

**Social Security is continually working to improve the service we provide the public. Please complete this questionnaire to give us your opinion of the service you received when you requested a hearing on your application for disability benefits.**

**MARKING INSTRUCTIONS**  
**Correct Marking Example:**

- *Use blue or black pen or a number 2 pencil.*
- *Do not use pens with ink that soaks through the paper.*
- *Make no stray marks.*
- *Keep all entries within the boxes.*

**Please use the scale shown to rate the following aspects of your hearing experience.**

**Mark [X] ONE answer for every item.**

**If a question does not apply to you, please mark Not Applicable.**

<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Not Applicable</b>
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***When you decided to request a hearing...***

- |  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <u>Ease of finding</u> information about how to file your hearing request                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Quality</u> of information you got from Social Security explaining the hearing process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***While you were waiting for your hearing to be held...***

- |  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. <u>Ease of contacting</u> Social Security about your hearing request                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Helpfulness</u> of the information Social Security gave you about your hearing request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***How your hearing was held...***

5. Did you have a representative, either an attorney or some other person, handle your hearing?

**Mark only ONE answer.**

- Yes
- No

6. Did you have a hearing with a judge face-to-face or by video conference?

**Mark only ONE answer.**

- Hearing was face-to-face with a judge. → Please continue with **question 7**
- Hearing was by video conference with a judge. → Please continue with **question 7**
- No hearing was held with a judge. → Please continue with **question 14**

<b>Please use the scale shown to rate the following aspects of your hearing experience. Mark [X] <u>ONE</u> answer for every item.</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Not Applicable</b>
<b><i>When your hearing was held...</i></b>							
7. <u>Location</u> of the office where your hearing was held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How well the judge explained <u>what would happen</u> at your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How <u>prepared</u> the judge was to talk about the facts of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Opportunity the judge gave you or your representative to <u>present the facts</u> of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Courtesy</u> of the judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Waiting for the hearing and decision...</i></b>							
12. Length of time from the date you <u>first requested</u> your hearing until it was <u>held</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Length of time from the date your <u>hearing was held</u> until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Overall length of time from the date you <u>first requested</u> your hearing until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Notice of Social Security's decision on your hearing...</i></b>							
15. How well the notice <u>explained</u> the <u>decision</u> on your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How well the notice <u>explained</u> the amount of your <u>benefits</u> and when they would start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Your overall experience with Social Security...</i></b>							
17. <u>Helpfulness</u> of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. <u>Courtesy</u> of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How well the staff <u>knew their jobs</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Overall experience with the <u>hearing</u> on your disability application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Overall opinion of Social Security's <u>service</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22. Please use the space below to tell us anything else about the service you received in connection with your hearing.</b>							

**Social Security is continually working to improve the service we provide the public. Please complete this questionnaire to give us your opinion of the service you received when you requested a hearing on your application for disability benefits.**

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Please use the scale shown to rate the following aspects of your hearing experience.

Mark  **ONE** answer for every item.

If a question **does not** apply to you, please mark **Not Applicable**.

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
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***When you decided to request a hearing...***

- |  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <u>Ease of finding</u> information about how to file your hearing request                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Quality</u> of information you got from Social Security explaining the hearing process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***While you were waiting for your hearing to be held...***

- |  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. <u>Ease of contacting</u> Social Security about your hearing request                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Helpfulness</u> of the information Social Security gave you about your hearing request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***How your hearing was held...***

5. Did you have a representative, either an attorney or some other person, handle your hearing?

**Mark only ONE answer.**

- Yes
- No

6. Did you have a hearing with a judge face-to-face or by video conference?

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<b>Please use the scale shown to rate the following aspects of your hearing experience. Mark [X] <u>ONE</u> answer for every item.</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Not Applicable</b>
<b><i>When your hearing was held...</i></b>							
7. <u>Location</u> of the office where your hearing was held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How well the judge explained <u>what would happen</u> at your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How <u>prepared</u> the judge was to talk about the facts of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Opportunity the judge gave you or your representative to <u>present the facts</u> of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Courtesy</u> of the judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Waiting for the hearing and decision...</i></b>							
12. Length of time from the date you <u>first requested</u> your hearing until it was <u>held</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Length of time from the date your <u>hearing was held</u> until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Overall length of time from the date you <u>first requested</u> your hearing until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Notice of Social Security's decision on your hearing...</i></b>							
15. How well the notice <u>explained</u> the <u>decision</u> on your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How well the notice <u>explained</u> what to do if you disagreed with the decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Your overall experience with Social Security...</i></b>							
17. <u>Helpfulness</u> of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19. How well the staff <u>knew their jobs</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Overall experience with the <u>hearing</u> on your disability application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Overall opinion of Social Security's <u>service</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22. Please use the space below to tell us anything else about the service you received in connection with your hearing.</b>							

**FY 2012 HEARING REPORT CARD SURVEY  
INITIAL COVER LETTER – ENGLISH**

Dear Social Security Applicant:

Social Security is conducting a survey to get your opinion of the service you received when you requested a hearing on your application for Social Security disability benefits. We would like to hear from you even if you did not attend a hearing with a judge.

The survey is short and should only take 5 minutes to complete. Please take a few minutes now to answer the questions and return the form as soon as possible in the postage-paid envelope provided. While you are not required to respond, your opinions are very important to us and we would like to hear from as many people as possible. Please do not put any information related to your Social Security business in the envelope with your completed survey.

Please be assured that *[insert contractor name]*, who is conducting this survey for us, will only give your responses to my staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your hearing request or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov). (To protect your privacy, neither my staff nor Synovate can answer questions about your eligibility or benefits.)

Thank you for sharing your opinions with us.

Sincerely,

Ronald T. Raborg  
Deputy Commissioner for Quality Performance  
Social Security Administration

Enclosures

**FY 2011 HEARING REPORT CARD SURVEY  
FOLLOW-UP POSTCARD – ENGLISH**

Dear Social Security Customer:

About two weeks ago we sent you a survey form asking for your opinion of the service you received for your recent business with Social Security.

- **If you have already mailed back your completed survey**, thank you for your quick response.
- **If not**, please take 5 minutes now to complete and return the survey in the postage-paid envelope provided.
- **If you no longer have the survey**, you don't need to do anything. Synovate, who is conducting the survey for us, will be mailing another form to you shortly.

Thank you for your help with this survey.

Ronald T. Raborg  
Deputy Commissioner for Quality Performance  
Social Security Administration

**FY 2012 HEARING REPORT CARD SURVEY  
FOLLOW-UP COVER LETTER - ENGLISH**

Dear Social Security Applicant:

About a month ago we sent you a brief survey asking about the service you received when you requested a hearing on your application for Social Security disability benefits. We haven't yet heard from you and it's important that we gather opinions from as many people as possible. We would like you to answer our survey even if you did not attend a hearing with a judge.

If you recently mailed in your completed survey form, please discard this letter. We sincerely appreciate your help and we look forward to receiving your response. However, if you have not yet returned the survey, please take 5 minutes now to complete it and send it back. For your convenience, we have enclosed another copy along with a postage-paid return envelope. Please do not put any information related to your Social Security business in the envelope with your completed survey.

Please be assured that *[insert contractor name]*, who is conducting this survey for us, will only give your responses to my staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your hearing request or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov). (To protect your privacy, neither my staff nor Synovate can answer questions about your eligibility or benefits.)

We would appreciate receiving your completed survey as soon as possible.

Sincerely,

Ronald T. Raborg  
Deputy Commissioner for Quality Performance  
Social Security Administration

Enclosures

## ***PRIVACY ACT STATEMENT***

The Social Security Administration is authorized to collect the information for this survey under Executive Order 12862, "Setting Customer Service Standards." Your response to these questions is strictly voluntary. The information you provide will be used to help us improve the service that we give you. Your response will not be disclosed to any other government or private agency.

## **PAPERWORK REDUCTION ACT STATEMENT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless the survey form displays a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to complete this survey. This includes the time it will take to read the instructions, gather the facts and answer the questions. *You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*