FUNCTION REPORT - ADULT

How your illnesses, injuries, or conditions limit your activities

For SSA Use Only

Do not write in this box.

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

SECTION A - GENERAL INFORMATION

1. **NAME OF DISABLED PERSON** *(First, Middle Initial, Last)*	2. **SOCIAL SECURITY NUMBER**
Jane Marie Smith	xxx-xx-4569

3. **YOUR DAYTIME TELEPHONE NUMBER** *(If there is no telephone number where you can be reached, please give us a daytime number where we can leave a message for you.)*

818 (*Area Code*) 692-0363 (*Phone Number*) ☐ Your Number ☐ Message Number ☐ None

4. a. Where do you live? *(Check one.)*

☐ House ☐ Apartment ☐ Boarding House ☐ Nursing Home
☐ Shelter ☐ Group Home ☐ Other *(What?)* _____

b. With whom do you live? *(Check one.)*

☐ Alone ☐ With Family ☐ With Friends
☐ Other *(Describe relationship.)* _____

SECTION B - INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS

5. How do your illnesses, injuries, or conditions limit your ability to work?

I have severe osteoarthritis and degenerative disc disease that cause significant pain and stiffness and limit my ability to work. I can lift less than 5 lbs and cannot do heavier lifting, carrying, or repetitive bending/stooping. I can walk only 5 – 10 minutes using a cane before pain worsens, and I can sit only 20 – 30 minutes before needing to shift positions. Pain and fatigue make it difficult to complete tasks for extended periods. I have difficulty with personal care (dressing and bathing), preparing complex meals, and most household chores. I drive only short distances on good days, avoid night driving, and need assistance with shopping. I take Ibuprofen, Meloxicam, and Tramadol, which cause drowsiness and fatigue and affect my ability to stay alert and concentrate. Because of pain and fatigue, I rarely go out socially and have had to give up activities like gardening and hiking.

SECTION C - INFORMATION ABOUT DAILY ACTIVITIES

6. Describe what you do from the time you wake up until going to bed.

I wake with pain and stiffness from osteoarthritis and degenerative disc disease, needing extra time to move. I can do basic personal care but have trouble dressing and bathing and must take breaks. I take ibuprofen, meloxicam, and tramadol, which can cause daytime drowsiness. After dressing I stay home and prepare simple meals with my husband ' s help. I lift under 5 lbs and avoid heavy chores. I use a cane and can walk 5 – 10 minutes before resting, then sit 20 – 30 minutes before shifting. I sit most of the day, changing positions for pain. I don ' t garden or hike; I read or watch TV and do only light chores. If I go out I drive short distances on good days and avoid night driving. I need help with shopping; my husband assists. Social outings are infrequent. In the evening I do light activities and go to bed after a low-activity day.

7. Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other? ☐ Yes ☐ No

If "YES," for whom do you care, and what do you do for them?

8. Do you take care of pets or other animals? ☐ Yes ☐ No

If "YES," what do you do for them?

9. Does anyone help you care for other people or animals?

If "YES," who helps, and what do they do to help? ☒ Yes ☐ No

Husband (spouse) — helps with cooking, shopping, and heavy chores; assists as needed, especially on days with more pain.

10. What were you able to do before your illnesses, injuries, or conditions that you can't do now?

Before my illnesses/conditions, I could dress and bathe without difficulty, prepare complex meals, and do most household chores. I could lift more than 5 lbs, walk longer distances without a cane, sit for extended periods without needing to change positions frequently, and regularly garden and hike. I could also shop independently and drive normally, including at night.

11. Do the illnesses, injuries, or conditions affect your sleep? ☒ Yes ☐ No

If "YES," how?

12. **PERSONAL CARE** (Check here ☐ if **NO PROBLEM** with personal care.)

a. Explain how your illnesses, injuries, or conditions affect your ability to:

Dress Severe osteoarthritis and degenerative disc disease make dressing difficult, including putting on and taking off clothes.

Bathe Due to severe osteoarthritis and degenerative disc disease, I have difficulty with bathing.

Care for hair

Shave

Feed self

Use the toilet

Other

b. Do you need any special reminders to take care of personal needs and grooming? ☒ Yes ☐ No

If "YES," what type of help or reminders are needed?

c. Do you need help or reminders taking medicine? ☒ Yes ☐ No

If "YES," what kind of help do you need?

13. **MEALS**

a. Do you prepare your own meals? ☐ Yes ☐ No

If "Yes," what kind of food do you prepare? (For example, sandwiches, frozen dinners, or complete meals with several courses.)

How often do you prepare food or meals? (For example, daily, weekly, monthly.)

How long does it take you?

Any changes in cooking habits since the illness, injuries, or conditions began?

Since my conditions began, I have difficulty preparing complex meals. My husband assists with cooking.

b. If "No," explain why you cannot or do not prepare meals.

14. **HOUSE AND YARD WORK**

a. List household chores, both indoors and outdoors, that you are able to do. (For example, cleaning, laundry, household repairs, ironing, mowing, etc.)

b. How much time does it take you, and how often do you do each of these things?

Housework: limited—difficulty with most household chores; husband assists with heavy household chores. Yard work: none (gave up gardening).

c. Do you need help or encouragement doing these things? ☒ Yes ☐ No

If "YES," what help is needed?

OA limits me. I can ’ t yard work; I lift <5 lbs and use a cane. Husband helps with heavy chores.

d. If you don't do house or yard work, explain why not.

Severe osteoarthritis and degenerative disc disease cause pain and limited mobility, making bending, standing, or long walks hard. I lift under 5 lb, can walk 5 – 10 minutes with a cane, and sit 20 – 30 minutes before repositioning, which limits cleaning, laundry, and gardening. Meds cause drowsiness. My husband handles heavy chores, cooking, and shopping.

15. GETTING AROUND

a. How often do you go outside? Infrequent; only goes out on good days due to pain and fatigue.

If you don't go out at all, explain why not.

b. When going out, how do you travel? *(Check all that apply.)*

☐ Walk ☒ Drive a car ☐ Ride in a car ☐ Ride a bicycle

☐ Use public transportation ☐ Other *(Explain)*

c. When going out, can you go out alone? ☒ Yes ☐ No

If "NO," explain why you can't go out alone.

d. Do you drive? ☒ Yes ☐ No

If you don't drive, explain why not.

16. **SHOPPING**

a. If you do any shopping, do you shop: *(Check all that apply.)*

☐ In stores ☐ By phone ☐ By mail ☐ By computer

b. Describe what you shop for.

Groceries and basic household supplies; husband assists with shopping.

c. How often do you shop and how long does it take?

17. **MONEY**

a. Are you able to:

Pay bills	☐ Yes	☐ No	Handle a savings account	☐ Yes	☐ No
Count change	☐ Yes	☐ No	Use a checkbook/money orders	☐ Yes	☐ No

Explain all "NO" answers.

b. Has your ability to handle money changed since the illnesses, injuries, or conditions began? ☒ Yes ☐ No

If "YES," explain how the ability to handle money has changed.

18. **HOBBIES AND INTERESTS**

a. What are your hobbies and interests? (For example, reading, watching TV, sewing, playing sports, etc.)

reading

b. How often and how well do you do these things?

Previously enjoyed gardening and hiking but stopped due to pain. Now reads and watches TV; social outings are infrequent. Limitations: difficulty sitting long (20-30 min) and meds-related fatigue reduce activity.

c. Describe any changes in these activities since the illnesses, injuries, or conditions began.

Since my conditions began, I have had to give up gardening and hiking. I now mostly read and watch TV for leisure. Social outings are infrequent because pain and fatigue make it difficult to go out and stay active.

19. **SOCIAL ACTIVITIES**

a. How do you spend time with others? *(Check all that apply.)*

☐ In person ☒ On the phone ☐ Email ☐ Texting ☐ Mail
☐ Video Chat (for example Skype or Facetime) ☐ Other *(Explain)*

b. Describe the kinds of things you do with others.

Mostly stays at home. Spends time with her husband, who assists her with cooking and shopping, and helps with heavy household chores. Social outings outside the home are limited due to pain and fatigue.

How often do you do these things? Social outings are infrequent/rare due to pain and fatigue.

c. List the places you go on a regular basis. (For example, church, community center, sports events, social groups, etc.)

Do you need to be reminded to go places? ☒ Yes ☐ No

How often do you go and how much do you take part?

Outings are infrequent due to pain and fatigue. She drives distances on good days and needs help shopping.

Do you need someone to accompany you? ☒ Yes ☐ No

If "YES", explain.

Yes. Severe OA and degenerative disc disease cause pain, limited mobility, and fatigue, making errands unsafe solo. I can walk 5 – 10 minutes with a cane and lift <5 lbs; meds cause drowsiness. I need accompaniment for shopping and errands (carrying items and longer walks) and sometimes for driving or going out when pain/fatigue worsens. Husband assists me.

d. Do you have any problems getting along with family, friends, neighbors, or others? ☒ Yes ☐ No

If "YES," explain.

e. Describe any changes in social activities since the illnesses, injuries, or conditions began.

Since my conditions began, my social activities have decreased significantly. I no longer garden or hike, and I mostly stay home reading or watching TV. Social outings are now infrequent because pain and fatigue limit how often I can go out. I drive only short distances on good days, avoid night driving, and I need assistance with shopping (my husband helps).

SECTION D - INFORMATION ABOUT ABILITIES

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

☒ Lifting	☒ Walking	☐ Stair Climbing	☒ Understanding
☐ Squatting	☒ Sitting	☒ Seeing	☒ Following Instructions
☐ Bending	☐ Kneeling	☒ Memory	☐ Using Hands
☐ Standing	☒ Talking	☒ Completing Tasks	☒ Getting Along With Others
☐ Reaching	☒ Hearing	☒ Concentration	

Please explain how your illnesses, injuries, or conditions affect each of the items you checked. (For example, you can only lift [how many pounds], or you can only walk [how far])

~~Severe OA/DJD limits function. Lift <5 lb. Walk 5 – 10 min with a cane. Sit 20 – 30 min before needing position change.~~ Pain and fatigue hinder dressing, bathing, cooking, shopping, and chores. Husband helps with meals and heavy chores. I rarely go out; gardening/hiking aren ' t possible. Meds cause drowsiness, further limiting activity and driving. I drive short distances on good days; avoid night driving.

b. Are you: ☒ Right Handed? ☐ Left Handed?

c. How far can you walk before needing to stop and rest?

If you have to rest, how long before you can resume walking?

d. For how long can you pay attention?

e. Do you finish what you start? *(For example, a conversation, chores, reading, watching a movie.)* ☐ Yes ☐ No

f. How well do you follow written instructions? (For example, a recipe.)

~~Long, multi-step tasks needing standing or hand use (like recipes) are hard due to arthritis and disc disease. I need breaks~~ or help; my husband helps with cooking and chores, and some meds cause drowsiness.

g. How well do you follow spoken instructions?

~~Generally able to understand and follow spoken instructions, but severe pain, fatigue, and medication side effects~~ (drowsiness/fatigue from Ibuprofen, Meloxicam, and Tramadol) can make it harder to focus. On bad days she may need instructions repeated and may take extra time to carry them out, especially when symptoms flare.

h. How well do you get along with authority figures? (For example, police, bosses, landlords or teachers.)

i. Have you ever been fired or laid off from a job because of problems getting along with other people? ☒ Yes ☐ No

If "YES," please explain.

If "YES," please give name of employer.

j. How well do you handle stress?

The sources do not describe how I handle stress, my reactions, coping strategies, or specific triggers.

k. How well do you handle changes in routine?

Severe OA and degenerative disc disease make routine changes hard; pain flares, I need breaks, or help.

l. Have you noticed any unusual behavior or fears? ☒ Yes ☐ No

If "YES," please explain.

21. Do you use any of the following? *(Check all that apply.)*

☐ Crutches	☒ Cane	☐ Hearing Aid
☐ Walker	☐ Brace/Splint	☐ Glasses/Contact Lenses
☐ Wheelchair	☐ Artificial Limb	☐ Artificial Voice Box

☐ Other (Explain)

Which of these were prescribed by a doctor?

When was it prescribed?

When do you need to use these aids?

~~Uses a cane when walking; can walk for about 5 – 10 minutes with a cane.~~

22. Do you currently take any medicines for your illnesses, injuries, or conditions? ☒ Yes ☐ No

If "YES, "do any of your medicines cause side effects? ☒ Yes ☐ No

If "YES," please explain. (Do not list all of the medicines that you take. List only the medicines that cause side effects.)

NAME OF MEDICINE	SIDE EFFECTS YOU HAVE
Ibuprofen	Drowsiness; fatigue
Meloxicam	Drowsiness; fatigue
Tramadol	Drowsiness; fatigue
Buspirone HCL	Dizziness, Headache, Nausea, Nervousness, Lightheadedness
Bupropion XL	Insomnia, Dry mouth, Headache

SECTION E - REMARKS

Use this section for any added information you did not show in earlier parts of this form. When you are done with this section (or if you didn't have anything to add), be sure to complete the fields at the bottom of this page.

Applicant: Jane Marie Smith. Conditions: Severe Osteoarthritis and Degenerative Disc Disease. Daily limitations include difficulty with dressing/bathing, preparing complex meals, and most household chores. Physical abilities: can lift less than 5 lbs; walks 5 – 10 minutes with a cane; can sit 20 – 30 minutes before needing to shift positions. Gave up gardening and hiking; now reads and watches TV. Social outings are infrequent due to pain and fatigue. Transportation: drives short distances on good days, avoids night driving, and needs assistance with shopping. Medications: Ibuprofen, Meloxicam, and Tramadol; side effects include drowsiness and fatigue. Assistance: husband helps with cooking, shopping, and heavy household chores. Form completed February 5, 2026.

Name of person completing this form (Please print)	Date *(MM/DD/YYYY)*
Jane Marie Smith	02/05/2026

Address (Number and Street)	Email address (optional)	
11103 Allegheny St.	Pmj080920@icloud.com	
City	**State**	**ZIP Code**
Sun Valley	Ca.	91352

FUNCTION REPORT - ADULT

J

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can and call the phone number provided on the letter sent with the form, or contact the person who asked you to complete the form. If you need the address or phone number for the office that provided the form, you can get it by calling Social Security at 1-800-772-1213.

HOW TO COMPLETE THIS FORM

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

It is important that you tell us about your activities and abilities.

- Print or type.
- **DO NOT LEAVE ANSWERS BLANK.** If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- Do not ask a doctor or hospital to complete this form.
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If more space is needed to answer any questions, use the "REMARKS" section on Page 10, and show the number of the question being answered.
- If a specific activity is performed with the help of others, please indicate that.

REMEMBER TO GIVE US THE NAME AND ADDRESS OF THE PERSON COMPLETING THIS FORM ON PAGE 10

Privacy Act Statements
Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information you provide to determine benefits eligibility. We may also share the information for the following purposes, called routine uses:

- To third party contacts (e.g., employers and private pension plans) in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his or her benefits or payments, or his or her eligibility for entitlement to benefits or eligibility for payments, under the Social Security program; and

- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system record.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422, and 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 6, 2020 at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.