

Getting to the SSA-3371 within the Upload Documents Portal

1. In the Representative Payee portal for beneficiary: Form selection for the SSA-3371

my Social Security Ly. [redacted] o. v | Sign out
Representative Payee for H. [redacted]

Upload Documents

Open Requests Past Activity Search Forms Upload Your Documents

Upload Your Documents

66%

SSA Forms

All information is required, unless noted optional.

Which form are you uploading?

SSA-3371- Pain Report - Child

Next Previous

OMB No. 0960-0830 FAQ

2. “Next” selected:

my Social Security Ly. [redacted] o. v | Sign out
Representative Payee for H. [redacted]

Upload Documents

Open Requests Past Activity Search Forms Upload Your Documents

Upload Your Documents

90%

How To Submit Form

How would you submit this form?

☒ Complete Online
Complete entire form online. Upload supporting documents when required.

☐ Upload
You already have completed the form and saved it to your device. Upload supporting documents when required.

Next Previous

OMB No. 0960-0830 FAQ

3. “Next” selected:

 my Social Security

Lynn [REDACTED]  | Sign out
Representative Payee for HL [REDACTED]

Pain Report - Child SSA-3371-BK

1 Your Information

2 Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

Your Information

Overall Progress: 0%

 Let's work on this together

You have selected the **Pain Report - Child (SSA-3371-BK)**.

Complete this form to tell us about any pain the child has. The information includes where the pain is, how long the pain lasts, how often the pain occurs, how bad the pain is, what causes the pain, what relieves the pain, and what treatment or medication makes it better.

Answer the questions the best you can based on what the child has told you and what you have observed. If the child has pain in more than one part of his or her body, describe each one separately.

If you need help completing any part of this form, contact your Social Security office. We will help you.

 Please confirm if these details are correct.

If you need to update any of the information below, please [contact us](#).

Your Name
LYN [REDACTED]

Mailing Address
[REDACTED]
BALTIMORE MD 21235

What is your daytime telephone number?
(8 [REDACTED]) 12

 View Information

 **Estimated Time**
15-20 minutes to complete

 **Secure**
Your information is protected

 **Privacy Act Statement — Collection and Use of Personal Information**

Sections 1614 and 1631 of the Social Security Act, as amended, allow us to collect this information, which we will use to determine a child's eligibility for Supplemental Security Income (SSI) benefits. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on SSI benefits for a child who is claiming a disability. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089 and 60-0103, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

Get Started

Back to Upload Your Documents

Upload Document Screenshots

- a. “View Information” tab is selected:

The screenshot shows the 'Your Information' tab selected in the SSA-3371-BK Pain Report - Child form. The form is titled 'Your Information' and includes a progress bar on the right. The main content area contains instructions for completing the form, including a confirmation step and a privacy statement. A modal window titled 'Just so you know' is displayed over the form content, providing information about changes to the submission and how to update personal details with SSA.

Your Information Overall Progress

Let's work on this together

You have selected the **Pain Report - Child (SSA-3371-BK)**.

Complete this form to tell us about any pain the child has. The information includes where the pain is, how long the pain lasts, how often the pain occurs, how bad the pain is, what causes the pain, what relieves the pain, and what treatment or medication makes it better.

Answer the questions the best you can based on what the child has told you and what you have observed. If the child has pain in more than one part of his or her body, describe each one separately.

If you need help completing any part of this form, contact your Social Security office. We will help you.

☒ Please confirm if these details are correct

Just so you know

Any changes you make here will only apply to this form submission. These changes will not update your information on file with the Social Security Administration.

If you need to update your personal details with SSA, you can do that separately through your [my Social Security](#).

Got it, continue **Cancel**

Estimated Time
15-20 minutes to complete

Secure
Your information is protected

Privacy Act Statement — Collection and Use of Personal Information

Sections 1614 and 1631 of the Social Security Act, as amended, allow us to collect this information, which we will use to determine a child's eligibility for Supplemental Security Income (SSI) benefits. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on SSI benefits for a child who is claiming a disability. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089 and 60-0103, available at [www.ssa.gov/privacy](#). The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

Get Started **Back to Upload Your Documents**

b. “Got it, continue”

 my Social Security

Lyn [REDACTED] v
Representative Payee for H [REDACTED]

Sign out

Pain Report - Child SSA-3371-BK

1 Your Information

2 Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

Your Information

Overall Progress: 11%

Items marked with a red asterisk (*) are required.

✓ Your Name

We have this information on file. If you need to update it, please [contact us](#).

LYN [REDACTED]

✓ Mailing Address

We have this information on file. If you need to update it, please [contact us](#).

[REDACTED]
BALTIMORE MD 21235

✎ *What is your daytime telephone number?

i Include your area code.

[REDACTED]

Next

Back to Upload Your Documents

Identifying Information

4. If “Get Started” from the “Let’s work on this together/” Your Information page or “Next” selected from Screen 3.b:

 my Social Security Ly [REDACTED] p. v | Sign out
Representative Payee for HUN [REDACTED] O.

Pain Report - Child SSA-3371-BK

✓ Your Information

2 Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

Identifying Information

Overall Progress: 11%

 **Is this the beneficiary's latest information?**

We found some information on file for the beneficiary. Take a quick look below - if everything looks right, just hit Next.

 Please review the following details. Is this information accurate?

Child's Name
HUN [REDACTED] O

Child's Social Security Number (SSN)
XXX-XX-0505

[View Information](#)

[Next](#)

[Previous](#)

[Back to Upload Your Documents](#)

5

5. “View Information” or “Next” selected will prompt to same screen:

 my Social Security

Lyn...
Representative Payee for HUI...

[Sign out](#)

Pain Report - Child SSA-3371-BK

✓ Your Information

2 Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

Identifying Information

Overall Progress: 11%

Items marked with a red asterisk (*) are required.

✓ Child's Name
We have this information on file. If you need to update it, please [contact us](#).
HU...

✓ Child's Social Security Number (SSN)
We have this information on file. If you need to update it, please [contact us](#).
XXX-XX-0505

✎ * Are you representing an agency?

Select "Yes" if you are completing this form on behalf of an agency.

☐ Yes ☐ No

Next

Previous

Back to Upload Your Documents

6. If “Yes” selected (it is noted that this should Yes is not likely an option to this question, as the mySSA.gov account holder would be a rep/payee for the child applicant. However, the agency language is on the SSA-3371:

 my Social Security LYNN M. SMITH, Rep. Representative Payee for HUNTER M. SMITH [Sign out](#)

Pain Report - Child SSA-3371-BK

✓ Your Information

2 Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

Identifying InformationOverall Progress: 13%

Items marked with a red asterisk (*) are required.

✓ Child's Name

We have this information on file. If you need to update it, please [contact us](#).

HUNTER M. SMITH

✓ Child's Social Security Number (SSN)

We have this information on file. If you need to update it, please [contact us](#).

XXX-XX-0505

✎ *Are you representing an agency?

① Select "Yes" if you are completing this form on behalf of an agency.

☒ Yes ☐ No

✎ *What is the name of the agency?

① Enter the name of the agency you are representing.

✎ *What is the agency's daytime telephone number?

① Include the area code.

() _ _ - _ _

✎ What is the agency's mailing address?

① Enter the address where Social Security can reach you with questions or correspondence.

*Street Address

Apartment, Suite, Building, Etc.

*City/Town

*State

*ZIP Code

Next

Previous

Back to Upload Your Documents

Upload Document Screenshots

a. Agency information to be completed:

 my Social Security

Lyn [redacted]
Representative Payee for HUI [redacted]

Sign out

Pain Report - Child SSA-3371-BK

✓ Your Information

2 Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

Identifying Information

Overall Progress: 20%

Items marked with a red asterisk (*) are required.

✓ Child's Name

We have this information on file. If you need to update it, please [contact us](#).

HUI [redacted]

✓ Child's Social Security Number (SSN)

We have this information on file. If you need to update it, please [contact us](#).

XXX-XX-0505

* Are you representing an agency?

Select "Yes" if you are completing this form on behalf of an agency.

☒ Yes ☐ No

* What is the name of the agency?

Enter the name of the agency you are representing.

Xx

* What is the agency's daytime telephone number?

Include the area code.

(000) 000-0000

* What is the agency's mailing address?

Enter the address where Social Security can reach you with questions or correspondence.

* Street Address

00 Xx

Apartment, Suite, Building, Etc.

* City/Town

Baltimore

* State

Maryland

* ZIP Code

00000

Next

Previous

Back to Uplo

7. If “No” selected:

8.

 my Social Security

Lyr. [REDACTED] o. v | Sign out
Representative Payee for HL [REDACTED]

Pain Report - Child SSA-3371-BK

✓ Your Information

2 Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

Identifying InformationOverall Progress: 13%

Items marked with a red asterisk (*) are required.

✓ Child's Name
We have this information on file. If you need to update it, please [contact us](#).
HU [REDACTED] O

✓ Child's Social Security Number (SSN)
We have this information on file. If you need to update it, please [contact us](#).
XXX-XX-0505

 *Are you representing an agency?

 Select "Yes" if you are completing this form on behalf of an agency.

☐ Yes

☒ No

Next

Previous

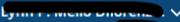
Back to Upload Your Documents

9

First Pain

9. Once “Next” selected from either Screenshot 6.a or 7:

 my Social Security

 **John F. Smith** 
Representative Payee for **Hunter D.**

[Sign out](#)

Pain Report - Child SSA-3371-BK

 Your Information

 Identifying Information

 **First Pain**

 Remarks

 Review and Submit

 Confirmation

First Pain

Overall Progress: 20%

1

2

3

Items marked with a red asterisk (*) are required.

 ***Where does the child have pain?**

 For example, chest, ear, etc.

 ***When the child is in pain, what does he or she do?**

 For example, cries constantly, pulls at the ear, etc.

 **How often does the child have the pain?**

 Enter the number of times and choose a time period, or select "Continuously" if the pain never stops.

***Time period**

☐ Minute

☐ Hour

☐ Day

☐ Week

☐ Month

☐ Year

☐ Continuously

Number of times

Next

Previous

Back to Upload Your Documents

Representative Payee for Humenick, D.

Sign out

Pain Report - Child SSA-3371-BK

✓ Your Information

✓ Identifying Information

3 First Pain

④ Remarks

⑤ Review and Submit

⑥ Confirmation

First Pain

Overall Progress: 27%

1 2 3

Items marked with a red asterisk (*) are required.

1 Tell us about the first pain the child has. Answer the questions the best you can based on what the child has told you and what you have observed.

*Where does the child have pain?

① For example, chest, ear, etc.

Xx

498 characters remaining

*When the child is in pain, what does he or she do?

① For example, cries constantly, pulls at the ear, etc.

Xx

498 characters remaining

How often does the child have the pain?

① Enter the number of times and choose a time period, or select "Continuously" if the pain never stops.

*Time period

☐ Minute

☐ Hour

☐ Day

☒ Week

☐ Month

☐ Year

☐ Continuously

Number of times

0

*How long does the pain generally last?

① Try to answer in terms of the length of time the child has pain without stopping; for example, 30 minutes, 2 hours, all day, etc.

*Based on what you have seen, how bad does the child's pain seem to be?

① Be specific. Describe in your own words any ways that the pain appears to stop the child from doing things other children his or her age can do. If the child has not always had pain, explain how the pain has changed the way(s) he or she can do things.

NextPreviousBack to Upload Your Documents

b. (additional questions on page 1 to be completed before selecting next)



***How long does the pain generally last?**



Try to answer in terms of the length of time the child has pain without stopping; for example, 30 minutes, 2 hours, all day, etc.

Xx

248 characters remaining



***Based on what you have seen, how bad does the child's pain seem to be?**



Be specific. Describe in your own words any ways that the pain appears to stop the child from doing things other children his or her age can do. If the child has not always had pain, explain how the pain has changed the way(s) he or she can do things.

Xx

998 characters remaining

Next

Previous

Back to Upload Your Documents

c. Next selected – moves to page 2 of “First pain”

 my Social Security

Ly. [REDACTED] zo. v | Sign out
Representative Payee for [REDACTED]

Pain Report - Child SSA-3371-BK

✓ Your Information

✓ Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

First Pain

Overall Progress: 31%

1

2

3

Items marked with a red asterisk (*) are required.

 *What appears to cause the pain or make it worse?

 *What appears to relieve the pain or make it better?

 *Does the child take any medicine for this pain?

Include both prescription and non-prescription medicine.

☐ Yes

☐ No

Next

Previous

Back to Upload Your Documents

- d. Complete questions, if “No” selected to the question regarding medication, the screen prompts the use to hit “Next”:

The screenshot shows the 'my Social Security' portal interface. The top navigation bar includes the 'my Social Security' logo, a user profile dropdown, and a 'Sign out' link. The main header indicates the user is a 'Representative Payee for H...'. The page title is 'Pain Report - Child SSA-3371-BK'. On the left, a sidebar lists the steps: 'Your Information', 'Identifying Information', 'First Pain' (selected), 'Remarks', 'Review and Submit', and 'Confirmation'. The main content area is titled 'First Pain' and shows 'Overall Progress: 38%'. It contains three numbered steps: 1 (selected), 2, and 3. A note states: 'Items marked with a red asterisk (*) are required.' The first question is '*What appears to cause the pain or make it worse?' with a text input field containing 'Xx' and a '498 characters remaining' indicator. The second question is '*What appears to relieve the pain or make it better?' with a text input field containing 'Xx' and a '498 characters remaining' indicator. The third question is '*Does the child take any medicine for this pain?' with a sub-note 'Include both prescription and non-prescription medicine.' and two radio buttons: 'Yes' and 'No' (selected). At the bottom, there are three buttons: 'Next' (highlighted in blue), 'Previous', and 'Back to Upload Your Documents'.

my Social Security

Representative Payee for H... Sign out

Pain Report - Child SSA-3371-BK

Overall Progress: 38%

1 2 3

Items marked with a red asterisk (*) are required.

*What appears to cause the pain or make it worse?

Xx

498 characters remaining

*What appears to relieve the pain or make it better?

Xx

498 characters remaining

*Does the child take any medicine for this pain?

Include both prescription and non-prescription medicine.

Yes No

Next Previous Back to Upload Your Documents

- e. If no medication, and selecting “next” prompts to page 3 of First Pain:

The screenshot shows the 'my Social Security' portal interface. The top navigation bar includes the 'my Social Security' logo, a user profile dropdown, and a 'Sign out' link. The main header reads 'Pain Report - Child SSA-3371-BK'. On the left, a vertical sidebar lists the report steps: 'Your Information', 'Identifying Information', 'First Pain' (highlighted), 'Remarks', 'Review and Submit', and 'Confirmation'. The main content area is titled 'First Pain' and shows 'Overall Progress: 38%'. It features a progress indicator with three steps: 1, 2, and 3 (the current step). A note states: 'Items marked with a red asterisk (*) are required.' The primary question is: '* Does the child have pain in more than one part of the body?'. Below this is a sub-question: 'If the child has pain in another part of the body, we'll ask you to describe it next.' At the bottom of the form are three buttons: 'Next' (highlighted), 'Previous', and 'Back to Upload Your Documents'.

my Social Security

Representative Payee for HUNTER D. [REDACTED]

Sign out

Pain Report - Child SSA-3371-BK

✓ Your Information

✓ Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

First Pain Overall Progress: 38%

1 2 3

Items marked with a red asterisk (*) are required.

☒ * Does the child have pain in more than one part of the body?

☐ If the child has pain in another part of the body, we'll ask you to describe it next.

☐ Yes ☐ No

Next Previous Back to Upload Your Documents

- f. If “yes” selected to the question regarding medication, prompted to answer additional questions regarding pain:

my Social Security

Ly... Representative Payee for H...
Sign out

Pain Report - Child SSA-3371-BK

✓ Your Information

✓ Identifying Information

3 First Pain

4 Second Pain

5 Remarks

6 Review and Submit

7 Confirmation

First Pain

Overall Progress: 40%

1 2 3

Items marked with a red asterisk (*) are required.

✎

*What appears to cause the pain or make it worse?

Xx

498 characters remaining

✎

*What appears to relieve the pain or make it better?

Xx

498 characters remaining

✎

*Does the child take any medicine for this pain?

Include both prescription and non-prescription medicine.

☒ Yes

☐ No

✎

*Tell us about each medicine the child takes for this pain.

For each medicine, enter its name, the date the child began taking it, the dosage, how often it is taken, and whether it relieves the pain.

No Medicines yet

Click the button below to add your first Medicine

Add Medicine

Next

Previous

Back to Upload Your Documents

16

- g. “Add Medicine” selected which prompts you to a pop-up with several questions to work through when selecting “next” for each:

The screenshot shows a web application interface for a pain report. A modal window titled "Add a Medicine" is centered on the screen. The modal has a close button (X) in the top right corner and a progress indicator with five dots, the first of which is filled. The main question in the modal is "*What is the name of the medicine?" with a hint "(for example, Codeine)" and an empty text input field. At the bottom of the modal are "Cancel" and "Next" buttons. In the background, a form is visible with a question "*What appears to relieve the pain or make it better?" and a text area containing "Xx". Below the modal, there is a section titled "No Medicines yet" with a message "Click the button below to add your first Medicine" and an "Add Medicine" button. At the very bottom of the page are three buttons: "Next", "Previous", and "Back to Upload Your Documents".

The screenshot shows a web application interface for a child's pain report. A modal window titled "Add a Medicine" is open, displaying a question: "*What is the date the child began taking it?". Below the question is a hint "(for example, 12/06/1991)". A date input field contains "01/01/2020" and has a calendar icon to its right. At the bottom of the modal are "Back" and "Next" buttons. The background form is partially visible, showing a question "*What appears to relieve the pain or make it better?" with a text area containing "Xx". Below the modal, there is a section titled "No Medicines yet" with the instruction "Click the button below to add your first Medicine" and an "Add Medicine" button. At the very bottom of the page are three buttons: "Next", "Previous", and "Back to Upload Your Documents".

*What appears to relieve the pain or make it better?

Xx

408 characters remaining

Add a Medicine

*What is the date the child began taking it?

(for example, 12/06/1991)

01/01/2020

Back Next

dosage, how often it is t

and whether it relieves the pain.

No Medicines yet

Click the button below to add your first Medicine

+ Add Medicine

Next Previous Back to Upload Your Documents

The screenshot shows a web application interface with a modal dialog titled "Add a Medicine". The modal has a close button (X) in the top right corner and a progress indicator with four dots, the third of which is filled. The main content of the modal asks for the dosage with the text: "*What is the dosage?" followed by a hint "(for example, 1-2 pills)". Below this is a text input field. At the bottom of the modal are "Back" and "Next" buttons. The background is a dimmed view of the main form, which includes a section titled "No Medicines yet" with a message "Click the button below to add your first Medicine" and an "Add Medicine" button. At the very bottom of the page are three buttons: "Next", "Previous", and "Back to Upload Your Documents".

Xx

Add a Medicine X

• • • •

***What is the dosage?**
ⓘ (for example, 1-2 pills)

Back Next

dosage, how often it is taken,

the medicine relieved the pain

 **No Medicines yet**
Click the button below to add your first Medicine

+ Add Medicine

Next Previous Back to Upload Your Documents

The screenshot shows a web application interface with a modal window titled "Add a Medicine". The modal has a close button (X) in the top right corner and a progress indicator with five dots, the fourth of which is filled. The main content of the modal asks the user "How often is it taken?" with a hint "(for example, every 4 hours)". Below this is a text input field containing the number "0". At the bottom of the modal are "Back" and "Next" buttons. The background of the application is dimmed and shows a "No Medicines yet" section with a camera icon and a message: "Click the button below to add your first Medicine". Below this is a dark blue button with a plus icon and the text "Add Medicine". At the very bottom of the page, there are three buttons: "Next", "Previous", and "Back to Upload Your Documents".

Add a Medicine [X]

• • • • •

***How often is it taken?**
 ⓘ (for example, every 4 hours)

[Back] [Next]

No Medicines yet
Click the button below to add your first Medicine

[+ Add Medicine]

[Next] [Previous] [Back to Upload Your Documents]

498 characters remaining

Add a Medicine

* Does the medicine relieve the pain?

☒ Always

☐ Sometimes

☐ Never

Back

Finish

dosage, how often it is taken,

and whether it relieves the pain.

No Medicines yet

Click the button below to add your first Medicine

Add Medicine

Next

Previous

Back to Upload Your Documents

- h. “Finish” selected takes back to page with med information provided. There is an option to “Add Another Medicine” which will present the same prompts noted above in Screens 8.g:

my Social Security

Representative Payee for HUNT

Sign out

Pain Report - ChildSSA-3371-BK

Your Information

Identifying Information

First Pain

Second Pain

Remarks

Review and Submit

Confirmation

Overall Progress: 42%

1

2

3

Items marked with a red asterisk (*) are required.

*What appears to cause the pain or make it worse?

Xx

498 characters remaining

*What appears to relieve the pain or make it better?

Xx

498 characters remaining

*Does the child take any medicine for this pain?

Include both prescription and non-prescription medicine.

Yes

No

*Tell us about each medicine the child takes for this pain.

For each medicine, enter its name, the date the child began taking it, the dosage, how often it is taken, and whether it relieves the pain.

Medicine #1

Name of MedicineXx

Date Began01/01/2020

Dosage1

How Often Taken0

Relieves the Pain?Always

Actions✎🗑

Add Another Medicine

Next

Previous

Back to Upload Your Documents

- i. If “next” selected after selecting “Yes” to the medication question and adding the medication information, page 3 prompted:

The screenshot shows the 'my Social Security' portal interface. The top navigation bar includes the user's name, a dropdown arrow, and a 'Sign out' link. Below the navigation bar, the page title 'Pain Report - Child SSA-3371-BK' is displayed. On the left side, there is a vertical list of steps: 'Your Information' (checked), 'Identifying Information' (checked), 'First Pain' (selected), 'Second Pain', 'Remarks', 'Review and Submit', and 'Confirmation'. The main content area is titled 'First Pain' and shows 'Overall Progress: 42%'. A progress indicator shows three steps, with the third step (3) being the current one. Below the progress indicator, a note states 'Items marked with a red asterisk (*) are required.' The main question is '* Does the medication cause any side effects?' with two radio button options: 'Yes' and 'No'. At the bottom of the form, there are three buttons: 'Next' (highlighted in blue), 'Previous', and 'Back to Upload Your Documents'.

my Social Security

Representative Payee for F

Pain Report - Child SSA-3371-BK

✓ Your Information

✓ Identifying Information

3 First Pain

4 Second Pain

5 Remarks

6 Review and Submit

7 Confirmation

First Pain Overall Progress: 42%

1 2 3

Items marked with a red asterisk (*) are required.

* Does the medication cause any side effects?

☐ Yes ☐ No

Next Previous Back to Upload Your Documents

j. If “yes” to side effects:

 my Social Security

Ly... [redacted]

Sign out

Representative Payee for HU... [redacted]

Pain Report - Child SSA-3371-BK

✓ Your Information

✓ Identifying Information

3 First Pain

4 Remarks

5 Review and Submit

6 Confirmation

First Pain

Overall Progress: 42%

1

2

3

Items marked with a red asterisk (*) are required.

 *** Does the medication cause any side effects?**

☒ Yes

☐ No

 *** Please explain the side effects.**

1 Describe the side effects the medication causes.

 *** Does the child have pain in more than one part of the body?**

1 If the child has pain in another part of the body, we'll ask you to describe it next.

☐ Yes

☐ No

Next

Previous

Back to Upload Your Documents

k. If no to side effects:

The screenshot shows the 'my Social Security' portal interface. The user is logged in as 'Ly [REDACTED]' and is acting as a 'Representative Payee for HUI [REDACTED]'. The page title is 'Pain Report - Child SSA-3371-BK'. On the left, a progress bar shows six steps: 1. Your Information, 2. Identifying Information, 3. First Pain (current step), 4. Remarks, 5. Review and Submit, and 6. Confirmation. The main content area is titled 'First Pain' and shows an 'Overall Progress: 42%'. It contains two required questions marked with a red asterisk (*). The first question is 'Does the medication cause any side effects?' with radio buttons for 'Yes' and 'No', where 'No' is selected. The second question is 'Does the child have pain in more than one part of the body?' with radio buttons for 'Yes' and 'No'. A help icon (i) is next to the second question, with a note: 'If the child has pain in another part of the body, we'll ask you to describe it next.' At the bottom, there are three buttons: 'Next' (highlighted in blue), 'Previous', and 'Back to Upload Your Documents'.

my Social Security

Ly [REDACTED] | Sign out
Representative Payee for HUI [REDACTED]

Pain Report - Child SSA-3371-BK

1 Your Information
2 Identifying Information
3 First Pain
4 Remarks
5 Review and Submit
6 Confirmation

First Pain Overall Progress: 42%

1 2 3

Items marked with a red asterisk (*) are required.

☒ * Does the medication cause any side effects?
☐ Yes ☒ No

☒ * Does the child have pain in more than one part of the body?
i If the child has pain in another part of the body, we'll ask you to describe it next.
☐ Yes ☐ No

Next Previous Back to Upload Your Documents

- l. If the user answers (8.k) “yes” to having pain in more than one body part on page 3 of First pain (also see 8.e), then the user will be prompted to answer all of the same questions above in Section 8, but will be noted as a “Second pain”. If t

my Social Security Lynn [redacted] o. v Sign out
Representative Payee for HL [redacted]

Pain Report - Child SSA-3371-BK

Overall Progress: 44%

1 2 3

Items marked with a red asterisk (*) are required.

* Does the medication cause any side effects?

☐ Yes ☒ No

* Does the child have pain in more than one part of the body?

☒ Yes ☐ No

If the child has pain in another part of the body, we'll ask you to describe it next.

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- i. Once the user selects “Next” the **Second Pain** screen will appear

The screenshot shows the 'my Social Security' header with a user profile for 'Lynn [redacted]' and the role 'Representative Payee for [redacted]'. The page title is 'Pain Report - Child SSA-3371-BK'. On the left, a progress bar shows steps 1 through 7, with 'Second Pain' highlighted as step 4. The main content area is titled 'Second Pain' with an 'Overall Progress: 47%' indicator. A progress bar below the title shows steps 1, 2, and 3, with step 1 being the current step. The instructions state: 'Items marked with a red asterisk (*) are required.' The first instruction is: '1 Tell us about the second pain the child has. Describe it separately from the first pain.' Below this is a question: '*Where does the child have the pain?' with a hint: 'For example, chest, ear, etc.' and a large text input box. The second instruction is: '*When the child is in pain, what does he or she do?' with a corresponding text input box.

- ii. Likewise if the user “yes” to have additional pain after the Second pain, then a Third Pain screen will appear.

The screenshot shows the 'my Social Security' header with the same user profile. The page title is 'Pain Report - Child SSA-3371-BK'. On the left, the progress bar shows steps 1 through 8, with 'Third Pain' highlighted as step 5. The main content area is titled 'Third Pain' with an 'Overall Progress: 98%' indicator. A progress bar below the title shows steps 1 through 3, with step 1 being the current step. The instructions state: 'Items marked with a red asterisk (*) are required.' The first instruction is: '1 Tell us about the third pain the child has. Describe it separately from the other pains. If the child has pain in more than three parts of the body, use the Remarks section to describe the other pains.' Below this is a question: '*Where does the child have the pain?' with a hint: 'For example, chest, ear, etc.' and a large text input box containing the letter 'x'.

- m. If the user answers (8.k) “no” to having pain in more than one body part on page 3 of First pain (also see 8.e), then the user will be prompted to move to the “Remarks” page.

 my Social Security Ly [redacted] Representative Payee for [redacted] [Sign out](#)

Pain Report - Child SSA-3371-BK

 Your Information

 Identifying Information

 **First Pain**

 Remarks

 Review and Submit

 Confirmation

First Pain

Overall Progress: 44%

1

2

3

Items marked with a red asterisk (*) are required.

 ***Does the medication cause any side effects?**

☐ Yes ☒ No

 ***Does the child have pain in more than one part of the body?**

 If the child has pain in another part of the body, we'll ask you to describe it next.

☐ Yes ☒ No

Next

Previous

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Remarks

10. Once the user has completed the First Pain or First/Second/Third Pain and “Next” selected, they will be prompted to the Remarks page:

The screenshot shows the 'Remarks' page of the SSA-3371-BK Pain Report for a child. The page is part of the 'my Social Security' portal. The top navigation bar is dark blue with the 'my Social Security' logo on the left and a user profile dropdown on the right. The main header area is white and displays 'Pain Report - Child' and 'SSA-3371-BK'. On the left side, there is a vertical list of steps: 'Your Information', 'Identifying Information', 'First Pain', 'Remarks' (highlighted with a blue bar and a blue circle containing the number 4), 'Review and Submit', and 'Confirmation'. The main content area is titled 'Remarks' and shows an 'Overall Progress: 47%' indicator. Below the title, there is a question: 'Do you have any additional remarks to provide?' with an information icon. A text box is provided for the user to enter their remarks. At the bottom of the page, there are three buttons: 'Review' (dark blue), 'Previous' (white with a blue border), and 'Back to Upload Your Documents' (white with a blue border).

my Social Security

Ly [redacted] Representative Payee for HU [redacted] | Sign out

Pain Report - Child SSA-3371-BK

Overall Progress: 47%

Do you have any additional remarks to provide?

Use this space to provide additional information. If the child has pain in more than three parts of the body, describe the other pains here.

Review Previous Back to Upload Your Documents

my Social Security

Representative Payee for H

Sign out

Pain Report - Child SSA-3371-BK

- Your Information
- Identifying Information
- First Pain
- Remarks
- Review and Submit**
- Confirmation

Review and Submit
Overall Progress: 99%

Please review all information, including the form preview, to verify that you have entered the correct details before submitting.

✓ Your Information
 Edit

Your Name
 LYN [REDACTED]

What is your mailing address?
 [REDACTED]
 BALTIMORE MD 21235

What is your daytime telephone number?
 (6 [REDACTED])

✓ Identifying Information
 Edit

Child's Name
 HI [REDACTED]

Child's Social Security Number (SSN)
 XXX-XX-0505

Are you representing an agency?
 No

✓ First Pain
 Edit

Where does the child have pain?
 X

When the child is in pain, what does he or she do?
 Xx

How often does the child have the pain?
 0, Month

How long does the pain generally last?
 Xx

Based on what you have seen, how bad does the child's pain seem to be?
 Xx

What appears to cause the pain or make it worse?
 Xx

What appears to relieve the pain or make it better?
 Xx

Does the child take any medicine for this pain?
 Yes

Medicine Details

- Name of Medicine:
 Xx
- Date Began Taking It:
 01/01/2020
- Dosage:
 0
- How Often Taken:
 Xx

Show more

Does the medication cause any side effects?
 No

Does the child have pain in more than one part of the body?
 No

✓ Remarks
 Edit

Do you have any additional remarks to provide?
 Xx

✓ Document Preview
 Expand

SSA-3371-BK Pain Report - Child.pdf

Form SSA-3371-BK (11-2023) UP
 Discontinue Prior Editions
 Social Security Administration

Page 1 of 2
 OMB No. 0960-0440

Pain Report - Child

Filling Out the Pain Report

IF YOU NEED HELP COMPLETING ANY PART OF THIS FORM, CONTACT YOUR SOCIAL SECURITY OFFICE. WE WILL HELP YOU.

The information that you give us on this form will be used by the office that makes the disability decision on this disability claim. You can help them by completing as much of the form as you can.

- Print or type.
- Do not ask a doctor or hospital to complete this form.
- Be sure to explain your answer if an explanation is requested or needed.
- If more space is needed to answer any of the questions, please use the "REMARKS" section and show the number of the question being answered.

The information we ask for on this form tells us about any pain the child has. The information includes where the pain is, how long the pain lasts, how often the pain occurs, how bad the pain is, what causes the pain, what relieves the pain and what treatment or medication makes it better.

Submit

Previous

Back to Upload Your Documents

- a. The user has the option to click “Edit” where necessary. The user is to review and/or expand the PDF in Document Preview, which pulls the information from the conversation form.

Example:

Medicine Details

1 Name of Medicine:
Xx

Date Began Taking It:
01/01/2020

Dosage:
0

How Often Taken:
Xx

▼ Show more

Does the medication cause any side effects?
No

Does the child have pain in more than one part of the body?
No

✓ Remarks [Edit](#)

Do you have any additional remarks to provide?
Xx

✓ Document Preview [Expand](#)

SSA-3371-BK Pain Report - Child.pdf

Form SSA-3371-BK (11-2023) UF

H. If the child takes any medicine(s) (prescription or non-prescription) for this pain, please complete the following.

Name of Medicine? (for example, Codeine)	Date the Child Began Taking It (for example, 12/06/1991)	Dosage (for example, 1-2 pills)	How Often Taken? (for example, every 4 hours)	Relief the pain
Xx	01/01/2020	0	Xx	☐ Always ☒ Some ☐ Never
				☐ Always ☐ Some ☐ Never
				☐ Always ☐ Some ☐ Never

Confirmation

- b. Once “Submit” selected:

Pain Report - Child SSA-3371-BK

Upload Documents Confirmation

Overall Progress: 100%



A document has been successfully submitted.

Document(s) submitted for the Pain Report - Child (SSA-3371-BK):

 [SSA-3371- Pain Report - Child.pdf](#)

- Save the information on this page for your records. The document(s) will not be available after you navigate away from this page.
- All submitted documents are converted to a PDF file format.
- We will contact you if additional information is needed.
- You will receive a confirmation receipt in your [Message Center](#) inbox. Message delivery timeframe may vary.

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