

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

454 About You - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instructio](#)

454 About You

Identification

Name: Christopher Sean Miller
Daytime telephone number:
Alternate telephone number is: U.S. Foreign None
Alternate telephone number: (999-999-9999) Ext:
E-mail address:

Your Language Information

Can you speak and understand English?
NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

Yes No Not yet answered
What language do you prefer?

Other Names Used

Have you used any other names on your medical or educational records?
Examples are maiden name, other married name, or nickname

Yes No Not yet answered

454 About You

Commented [11]: 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 - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instructions](#)

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454 Contacts

Alternate Contact Information

Is there someone (other than your doctors) we can contact who knows about your medical conditions, and can help you with your case?
 Yes No Not yet answered

Name of Alternate Contact

*First name: Middle name: *Last name: Suffix:

Relationship to Disabled Person:

Address for Alternate Contact

Address is: U.S. Foreign

Street address line 1:

Street address line 2:

Street address line 3:

Street address line 4:

City: State: ZIP Code:

Telephone for Alternate Contact

Telephone number is: U.S. Foreign None

Daytime telephone number: (999-999-9999) Ext:

Preferred Language of Alternate Contact

Can this person speak and understand English?
 Yes No Not yet answered

Person Completing the Report

Who is providing information?
 Christopher Sean Miller
 Alternate Contact listed above
 Someone else

454 Contacts

454 Medical Conditions - ANK CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instructions](#)

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454 Medical Conditions

Physical and Mental Conditions

*List all physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work.

Include:

- All physical, mental, or emotional conditions
- Any major complications resulting from your condition
- All conditions, whether or not you have been receiving treatment
- If cancer, include stage and type

Examples of conditions:
1. Back injury, 2. Arthritis, 3. Diabetes, 4. Glaucoma, 5. Depression, 6. Blindness

Enter one condition on each line. You will be given additional lines as needed.

1.

2.

3.

4.

5.

Height and Weight

What is your height without shoes? feet: inches:

What is your weight without shoes? pounds:

Assistive Devices

Do you use an assistive device?
[Examples](#)

Always Sometimes Never Not yet answered

Please describe what kind, when, and how you use it.

454 Medical Conditions

454 Medical Sources - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instructions](#)

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454 Medical Sources

Comparison Point Decision Date: 04/04/2013

Doctors, Therapists, Hospital, Clinics

Within the last 12 months, have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:

***For any physical condition(s)**
 Yes No Not yet answered

***For any mental condition(s) (including emotional or learning problems)**
 Yes No Not yet answered

454 Medical Sources

454 Tests Summary - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instructions](#)

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454 Tests Summary

Have you had any medical tests in the last 12 months, or do you have any tests scheduled for your condition?
 Yes No Not yet answered

List all tests that you had or will have for your condition.

To add a test, choose Add Test. To edit, select the name of the test below.

Test	Date	Ordered By

454 Tests

454 Medicines Summary - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instruction](#)

454 Medicines Summary

Are you now taking, or have you taken in the last 12 months, any prescription or non-prescription medicines?
 Yes No Not yet answered

List all prescription and non-prescription medicines that you take for your condition.

To add a medicine, choose Add Medicine. To edit, select the medicine listed below.

Medicine	Prescribed By	Reason

[Add Medicine](#)

454 Medicines

454 Other Medical Information - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instruction](#)

454 Other Medical Information

Does anyone else have medical information about your physical or mental condition(s) (including emotional and learning problems) covering the last 12 months, or are you scheduled to see anyone else?
 Examples:

- Workers' Compensation
- Vocational rehabilitation
- Insurance companies who have paid you disability benefits
- Prisons
- Attorneys
- Welfare or social service agency

Yes No Not yet answered

454 Other Medical Information

454 Education and Training - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instr](#)

454 Education and Training

Education

Have you received any education since 04/04/2013?
 Yes No Not yet answered

Job Training or Vocational School

Have you received any type of specialized job, trade, or vocational training since 04/04/2013?
 Yes No Not yet answered

454 Education and Training

454 Vocational Rehabilitation, Employment, or Other Support Services - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instruction](#)

454 Vocational Rehabilitation, Employment, or Other Support Services

Have you participated, or are you participating in:

- An Individual work plan with an employment network under the Ticket to Work Program;
- An Individualized plan for employment with a vocational rehabilitation agency or any other organization;
- A Plan to Achieve Self Support (PASS);
- An Individualized Education Program (IEP) through a school (if a student age 18-21); or
- Any program providing vocational rehabilitation, employment services, or other support services to help you go to work?

Yes No Not yet answered

List all plans or programs attended.

To add a plan or program, choose Add a Plan or Program. To edit, select the plan or program name below.

Organization/School	Name of Course or Instructor

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 Program:
 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 Program:
 Dates of Attendance:
 Date completed or scheduled to complete
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454 Daily Activities

Describe what you do in a typical day:

For example: I get up around 7 A.M., take a shower, eat breakfast, etc.

Do you have hobbies or interests?

Yes No Not yet answered

Please describe what they are and how much time you spend doing them.

Do you ever have difficulty doing any of the following:

Dressing: Yes No Not yet answered

Bathing: Yes No Not yet answered

Caring for hair: Yes No Not yet answered

Taking medicines: Yes No Not yet answered

Preparing meals: Yes No Not yet answered

Feeding self: Yes No Not yet answered

Doing chores (inside/outside house): Yes No Not yet answered

Please explain:

Driving or using public transportation: Yes No Not yet answered

Please explain:

Shopping: Yes No Not yet answered

Managing money: Yes No Not yet answered

Walking: Yes No Not yet answered

Please explain:

Standing: Yes No Not yet answered

Please explain:

Lifting objects: Yes No Not yet answered

Using arms: Yes No Not yet answered

Using hands or fingers: Yes No Not yet answered

Please explain:

Sitting: Yes No Not yet answered

Please explain:

Seeing, hearing, or speaking: Yes No Not yet answered

Concentrating: Yes No Not yet answered

Remembering: Yes No Not yet answered

Understanding or following directions: Yes No Not yet answered

Completing tasks: Yes No Not yet answered

Getting along with people: Yes No Not yet answered

454 Daily Activities

454 Work - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instructions](#)

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454 Work

Has Christopher Sean Miller worked since 04/04/2013?

Yes
 No
 Not yet answered

454 Work

454 Remarks - AN: CDR CEF: Y CPD CEF: Y [Open in eView](#) [Hide Instructions](#)

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454 Remarks

Please provide any additional information you did not give in earlier parts of this report.

454 Remarks