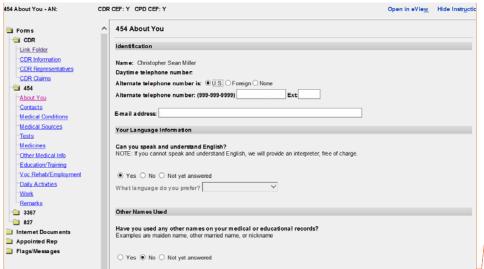
EDCS Screenshots of the SSA-454 (as of 05/23/2018)



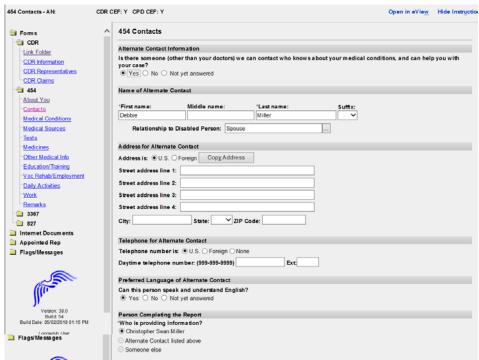
454 About You

Commented [I1]: In section Your Language Information

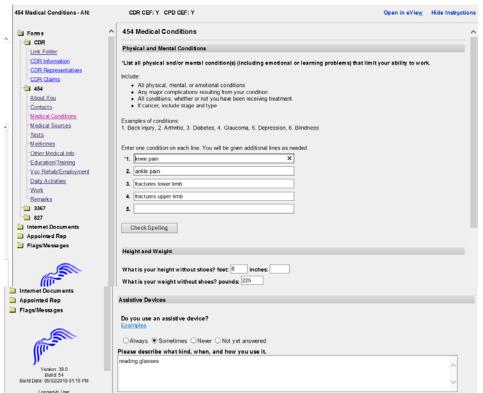
Under question "Can you speak and understand English" and the sub questions:

-Add question" Can you read and understand English? YES NO

-Add question: "Can you write more than your name in English?" YES NO



454 Contacts



454 Medical Conditions



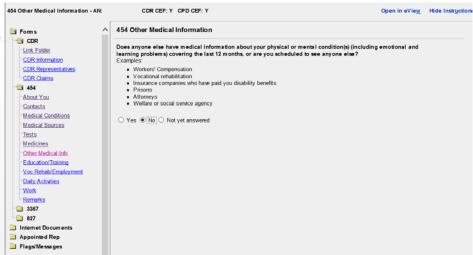
454 Medical Sources



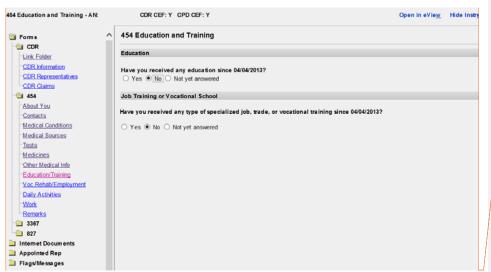
454 Tests



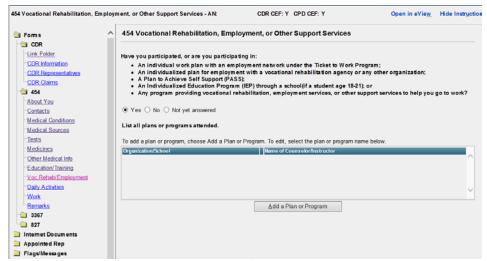
454 Medicines



454 Other Medical Information



454 Education and Training



454 Voc Rehab/Employment

Commented [I2]: Change "Have you received any education since 04/04/2013?" to read "Have you received any education since your last disability decision"? Under this question add: "If YES describe the education you received." Add lines to write in Name of School Telephone Fax Mailing Address City, State, Province Zip/Postal Code Country (if not U.S.) Type of Progam: Dates of Attendance: Date completed or scheduled to complete Degree attained if any" Under Job Training or Vocational School Change question to read "Have you received any type of specialized job, trade, or vocational training since your last disability decision? Under that add Checkbox with YES and Checkbox with NO Under this add: "If YES describe the education you received." Add lines to write in Name of School Telephone Fax Mailing Address City, State, Province Zip/Postal Code Country (if not U.S.) Type of Progam:

Dates of Attendance:

Degree attained if any"

Date completed or scheduled to complete

454 Daily Activities - AN:	CDR CEF: Y CPD CEF: Y		Open in eView	Hide Instruction
⊜ Forms	454 Daily Activities			
CDR	·			
Link Folder	Describe what you do in a typi	cal day: M., take a shower, eat breakfast, etc.		
CDR Information	Por example, 1 get up aloulu 7 A.	m., take a silvmer, car breaklast, etc.		
CDR Representatives				^
CDR Claims				
454				
About You	Do you have hobbies or intere	atro		
Contacts	Yes No Not yet answ			
Medical Conditions		and how much time you spend doing them.		
Medical Sources Tests				^
- Medicines				
Other Medical Info				~
Education/Training				
Voc Rehab/Employment	Do you ever have difficulty do	ing any of the following:		
Daily Activities				
Work	Dressing	: ○ Yes ● No ○ Not yet answered		
Remarks	Bathing	: ○ Yes ● No ○ Not yet answered		
3367	Caring for hair	: ○ Yes No ○ Not yet answered		
827	Taking medicines	∴ Yes No Not yet answered		
Internet Documents		Yes ● No ○ Not yet answered		
Appointed Rep	Feeding self	: ○ Yes ● No ○ Not yet answered		
Flags/Messages	Doing chores (inside/outside)			
	Please explain			Ç.
JV.	Driving or using publ transportation	ic		
Version: 38.0 Build: 54 Build Date: 05/02/2018 01:15 PM	Please explain	т.		Ĉ
CDR Information	Shopping:	○ Yes ● No ○ Not yet answered		
CDR Representatives	Managing money:	○ Yes No ○ Not yet answered		
CDR Claims	Walking:	Yes ○ No ○ Not yet answered		
About You				^
Contacts	Please explain:			~
Medical Conditions	Standing:	Yes ○ No ○ Not yet answered		
Medical Sources		The Control of the per unantities		
Tests	Please explain:			0
-Medicines				
Other Medical Info		○ Yes No ○ Not yet answered		
Education/Training	_	○ Yes No ○ Not yet answered		
Voc Rehab/Employment	Using hands or fingers:	● Yes ○ No ○ Not yet answered		
Daily Activities	Please explain:			^
Work	Piease explain:			~
Remarks 3367	Sitting:	● Yes ○ No ○ Not yet answered		
□ 827				
Internet Documents	Please explain:			
Appointed Rep	Cooley booder over 11	O N @ N- O N-1		
☐ Flags/Messages		○ Yes No ○ Not yet answered		
	_	○ Yes No ○ Not yet answered		
	Remembering:	○ Yes ● No ○ Not yet answered		
	directions:	○ Yes ● No ○ Not yet answered		
((())		○ Yes No ○ Not yet answered		
J) ^r	Getting along with people:	○ Yes No ○ Not yet answered		

454 Daily Activities



454 Work



454 Remarks