SOCIAL SECURITY SEQUENTIAL EVALUATION

Is the Claimant engaged in *Substantial Gainful Activity*? → **Yes** → ↓

↓
No
↓

Does Claimant have a *Severe Impairment*? → **No** → ↓

↓
Yes
↓

Will the *Impairment* last 12 months or result in death? → **No** → ↓

↓
Yes
↓

Does the *Impairment* meet or equal severity as defined in *Medical Listings*? ↓

↓ ↓
Yes **No**
↓ ↓ ↓

Disabled according to Medical Listings.

Is Claimant able to perform *Past Relevant Work*? → **Yes** ↓

↓
No
↓ ↓

Is Claimant able to perform other *Generally Available Work*? → **Yes** ↓

↓ ↓
No
↓ ↓

Disabled according to Vocational Factors.

Not Disabled.