

Comparison of SSA-3368 (2-2004) AND SSA-3368 (1-2010)

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Item	SSA-3368 (2-2004)	SSA-i3368 (1-2010)
Length	<ul style="list-style-type: none"> ▪ 10 pages 	<ul style="list-style-type: none"> ▪ 12 pages.
Paper	<ul style="list-style-type: none"> ▪ Available 	<ul style="list-style-type: none"> ▪ Likely not available.
Overall		<ul style="list-style-type: none"> ▪ Most of the questions asked are comparable. ▪ Some have simply been moved to different pages, e.g., tests, medications, education. ▪ More specific checkboxes added. Overall format, easier to follow. ▪ Eliminates the differentiation between the on-line 3368 and the i3368PRO and combines them into one form, the i3368. ▪ If SSA 3369 (Work History) is needed, DDS will request it. Does not need to be done routinely. ▪ Spell-check function has been added. ▪ The i3368 number, assigned to return to a report that's been started, will start with the letter "D" and an 8-digit number will follow.
Page 1	<p>Section 1: Information</p> <ul style="list-style-type: none"> ▪ A-B: Name, SSN ▪ C-D: Daytime phone number, Contact information. ▪ E-F: Height, weight. ▪ G: Do you have Medical Assistance Card? ▪ H-J: Can you speak, understand, and write in English. If not, what is preferred language and is there someone who can interpret. ▪ D: Contact information. 	<p>Section 1: Information</p> <ul style="list-style-type: none"> ▪ A-B: Name, SSN (dashes added to SSN). ▪ C-F: Mailing Address, e-mail address, daytime phone number, alternative phone number. Check box if no phone or number where can leave a message. ▪ Question eliminated. ▪ G-I: Can you speak, understand English. If not, what language? Do you need an interpreter provided free of charge? ▪ J: Have you used any other names? If so, please list. <p>Section 2: Contacts</p> <ul style="list-style-type: none"> ▪ A-E: Information about other contacts.
Page 2	<p>Section 2: Illnesses & Conditions</p> <ul style="list-style-type: none"> ▪ A-J: What are your illnesses, questions about current and past work, impact of illnesses, etc. on work, dates of illness and when disability began. 	<p>Section 2: Contacts (continued)</p> <ul style="list-style-type: none"> ▪ F: Who is completing the report (choices provided) and indication of relationship, e.g., case manager along with contact information. <p>Section 3: Medical Conditions</p> <ul style="list-style-type: none"> ▪ A: Questions about listing problems that limit ability to work with space for 5 conditions. ▪ B-C: Height, weight. ▪ D: Pain? Yes. No. <p>Section 4: Work Activity</p> <ul style="list-style-type: none"> ▪ A-D: Questions including ones covering if never worked and if have stopped "worked." Skips some sections depending on answers.
Page 3	<p>Section 3: Work</p> <ul style="list-style-type: none"> ▪ Past work over last 15 years, what job did the longest, physical activity on job, weight lifted, supervised others or not ▪ 7 lines provided for past work 	<p>Section 4: Work Activity (continued)</p> <ul style="list-style-type: none"> ▪ E: Asks about current work. Date when condition first bothered applicant. Date when made changes in work. Question re: any gross earnings of \$980/month or more since condition started. (Unclear whether this amount will change as SGA does. Didn't for 2010) <p>Section 5: Education and training information</p> <p>Section 6: Job history</p> <ul style="list-style-type: none"> ▪ 5 lines provided for past work over 15 years. If no work, skip section and go to Section 7. More specific instruction about past work
Page 4	<p>Section 4: Medical Records</p> <ul style="list-style-type: none"> ▪ A-C: Asks if received treatment from doctor, hospital, clinic for "illnesses... that limit ability to work." ▪ D: Information about Doctor, HMO, Therapist, Other 	<p>Section 6: Job History (continued): New question regarding if had only one job and directs to answer next questions (6B-I) OR if had more than one job, then skip to Section 7 on next page.</p>

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Page 5	Section 4: Medical Records (cont.) <ul style="list-style-type: none"> ▪ D: Treatment by Doctor, HMO, Therapist, Other 	Section 7: Medications: <ul style="list-style-type: none"> ▪ Asks if “now taking any medications” including non-prescription; no question about side effects. Not interested in, e.g., vitamins. Section 8: Medical Treatment <ul style="list-style-type: none"> ▪ Wording is changed but asks about treatment for physical or mental conditions. No longer asks if conditions “limit your ability to work.” Comparable to questions in Section 4A & B on earlier form, page 4
Page 6	Section 4: Medical Records (cont.) <ul style="list-style-type: none"> ▪ Continues to ask about records from hospitals/clinics ▪ Other Sources, e.g., Workers’ Compensation ▪ Specific questions about reasons for visits and treatment provided 	Section 8: Medical Treatment (continued) <ul style="list-style-type: none"> ▪ Question about medical treatment specifically asks about records that “limit your ability to work.” ▪ Information about treatment for each provider includes, at bottom of page, kind of tests and date of tests under each provider. ▪ Includes box to say “No tests done.” ▪ Comparable questions to 2004 form, pages 3-6 about treatment and “conditions treated or evaluated”
Pages 7-9	Section 5: Medications Section 6: Tests Section 7: Education/Training Section 8: Vocational Rehabilitation, Employment, or other Services Section 9: Remarks	Section 8: Medical Treatment (continued)
Page 10	N/A	Section 8: Medical Treatment (continued)
Page 11	N/A	Section 9: Other Medical Information: More detailed questions comparable to page 6 on 2004 form Section 10: Voc Rehab, Employment or Other Svc. <ul style="list-style-type: none"> ▪ A-B: More detailed questions about Ticket to Work, PASS, IEP, other programs
Page 12	N/A	Section 10: Vocational Rehabilitation, etc. (continued) <ul style="list-style-type: none"> ▪ C-E More questions about vocational rehabilitation services or other support services ▪ E: New question re: any tests, services, evaluations received from vocational rehabilitation, employment or other support services providers Section 11: Remarks