- From traditional media (newspaper, magazine, TV or radio, etc.)
- From a doctor or other health care professional, social worker
- From a nonprofit organization that serves the aged or people with disabilities (United Cerebral Palsy, ARC, etc.)
- From an attorney or a paid professional consulting service (Allsup, Binder & Binder, etc.)
- Did you fill out the online application by yourself or was someone else there to help you with it? 2.

#### Mark only ONE answer.

- → Please skip to <u>question 4</u>.  $\Box$  Filled it out by myself
- Someone else helped me **→ Please continue with question 3.**
- 3. Who helped you? Mark only ONE answer.
  - □ Non-professional (family member, friend, etc.)
  - Professional (attorney, social worker, doctor, etc.)

#### Please use the scale shown to rate the following aspects of your experience using Social Security's online application. If a question does not apply to you, please mark Not Applicable.

Ma	rk [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
Wh	en you decided to file online							
4.	Ease of finding the online application on Social Security's website							
5.	<u>Number of pages</u> you went through <u>before</u> you could start the online application							
6.	<u>Appearance</u> of the online application <u>pages</u> (amount of information, how the information is arranged, etc.)							
7.	How well Social Security's website explained <u>what</u> information and documents <u>you needed</u> to complete your online application							

**PLEASE CONTINUE TO PAGE 2** 

Please answer the following questions to give us your opinion of the online application you recently completed on Social Security's website.

#### MARKING INSTRUCTIONS **Correct Marking Example:** $\mathbf{X}$

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Make no stray marks.

Mark <u>all</u> that apply.

Keep all entries within the boxes.

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- 1. How did you hear about Social Security's online application?
  - From Social Security (an employee, their website, written material, etc.)
  - From a family member or friend
  - From an Internet search engine or website other than Social Security's
  - From online social media (Facebook, Twitter, etc.)

  - Somewhere else (employer, union, school, church, etc.)

Mark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
Completing the online application							
8. <u>Ease of answering</u> the questions on the online application							
9. <u>Helpfulness</u> of the explanations in the " <u>More Info</u> " links on the online application							
10. <u>Availability of other help</u> from Social Security to complete the online application							
11. Length of time it took to complete the online application							
<ul> <li>12. About how long did it take you complete the online application?</li> <li>15 minutes or less</li> <li>Over 15 and up to 30 minutes</li> <li>Over 30 and up to 45 minutes</li> <li>Over 45 and up to 1 hour</li> <li>Over 1 hour and up to 2 hours</li> <li>More than 2 hours</li> </ul>	Mar	k <u>only</u>	<u>7 ONF</u>	<u>C</u> ansv	ver.		
Mark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
Explanations on Social Security's website about							
13. What would happen after you submitted your online application							
14. Other information you needed to know about your benefits							
15. The security and privacy policies of the website							
Your overall rating							
16. <u>Overall opinion</u> of Social Security's online application							
Mark [X] <u>ONE</u> answer for every item.	Very T 317.01	Lukery Somowhat	Likely	Not very	LJKely	Not at all Likely	Not Applicable
Your likelihood to							
17. <u>Recommend</u> Social Security's online application to others							
<ol> <li>Use Social Security's website for your <u>future business</u> (request information, change your address, etc.)</li> </ol>							
<ol> <li>Use a handheld mobile device (smartphone, iPad, etc.) to do business on Social Security's website</li> </ol>							

#### Your need for special accommodations...

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] only ONE answer.

- □ Yes (Answer <u>question 21</u> and tell us what special accommodations you need in question 22.)
- $\Box$  No (Skip to <u>question 22</u>.)

Mark [X] <u>only ONE</u> answer.	Very	Somewhat	Somewhat	Very	Not
	Satisfied	Satisfied	Dissatisfied	Dissatisfied	Applicable
21. How satisfied are you with how well Social Security meets your need for special accommodations?					

22. Please use this space to provide any comments you may have about Social Security's online application or to explain any of your answers.

OMB Control Number 0960-0526; Expiration Date: November 2015

# Give Social Security a Report Card...

Please give us your opinion of the online disability form you recently completed on Social Security's website to file an application for disability benefits or to request a disability appeal.

#### MARKING INSTRUCTIONS **Correct Marking Example:** $\mathbf{X}$

- 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.
- How did you hear about completing the disability form online? 1.
  - From Social Security (an employee, their website, written material, etc.)
  - From a family member or friend
  - From an Internet search engine or website other than Social Security's
  - From online social media (Facebook, Twitter, etc.)
  - From traditional media (newspaper, magazine, TV or radio, etc.)
  - From a doctor or other health care professional, social worker П
  - From a nonprofit organization that serves the aged or people with disabilities (United Cerebral Palsy, ARC, etc.)
  - From an attorney or a paid professional consulting service (Allsup, Binder & Binder, etc.)
  - Somewhere else (employer, union, school, church, etc.) П
- 2. Did you fill out the online disability form by yourself or was someone else there to help you with it?

#### Mark only ONE answer.

- Filled it out by myself  $\square$
- Someone else helped me П

Please use the scale shown to rate the following aspects of your experience using Social Security's online disability application or appeal. If a question does not apply to you, please mark Not Applicable.

Μ	ark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
<u>Sta</u>	arting the online disability application or appeal							
3.	Ease of finding the online form on Social Security's website							
4.	<u>Number of pages</u> you went through <u>before</u> you could start the online form							
5.	How well Social Security's website explained <u>how</u> the online form <u>works</u>							
6.	How well Social Security's website explained <u>what</u> <u>information you needed</u> to complete the online form							
7.	<u>Appearance</u> of the online <u>pages</u> (amount of information, how the information is arranged, etc.)							

## **PLEASE CONTINUE TO PAGE 2**

- - Keep all entries within the boxes.
- Mark all that apply.

<u>Completing the online disability application or</u> <u>appeal</u>							
8. Did you complete the online form in one or more than one s	itting?	Mark	only ON	<u>NE</u> ansv	ver.		
$\Box  \text{One sitting} \qquad \qquad \Rightarrow \text{Please skip to quest}$	tion 10.						
$\Box  \text{More than one sitting}  \textbf{ > Please continue wit}$	h <u>quest</u>	tion 9.					
Mark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
9. Ease of getting back to the online form you started earlier							
10. <u>Length of time</u> it took to complete the online form							
<ul> <li>11. About how long did it take you complete the online form? M</li> <li>1 hour or less</li> <li>Over 1 hour and up to 2 hours</li> <li>Over 2 hours and up to 3 hours</li> <li>Over 3 hours</li> </ul>	Iark <u>or</u>	nly ON	<u>E</u> answo	er.			
Mark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
12. Ease of understanding the questions on the online form							
13. <u>Ease of providing</u> the information requested on the online form							
14. <u>Helpfulness</u> of the examples and explanations in the links on the online form							
15. <u>Availability of other help</u> from Social Security to complete the online form							
Mark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
Explanations on Social Security's website about							
16. What would happen <u>after you submitted</u> the online disability application or appeal							
17. The security and privacy policies of the website							
<ul> <li><u>Your overall rating</u></li> <li>18. <u>Overall opinion</u> of Social Security's online disability application or appeal</li> </ul>							

Mark [X] <u>ONE</u> answer for every item.	Very Likely	Somewhat Likely	Not very Likely	Not at all Likely	Not Applicable					
Your likelihood to										
19. <u>Recommend</u> Social Security's website to others										
20. Use Social Security's website for <u>future business</u> (look for information, etc.)										
21. Use a handheld mobile device (smartphone, iPad, etc.) to do business on Social Security's website										
Your need for special accommodations										
<ul> <li>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] <u>only ONE</u> answer.</li> </ul>										
<ul> <li>□ Yes (Answer question 23 and tell us what special a</li> <li>□ No (Skip to question 24.)</li> </ul>		tuons you	a neeu m	question	27.)					
Mark [X] <u>only ONE</u> answer.	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable					
23. How satisfied are you with how well Social Security meets your need for special accommodations?										
24. Please use this space to provide any comments you may have Report or to explain any of your answers.	about Socia	ll Security	's online	Disability	y					

OMB Control Number 0960-0526; Expiration Date: November 2015

# Give Social Security a Report Card...

Social Security's records show that you recently used Social Security's website to:

obtain a <u>proof of income</u> letter (verify your payment amount, payment date, etc.), <u>OR</u> request a replacement <u>SSA-1099</u> (statement of total benefits paid for tax purposes), <u>OR</u> request a replacement <u>Medicare card</u>.

Please answer the following questions to give us your opinion of the online service you used.

## 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.
- 1. How did you hear about the service on Social Security's website? Mark [X] all that apply.
  - □ From Social Security (an employee, their website, written material, etc.)
  - □ From a family member or friend
  - □ From an Internet search engine or website other than Social Security's
  - □ From a doctor, pharmacist or other health care professional, social worker
  - □ From a nonprofit organization that serves the aged or people with disabilities (United Cerebral Palsy, etc.)
  - □ From traditional media (newspaper, magazine, TV or radio, etc.)
  - □ From online social media (Facebook, Twitter, etc.)
  - □ Somewhere else (accountant, school, church, etc.)
- 2. Did you complete the online request by yourself or was someone else there to help you?

#### Mark [X] <u>only ONE</u> answer.

- $\Box \quad \text{Completed it by myself} \qquad \Rightarrow \text{Please skip to } \underline{\text{question 4}}.$
- $\Box \quad \text{Someone else helped me} \quad \Rightarrow \text{Please continue with } \underline{\text{question 3}}.$
- 3. Who helped you? Mark [X] <u>only ONE</u> answer.
  - □ Non-professional (family member, friend, etc.)
  - □ Professional (accountant, social worker, etc.)
- 4. Social Security requires that you have an online account (a username and password) in order to request personal information on their website. For your recent request, did you create an online account for the first time or did you use an online account that you created earlier?

#### Mark [X] only ONE answer.

- □ I created an online account for the first time
- → Please continue with <u>question 5</u>.
- □ I used an online account I created earlier
- ➔ Please skip to question 6.

ample: ⊥×⊥
Make no stray marks.

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Keep all entries within the boxes.

PLEASE CONTINUE TO PAGE 2

Please use the scale shown to rate the following aspects of your experience using Social Security's online service. If a question <u>does not</u> apply to you, please mark <u>Not Applicable</u>.

M	ark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
Wh	en you decided to make your request online							
5.	Ease of creating an online account to use Social Security's online service							
6.	Ease of finding the service on Social Security's website							
7.	<u>Number of pages</u> you went through <u>before</u> you could start the request							
8.	<u>Appearance</u> of the online <u>pages</u> (amount of information, how the information is arranged, etc.)							
Co	npleting the online request							
9.	Ease of filling out your request							
10.	Helpfulness of the explanations about how to complete your request							
11.	Length of time it took to complete your request online							
	How long did it take you to fill out your request? Mark [X]							
	<ul> <li>5 minutes or less</li> <li>Over 5 and up to 10 minutes</li> <li>More than 10 minutes</li> </ul>		<u>ONE</u> a					
M	$\Box$ Over 5 and up to 10 minutes	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
	<ul> <li>Over 5 and up to 10 minutes</li> <li>More than 10 minutes</li> </ul>				Fair	Poor	Very Poor	Not Applicable
On	<ul> <li>Over 5 and up to 10 minutes</li> <li>More than 10 minutes</li> </ul> ark [X] <u>ONE</u> answer for every item.				Fair	Poor	Very Poor	<ul><li>Not</li><li>Applicable</li></ul>
<b>On</b> 13.	<ul> <li>Over 5 and up to 10 minutes</li> <li>More than 10 minutes</li> </ul> ark [X] ONE answer for every item. <i>line explanations from Social Security</i>	Excellent	Very Good	Good	Fair		F	
<i>On</i> 13. 14.	<ul> <li>Over 5 and up to 10 minutes</li> <li>More than 10 minutes</li> </ul> ark [X] ONE answer for every item. <i>line explanations from Social Security</i> Confirming that they received your request	□ Excellent	□ Very Good	Good	- Fair			
<i>On</i> 13. 14. 15.	<ul> <li>Over 5 and up to 10 minutes</li> <li>More than 10 minutes</li> </ul> ark [X] ONE answer for every item. <i>line explanations from Social Security</i> Confirming that they received your request Explaining how they will process your request	Excellent	□ Cood	Good	Fair			
<i>On</i> 13. 14. 15. <i>Wa</i>	<ul> <li>Over 5 and up to 10 minutes</li> <li>More than 10 minutes</li> </ul> ark [X] ONE answer for every item. <i>line explanations from Social Security</i> Confirming that they received your request Explaining how they will process your request Explaining the security and privacy policies of the website	Excellent	□ Cood	Good	Fair			
<i>On</i> 13. 14. 15. <i>Wa</i> 16.	<ul> <li>Over 5 and up to 10 minutes</li> <li>More than 10 minutes</li> </ul> ark [X] ONE answer for every item. <i>line explanations from Social Security</i> Confirming that they received your request Explaining how they will process your request Explaining the security and privacy policies of the website <i>it for the information you requested</i> Length of time it took to receive the information you	Excellent	Cood Cood	<b>Good</b>	Fair			

Mark [X] <u>ONE</u> answer for every item.	Very Likely	Somewhat Likely	Not very Likely	Not at all Likely	Not Applicable					
Your likelihood to										
18. <u>Recommend</u> Social Security's website to others										
19. Use Social Security's website for your <u>future business</u> (request other information, report a change, etc.)										
20. Use a handheld mobile device (smartphone, iPad, etc.) to do business on Social Security's website										
Your need for special accommodations										
21. When you do business with Social Security, in person, on the t	elephone	or online,	do you n	eed them	to					

provide any special accommodations because of a medical condition? Mark [X] <u>only ONE</u> answer.

### □ Yes (Answer <u>question 22</u> and tell us what special accommodations you need in question 23.)

 $\Box$  No (Skip to <u>question 23</u>.)

Mark [X] <u>only ONE</u> answer.	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
22. How satisfied are you with how well Social Security meets your need for special accommodations?					
	~	~			

23. Please use this space to provide any comments you may have about Social Security's online service or to explain any of your answers.

#### OMB Control Number 0960-0526; Expiration Date: November 2015

# Give Social Security a Report Card...

Please answer the following questions to give us your opinion of the change of address or direct deposit service you recently used on Social Security's website.

#### 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.
- through the paper. Keep all entries within the boxes.
- How did you hear about the change of address or direct deposit service on Social Security's website? Mark [X] <u>all</u> that apply.
  - □ From Social Security (an employee, their website, written material, etc.)
  - $\Box$  From a family member or friend
  - □ From an Internet search engine or website other than Social Security's
  - □ From online social media (Facebook, Twitter, etc.)
  - □ From traditional media (newspaper, magazine, TV or radio, etc.)
  - □ From a bank or financial institution
  - $\Box$  Somewhere else (employer, school, church, etc.)
- Did you complete the online request for a change of address or direct deposit by yourself or was someone else there to help you? Mark [X] <u>only ONE</u> answer.
  - $\Box \quad \text{Completed it by myself} \qquad \Rightarrow \text{Please skip to question 4.}$
  - □ Someone else helped me  $\rightarrow$  Please continue with <u>question 3</u>.
- 3. Who helped you? Mark [X] <u>only ONE</u> answer.
  - □ Non-professional (family member, friend, etc.)
  - □ Professional (bank employee, attorney, social worker, etc.)
- 4. Social Security requires that you have an online account (a username and password) in order to use the change of address or direct deposit service on their website. To report your change, did you create an online account for the first time or did you use an online account that you created earlier?

#### Mark [X] <u>only ONE</u> answer.

- $\Box$  I created an online account for the first time
- → Please continue with <u>question 5</u>.
- □ I used an online account I created earlier
- → Please skip to <u>question 6</u>.

Please use the scale shown to rate the following aspects of your experience using Social Security's online change of address or direct deposit service. If a question <u>does not</u> apply to you, please mark <u>Not Applicable</u>.

Ma	rk [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
Wh	en you decided to report your change online							
5.	Ease of creating an online account to use Social Security's change of address or direct deposit service							
6.	Ease of finding the change of address or direct deposit service on Social Security's website							
7.	<u>Number of pages</u> you went through <u>before</u> you could start the change of address or direct deposit report							
8.	<u>Appearance</u> of the online <u>pages</u> (amount of information, how the information is arranged, etc.)							
9.	How well Social Security's website explained <u>what</u> <u>information you needed</u> to complete your report							
Con	npleting the online report							
10.	Ease of answering the questions for your change of address or direct deposit report							
11.	<u>Helpfulness</u> of the <u>explanations</u> and <u>examples</u> about how to complete your report							
12.	<u>Availability of other help</u> from Social Security to complete your report							
13.	Length of time it took to complete your report							
14.	<ul> <li>About how long did it take you to complete your change of add</li> <li>Mark [X] <u>only ONE</u> answer.</li> <li>□ 10 minutes or less</li> <li>□ Over 10 and up to 20 minutes</li> </ul>	ress or	direct	deposit	report	online	e?	

 $\Box$  More than 20 minutes

Mark [X] <u>ONE</u> answer for every item.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
Information from Social Security							
15. Confirming that they received your report							
16. Explaining how they will process your report							
17. Explaining the security and privacy policies of the website							

Mark [X] only <u>ONE</u> answer.	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable			
Your overall rating										
18. <u>Overall opinion</u> of Social Security's online change of address or direct deposit service										
Mark [X] <u>ONE</u> answer for every item.	Very Likely	Somewhat	Likely	Not very Likely	Not at all	LIKUY	Not Applicable			
Your likelihood to										
19. <u>Recommend</u> Social Security's website to others										
20. Use Social Security's website for your <u>future business</u> (request information, report a change, etc.)										
21. Use a handheld mobile device (smartphone, iPad, etc.) to do business on Social Security's website										
Your need for special accommodations										
<ul> <li>22. 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] <u>only ONE</u> answer.</li> <li> <ul> <li>Yes</li> <li>(Answer <u>question 23</u> and tell us what special accommodations you need in question 24.)</li> <li>No</li> <li>(Skip to question 24.)</li> </ul> </li> </ul>										
Mark [X] <u>only ONE</u> answer.	Very	Satisfied	Somewnau Satisfied	Somewhat Dissatisfied	Very	Dissatisfied	Not Applicable			
23. How satisfied are you with how well Social Security meets your need for special accommodations?	r [					]				

24. Please use this space to provide any comments you may have about Social Security's online change of address or direct deposit service or to explain any of your answers.

OMB Control Number 0960-0526; Expiration Date: November 2015

#### **Internet Report Card Survey - Prenotice Postcard**

Dear Social Security Customer:

Social Security believes that conducting surveys is one of the best ways to find out how well we are serving you. That's why we will soon be asking you to give us your opinion about the business that you recently completed on our website for yourself or on behalf of another person.

In a few days, you will receive a short questionnaire in the mail from *(Contractor)* who is conducting this survey for Social Security. When you receive their envelope, we hope that you will take the time to answer our questions and tell us what you think of our online service.

We look forward to hearing your opinions.

Social Security Administration

#### Internet Report Card Survey – Initial Cover Letter

#### RE: [Insert type of online business from sample file]

Dear [Insert name from sample file]:

As noted in our recent postcard, Social Security is conducting a survey to find out how well we served you when you used our website to complete the business shown above for yourself or on behalf of another person. Please take 5 minutes to fill out the enclosed "Report Card" and return the form as soon as possible in the postage-paid envelope provided. <u>Please do not put any</u> information related to Social Security business in the envelope with your completed survey.

Please be assured that *(Contractor)*, who is conducting this survey for us, will only give your responses to the 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.

If you have a question about Social Security benefits, please visit our web site at <u>www.socialsecurity.gov</u> or call our toll-free information line at 1-800-772-1213.

We appreciate your taking time out of your busy schedule to answer our survey.

Sincerely,

Social Security Administration

Enclosures

#### Internet Report Card Survey – Privacy Act

#### 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 <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes 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 <u>only</u> comments relating to our time estimate to this address, not the completed form.

#### Internet Report Card Survey – Follow-up Cover Letter

#### RE: [Insert type of online business from sample file]

Dear [Insert name from sample file]:

About a week ago we sent you a survey form, "Give Social Security a Report Card," to find out how well we served you when you used our website to complete the business shown above for yourself or on behalf of another person. We haven't yet heard from you and it's important that we gather opinions from as many people as possible. If you have already 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 had time to fill out and return your survey, please take a few minutes right now to do that. The form is short and takes less than 5 minutes to complete. In case you misplaced the survey, we have enclosed another copy along with a postage-paid return envelope. <u>Please do not put any information related to Social Security business in the envelope with your completed survey.</u>

Please be assured that *(Contractor)*, who is conducting this survey for us, will only give your responses to the 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.

If you have a question about Social Security benefits, please visit our web site at <u>www.socialsecurity.gov</u> or call our toll-free information line at 1-800-772-1213.

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

Sincerely,

Social Security Administration

Enclosures