Addendum to Supporting Statement for
Disability Case Development Information Collections
By State Disability Determination Services
On Behalf Of The Social Security Administration
20 CFR, Subpart P, 404.1503a, 404.1512, 404.1513, 404.1514, 404.1517, 404.1519; 20 CFR Subpart Q, 404.1613, 404.1614, 404.1624; 20 CFR, Subpart I, 416.903a, 416.912, 416.913, 416.914, 416.917, 416.919; and 20 CFR Subpart J, 416.1013, 416.1024
OMB No. 0960-0555

Revisions to the Collection Instruments

SSA is making the following revisions:

Authorization to Release CE Report to a claimant's medical source (included in the **CE Appointment Notice – Adult, CE Appointment Notice – Child, Rescheduled CE Appointment Notice – Adult,** and **Rescheduled CE Appointment Notice – Child**):

- **Change #1:** We are adding line items to collect the claimant's full name, complete Social Security number, date of birth, and the purpose for releasing the CE report to the claimant's medical source.

  Justification #1: We are making these changes to meet the agency's minimum consent requirements.

- **Change #2:** We are adding a statement that the authorization is only valid for 90 days from signature.

  Justification #2: We are making these changes to meet the agency's minimum consent requirements.

Fibromyalgia Evaluation Sheet:

- **Change #3:** We are removing the form from the IC and DCPS.

  Justification #3: We are making this change to eliminate outdated medical criteria and reduce the burden on claimants and the DDSs.

Category II: Medical Evidence of Record (MER):

SSA is adding the **Mental Status Questionnaire – Adult** and **Mental Status Questionnaire – Child**.

- **Change #4:** We are adding questionnaires to obtain information about the claimant's mental health treatment, including dates of treatment, psychiatric history, medications prescribed, mental status, and their medical provider's opinion about limitations in their

ability to work for adults or age-appropriate functioning for children.

Justification #4: We are making these changes to obtain the medical evidence needed to adjudicate the claim and avoid purchasing a CE.

Speech and Language Questionnaire – Child 1-6:

- **Change #5:** We are expanding options to for describing (a) intelligibility of conversational speech to familiar and unfamiliar listeners and (b) speech audibility at conversational distances.

  Justification #5: We are making these changes to enhance the quality of evidence obtained.

- **Change 6:** We are adding space for the respondent to provide specifics about articulation errors and phonological patterns.

  Justification #6: We are making this change to enhance the quality of evidence obtained.

- **Change #7:** We are making non-substantive formatting and language edits.

  Justification #7: We are making these changes to align with DCPS functionality.

Speech and Language Questionnaire – Child 6-18:

- **Change #8:** We are expanding options to for describing (a) intelligibility of conversational speech to familiar and unfamiliar listeners and (b) speech audibility at conversational distances.

  Justification #8: We are making these changes to enhance the quality of evidence obtained.

- **Change#9:** We are making non-substantive formatting and language edits.

  Justification #9: We are making these changes to align with DCPS functionality.

Seizure Questionnaire:

- **Change #10:** We are removing question 7 from the questionnaire that read:
  If convulsive, when do episodes occur?

  ☐ Day (with loss of consciousness and convulsive seizures) ☐ Night

Justification #10: We are making this change because we no longer consider daytime vs. nighttime convulsive seizures in our listing requirements.

Change #11: We are removing questions 12 and 14 from the questionnaire that ask about serum drug levels.

Justification #11: We are making these changes to reflect the current policy that we no longer require serum drug levels.

- **Change #12:** We are renumbering the remaining questions due to the removal of two questions that are no longer necessary.

  Justification #12: We are making this change to account for the removal of two questions.

- **Change #13:** We are replacing the wording under the signature line from "Physician's Signature" to "Medical Source Signature."

  Justification #13: We are making this change to ensure consistency with similar questionnaires and to more accurately align with policy language.

Cardiac Questionnaire (Current Rules):

- **Change #14:** We are revising the title on the form from "Cardiac Questionnaire" to "Cardiac Questionnaire for Medical Source."

  Justification #14: We are making this change to clarify who should complete the form.

- **Change #15**: We are adding a question asking whether the patient has had an exercise test. We're also adding a question asking if the patient has NOT had a test, why not?

  Justification #15: We are making these changes because the listings indicate that we will ask a medical source for this information when the claimant has not had an exercise test and there is no reported significant risk to the claimant in testing (4.00C7b). This information may not be explicitly contained in the medical records.

- **Change #16:** We are removing question 6 from the questionnaire that read: Describe the patient's cardiac signs and symptoms (for example, dyspnea, fatigue, palpitations, chest discomfort, edema, varicosities, stasis dermatitis, ulcerations, claudication).

  Justification #16: We are making this change because the response would be highly subjective and mostly based on the claimant's representations. The information is likely found elsewhere in the medical record. This information would also likely be duplicative of the claimant's submissions, especially on the Disability Report and Function Report.

- **Change #17:** We are removing question 7 from the questionnaire that read: Describe the location, duration, and frequency of the patient's symptoms.

  Justification #17: We are making this change because the information is likely found elsewhere in the medical record. This information would also likely be duplicative of the claimant's submissions, especially on the Disability Report and Function Report.

- **Change #18:** We are removing question 8 from the questionnaire that read: Describe any precipitating factors (for example, physical activity, eating, cold air).

  Justification #18: We are making this change because the information is likely found elsewhere in the medical record. This information would also likely be duplicative of the claimant's submissions, especially on the Disability Report and Function Report.

- **Change #19**: We edited the language in new question 8.

  Justification #19: We are making this change in new question 8 to better clarify the end-organ damage can be due to multiple cardiac conditions.

- **Change #20:** We are removing question 9 from the questionnaire that read: What relieves the patient's symptoms (for example, rest, position, medication)?

  Justification #20: We are making this change because the information is likely found elsewhere in the medical record. This information would also likely be duplicative of the claimant's submissions, especially on Disability Report and Function Report.

- **Change #21**: We are adding language asking for a description of symptoms that have persisted despite treatment.

  Justification #21: We are making this change to clarify persistent symptoms that may affect an ability to work.

- **Change #22:** We are removing question 10 from the questionnaire that read: Are the symptoms acute or chronic?

  Justification #22: We are making this change because the information is likely found elsewhere in the medical record. This information would also likely be duplicative of the claimant's submissions, especially on the Function Report and Disability Report.

- **Change #23**: We are adding "environmental restrictions" to the examples of work-related restrictions.

  Justification #23: We are making this change because medical providers may not think of environmental limitations in documenting restrictions as often as they may for walking, lifting, etc.

- **Change #24:** We are removing question 11 from the questionnaire that read: Current New York Heart Association class rating: _____. Based on this rating describe the patient's physical limitations (for example, difficulty with household tasks, walking, stairs, lifting).

  Justification #24: We are making this change because the information used to obtain the class rating is similar, if not identical, to the information the claimant likely provides in the medical record, in the Function Report and/or in the Disability Report. While the class rating may be useful for clinical purposes, the information behind the class rating is what is important for adjudicators; we do not use the actual rating as a criterion for any listing. As for the request to describe the claimant's physical limitations, this is also information a claimant would provide in a Function Report and/or Disability Report. It is also similar to the response that would be given at question #15: Describe any restrictions to work-related activities (renumbered to question #8).

- **Change #25:** We are renumbering the remaining questions.

  Justification #25: We are making this change to account for the removal of six questions.

- **Change #26:** We are replacing the wording under the signature line from "Physician's Signature" to "Medical Source Signature."

  Justification #26: We are making this change to ensure consistency with similar questionnaires and to more accurately align with policy language.

Category III: Pain/Other Symptom/Impairment Information:

Cardiac Questionnaire, Pain Questionnaire, Fatigue Questionnaire, and **Vision Questionnaire:**

- **Change #27:** We are removing these questionnaires from the IC and DCPS.

  Justification #27: We are making these changes to reduce the burden on claimants and DDSs. In addition, these revisions will help reduce duplication because the information can be obtained from the medical evidence or provided by the claimant on the Disability Report or Function Report.

SSA is adding the **Request for Third Party Contact**.

- **Change #28:** We are adding a new collection to ask the claimant to provide a third-party contact.

  Justification #28: We are making this change to help DDSs apply the policy for identifying and involving a third party if not provided on the Disability Report.

Headache Questionnaire:

- **Change #29:** We are adding a new question 11 to the questionnaire that reads:
  List at least two people who have observed at least one of your typical headache events:

  Name: _____ Phone No: _____

  Name: _____ Phone No: _____

  Justification #29: We are making this change to capture information that is consistent with our listing guidance. In SSR 19-4p, we explain that we consider findings such as an observation of a typical headache event by an acceptable medical source (AMS) or third party (documented by an AMS) to establish a primary headache disorder as the MDI.

- **Change #30:** We are renumbering the original questions 9 thru 15.

  Justification #30: We are making these changes to accommodate the new questions.

- **Change #31:** We are reformatting the address collection at the end of the form.

  Justification #31: We are making this change for consistency with formatting used in other questionnaires.

- **Change #32:** We added a new question 9 that reads: Do you take the medication as prescribed?

  Justification #33: We are making this change in response to comments from IRD and to capture information about treatment adherence.

- **Change #34:** We added a new question 10 that reads: Which of your medications help to alleviate or eliminate your headache symptoms and how long does it take for the medication to take effect?

  Justification #34: We are making this change in response to comments from IRD and to capture information about effectiveness of medication.

- **Change #35:** We added question 15 that reads: If you listed names and contact information in response to questions 13 and 14, do we have your permission to contact them?

  Justification #35: We are making this change in response to IRD and to legally obtain the claimant's permission to contact sources.

Seizure Witness Questionnaire:

- **Change #36:** We are making minor non-substantive revisions to wording throughout the questionnaire.

  Justification #36: We are making these changes to improve readability and clarify the questions being asked.

- **Change #37:** We are revising question 6 from "Were there any changes in the individual's behavior just before a seizure? ☐ Yes ☐ No, If yes, explain" to "Describe any changes in the individual's behavior just before a seizure:"

  Justification #37: We are making these changes to streamline the form and eliminate unnecessary wording.

Seizure Questionnaire

- **Change #38:** We are making minor non-substantive revisions to wording throughout the questionnaire.

  Justification #38: We are making these changes to improve readability and clarify the questions being asked.

- **Change #39:** We are revising question 2 from "Describe event(s) that cause your seizure(s)." to "Describe activity(ies) that may trigger your seizure(s). For example, heights, exposure to flashing lights or patterns, drinking alcoholic beverages, stress, lack of sleep, etc."

  Justification #39: We are making this change to improve clarity and provide guidance for respondents. By specifying "activity(ies) that may trigger your seizure(s)" and including examples, the question is now more focused and easier to understand. This change helps individuals provide more relevant and detailed information, which supports more accurate and consistent responses.

- **Change #40:** We are adding a new question 3 to the questionnaire that reads:
  Does your seizure disorder or the medication you take for seizures cause you any physical problems? For example, standing up, walking, seeing, breathing, or maintaining balance, etc.

  ☐ Yes ☐ No

  If yes, explain: _____

  Justification #41: We are making this change to capture information that is consistent with our updated functional listing criteria found in listing 11.02C1 and D1.

- **Change #42:** We are adding a new question 4 to the questionnaire that reads:

Does your seizure disorder or the medication you take for seizures cause you any problems with understanding, remembering, or applying information? ☐ Yes ☐ No

If yes, explain: _____

Justification #43: We are making this change to capture information that is consistent with our updated functional listing criteria found in listing 11.02C2 and D2.

- **Change #44:** We are adding a new question 5 to the questionnaire that reads:
  Does your seizure disorder or the medication you take for seizures cause you any problems with interacting with others? ☐ Yes ☐ No
  If yes, explain: _____

  Justification #44: We are making this change to capture information that is consistent with our updated functional listing criteria found in listing 11.02C3 and D3.

- **Change #45:** We are adding a new question 6 to the questionnaire that reads:
  Does your seizure disorder or the medication you take for seizures cause you any problems with concentrating, persisting, or maintaining pace? ☐ Yes ☐ No

  If yes, explain: _____

  Justification #45: We are making this change to capture information that is consistent with our updated functional listing criteria found in listing 11.02C4 and D4.

- **Change #46:** We are adding a new question 7 to the questionnaire that reads:
  Does your seizure disorder or the medication you take for seizures cause you any problems with adapting or managing oneself? ☐ Yes ☐ No

  If yes, explain: _____

  Justification #46: We are making these changes to capture information that is consistent with our updated functional listing criteria found in listing 11.02C5 and D5.

- **Change #47:** We are adding a new question 8 to the questionnaire that reads:
  If you have seen any health care professionals for your seizures and/or any of the problems discussed in questions 3-7 above, since you filed your claim, complete the chart below.

NAME OF HEALTH CARE PROFESSIONAL	NAME OF CONDITION THEY TREAT	ADDRESS AND PHONE NUMBER	DATE OF LAST VISIT AND NEXT SCHEDULED VISIT (IF ANY)

Justification #47: We are making this change to capture information that is consistent with our updated functional listing criteria found in listing 11.02C and D.

- **Change #48:** We are revising the current question 9 from "Provide the name, address, and phone number of any health care professionals and other individuals (including non-family members) who have witnessed your seizure(s)." to "If anyone (example: doctor, family member, nonfamily member) has witnessed your seizure(s), please complete the chart below."

  Justification #48: We are making this change to simplify the language and clarify the instructions for respondents. By rephrasing the question, it is now more direct and easier to understand. Providing examples helps respondents identify appropriate individuals to include, and referencing the chart streamlines the process for supplying the requested information. This change is intended to improve response accuracy and make the form more user-friendly.

- **Change #49:** We are adding a new question 10 to the questionnaire that reads: Have you visited an emergency room for seizures? If so, when and where?

  Justification #49: We are making this change to capture treatment information that may not be listed in the medical source section of the Disability Report. It is not uncommon for seizure patients to receive 1-time emergency care from facilities that are not where they receive primary medical care.

- **Change #50:** We are adding a new question 11 to the questionnaire that reads: List current seizure medication(s) in the table below.

MEDICATION, DOSAGE, AND FREQUENCY	DATE STARTED	IF PRESCRIBED, NAME OF HEALTH CARE PROFESSIONAL	SIDE EFFECT(S)

  Justification #50: We are making this change to ensure that up-to-date information about the individual's current treatment is collected in a clear and organized manner. Including this question also supports more accurate and comprehensive evaluation of the individual's medical history and current management of their condition.

- **Change #51:** We are renumbering the remaining questions.

  Justification #51: We are making this change to account for the addition of eight new questions.

- **Change #52:** We are adding a new question 12 to the questionnaire that reads: If you listed names and contact information in response to questions 9 through 11 above, do we have your permission to contact them?

Justification #52: We are making this change in response to IRD and to legally obtain the claimant's permission to contact sources.