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## BORING SCREENING SHEET

(SEE REVERSE SIDE FOR INSTRUCTIONS)

1.	SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	BIC <input type="text"/> <input type="text"/>
2.	NAME (First Name, M.I., Last Name)	
3.	SCREENING DATE (Month, Day, Year—Example: August 10, 1993 would be: 08-10-93) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
4.	a. <input type="checkbox"/> MEMBER (J) <input type="checkbox"/> NONMEMBER (F)	b. SCREENOUT CODE <input type="text"/> <input type="text"/> (See item 14)
5.	Did the Clarksburg West Virginia (WV) Disability Determination Section (DDS) deny the claim, during the period January 1, 1986, through June 5, 1990?	<input type="checkbox"/> YES (If YES, Go to 6) <input type="checkbox"/> NO (If NO, Go to 14)
6.	Did the claimant receive an administrative decision (other than a dismissal) by an ALJ which became final?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 7)
7.	Was the claimant's primary diagnosis on the SSA-831 a neoplastic disease?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 8)
8.	Was the claimant's primary and secondary diagnosis on the SSA-831 a mental impairment(s)?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 9)
9.	Does the file contain a Residual Functional Capacity (RFC) assessment form (SSA-4734) signed by J. Keith Pickens, M.D. or Hugh M. Brown, M.D.?	<input type="checkbox"/> YES (If YES, Go to 10) <input type="checkbox"/> NO (If NO, Go to 14)
10.	Does the file contain an SSA-4734 prepared by J. Keith Pickens, M.D. which bears the symbol "R" or "r" next to his signature?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 11)
11.	Did the individual receive a subsequent RFC assessment by a DDS medical consultant other than J. Keith Pickens, M.D. or Hugh M. Brown, M.D.?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 12)
12.	Does the file contain an SSA-4734 completed during the period January 1, 1986, through October 1, 1989 in which the handwriting, and accompanying signature indicates that Hugh M. Brown, M.D. or J. Keith Pickens, M.D. personally reviewed the evidence and assessed the RFC?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 13)
13.	Does the file contain a white abstract form completed during the period October 1, 1989, through June 5, 1990?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, the person is a member, go to 4a and check member.)
<b>SCREENOUT CODES</b>		
14.	Check the nonmember block (F) in item 4a and enter the screenout code in item 4b as follows: Enter 05 if question 5 is answered "NO." Enter 06 if question 6 is answered "YES." Enter 07 if question 7 is answered "YES." Enter 08 if question 8 is answered "YES." Enter 09 if question 9 is answered "NO." Enter 10 if question 10 is answered "YES." Enter 11 if question 11 is answered "YES." Enter 12 if question 12 is answered "YES." Enter 13 if question 13 is answered "YES." <b>(No other screenout code entry is appropriate)</b>	
15.	Reason to use in Notice of Non-Class Membership: a. If screenout code is 05, check reason <b>No. 1.</b> b. If screenout code is either 07, 08, 09, 10, 12, or 13, check reason <b>No. 2.</b> c. If screenout code is 06, check reason <b>No. 3.</b> d. If screenout code is 11, check reason <b>No. 3 or 4.</b>	
16.	Enter Date(s) of Application(s) Screened. _____	
SIGNATURE OF SCREENER		DATE
		DDS CODE (3 digits)