

### WORKER OBSERVATIONS—DISABILITY

Applicant	Social security number
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Check appropriate responses and explain in “remarks” where necessary.

- 1. Did this person appear:  Pale  Jaundiced (yellow)
- 2. Was this person wearing a hearing aid?  Yes  No
- 3. Was this person wearing glasses?  Yes  No  
     During the interview, did this person use a magnifying glass?  Yes  No
- 4. Did this person:
  - a. Use a cane?  Yes  No
  - b. Use a wheelchair?  Yes  No
  - c. Use a walker?  Yes  No
  - d. Walk with a limp?  Yes  No  
 If yes,  Right  Left
- 5. Did this person:
  - a. Appear to have an injury?  Yes  No  
 If yes, explain below.
  - b. Appear to be confused/disoriented?  Yes  No  
 If yes, explain below.
  - c. Have a noticeable breathing difficulty?  Yes  No

Remarks:

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Eligibility Worker	Date
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