

# Disability Benefits Readiness Report

Generated: June 1, 2026

## 1. USER INFORMATION

Full Name	[REDACTED]
Email	[REDACTED]
Phone	[REDACTED]
State	Not provided
Age Range	35-54
Attorney Consent	Yes
Report Date	June 1, 2026

## 2. READINESS SUMMARY

This report was created to help organize information entered during the readiness screening. It may be useful when preparing to apply for disability benefits or when speaking with SSA, an attorney, or a representative.

- **Checklist Progress:** 93% of preparation items marked as gathered
- This percentage reflects information you have organized not approval likelihood.

## 3. SCREENING RESPONSES

Current Work Status	limited
Medical Condition	Diabetes anxiety back problems losing my vision neuropathy. Additional conditions: Anxiety disorder. Condition changes: My symptoms have increased months to months
Duration of Condition	1-2-years
Application Status	Application denied
Impact on Daily Work	severe
Ability to Lift / Carry	limited
Ability to Sit / Stand	limited
Sitting Limit	10

<b>Standing Limit</b>	10
<b>Walking Limit</b>	Less
<b>Lifting Limit</b>	Max 10 I have difficulty concentrating
<b>Has Treating Doctor</b>	Not sure
<b>Specialist Care</b>	Yes
<b>Hospital / ER Visits</b>	Yes
<b>Prescribed Medication</b>	Yes
<b>Medication Side Effects</b>	Yes my medication cause effects of dizziness unbalance nausea and the ability to drive a car I use a back brace and cane
<b>Assistive Devices</b>	I use a back brace and cane
<b>Medical Records History</b>	extensive
<b>Job Duties Affected</b>	I have to frequently stop to readjust myself, sit every 10 to 20 min, lay down to adjust my back, poor vision, need time out for my anxiety
<b>Focus / Memory Issues</b>	I have difficulty concentrating and lose focus on tasks
<b>Attendance Issues</b>	I miss work 2 to 3 days a month due to my flare-ups
<b>Needs Rest Breaks</b>	I need to lie down one or two hours in the afternoon
<b>Daily Living Limitations</b>	I cannot cook clean or care for myself with limitations. Household tasks: I cannot do laundry or sweep without taking in between breaks. Errands: I can only shop for 15 minutes before I need to sit down. Sleep: I sleep three to four hours a night and take two hour naps in the afternoon because of the pain. Personal care: I do need help getting dressed. Transportation: My driving is getting limited and trying to rely on friends and family. Social/routine: I rarely leave my house I've have to frequently cancel plans due to my symptoms

## 4. READINESS CHECKLIST

- Full Name
- Email Address
- Phone Number
- Current Work Status
- Medical Condition
- Symptoms & Limitations

- Medical Treatment History
- Provider Names & Contact Information
- Medication List
- Hospital & Emergency Room Visits
- Specialist Visits
- Work History Details
- Daily Activity Notes
- Important Dates & Timeline
- Record Location Information

Checked items indicate information you have marked as gathered. Unchecked items may still need to be collected.

## 5. WHERE YOUR RECORDS ARE STORED

Not added yet.

*This note is for your personal reference only. We do not collect or store your medical records.*

## 5B. MEDICAL RECORDS TRACKER

Status: No tracker link saved.

*This is your personal tracker link. We do not access, review, or store your medical records.*

## 6. ITEMS YOU MAY STILL WANT TO GATHER

The following items were not yet marked as gathered in your checklist. You may want to collect this information before applying or speaking with SSA, an attorney, or a representative.

- Record Location Information

This report is provided for personal organization and preparation purposes only. Disability Benefits Readiness is not affiliated with the Social Security Administration (SSA). This report is not legal advice, does not predict approval, and does not determine eligibility for disability benefits. Information in this report may be helpful to review before speaking with SSA, an attorney, or a representative.