



Tablet Survey

1. Why did you come to the office today? *(Please check all that apply)*

- Obtain a Benefit Verification Letter
 - Obtain a Social Security Statement
 - Request a Replacement Medicare Card
 - To change my address or direct deposit
 - Request a Social Security Number Replacement Card
 - To file a claim for benefits
 - Other (please specify)
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2. What transactions did you complete using the tablet? *(Please check all that apply)*

- Created a [mySocialSecurity](#) account (No Account Activation Code Used)
 - Completed a [mySocialSecurity](#) account registration using an Account Activation Code
 - Printed a Benefit Verification Letter
 - Printed an Online Social Security Statement
 - Requested a Replacement Medicare Card
 - Change of address or direct deposit
 - Requested a Social Security Number Replacement Card
 - Other (please specify)
-

3. Please rate your satisfaction level with the following aspects, features, and processes during your Social Security Express Tablet experience:

	Low	Below Average	Average	Above Average	High	N/A
Overall satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appearance of the screens/pages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of using the tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to complete your transaction(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wait time to use the tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mySocialSecurity registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other online services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed Documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What did you like best about using the tablet?

5. Please tell us about any problems you had using the tablet. (Please check all that apply)

- I did not encounter any problems
 - It took too long to complete my business
 - The language was difficult to understand
 - The screen was difficult to read
 - The check boxes or text boxes were difficult to use
 - Other (please specify)
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(End of Page 1)

6. Were you able to take care of your business using the tablet?

- Yes
- No

7. Would you recommend the Social Security Express Tablet to others?

- Yes
- No
- Not sure

8. Do you have easy access to the Internet?

- Yes
- No

9. Do you have any other comments related to your experience with the Social Security Express Tablet?

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9. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

10. Which of the following benefits do you currently receive?

- I do not receive any benefits currently
 - I am applying for benefits
 - Retirement
 - Disability
 - Supplemental Security Income (SSI)
 - Other (please specify)
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Paperwork Reduction Act: This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. The OMB approval number is 0960-0788. You may send comments on this 5-minute time estimate to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401.