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:** X Use blue or black pen or a number 2 pencil. Make no stray marks. Do not use pens with ink that soaks through the paper. • Keep all entries within the boxes. How did you file your application for disability benefits? 1. (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 Did anyone **besides** Social Security help you with your application? **Mark [X] only ONE.** 2. No, I did it by myself with the help of a Social Security employee ONLY. → Go to question 4. \rightarrow Go to question 3. Yes, I had help from someone other than a Social Security employee. 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. Annlicahle If a question does not apply to you, please mark Very Good Very Poor Excellent Not Applicable. Good Poor Fair Not Mark [X] ONE rating for every item. When you decided to file... Ease of finding information about how to apply for disability 4. Е VG G F Р VP N/A benefits. 5. Quality of information you got about how to apply for E VG G F Ρ VP N/A disability benefits. 6. Ease of working with Social Security to start the application Е VG Р VP G F N/A process.

F w	lanations Social Security gave you about								
Exp	nanauons Social Security gave you about								
7.	Information and documents you needed for your application.	E	VG	G	F	Р	VP	N/A	
8.	Requirements for getting disability benefits and how you qualify.	E	VG	G	F	Р	VP	N/A	
9.	How the disability application process works, for example who makes the decision.	E	VG	G	F	Р	VP	N/A	
Providing information to Social Security									
10.	Ease of answering questions about your medical condition and treatment.	E	VG	G	F	Р	VP	N/A	
11.	Ease of answering questions about the work you did in the past.	E	VG	G	F	Р	VP	N/A	
12.	Ease of answering questions about your education and job training.	E	VG	G	F	Р	VP	N/A	
Please use the scale shown to rate the following aspects of your experience filing for disability benefits.									
	question does not apply to you, please mark <u>Applicable</u> .	Excellent	Very Good	Good	ч	J	Very Poor	Not Annlicahle	
		<u> </u>		Ä	•=	<u> </u>			
Ma	rk [X] <u>ONE</u> rating for every item.	Еx	Ve	Ğ	Fair	Poor	Ve	Not Ann	
	rk [X] <u>ONE</u> rating for every item. v Social Security employees did their job	Ex	Ve	Ğ	Fa	Po	Ve	Ar	
Но	- ·	E	vg	G	F	Р	VP	N/A	
Ho 13.	v Social Security employees did their job		F	-			F		
<i>Ho</i> 13. 14.	<i>w Social Security employees did their job…</i> Helpfulness of the staff.	E	VG	G	F	Р	VP	N/A	
How13.14.15.	<i>w Social Security employees did their job</i> Helpfulness of the staff. Courtesy of the staff.	E	VG VG	G	F	P P	VP VP	N/A N/A	
How13.14.15.	 <i>v</i> Social Security employees did their job Helpfulness of the staff. Courtesy of the staff. How well the staff knew their jobs. How clearly the staff explained things to you. 	E E E	VG VG VG	G G G	F F F	P P P	VP VP VP	N/A N/A N/A	
Ho13.14.15.16.17.	 <i>v</i> Social Security employees did their job Helpfulness of the staff. Courtesy of the staff. How well the staff knew their jobs. How clearly the staff explained things to you. 	E E E E	VG VG VG VG	G G G G	F F F F	P P P P	VP VP VP VP	N/A N/A N/A N/A	
 Ho 13. 14. 15. 16. 17. You 	 <i>v</i> Social Security employees did their job Helpfulness of the staff. Courtesy of the staff. How well the staff knew their jobs. How clearly the staff explained things to you. The amount of time the staff spent with you. 	E E E E	VG VG VG VG	G G G G	F F F F	P P P P	VP VP VP VP	N/A N/A N/A N/A	
 How 13. 14. 15. 16. 17. You 18. 	 <i>v</i> Social Security employees did their job Helpfulness of the staff. Courtesy of the staff. How well the staff knew their jobs. How clearly the staff explained things to you. The amount of time the staff spent with you. <i>tr</i> overall experience Ease of filing your disability application with 	E E E E	VG VG VG VG VG	G G G G G	F F F F	P P P P P	VP VP VP VP VP	N/A N/A N/A 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 <u>them to provide</u> 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] <u>all that apply</u>.

- □ 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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Did servers has des Casial Convits hale vous eith vous andiestion? Mark [V] only ONE										
_	 Did anyone <u>besides</u> Social Security help you with your application? Mark [X] <u>only ONE</u>. □ No. I did it by myself with the help of a Social Security employee ONLY. → Go to question 4. 									
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3.	Please tell us who helped you: Mark [X] <u>all that app</u>	<u>oly.</u>								
	 A husband, wife, relative or friend A state or local government agency (such as your social worker or case worker) 									
	A nonprofit organization that source noonly with disabili		or case v	worker)					
L	(such as the United Cerebral Palsy Association)									
		An attorney or a paid professional disability consulting service								
L	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.										
	question does not apply to you, please mark	nt	poo				001	hle		
<u>Not</u>	Applicable.	Excelle	Very G	р	۲.	Ч	Very Po	Not Annlicahle		
Ma	rk [X] <u>ONE</u> rating for every item.	Exc	Ver	Good	Fair	Poor	Ver	Not Ann		
Pro	viding medical information									
4.	Ease of answering questions about your disability.	E	VG	G	F	Р	VP	N/A		
5.	Ease of obtaining your own medical records, if you did so.	E	VG	G	F	Р	VP	N/A		
6.	Experience during any medical examination or test Social Security sent you to.	Е	VG	G	F	Р	VP	N/A		

Finding out what was happening on your application										
7.	Ease of contacting Social Security for status of your application.	Ε	VG	G	F	Р	VP	N/A		
8.	Usefulness of information Social Security gave you about the status.	E	VG	G	F	Р	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 <u>Not Applicable</u> .		Excellent	Very Good	p		Ľ	Very Poor	Not Annlicahle		
Ma	rk [X] <u>ONE</u> rating for every item.	Exc	Ver	Good	Fair	Poor	Ver	Not Ann		
How Social Security employees did their job										
9.	Helpfulness of the staff.	Е	VG	G	F	Р	VP	N/A		
10.	Courtesy of the staff.	Е	VG	G	F	Р	VP	N/A		
11.	How well the staff knew their jobs.	E	VG	G	F	Р	VP	N/A		
12.	How clearly the staff explained things to you.	Е	VG	G	F	Р	VP	N/A		
13.	The amount of time the staff spent with you.	E	VG	G	F	Р	VP	N/A		
Getting the decision on your application										
14.	Length of time it took Social Security to handle your application.	Е	VG	G	F	Р	VP	N/A		
15.	Clarity of the letter explaining Social Security's decision on your application.	E	VG	G	F	Р	VP	N/A		
Your overall experience										
16.	Ease of filing your disability application with Social Security.	E	VG	G	F	Р	VP	N/A		
17.	Overall opinion of Social Security's service.	E	VG	G	F	Р	VP	N/A		
A little more about you										
18.	8. When you do business with Social Security, in person, on the telephone, or online, do you need <u>them to provide</u> any special accommodations because of a medical condition?									
	Mark [X] ONE answer.□Yes□No→ SKIP to Question 21.									
19.	Do you need special accommodations because of a:									
	Mark [X] <u>all that apply</u> .									
	□ Physical limitation (for example, wheelchair access)								
	OMB Control N0. 0960-0526 Expiration Date: TBD									

- □ 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)
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