

## Demographics Questionnaire

About You: Please answer the following questions to help us understand your feedback better. No information is stored that could identify you personally.

1. How many hours **per week** do you use a computer? (Select only one)

21 or more hours per week  
 11 to 20 hours per week  
 1 to 10 hours per week  
 Less than 1 hour per week

2. How often do you use the **Internet** for any reason? (Select only one)

20 or more hours per week  
 10 – 19 hours per week  
 1 – 9 hours per week  
 Never (please go to Question 3)

Which of the following activities do you do online? (Select all that apply)

<input type="checkbox"/> Banking and/or investing	<input type="checkbox"/> Read the news
<input type="checkbox"/> Shopping/Travel	<input type="checkbox"/> Email
<input type="checkbox"/> Government information	<input type="checkbox"/> Games
<input type="checkbox"/> Search for topical information	<input type="checkbox"/> Maps, directions

3. Have you been to the Social Security website ([www.socialsecurity.gov](http://www.socialsecurity.gov))?  Yes  No  
If yes, why were you there? (Please be specific about what information you were looking for or what benefits you applied for): \_\_\_\_\_

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Were you successful in finding or doing what you came to the site for?  Yes  No

4. What is your gender?

Female  Male

5. What is your age?

18-39  
 40-54  
 55-65  
 66+

6. What is the highest education level you completed? (Select only one)

Some high school  
 High school graduate/GED  
 Post high-school training certificate  
 Some college/Associate's degree  
 4-year college degree  
 Graduate degree

## **INFORMED CONSENT FORM**

### **What We're Doing**

We are evaluating some new web site pages for the Social Security Administration. We are creating a secure registration process that will allow members of the public to request some often-needed services online. We want to ensure that this site will be as easy to use as possible. We are not in any way evaluating you.

### **How We're Doing It**

As you use the designed screens for this web site we will be collecting information on paper and electronically about the way that you use the screens to accomplish your goal. We will also ask you to tell us what you are thinking. We will also ask you some background questions to get more information about how you might use the Internet to do your Social Security business in the future. We will also ask you to participate in discussions.

We expect the evaluation will take approximately one and a half hours.

Some of these evaluations may be videotaped or audio recorded.

Some of the people responsible for creating this site may also be observing the evaluation.

### **What Happens to the Information We Collect**

Only persons associated with this web site evaluation will be permitted to view videotapes or any other information collected as part of the evaluation. We use the videotapes primarily to capture the time you spend completing the application. We may also analyze the videotapes to identify where design improvements might be made.

The results of this evaluation may be used in internal Social Security documents, but you will not be identified in these documents.

### **Risks**

There are no known risks associated with this evaluation. Your Social Security benefits will not be affected in any way by your participation in this evaluation.

### **You Can Withdraw at Any Time**

You can withdraw from the evaluation at any time for any reason. In addition, at the conclusion of the evaluation, you may see the information we have collected. If you decide to withdraw this information, please inform the evaluation monitor immediately. Otherwise, we might not be able to identify your information because of our efforts to ensure anonymity.

(OVER)

**Voluntary Consent**

By signing this form, you are saying that you have read this form. You are also saying that you understand the form and understand what we are asking you to do. The evaluation monitor should have answered any questions you have about this evaluation. If you have any questions later on, the person below should be able to answer them:

Ken Bertram 410-594-2033

By signing below, you are telling us that you agree to participate in this evaluation. You will receive a copy of this form.

SIGNATURE: _____
NAME: _____
DATE: _____

## ROME User Interviews

The goal of a user interview is to elicit honest and insightful information from the users. This means allowing the interview to go in whatever direction it naturally flows and not to simply work through a predetermined set of interview questions. Ideally, user interviews are comfortable and conversational, rather than formal and rigid.

From a logistical standpoint this means that although we will have a script with a set of standard questions to pose to each interviewee, those are guides to make sure all the areas we want to cover are discussed. As each interviewee provides their answers, there will automatically be follow-up questions the interviewer asks - which are not scripted - to make sure that we fully understand and document the information being provided by the users.

### Appointed Representatives

- What type of services do you provide for your clients?
- What SSA resources do you regularly access on their behalf?
- What methods do you use to access those resources?
- You want to make sure your client's information is kept secure online. How do you do that?
- How do you find the experience of dealing with Social Security through their website?
- If you have access to the electronic folder, how much confidence do you have in the security of these files?

### Beneficiaries:

- What benefits do you receive from SSA?
- How do you usually interact with SSA?
- Are there any online services that SSA currently does not provide that would be helpful to you?
- What information would you be willing to provide to access more information about your account online?
- Do you feel that your Social Security benefit information is secure? What could we go to make sure you are confident with the security of the personal information you provide/receive on the SSA website?
- When you use the benefit services provided for you on the Social Security website, are you usually successful?

### Business Service Online Users

- For which SSA business services are you registered?
- What other information do you use on the SSA site?
- If you could get more detailed services online, what information would you be willing to provide to gain access?
- Are there any parts of using the SSA website and its related business services that you find particularly frustrating?
- Are there business services that you know are available that you don't currently use but which you might use in the future?
- Are there any online services that you feel could be enhanced?
- What business services do you do online at other agencies/companies?
- What do they do to make you feel that your information is secure?

**The Public (may or may not have ever used any SSA services before)**

- Have you ever applied or assisted anyone else applying for benefits online (either at Social Security or another government website)?
- If and when you become eligible for SSA benefits how would you go about accessing those benefits?
- Would you be comfortable providing detailed personal information in order to access your SSA information online?
- Why would/wouldn't you want to access the information SSA has about you online?
- What do you look for to know that your online data is secure?
- Have you ever accessed your social security statement online?
- Have you ever used any other government websites to access information about you? If yes, what did you do? How comfortable were you with that process?

## FACILITATOR SCRIPT

To be reviewed with each participant before the session starts

Thank you for your time.

We are evaluating an internet site for all members of the general public seeking to conduct business online with the Social Security Administration (SSA) to register for an online account. It is important to remember that we are not testing you but testing the internet screens. Your candid and honest opinion is greatly appreciated in helping us make improvements to these screens. We cannot do our work without help from individuals such as you.

The purpose of this evaluation is to determine if the instruction and registration screens are self-explanatory and easy to use.

- We would like to observe how you use these screens as though you are at home trying to register for an account.
- We will be taking notes about where you encounter difficulties or have comments or questions.
- It would be very helpful if you talk aloud to us as you work, but please don't expect us to respond during the session. Just pretend you are talking to a friend or family member explaining what you are thinking and doing as you are using these screens.
- We will use the information we get from you and other people to make these screens easy to understand and easy to use on the internet.

We will provide you with the information you will need to perform your tasks. We will be asking you to complete these tasks one at a time and to let us know when you have finished each one.

Please work in the same manner as you would if you were at home. Please let us know if you need to take a break or to stop at any time.

Thanks again for your help. Do you have any questions?

## **ROME Usability Testing**

### **High-Level Scenarios**

1. Remote Enrollment & Credential Issuance
2. Authentication – Levels 2 & 3
3. Elevation of Credential
4. User ID Management
5. Password Reset and User Name Recall
6. In-Person Enrollment has taken place – Now user comes online with a temporary password and a link to the website

# ROME Concept Screens

SSA Usability Center

June 25, 2010





http://www.ssa.gov/register



## About Account Registration

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Sample info to include: You must have a valid email address to register online. Remember to check your spam folder if you do not receive an email confirmation after trying to register. You may also wish to add ssa.gov to your list of approved email addresses.

You may choose to register for a Basic or Enhanced account. The Basic account provides limited access to online services. The Enhanced account provides full access to online services and the highest level of information security. As part of requesting Enhanced access you will be asked to provide financial information in order to verify your identity; you will also be required to provide a text-enabled cell phone number.

[Privacy Act Statement](#)

[Paperwork Reduction Act](#)

Next >



http://www.ssa.gov/register



## Terms of Service

1 [Step Name](#)

2 **Step Name**

3 Step Name

4 Review & Submit

5 Next Steps

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\* I have read and agree with the Terms of Service above

[Print Terms of Service](#)

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Exit

Next >



http://www.ssa.gov/register



## Provide Your Personal Information

- 1 [Step Name](#)   2 [Step Name](#)   3 [Step Name](#)   4 [Review & Submit](#)   5 [Next Steps](#)

\* Name:

As shown on your Social Security card.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*First	Middle	*Last	Suffix

\* Social Security Number (SSN):

\* Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
*Month	*Day	*Year

## Home Address

Lorem ipsum onsectetuer adipiscing elit, sed diam nonummy nibh euismod

\* Street Address:

\* Line 1:

Line 2:

\* City/Town:

\* State/Territory:

\* ZIP Code:

Phone Number:

10 digit number

## Mailing Address

Is your Mailing address different from your Home address?

Yes    No

< Previous

Exit

Next >



http://www.ssa.gov/register



## Provide Your Financial Information

- 1 [Step Name](#) 2 **Step Name** 3 Step Name 4 Review & Submit 5 Next Steps

Financial information is required only if you wish to create an Enhanced account. [What is an Enhanced account?](#)

I do not wish to create an Enhanced account at this time.

Select an account type:

Credit Card (Master Card or Visa) ▼

Credit card type:

Master Card  Visa

Enter the last 8 digits of your credit card number:

[What is this for?](#)

< Previous

Exit

Next >



http://www.ssa.gov/register



## Provide Your Financial Information

- 1 [Step Name](#)   2 **Step Name**   3 Step Name   4 Review & Submit   5 Next Steps

Financial information is required only if you wish to create an Enhanced account. [What is an Enhanced account?](#)

I do not wish to create an Enhanced account at this time.

Select an account type:

Social Security direct deposit amount (beneficiaries only) ▼

Direct deposit amount for current month:

\$  [Where can I find my direct deposit amount?](#)

< Previous

Exit

Next >



http://www.ssa.gov/register



## Provide Your Financial Information

- 1 [Step Name](#)   2 **Step Name**   3 Step Name   4 Review & Submit   5 Next Steps

Financial information is required only if you wish to create an Enhanced account. [What is an Enhanced account?](#)

I do not wish to create an Enhanced account at this time.

Select an account type:

Medicare wage amount and EIN 

Medicare wage amount:

\$  [Where can I find my Medicare wage amount?](#)

Employer Identification Number (EIN) for this wage amount:

[Where can I find my EIN?](#)

< Previous

Exit

Next >



http://www.ssa.gov/register



## Identity Verification Questions

1 Step Name

2 Step Name

3 Step Name

4 Review & Submit

5 Next Steps

Explanation text about how these are questions only the user can answer. The answers could not be found in the user's wallet. Lorem ipsum onsectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. [More information](#)

1. On which of the following streets have you lived?

- Main Street
- Elm Street
- Easy Street
- Maine Avenue
- Columbia Place
- 8<sup>th</sup> Street SW
- None of the above

2. In which of the following counties have you lived?

- Baltimore
- Fairfax
- Cuyahoga
- None of the above

3. Which of these banks originally held your mortgage?

- Bank of America
- Citibank
- Wells Fargo
- None of the above

< Previous

Exit

Next >

Three to five questions will be asked



http://www.ssa.gov/register



## We Cannot Match Your Information

We are sorry for the inconvenience, but we cannot match the information you have provided with our records.

You may select "Try Again" and carefully review the information you are providing.

If the information you have provided is correct, then it may be necessary to ....

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< Try Again

Exit

Try Again only appears when the business rules allow. After three strikes, Exit is the only option provided.





http://www.socialsecurity.gov/register



## Set Up Your Account

1 [Step Name](#)

2 **Step Name**

3 Step Name

4 Review & Submit

5 Next Steps

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### \* User Name:

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Check Availability

## Create Your Password

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### \* Enter Password:

Password Strength Meter

### \* Reenter Password:

## Provide Your E-Mail Address

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### \* Your E-mail Address:

### \* Reenter Your E-mail Address:

\* May SSA use this e-mail address to send you important updates in the future? [More information on e-mails from SSA](#)

Yes

No

< Previous

Exit

Next >



http://www.socialsecurity.gov/register



## Enter Your Password Reset Questions

1 [Step Name](#)

2 Step Name

3 Step Name

4 Review & Submit

5 Next Steps

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\* Question 1:

Label

\* Answer to Question 1:

\* Question 2:

Label

\* Answer to Question 2:

\* Question 3:

Label

\* Answer to Question 3:

\* Question 4:

Label

\* Answer to Question 4:

\* Question 5:

Label

\* Answer to Question 5:

< Previous

Exit

Next >



http://www.socialsecurity.gov/register



## Next Steps

1 [Step Name](#)

2 **Step Name**

3 Step Name

4 Review & Submit

5 Next Steps

Text to tell them that we will email a link to the email address provided in order to verify. If not arrive in xx time, check Spam folder.

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Exit

Done



http://www.socialsecurity.gov/register



## E-Mail Address Verified

1 [Step Name](#)

2 **Step Name**

3 Step Name

4 Review & Submit

5 Next Steps

### Next Steps

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Log In



http://www.socialsecurity.gov/register



## Complete Your Registration

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\* Enter the confirmation code you received in the mail:

Exit

Next >



http://www.socialsecurity.gov/register



## Text-Enabled Cell Phone Number

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\* Enter text-enabled cell phone number:

Send Test Message

\* Enter the code you received on your cell phone:

Exit

Next >



http://www.socialsecurity.gov/register



## Confirmation

You have successfully created an account.

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http://www.ssa.gov/login



## Social Security Administration Account Log In

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\* User Name

\* Password

[Forgot your password?](#)

[Forgot your user name?](#)

**Not Yet Registered?**

[Create an account](#)

### User Certification

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\* I have read and agree to these terms

Log In





http://www.socialsecurity.gov/register



## Manage Your Account

Edit

### Personal Information

Home Address: 1 Sample Street  
City, State 00000

Phone Number: 555-555-5555

Mailing Address: Same as Home Address

Edit

E-mail Address: test@me.com

Edit

Cell Phone Number: 555-555-1234

Edit

### Password

Password: \*\*\*\*\*

Edit

### Password Reset Questions

Question 1? Answer 1

Question 1? Answer 1

Question 1? Answer 1

Question 1? Answer 1

Question 1? Answer 1

< Previous

Exit

Next >



http://www.socialsecurity.gov/register



## Change Your Password

\* Enter Current Password:

### Select a New Password

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\* Enter New Password:

Password Strength Meter

\* Reenter New Password:

< Previous

Exit

Next >



http://www.socialsecurity.gov/register



## Forgot Your Password

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**\* Question 1:**

Sed diam nonummy nibh euismod tincidunt ut laoreet?

**\* Answer to Question 1:**

**\* Question 2:**

Nisl ut aliquip ex ea commodo consequat?

**\* Answer to Question 2:**

**\* Question 3:**

Ut wisi enim ad minim veniam lorem ipsum adipiscing elit?

**\* Answer to Question 3:**

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## Select a New Password

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**\* Enter Password:**

Password Strength Meter

**\* Reenter Password:**

< Previous

Exit

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http://www.socialsecurity.gov/register



## Forgot Your User Name

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### \* Name:

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*First	Middle	*Last	Suffix

### \* Social Security Number (SSN):

### \* Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
*Month	*Day	*Year

< Previous

Exit

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http://www.socialsecurity.gov/register



## Your User Name

Your User Name is: **Abcd21**

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Log In



http://www.ssa.gov/rome



## Your Account Has Expired

It has been more than three years since you accessed this account. Lorem ipsum onsectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

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## **Paperwork Reduction Act Statement**

*We will share this statement with participants.*

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