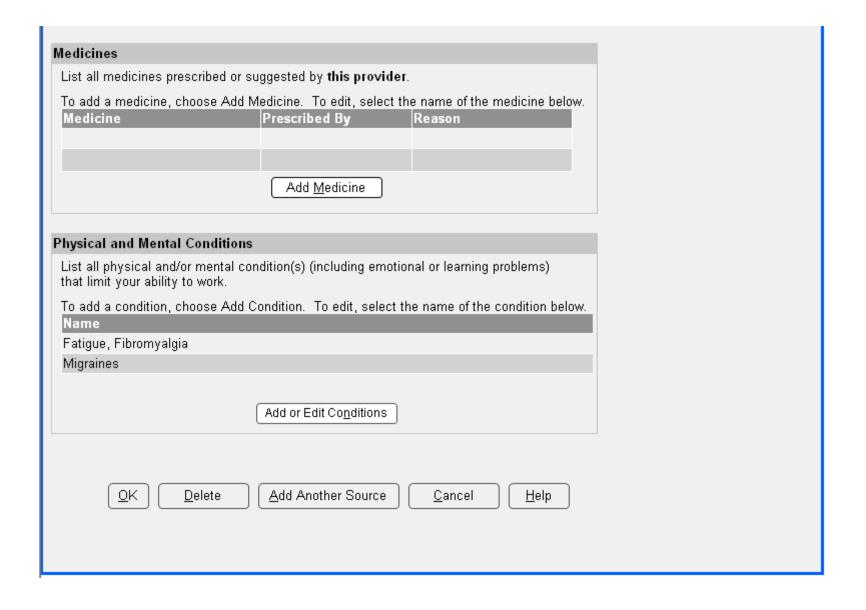
## Hospital/Clinic Information, Part 1 of 3

Disability Case Process 123 45 6789 Joshua O	Ovard - Microsoft Internet Explorer provided by IE6.0 SP1
Hospital/Clinic Information	
Alleged onset date: 09/15/2008	
Name of facility or office: <u>Utah General Hospital</u> Attention:	
Address: 6701 Main Street	
Health care professional who treated you at Utah General Hospital:	
Patient ID# (if known):	
Dates at this Facility	
Did you have any inpatient stays?	Yes ONo ONot Yet Answered
Date In: Date	e Out:
Date In: Date	e Out:
Date In: Date	e Out:
Did you have any outpatient visits?	Yes ONo ONot Yet Answered
First visit:	
Last visit:	
Next appointment:	

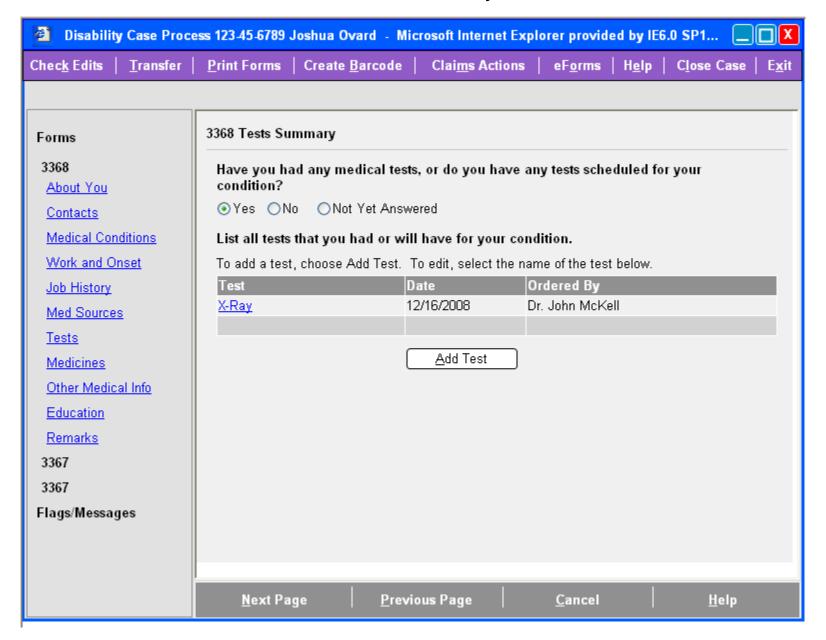
## Hospital/Clinic Information, Part 2 of 3



## Hospital/Clinic Information, Part 3 of 3

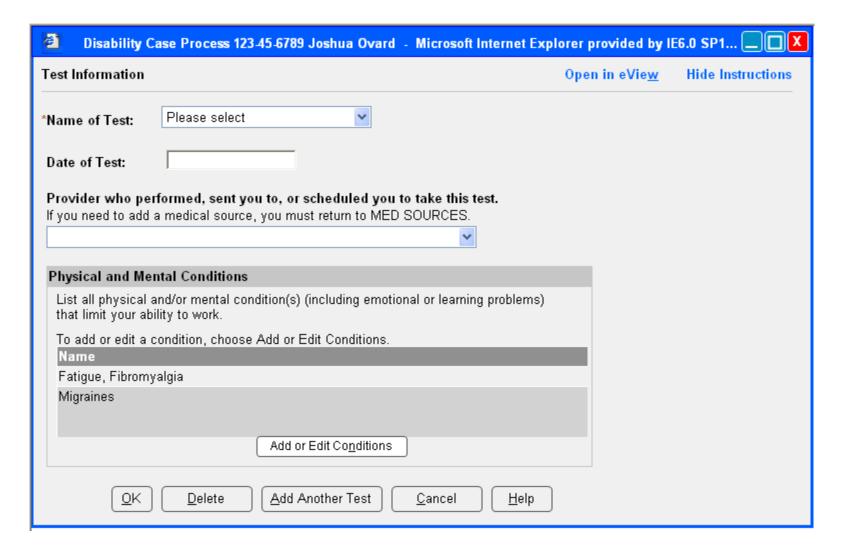


## **Tests Summary**



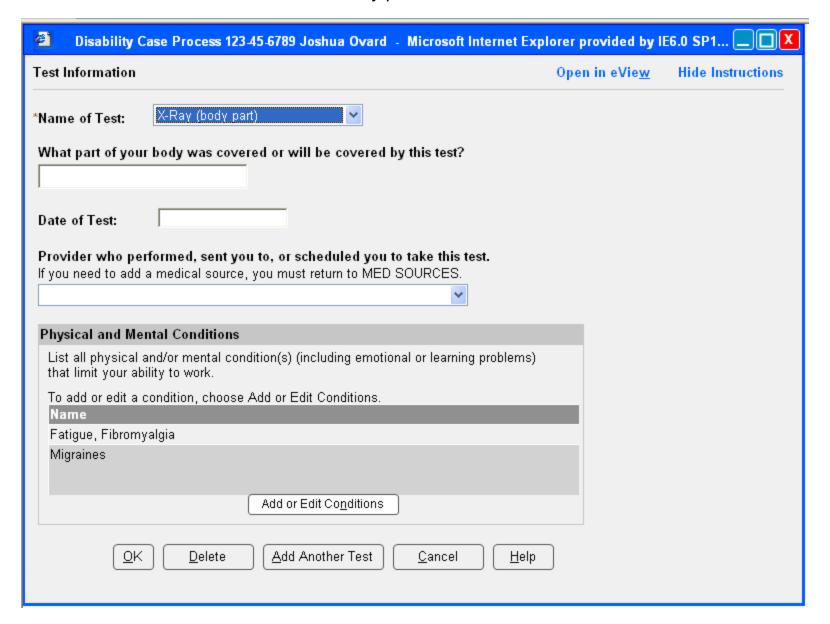
#### **Test Information**

#### No body part involved

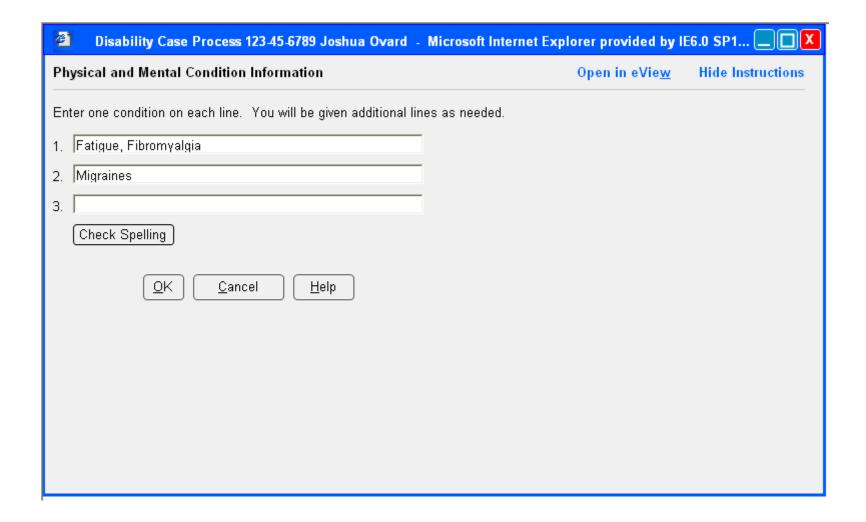


#### **Test Information**

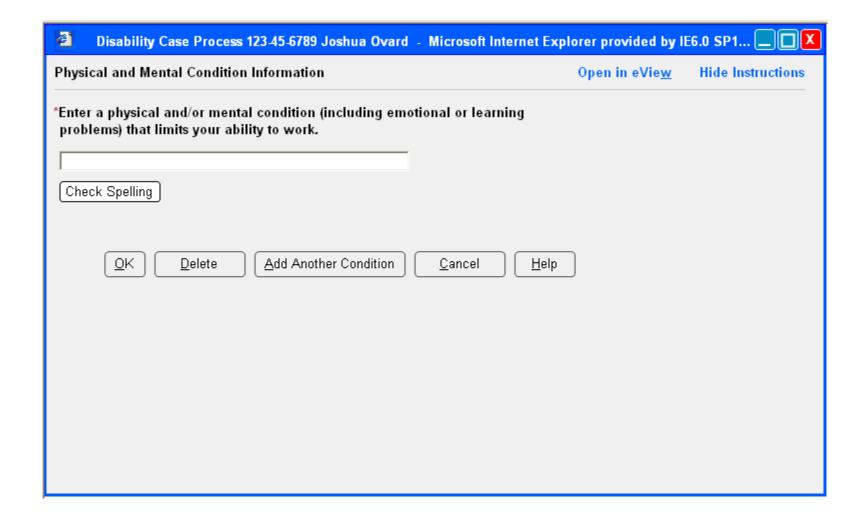
#### Body part involved



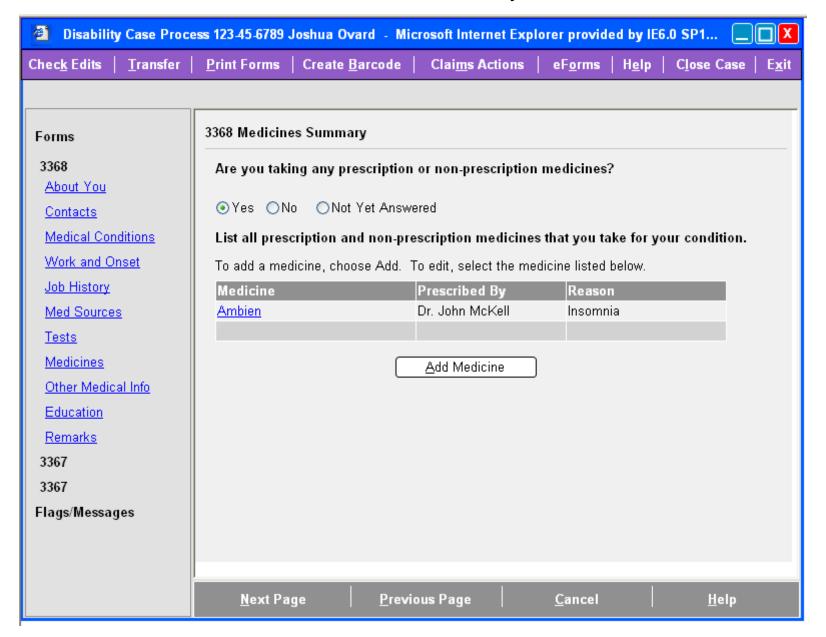
# Physical and Mental Condition Information – Plan A Claimant adds physical or mental condition while adding test



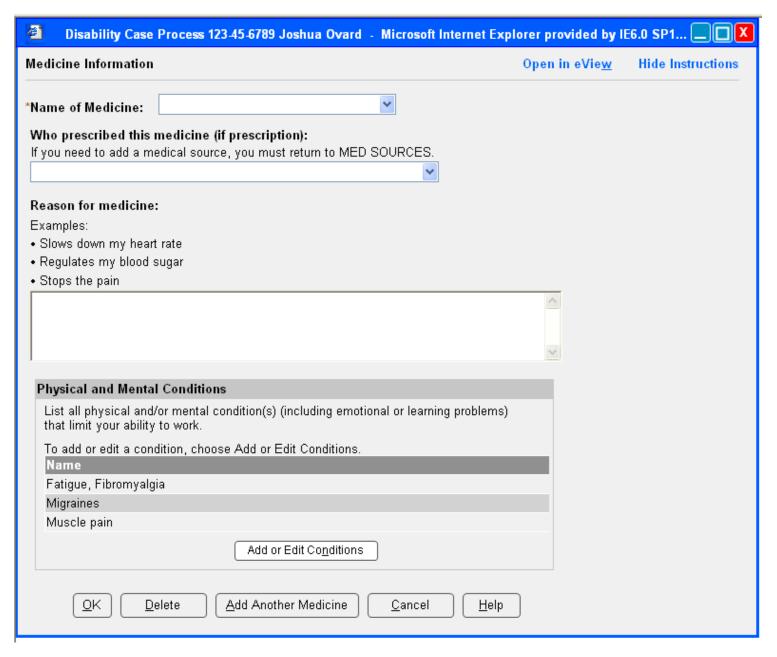
# Physical and Mental Condition Information – Plan B Claimant adds physical or mental condition while adding test



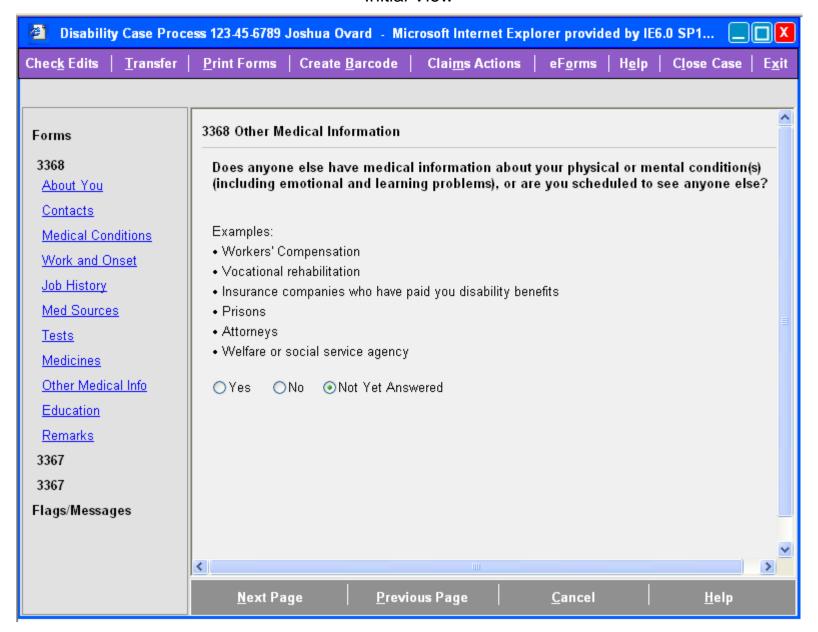
## **Medicines Summary**



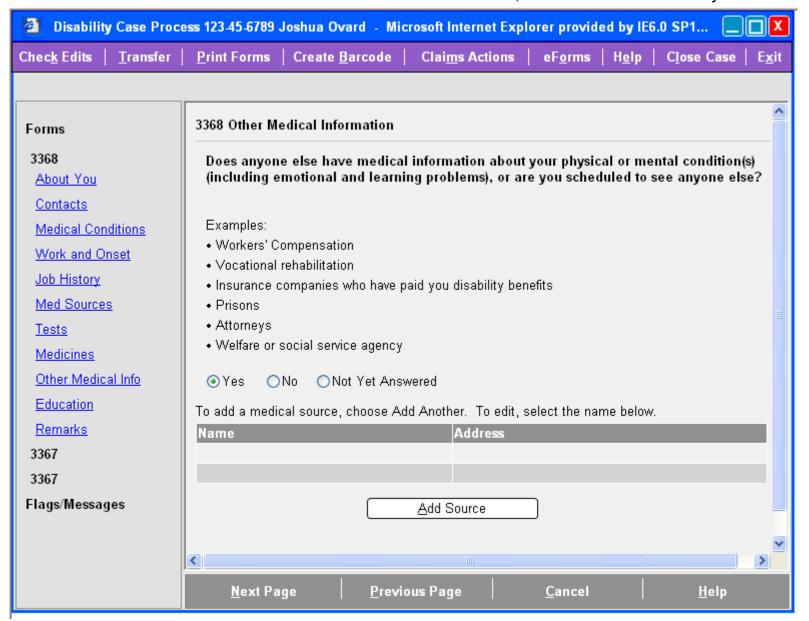
#### **Medicine Information**

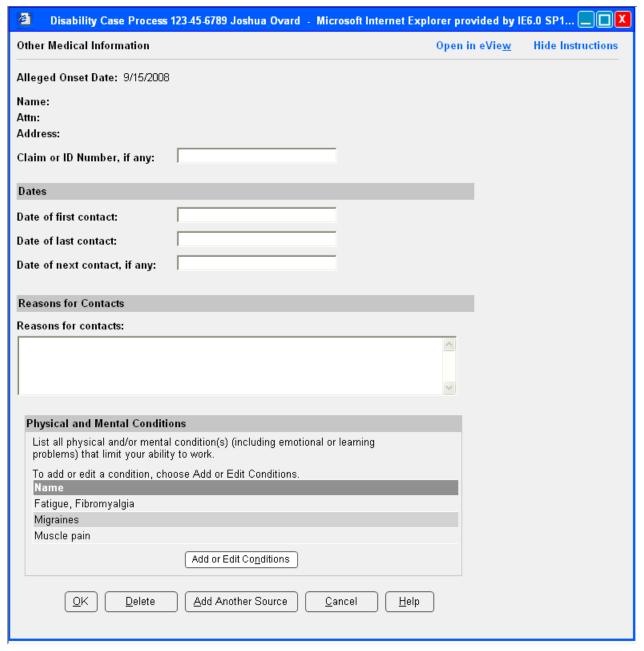


#### **Initial View**

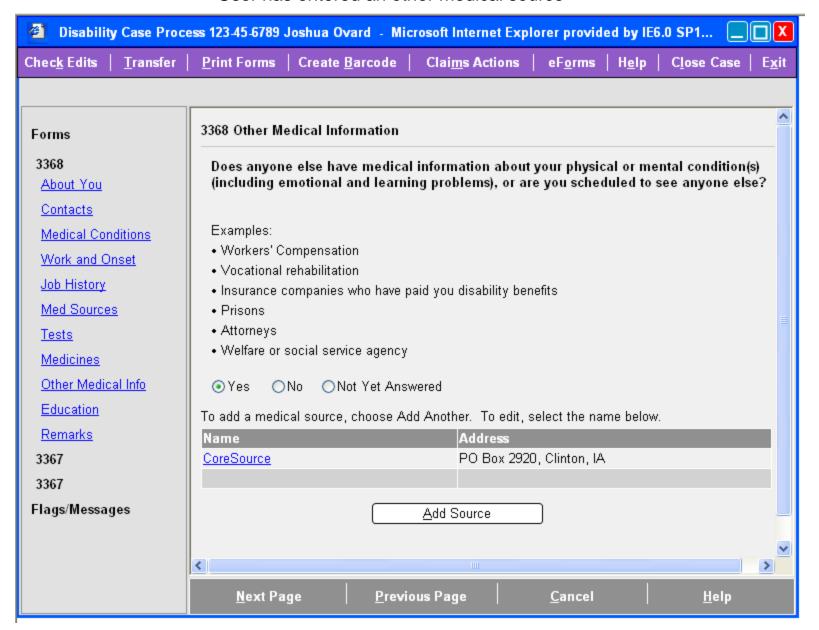


User has indicated claimant has other medical source, but has not entered any



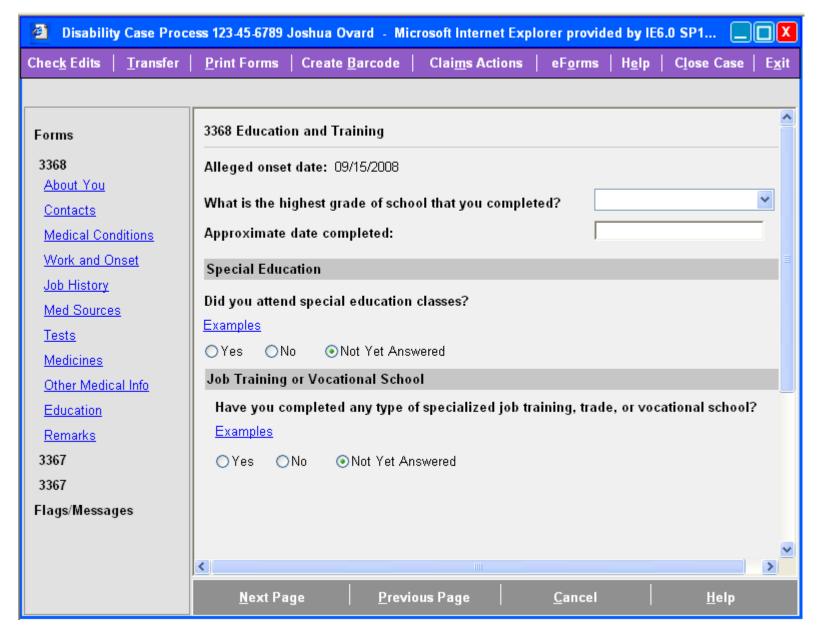


User has entered an other medical source



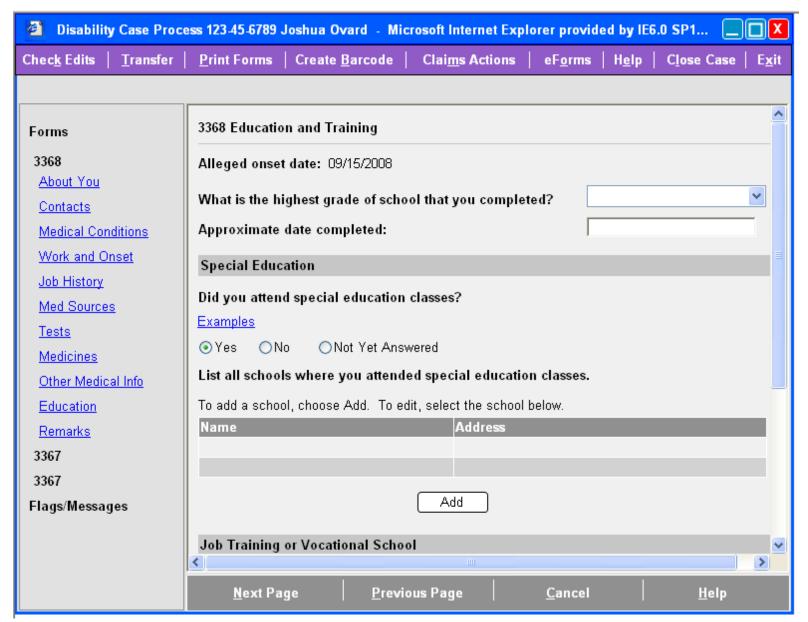
## **Education and Training**

**Initial View** 



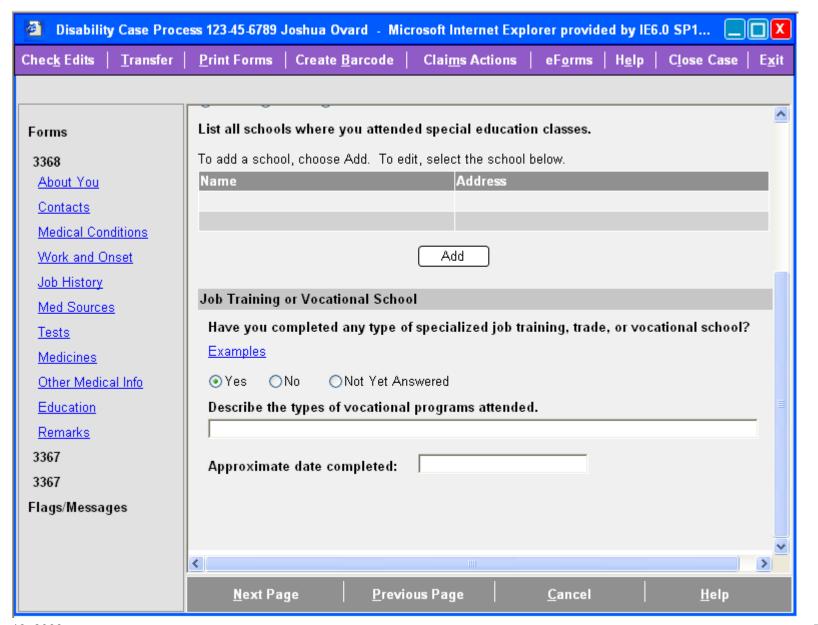
## Education and Training, Part 1 of 2

User has indicated claimant received special education and job training/vocational school, but has not entered any



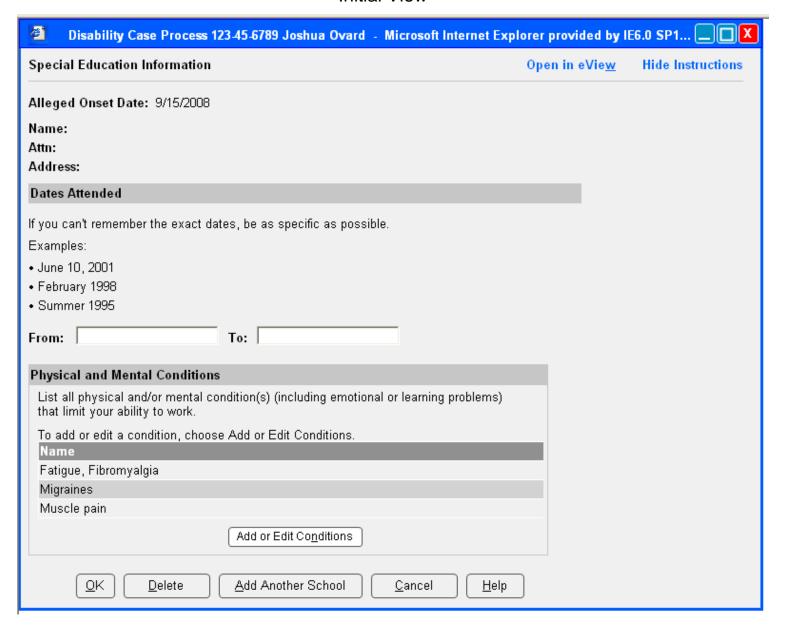
## Education and Training, Part 2 of 2

User has indicated claimant received special education and job training/vocational school, but has not entered any



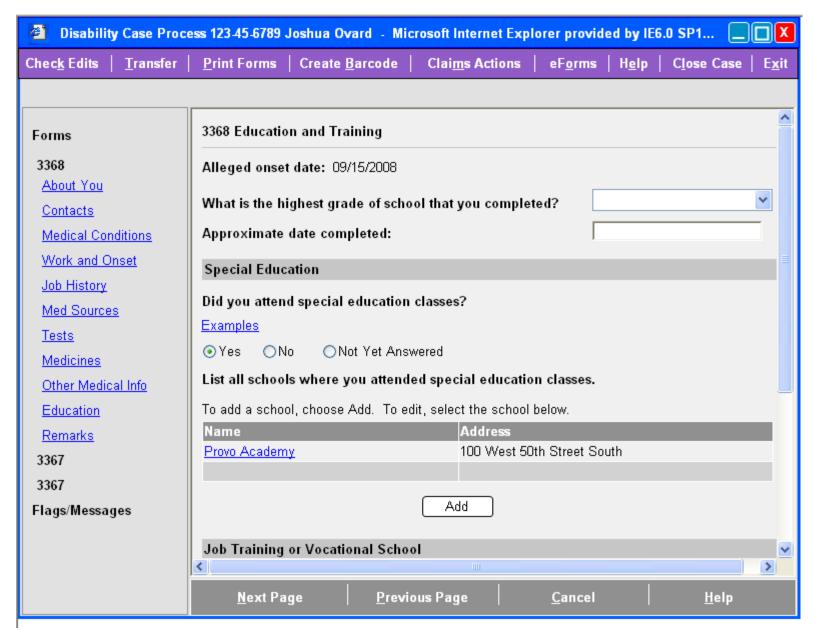
## **Special Education Information**

#### **Initial View**



## **Special Education Information**

User has entered a school



#### Remarks

