Social Security is committed to improving the service we provid questionnaire to give us your opinion of the service you received						lity ber	nefits.
How did you file your application for disability benefits? (If you u way.)	sed mo	re than o	one way	, please	e check	the <u>ma</u>	in
□ In person with a Social Security employee							
Over the telephone with a Social Security employee							
On Social Security's Internet website (www.socialsecuri	ty.gov)						
Someone else did it for me							
□ Other							
Did anyone besides Social Security help you with your application	? Pleas	e tell us	who:				
I did it by myself							
A spouse, relative or friend							
□ A state or local government agency □ An organization that serves persons with disabilities							
An attorney/professional disability consultant							
A health care provider							
□ Other (Please specify)							
		q				5	e
Please use the scale shown to rate the following aspects of your experience filing for disability benefits. If a question does not apply to you, please show N/A.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Annlicable
	E	VG	G	F	Р	VP	N/A
When you decided to file							
Ease of finding information about how to apply for disability benefits.	E	VG	G	F	Р	VP	N/A
Quality of information you got about how to apply for disability benefits.	E	VG	G	F	Р	VP	N/A
Ease of working with Social Security to start the application process.	E	VG	G	F	Р	VP	N/A
Explanations Social Security gave you about							
Information and documents you needed for your application.	E	VG	G	F	Р	VP	N/A
Requirements for getting disability benefits and how you qualify.	Е	VG	G	F	Р	VP	N/A

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How the disability application process works, for example who makes the decision and how long it takes.	E	VG	G	F	Р	VP	N/A
Providing information to Social Security							
Ease of answering questions about your medical condition and treatment.	E	VG	G	F	Р	VP	N//
Ease of answering questions about the work you did in the past.	E	VG	G	F	Р	VP	N//
Ease of answering questions about your education and job training.	E	VG	G	F	Р	VP	N//
Iow Social Security employees did their job							
Helpfulness of the staff.	E	VG	G	F	Р	VP	N/A
Courtesy of the staff.	E	VG	G	F	Р	VP	N/.
How well the staff knew their jobs.	E	VG	G	F	Р	VP	N/.
How clearly the staff explained things to you.	E	VG	G	F	Р	VP	N/
The amount of time the staff spent with you.	Е	VG	G	F	Р	VP	N/
our overall experience							
Ease of filing your disability application with Social Security.	E	VG	G	F	Р	VP	N/A
Overall opinion of Social Security's service.	E	VG	G	F	Р	VP	N/2

Disability Service Improvement – Post-Adjudicative Survey

Social Security is committed to improving the service we provide the public. Please complete this questionnaire to give us your opinion of the service you received recently when you filed for disability benefits. How did you file your application for disability benefits? (If you used more than one way, please check the main way.) In person with a Social Security employee Over the telephone with a Social Security employee On Social Security's Internet Website (www.socialsecurity.gov) Someone else did it for me Other Did anyone besides Social Security help you with your application? Please tell us who: I did it by myself A spouse, relative or friend A state or local government agency An organization that serves persons with disabilities An attorney/professional disability consultant A health care provider Other (Please specify) Not Annlicable Very Good Very Poor Excellent Please use the scale shown to rate the following aspects of Good your experience filing for disability benefits. If a question Poor Fair does not apply to you, please show N/A. F Р VP N/A Ε VG G **Providing medical information...** Ease of answering questions about your disability. E VG G F Ρ VP N/A F Р VP Ease of obtaining your own medical records, if you did so. Ε VG G N/A Experience during any medical examination or test Social Е VG G F Ρ VP N/A Security sent you to. Finding out what was happening on your application... Ease of contacting Social Security for status of your Е VG G F Р VP N/A application Usefulness of information Social Security gave you about Е VG F Р VP N/A G the status.

Helpfulness of the staff.	E	VG	G	F	Р	VP	N//
Courtesy of the staff.	E	VG	G	F	Р	VP	N//
How well the staff knew their jobs.	E	VG	G	F	Р	VP	N//
How clearly the staff explained things to you.	E	VG	G	F	Р	VP	N//
The amount of time the staff spent with you.	E	VG	G	F	Р	VP	N/.
tting the decision on your application							
Length of time it took Social Security to handle your application.	E	VG	G	F	Р	VP	N/.
Clarity of the letter explaining Social Security's decision on your application.	E	VG	G	F	Р	VP	N/.
ur overall experience							
Ease of filing your disability application with Social Security.	E	VG	G	F	Р	VP	N//
Overall opinion of Social Security's service.	E	VG	G	F	Р	VP	N/.