

**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> |
|------------------|------------------|-------------|-------------|-------------|------------------|-----------------------|

***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.**
- |                          |     |  |
|--------------------------|-----|--|
| <input type="checkbox"/> | Yes |  |
| <input type="checkbox"/> | No  |  |
6. Did you have a hearing with a judge face-to-face or by video conference?  
**Mark only ONE answer.**
- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | Hearing was <u>face-to-face</u> with a judge.        | <b>→Please continue with <u>question 7</u></b>  |
| <input type="checkbox"/> | Hearing was <u>by video conference</u> with a judge. | <b>→Please continue with <u>question 7</u></b>  |
| <input type="checkbox"/> | <u>No</u> hearing was held with a judge.             | <b>→Please continue with <u>question 14</u></b> |

| <p>Please use the scale shown to rate the following aspects of your hearing experience.<br/>Mark [X] <u>ONE</u> answer for every item.</p> | Excellent                | Very Good                | Good                     | Fair                     | Poor                     | Very Poor                | Not Applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 22. <b>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.**

**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> |
|------------------|------------------|-------------|-------------|-------------|------------------|-----------------------|

***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**

| <p>Please use the scale shown to rate the following aspects of your hearing experience.<br/>Mark [X] <u>ONE</u> answer for every item.</p> | Excellent                | Very Good                | Good                     | Fair                     | Poor                     | Very Poor                | Not Applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 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"/> |
| 22. <b>Please use the space below to tell us anything else about the service you received in connection with your hearing.</b>             |                          |                          |                          |                          |                          |                          |                          |
|  |                          |                          |                          |                          |                          |                          |                          |
|  |                          |                          |                          |                          |                          |                          |                          |
|  |                          |                          |                          |                          |                          |                          |                          |