

Social Security 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 recently received when you filed 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.

1. How did you file your application for disability benefits?
(If you used more than one way, please check the main way.) **Mark [X] only ONE.**

- 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

2. Did anyone **besides** Social Security help you with your application? **Mark [X] only ONE.**

- No, I did it by myself with the help of a Social Security employee ONLY. → Go to question 4.
- Yes, I had help from someone other than a Social Security employee. → Go to question 3.

3. Please tell us who helped you: **Mark [X] all that apply.**

- A husband, wife, relative or friend
- A state or local government agency (such as your social worker or case worker)
- A nonprofit organization that serves people with disabilities (such as the United Cerebral Palsy Association)
- An attorney or a paid professional disability consulting service
- A health care provider
- Other (such as your employer, school or church)

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 mark Not Applicable.

Mark [X] ONE rating for every item.

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
When you decided to file...							
4. Ease of finding information about how to apply for disability benefits.	E	VG	G	F	P	VP	N/A
5. Quality of information you got about how to apply for disability benefits.	E	VG	G	F	P	VP	N/A
6. Ease of working with Social Security to start the application process.	E	VG	G	F	P	VP	N/A

PLEASE CONTINUE TO PAGE 2

Explanations Social Security gave you about...

7. Information and documents you needed for your application.	E	VG	G	F	P	VP	N/A
8. Requirements for getting disability benefits and how you qualify.	E	VG	G	F	P	VP	N/A
9. How the disability application process works, for example who makes the decision.	E	VG	G	F	P	VP	N/A

Providing information to Social Security...

10. Ease of answering questions about your medical condition and treatment.	E	VG	G	F	P	VP	N/A
11. Ease of answering questions about the work you did in the past.	E	VG	G	F	P	VP	N/A
12. Ease of answering questions about your education and job training.	E	VG	G	F	P	VP	N/A

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 mark **Not Applicable**.

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

Excellent **Very Good** **Good** **Fair** **Poor** **Very Poor** **Not Applicable**

How Social Security employees did their job...

13. Helpfulness of the staff.	E	VG	G	F	P	VP	N/A
14. Courtesy of the staff.	E	VG	G	F	P	VP	N/A
15. How well the staff knew their jobs.	E	VG	G	F	P	VP	N/A
16. How clearly the staff explained things to you.	E	VG	G	F	P	VP	N/A
17. The amount of time the staff spent with you.	E	VG	G	F	P	VP	N/A

Your overall experience...

18. Ease of filing your disability application with Social Security.	E	VG	G	F	P	VP	N/A
19. Overall opinion of Social Security's service.	E	VG	G	F	P	VP	N/A

A little more about you...

20. When you do business with Social Security, in person, on the telephone, or online, do you need them to provide any special accommodations because of a medical condition?

Mark [X] ONE answer.

- Yes No → **SKIP to Question 23.**

21. Do you need special accommodations because of a:

Mark [X] all that apply.

- Physical limitation (for example, wheelchair access)
- Visual limitation (for example, large print or Braille documents)
- Deafness or difficulty hearing (for example, sign language interpreter or video relay)
- Other limitation (for example, a learning disability)

22. How satisfied are you with how well Social Security meets your need for special accommodations? Are you:

Mark [X] ONE answer.

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied, or
- Very dissatisfied

23. Please use this space to explain any of your answers, especially any reasons for dissatisfaction, or to provide any other comments about the service you received when you filed your application for disability benefits.

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

Mark [X] ONE rating for every item.

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
Providing medical information...							
4. Ease of answering questions about your disability.	E	VG	G	F	P	VP	N/A
5. Ease of obtaining your own medical records, if you did so.	E	VG	G	F	P	VP	N/A
6. Experience during any medical examination or test Social Security sent you to.	E	VG	G	F	P	VP	N/A

-
- Visual limitation (for example, large print or Braille documents)
 - Deafness or difficulty hearing (for example, sign language interpreter or video relay)
 - Other limitation (for example, a learning disability)
-

20. How satisfied are you with how well Social Security meets your need for special accommodations? Are you:

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