

SOCIAL SECURITY DISABILITY DETERMINATION SERVICES

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PAIN QUESTIONNAIRE FOR CLAIMANT'S RELATIVES, FRIENDS OR OTHERS WHO HAVE KNOWN THE CLAIMANT

Applicant's Name: (YOUR FULLNAME)

1. Have you ever observed this person when he/she is in pain? How many times (per day, per week, per month?)
Yes. In pain everytime I see her.
2. What specific things does he/she do or say that make you believe he/she is in pain?
Can't stand from a chair without great difficulty or assistance and articulates painful sounds. Use of her hands, or if they are bumped or touched causes severe pain from an ouch to a scream. Walking or standing for very long causes extreme pain and she must seek seating. Used to be able to go up steps sideways very slowly with much pain, but now has to basically avoid going anywhere with steps. I assist in dressing her taking turns with others, very painful since the knees don't bend or straighten, as well as the arms and elbows. I assist in taking her to work, and it is hard for her to get in the vehicle, the knees don't bend enough to get the legs in the car, so she has to fall back on the seat and push with her feet on the door to push herself in, causes extreme pain.
3. Does medication seem to help relieve the pain? Do you know if this person takes his/her medication regularly?
Not really. The medication is supposed to help control the the scleroderma and help with the hardening of the skin and tendons, which should reduce pain, but they are not pain killers. Since the disease has become more active, the original medication no longer controls it, so her doctor is trying different medication which will take some time to build up in the system to see what effect it will have. She does take her medication regularly.
4. Have you observed whether this person's pain is affected by variations in the weather, time of day or activities? If so, by what?
Cold is real bad. Mornings and later in the afternoon when I pick her up after being at work she is in more pain. If I get her out to go shopping or other activity, after a few hours the pain gets worse, and we usually have to end the activity.
5. Please describe specific activities that this individual used to be able to do around the house that he/she can no longer do because of the pain.
clean, vacuum, dishes, sweep, laundry, open mail, move things around or hook them up, now pays for a cleaning lady. Can't cook, handle frozen food, reach anything from lower shelves including refrigerator. Can't extend her arms over her head to get things. Since her hands are so crippled, can't open jars, bottles, tupperware containers etc. Can't cut food.Can't bend down to get anything.
6. Please describe other activities (other than those around the house) that this individual used to do that he/she can no longer do because of pain.
Golf, ski, run, walk for exercise/leisure (any physical activity/sports). Play with her puppy, can't hold on to or throw toys. Driving - drives once in a while in town only, very hard to get in and out of her car, her hands are too bad to hold on to the steering wheel and turn it. She can't turn door knobs without ending up with substantial pain or injury.

7. In what ways have you observed this person's pain affecting his/her ability to stand, lift, walk, sit or do other physical activities?

Can't stand from a chair without great difficulty or assistance and articulates painful sounds. Use of her hands, or if they are bumped or touched causes severe pain from an ouch to scream. Walking or standing for very long causes extreme pain and she must seek seating. Used to be able to go up steps sideways very slowly with much pain, but now has to basically avoid going anywhere with steps. I assist in taking her to work, and it is hard for her to get in the vehicle, the knees don't bend enough to get the legs in the car, so she has to fall back on the seat and push with her feet on the door to push herself in, causes extreme pain. Can't bend enough to pick things up off the floor or low shelves. Has to use two hands to lift anything and any pressure causes a lot of pain. Has a grabber, but takes two hands to squeeze, and can't use enough pressure to actually pick anything up with it most of the time.

8. In what ways have you observed this individual's pain affecting his/her ability to concentrate, show good sense, get along with family, friends, co-workers, etc.?

She gets very frustrated, and when I try to help her - especially when she doesn't ask, I usually end up hurting her and she gets mad. Won't attend a lot of family functions, especially if there will be a lot of people. Has days where the pain is too bad to work on her computer, as the pain is too hard to concentrate on working with some of the challenging programs she likes to use and continue to train herself on - over my head.

At work, can't start or complete a project because she can't concentrate on it and has to do something simpler or have me or someone else pick her up and bring her home.

9. Does this person use a cane, crutches, a walker, or a wheelchair to get around?

No - Can't use a cane, crutch, or walker due to her hands. Is totally against a wheelchair, wants to keep her mobility regardless of the pain.

10. Does the pain affect this person's feelings in a way that you can see? If so, how?

Frustration. Feels bad when she can't attend functions we plan.

Feels bad about not being able to perform duties at work.

11. How long have you known this person?

All her life.

Signature: _____

Phone Number: _____

Relationship: _____

Date: _____

PLEASE PRINT YOUR NAME ON THIS LINE