

# Post Completion Questionnaire for Volunteer Participants

As we are still developing this practice, your comments will help us make it even more useful.

Please fill out this form to tell us what was helpful and what needs to be improved.

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**Name (Optional):**

**Age (Optional) :**

**Zip code (Optional):**

**Which practice did you do?**

- Password
- Change of Address
- Direct Deposit

**Which form of the practice did you use?**

- The Talkie Version
- The Silent Version
- Video Demonstration
- A Combination

**How likely are you to use Social Security online services in the future?**

- Very likely
- Somewhat likely
- Not very likely

**How would you rate this practice program?**

- Excellent
- Good
- Fair
- Not So Good

 **Poor**

**If you thought the program was not so good or poor, what did you not like about the program?**

**How could we make the program better?**

**Add any other comments in the box below:**

Click in one of the boxes below to continue.

or

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