

Model Instance Name:
SSA Extra Help v3 (English)

MID: IVsQkEQIoMBUUs049xE45w4C

Partitioned (Y/N)? N

FPI Included(Y/N)?

Date: 7/19/2013

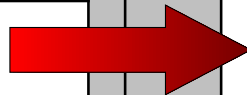


Element rotation scheme has been added

SSA Extra Help v3 (English)

Model questions utilize the ACSI methodology to determine scores and impacts

| ELEMENTS (drivers of satisfaction) | | CUSTOMER SATISFACTION | | FUTURE BEHAVIORS | |
|------------------------------------|--|-----------------------------|---|---------------------------|--|
| MQ Label | | MQ Label | | MQ Label | |
| | Look and Feel (1=Poor, 10=Excellent, Don't Know) | | Satisfaction | | Recommend (1=Very Unlikely, 10=Very Likely) |
| Look and Feel - Appeal | Please rate the visual appeal of the online application for Help with Medicare Prescription Plan Drug Costs. | Satisfaction - Overall | What is your overall satisfaction with the online application for Help with Medicare Prescription Plan Drug Costs? (1=Very Dissatisfied, 10=Very Satisfied) | Recommend | How likely are you to recommend the online application for Help with Medicare Prescription Plan Drug Costs to someone else? |
| Look and Feel - Balance | Please rate the balance of graphics and text in the online application for Help with Medicare Prescription Plan Drug Costs. | Satisfaction - Expectations | How well does the online application for Help with Medicare Prescription Plan Drug Costs meet your expectations? (1=Falls Short, 10=Exceeds) | | Use Other Applications (1=Very Unlikely, 10=Very Likely) |
| Look and Feel - Readability | Please rate the readability of the pages in the online application for Help with Medicare Prescription Plan Drug Costs. | Satisfaction - Ideal | How does the online application for Help with Medicare Prescription Plan Drug Costs compare to your idea of an ideal online application? (1=Not Very Close, 10=Very Close) | Use Other Online Services | How likely are you to use other Social Security online services? |
| | Site Performance (1=Poor, 10=Excellent, Don't Know) | | | | |
| Site Performance - Loading | Please rate how quickly pages load in the online application for Help with Medicare Prescription Plan Drug Costs. | | | | |
| Site Performance - Consistency | Please rate the consistency of speed from page to page in the online application for Help with Medicare Prescription Plan Drug Costs. | | | | |
| Site Performance - Errors | Please rate the ability to load pages without getting error messages in the online application for Help with Medicare Prescription Plan Drug Costs. | | | | |
| | Plain Language (1=Poor, 10=Excellent, Don't Know) | | | | |
| Plain Language - Clear | Please rate the clarity of the wording in the Help with Medicare Prescription Plan Drug Costs application. | | | | |
| Plain Language - Understandable | Please rate how well you understand the wording in the Help with Medicare Prescription Plan Drug Costs application. | | | | |
| Plain Language - Concise | Please rate the Help with Medicare Prescription Plan Drug Costs application on its use of short, clear sentences. | | | | |



Model Instance Name:
SSA Extra Help v3 (English)

MID: RQFJlkpspsRxQlxpY0s1ZQ4C

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Date: 7/19/2013

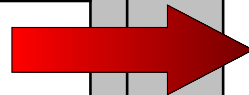


Element rotation scheme has been added

SSA Extra Help v3 (English)

Model questions utilize the ACSI methodology to determine scores and impacts

| ELEMENTS (drivers of satisfaction) | | CUSTOMER SATISFACTION | | FUTURE BEHAVIORS | |
|------------------------------------|--|-----------------------------|---|---------------------------|--|
| MQ Label | | MQ Label | | MQ Label | |
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| Look and Feel - Readability | Please rate the readability of the pages in the online application for Help with Medicare Prescription Plan Drug Costs. | Satisfaction - Ideal | How does the online application for Help with Medicare Prescription Plan Drug Costs compare to your idea of an ideal online application? (1=Not Very Close, 10=Very Close) | | How likely are you to use other Social Security online services? |
| | Site Performance (1=Poor, 10=Excellent, Don't Know) | | | | |
| Site Performance - Loading | Please rate how quickly pages load in the online application for Help with Medicare Prescription Plan Drug Costs. | | | | |
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| Site Performance - Errors | Please rate the ability to load pages without getting error messages in the online application for Help with Medicare Prescription Plan Drug Costs. | | | | |
| | Plain Language (1=Poor, 10=Excellent, Don't Know) | | | | |
| Plain Language - Clear | Please rate the clarity of the wording in the Help with Medicare Prescription Plan Drug Costs application. | | | | |
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| Plain Language - Concise | Please rate the Help with Medicare Prescription Plan Drug Costs application on its use of short, clear sentences. | | | | |



Model Instance Name:

SSA Extra Help v3 (Spanish)

MID: wcscht14I5kxFEcp45Bg0Q4C

Partitioned (Y/N)? N

FPI Included(Y/N)?

NOTE: All non-partitioned surveys will NOT be imputed and the elements will be rotated as a default unless otherwise specified and approved by Research.

Date: 7/19/2013

Model questions

| MQ Label | ELEMENTS (drivers of satisfaction) |
|---------------------------------|--|
| | Apariencia y función (1=Mala, 10=Excelente, No sé) |
| Look and Feel - Appeal | Por favor califique la apariencia de la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| Look and Feel - Balance | Por favor califique el equilibrio entre gráficas y texto de la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| Look and Feel - Readability | Por favor califique la fluidéz del texto de la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| | Rendimiento del sitio de Internet (1=Mala, 10=Excelente, No sé) |
| Site Performance - Loading | Por favor califique la rapidez con que suben las páginas de la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| Site Performance - Consistency | Por favor califique la consistencia de la rapidez para moverse de una página a la otra en la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| Site Performance - Errors | Por favor califique la capacidad para subir las páginas sin que reciba un error en la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| | Simpleza del vocabulario (1=Malo, 10=Excelente, No sé) |
| Plain Language - Clear | Por favor califique la claridad de las palabras usadas en la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| Plain Language - Understandable | Por favor califique su comprensión de las palabras usadas en la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| Plain Language - Concise | Por favor califique la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare basado en el uso de oraciones cortas y claras . |



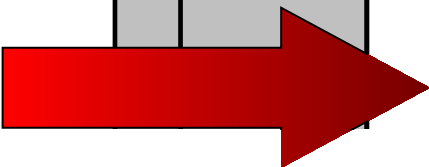
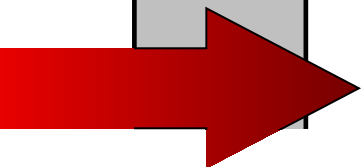


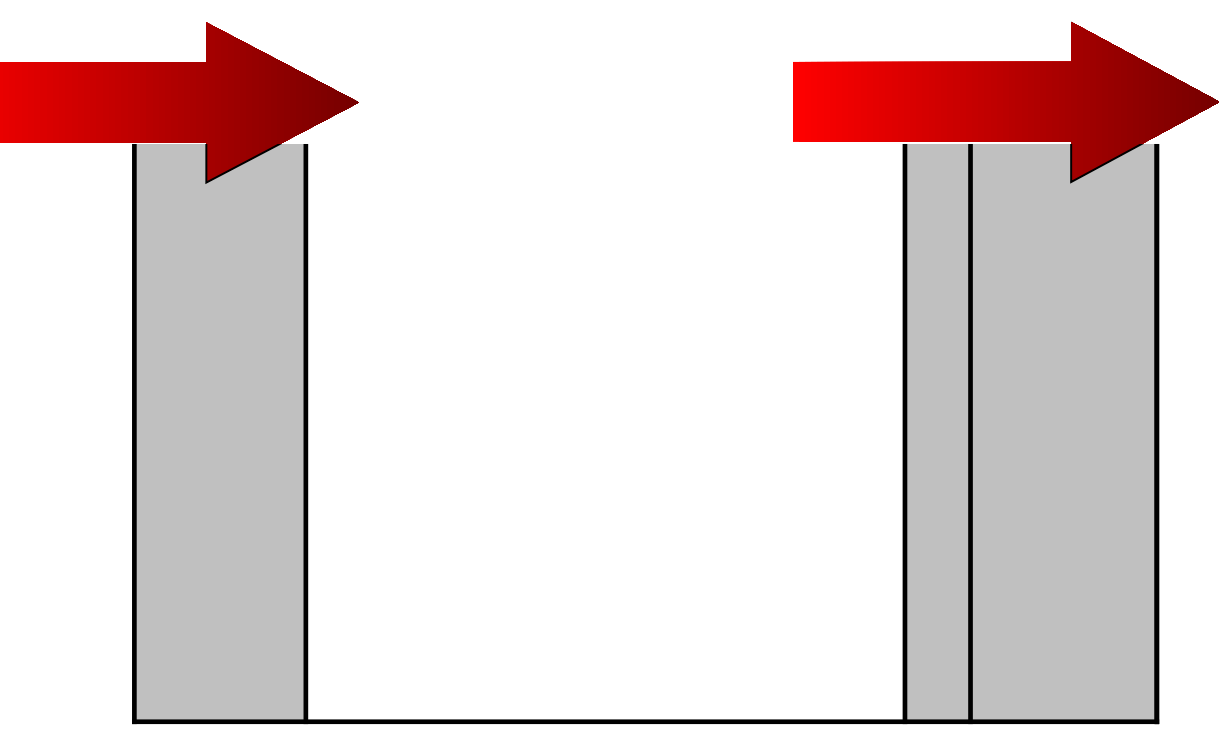
Element rotation scheme has been added

SSA Extra Help v3 (English)

utilize the ACSI methodology to determine scores and impacts

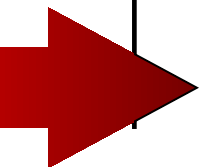
| CUSTOMER SATISFACTION | | MQ Label |
|-----------------------------|--|---------------------------|
| MQ Label | Satisfacción | Recommend |
| Satisfaction - Overall | ¿Cómo calificaría su satisfacción en general de la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare? (1=Totalmente insatisfecho, 10=Totalmente satisfecho) | |
| Satisfaction - Expectations | ¿Con cuánta exactitud la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare satisfizo sus expectativas? (1=No llenó mis expectativas, 10=Totalmente satisfecho) | Use Other Online Services |
| Satisfaction - Ideal | ¿Cómo se compara la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare con lo que se imaginaría que sería su programa de computadora ideal? (1=No se asemeja, 10=Se asemeja) | |

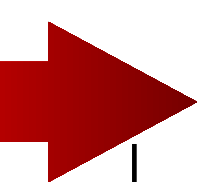






| FUTURE BEHAVIORS | FPI Y? |
|---|-----------|
| Recomendar (1=Muy improbablemente, 10=Muy probablemente) | |
| ¿Cuáles son las posibilidades de que le recomiende a otra persona la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare ? | |
| Usar por Internet otros programas de computadora del Seguro Social (1=Muy improbablemente, 10=Muy probablemente) | |
| ¿Cuáles son las posibilidades de que use otros programas de computadora en este sitio de Internet del Seguro Social? | |
| | |





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MID: QsRVQ5o0Z8FxQtc4JBwJkg==

Date: 9/15/2011



Model questions utilize the ACSI methodology to determine scores and impacts

| ELEMENTS (drivers of satisfaction) | CUSTOMER SATISFACTION | FUTURE BEHAVIORS |
|---|---|--|
| <p>Content (1=Poor, 10=Excellent, Don't Know)</p> | <p>Satisfaction</p> | <p>Future Behaviors</p> |
| <p>1 Please rate your perception of the accuracy of information on this site.</p> | <p>20 What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied)</p> | <p>Recommend (1=Very Unlikely, 10=Very Likely)</p> |
| <p>2 Please rate the quality of information on this site.</p> | <p>21 How well does this site meet your expectations? (1=Falls Short, 10=Exceeds)</p> | <p>23 How likely are you to recommend this site to someone else?</p> |
| <p>3 Please rate the freshness of content on this site.</p> | | |
| <p>Functionality (1=Poor, 10=Excellent, Don't Know)</p> | <p>22 How does this site compare to your idea of an ideal website? (1=Not Very Close, 10=Very Close)</p> | <p>Use Other Applications (1=Very Unlikely, 10=Very Likely)</p> |
| <p>4 Please rate the usefulness of the features provided on this site.</p> | | <p>24 How likely are you to use other online Social Security Administration Applications?</p> |
| <p>5 Please rate the convenience of the features on this site.</p> | | |
| <p>6 Please rate the variety of features on this site.</p> | | |
| <p>Look and Feel (1=Poor, 10=Excellent, Don't Know)</p> | | |
| <p>7 Please rate the visual appeal of this site.</p> | | |
| <p>8 Please rate the balance of graphics and text on this site.</p> | | |
| <p>9 Please rate the readability of the pages on this site.</p> | | |
| <p>Navigation (1=Poor, 10=Excellent, Don't Know)</p> | | |
| <p>10 Please rate how well the site is organized.</p> | | |
| <p>11 Please rate the options available for navigating this site.</p> | | |
| <p>12 Please rate how well the site layout helps you find what you are looking for.</p> | | |
| <p>13 Please rate the number of clicks to get where you want on this site.</p> | | |
| <p>Site Performance (1=Poor, 10=Excellent, Don't Know)</p> | | |
| <p>14 Please rate how quickly pages load on this site.</p> | | |
| <p>15 Please rate the consistency of speed from page to page on this site.</p> | | |
| <p>16 Please rate the ability to load pages without getting error messages on this site.</p> | | |
| <p>Tasks/ Transactions (1=Poor, 10=Excellent, Don't Know)</p> | | |
| <p>17 Please rate the process for completing task(s) on this site.</p> | | |
| <p>18 Please rate the clarity of instructions for completing task(s) on this site.</p> | | |
| <p>19 Please rate the verification of task completion on this site.</p> | | |



Model Instance Name:
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MID: VhgJpNEVNpxlMBUQNcg1FQ==

Date: 9/15/2011



Model questions utilize the ACSI methodology to determine scores and impacts

| ELEMENTS (drivers of satisfaction) | CUSTOMER SATISFACTION | FUTURE BEHAVIORS |
|--|--|--|
| <p>Content (1=Poor, 10=Excellent, Don't Know) Please rate your perception of the accuracy of information on this site.</p> <p>Please rate the quality of information on this site.</p> <p>Please rate the freshness of content on this site.</p> | <p>Satisfaction What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied)</p> <p>How well does this site meet your expectations? (1=Falls Short, 10=Exceeds)</p> <p>How does this site compare to your idea of an ideal website? (1=Not Very Close, 10=Very Close)</p> | <p>Future Behaviors Recommend (1=Very Unlikely, 10=Very Likely) How likely are you to recommend this site to someone else?</p> |
| <p>Functionality (1=Poor, 10=Excellent, Don't Know) Please rate the usefulness of the features provided on this site. Please rate the convenience of the features on this site. Please rate the variety of features on this site.</p> | | <p>Use Other Applications (1=Very Unlikely, 10=Very Likely) How likely are you to use other online Social Security Administration Applications?</p> |
| <p>Look and Feel (1=Poor, 10=Excellent, Don't Know) Please rate the visual appeal of this site.</p> <p>Please rate the balance of graphics and text on this site. Please rate the readability of the pages on this site.</p> | | |
| <p>Navigation (1=Poor, 10=Excellent, Don't Know) Please rate how well the site is organized. Please rate the options available for navigating this site. Please rate how well the site layout helps you find what you are looking for. Please rate the number of clicks to get where you want on this site.</p> | | |
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| <p>Tasks/ Transactions (1=Poor, 10=Excellent, Don't Know) Please rate the process for completing task(s) on this site. Please rate the clarity of instructions for completing task(s) on this site. Please rate the verification of task completion on this site.</p> | | |

Model Instance Name:
SSA Extra Help v2 (Spanish)

MID: 515J9k0gVEx0E9NVUYp8Fg==

Date: 9/15/2011



Model questions utilize the ACSI methodology to determine scores and impacts

| ELEMENTS (drivers of satisfaction) | CUSTOMER SATISFACTION | FUTURE BEHAVIORS |
|--|--|--|
| <p>Content (1 = pobre, 10 = excelente, no lo sé) Por favor evalúe su percepción de la exactitud de la información en este sitio de Internet. Por favor evalúe la calidad de la información en este sitio de Internet. Por favor evalúe la actualización del contenido en este sitio de Internet.</p> | <p>Satisfaction ¿Cuál es su satisfacción general con este sitio de Internet? (1 = Muy insatisfecho, 10 = Muy satisfecho) ¿Hasta qué punto este sitio de Internet cumplió con sus expectativas? (1 = Fracasa, 10 = Excede) ¿Cómo se compara este sitio de Internet con su visión de un sitio de Internet ideal? (1 = Fracasa, 10 = Cercano)</p> | <p>Future Behaviors Recommend (1 = Muy improbable, 10 = Muy probable) ¿Qué posibilidades hay de que recomiende este sitio de Internet a otra persona? Use Other Applications (1 = Muy improbable, 10 = Muy probable)</p> |
| <p>Functionality (1 = pobre, 10 = excelente, no lo sé) Por favor evalúe la utilidad de los recursos disponibles en este sitio de Internet. Por favor evalúe la conveniencia de los recursos disponibles en este sitio de Internet. Por favor evalúe la variedad de los recursos disponibles en este sitio de Internet.</p> | | <p>¿Qué posibilidades hay de utilizar otros servicios por Internet de la Administración del Seguro Social?</p> |
| <p>Look and Feel (1 = pobre, 10 = excelente, no lo sé) Por favor evalúe el atractivo visual de este sitio de Internet. Por favor evalúe el balance gráfico y textual en este sitio de Internet. Por favor evalúe la legibilidad de las páginas en este sitio de Internet.</p> | | |
| <p>Navigation (1 = pobre, 10 = excelente, no lo sé) Por favor evalúe la organización de este sitio de Internet. Por favor evalúe las opciones disponibles para navegar en este sitio de Internet. Por favor evalúe cómo el diseño del sitio de Internet le ayudó a encontrar lo que buscaba. Por favor evalúe el número de clics que tuvo que hacer para llegar a donde quería.</p> | | |
| <p>Site Performance (1 = pobre, 10 = excelente, no lo sé) Por favor evalúe la rapidez con que se cargan las páginas en este sitio de Internet. Por favor evalúe la consistencia de la velocidad de una página a otra en este sitio de Internet. Por favor evalúe la capacidad de cargar páginas nuevas sin recibir mensajes de errores en este sitio de Internet.</p> | | |
| <p>Tasks/ Transactions (1 = pobre, 10 = excelente, no lo sé) Por favor evalúe el proceso de completar las tareas en este sitio de Internet. Por favor evalúe la claridad de las instrucciones para completar las tareas en este sitio de Internet. Por favor evalúe la verificación de la finalización de las tareas en este sitio de Internet.</p> | | |

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SSA Extra Help v2 (English Equiv)

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Date: 9/15/2011



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|---|---|---|
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| <p>12 Please rate how well the site layout helps you find what you are looking for.</p> | | |
| <p>13 Please rate the number of clicks to get where you want on this site.</p> | | |
| <p>Site Performance (1=Poor, 10=Excellent, Don't Know)</p> | | |
| <p>14 Please rate how quickly pages load on this site.</p> | | |
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| <p>Tasks/ Transactions (1=Poor, 10=Excellent, Don't Know)</p> | | |
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~~red & strike-through~~: DELETE
underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English Equiv) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | | Answer Choices (limited to 50 characters) | Skip to: | Type |
|---------|------------------|---|--|--|--|--------------------------|
| BJL2281 | | Did you complete your application today ? | BJL2281A01 BJL2281A02 BJL2281A03 BJL2281A04 BJL2281A05 BJL2281A06 | Not yet, but I plan to finish today Yes, I completed my new application today Yes, I resumed and completed my earlier application No, I did not complete my new application No, I did not complete my partial application I'm not applying for Help with Medicare Prescription Plan Drug Costs today | B-I B-I B-I A, L A, L | Radio |
| BJL2282 | B | How did you first hear about the on-line Application for Help with the Medicare Prescription Plan Drug Costs? | BJL2282A01 BJL2282A02 BJL2282A03 BJL2282A04 BJL2282A05 BJL2282A06 BJL2282A07 BJL2282A08 BJL2282A09 BJL2282A10 BJL2282A11 BJL2282A12 BJL2282A13 | A Social Security Representative told me about it Saw it on the Social Security Website Received a letter about it in the mail from SSA Read about it in a Social Security publication Read about it in a Medicare publication Saw it on the Medicare website Saw it in a newspaper, magazine, television or other media source Heard about it at my Senior/Community Center My doctor, or another professional, told me about it Got it from a Search Engine Linked from another website Word-of-mouth Other | | Radio |
| BJL2283 | D | For whom are you completing the on-line Help with Medicare Prescription Drug Plan Costs application? | BJL2283A01 BJL2283A02 BJL2283A03 BJL2283A04 BJL2283A05 BJL2283A06 BJL2283A07 | Myself Myself and my spouse My Spouse My parent My client My relative My friend | | Dropdown (select one) |
| BJL2284 | A | If you have decided to stop working on your application for now, do you plan to return to complete it later? | BJL2284A01 BJL2284A02 | Yes No | | Dropdown (select one) |
| BJL2285 | L | If you stopped working on your application, please tell us why: (Select all that apply) | BJL2285A01 BJL2285A02 BJL2285A03 BJL2285A04 BJL2285A05 BJL2285A06 BJL2285A07 BJL2285A08 | I'm not applying for Help with Medicare Prescription Plan Drug Costs today Needed to find documents/other information for my application Too complicated/Takes too long/Too many questions to answer without help My medical/physical condition prevents me from working on the computer for long periods I don't have the necessary computer skills to complete the application Received an error message/Kicked off Tried to use my Reentry Number to resume my application, but it wouldn't work Didn't have the Reentry Number needed to resume application | | checkbox one up vertical |

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~~red & strike-through~~: DELETE
underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English Equiv) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | | Answer Choices (limited to 50 characters) | Skip to: | Type |
|---------|------------------|---|------------|---|----------|--------------------------------|
| | | | BJL2285A09 | Application wouldn't accept empty fields | | |
| | | | BJL2285A10 | I had problem(s) entering information in some of the pages | | |
| | | | BJL2285A11 | I made a mistake on one of the screens, but couldn't correct it | | |
| | | | BJL2285A12 | I was working on my application when the site shut down for the night | | |
| | | | BJL2285A13 | Other Reason | | |
| BJL2286 | G | Please rate your level of experience using the Internet. | BJL2286A01 | Very experienced | | Radio |
| | | | BJL2286A02 | Somewhat experienced | | |
| | | | BJL2286A03 | Almost no experience | | |
| | | | BJL2286A04 | Filing for Extra Help for Prescription Costs online is the first I've used the Internet. | | |
| BJL2287 | H | If you answered you heard about the on-line Application for Help with Medicare Prescription Plan Drug Costs from another website or a search engine , please tell us which one: | | | | text area - no character limit |
| BJL2288 | I | Do you have any problems with, or specific suggestions to improve , this on-line Application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer.) | | | | text area - no character limit |



| Single or Multi | Required Y/N |
|-----------------|--------------|
| Single | Y |
| Single | Y |
| Single | Y |
| Single | Y |
| Multi | Y |

| Single or Multi | Required Y/N |
|-----------------|--------------|
| | |
| Single | Y |
| | N |
| | N |

Model Instance Name:

SSA Extra Help v2 (English Equiv)

MID: QsRVQ5o0Z8FxQtc4JBwJkg==

Date: 9/15/2011

red & strike-through: DELETE

underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English Equiv) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | | Answer Choices (limited to 50 characters) | Skip to: | Type |
|---------|------------------|---|---|--|--|--------------------------|
| SAC4054 | | Did you complete your application today? | SAC4054A001 SAC4054A002 SAC4054A003 SAC4054A004 SAC4054A005 SAC4054A006 | Not yet, but I plan to finish today Yes, I completed my new application today Yes, I resumed and completed my earlier application No, I did not complete my new application No, I did not complete my partial application I'm not applying for Help with Medicare Prescription Plan Drug Costs today | B-I B-I B-I A, L A, L | Radio |
| SAC4055 | B | How did you first hear about the on-line Application for Help with the Medicare Prescription Plan Drug Costs? | SAC4055A001 SAC4055A002 SAC4055A003 SAC4055A004 SAC4055A005 SAC4055A006 SAC4055A007 SAC4055A008 SAC4055A009 SAC4055A010 SAC4055A011 SAC4055A012 SAC4055A013 | A Social Security Representative told me about it Saw it on the Social Security Website Received a letter about it in the mail from SSA Read about it in a Social Security publication Read about it in a Medicare publication Saw it on the Medicare website Saw it in a newspaper, magazine, television or other media source Heard about it at my Senior/Community Center My doctor, or another professional, told me about it Got it from a Search Engine Linked from another website Word-of-mouth Other | | Radio |
| SAC4058 | D | For whom are you completing the on-line Help with Medicare Prescription Drug Plan Costs application? | SAC4058A001 SAC4058A002 SAC4058A003 SAC4058A004 SAC4058A005 SAC4058A006 SAC4058A007 | Myself Myself and my spouse My Spouse My parent My client My relative My friend | | Dropdown (select one) |
| SAC4059 | A | If you have decided to stop working on your application for now, do you plan to return to complete it later? | SAC4059A001 SAC4059A002 | Yes No | | Dropdown (select one) |
| SAC4060 | L | If you stopped working on your application, please tell us why: (Select all that apply) | SAC4060A001 SAC4060A002 SAC4060A003 SAC4060A004 SAC4060A005 SAC4060A006 SAC4060A007 SAC4060A008 | I'm not applying for Help with Medicare Prescription Plan Drug Costs today Needed to find documents/other information for my application Too complicated/Takes too long/Too many questions to answer without help My medical/physical condition prevents me from working on the computer for long periods I don't have the necessary computer skills to complete the application Received an error message/Kicked off Tried to use my Reentry Number to resume my application, but it wouldn't work Didn't have the Reentry Number needed to resume application | | checkbox one up vertical |

Model Instance Name:
 SSA Extra Help v2 (English Equiv)
 MID: QsRVQ5o0Z8FxQtc4JBwJkg==
 Date: 9/15/2011

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underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English Equiv) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | | Answer Choices (limited to 50 characters) | Skip to: | Type |
|---------|------------------|---|--|---|----------|--------------------------------|
| | | | SAC4060A009 SAC4060A010 SAC4060A011 | Application wouldn't accept empty fields I had problem(s) entering information in some of the pages I made a mistake on one of the screens, but couldn't correct it | | |
| | | | SAC4060A012 SAC4060A013 | I was working on my application when the site shut down for the night Other Reason | | |
| SAC4061 | G | Please rate your level of experience using the Internet. | SAC4061A001 SAC4061A002 SAC4061A003 SAC4061A004 | Very experienced Somewhat experienced Almost no experience Filing for Extra Help for Prescription Costs online is the first I've used the Internet. | | Radio |
| SAC4062 | H | If you answered you heard about the on-line Application for Help with Medicare Prescription Plan Drug Costs from another website or a search engine , please tell us which one: | | | | text area - no character limit |
| SAC4063 | I | Do you have any problems with, or specific suggestions to improve , this on-line Application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer.) | | | | text area - no character limit |



| Single or Multi | Required Y/N |
|-----------------|--------------|
| Single | Y |
| Single | Y |
| Single | Y |
| Single | Y |
| Multi | Y |

| Single or Multi | Required Y/N |
|-----------------|--------------|
| | |
| Single | Y |
| | N |
| | N |

Model Instance Name:
 SSA Extra Help v3 (English)
 MID: RQFJKpspsRxQlxpY0s1ZQ4C
 Date: 9/15/2011

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underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|---|--|--|---------------------------------|-----------------|--------------|
| ENBJL2281 | | Did you complete your application today ? | Not yet, but I plan to finish today Yes, I completed my new application today Yes, I resumed and completed my earlier application No, I did not complete my new application No, I did not complete my partial application I'm not applying for Help with Medicare Prescription Plan Drug Costs today | B-I B-I B-I A, L A, L | radio button one-up vertical | Single | Y |
| ENBJL2282 | B | How did you first hear about the on-line Application for Help with the Medicare Prescription Plan Drug Costs? | A Social Security Representative told me about it Saw it on the Social Security Website Received a letter about it in the mail from SSA Read about it in a Social Security publication Read about it in a Medicare publication Saw it on the Medicare website Saw it in a newspaper, magazine, television or other media source Heard about it at my Senior/Community Center My doctor, or another professional, told me about it Got it from a Search Engine Linked from another website Word-of-mouth Other | | radio button one-up vertical | Single | Y |
| ENBJL2283 | D | For whom are you completing the on-line Help with Medicare Prescription Drug Plan Costs application? | Myself Myself and my spouse My Spouse My parent My client My relative My friend | | Dropdown (select one) | Single | Y |
| ENBJL2284 | A | If you have decided to stop working on your application for now, do you plan to return to complete it later? | Yes No | | Dropdown (select one) | Single | Y |
| ENBJL2285 | L | If you stopped working on your application, please tell us why: (Select all that apply) | I'm not applying for Help with Medicare Prescription Plan Drug Costs today Needed to find documents/other information for my application Too complicated/Takes too long/Too many questions to answer without help My medical/physical condition prevents me from working on the computer for long periods I don't have the necessary computer skills to complete the application Received an error message/Kicked off Tried to use my Reentry Number to resume my application, but it wouldn't work Didn't have the Reentry Number needed to resume application Application wouldn't accept empty fields | | checkbox one up vertical | Multi | Y |

Model Instance Name:
 SSA Extra Help v3 (English)
 MID: RQFJlkpspsRxQlxpY0s1ZQ4C
 Date: 9/15/2011

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 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|---|--|----------|--------------------------------|-----------------|--------------|
| | | | I had problem(s) entering information in some of the pages I made a mistake on one of the screens, but couldn't correct it I was working on my application when the site shut down for the night Other Reason | | | | |
| ENBJL2286 | G | Please rate your level of experience using the Internet. | Very experienced Somewhat experienced Almost no experience Filing for Extra Help for Prescription Costs online is the first I've used the Internet. | | Radio button one-up vertical | Single | Y |
| ENBJL2287 | H | If you answered you heard about the on-line Application for Help with Medicare Prescription Plan Drug Costs from another website or a search engine , please tell us which one: | | | text area - no character limit | | N |
| ENBJL2288 | I | Do you have any problems with, or specific suggestions to improve , this on-line Application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer.) | | | text area - no character limit | | N |

Model Instance Name:
 SSA Extra Help v2 (English)
 MID: VhgJpNEVNpxIMBUQNcg1FQ==
 Date: 9/15/2011

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underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|---|--|-----------------------------------|------------------------------|-----------------|--------------|
| ENSAC4054 | | Did you complete your application today ? | Not yet, but I plan to finish today Yes, I completed my new application today Yes, I resumed and completed my earlier application No, I did not complete my new application No, I did not complete my partial application I'm not applying for Help with Medicare Prescription Plan Drug Costs today | B-I B-I B-I A, L A, L | radio button one-up vertical | Single | Y |
| ENSAC4055 | B | How did you first hear about the on-line Application for Help with the Medicare Prescription Plan Drug Costs? | A Social Security Representative told me about it Saw it on the Social Security Website Received a letter about it in the mail from SSA Read about it in a Social Security publication Read about it in a Medicare publication Saw it on the Medicare website Saw it in a newspaper, magazine, television or other media source Heard about it at my Senior/Community Center My doctor, or another professional, told me about it Got it from a Search Engine Linked from another website Word-of-mouth Other | | radio button one-up vertical | Single | Y |
| ENSAC4058 | D | For whom are you completing the on-line Help with Medicare Prescription Drug Plan Costs application? | Myself Myself and my spouse My Spouse My parent My client My relative My friend | | Dropdown (select one) | Single | Y |
| ENSAC4059 | A | If you have decided to stop working on your application for now, do you plan to return to complete it later? | Yes No | | Dropdown (select one) | Single | Y |
| ENSAC4060 | L | If you stopped working on your application, please tell us why: (Select all that apply) | I'm not applying for Help with Medicare Prescription Plan Drug Costs today Needed to find documents/other information for my application Too complicated/Takes too long/Too many questions to answer without help My medical/physical condition prevents me from working on the computer for long periods I don't have the necessary computer skills to complete the application Received an error message/Kicked off Tried to use my Reentry Number to resume my application, but it wouldn't work Didn't have the Reentry Number needed to resume application Application wouldn't accept empty fields | | checkbox one up vertical | Multi | Y |

Model Instance Name:
 SSA Extra Help v2 (English)
 MID: VhgJpNEVNpxIMBUQNcg1FQ==
 Date: 9/15/2011

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underlined & italicized: RE-ORDER
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 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|---|--|----------|--------------------------------|-----------------|--------------|
| | | | I had problem(s) entering information in some of the pages I made a mistake on one of the screens, but couldn't correct it I was working on my application when the site shut down for the night Other Reason | | | | |
| ENSAC4061 | G | Please rate your level of experience using the Internet. | Very experienced Somewhat experienced Almost no experience Filing for Extra Help for Prescription Costs online is the first I've used the Internet. | | Radio button one-up vertical | Single | Y |
| ENSAC4062 | H | If you answered you heard about the on-line Application for Help with Medicare Prescription Plan Drug Costs from another website or a search engine , please tell us which one: | | | text area - no character limit | | N |
| ENSAC4063 | I | Do you have any problems with, or specific suggestions to improve , this on-line Application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer.) | | | text area - no character limit | | N |

Model Instance Name:
 SSA Extra Help v2 (Spanish)
 MID: 515J9k0gVEx0E9NVUYp8Fg==
 Date: 9/15/2011

~~red & strike-through~~: DELETE
underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (Spanish) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|---|--|-----------------------------------|--------------------------|-----------------|--------------|
| SPSAC4054 | | ¿Completó su solicitud hoy? | Todavía no, pero tengo la intención de terminar hoy. Sí, he terminado mi nueva solicitud hoy. Sí, he resumido y completado mi solicitud anterior. No, no he completado mi nueva solicitud. No, no he completado mi solicitud parcial. No estoy solicitando para recibir el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare hoy. | B-I B-I B-I A, L A, L | Radio | Single | Y |
| SPSAC4055 | B | ¿Cómo se enteró de la solicitud por Internet para recibir el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare? | Un representante del Seguro Social me dijo sobre este Lo ví en el sitio de Internet del Seguro Social Recibí una carta por correo del Seguro Social Leí sobre esta en una publicación del Seguro Social Leí sobre esta en una publicación de Medicare Lo ví en el sitio de Internet de Medicare Lo ví en un periódico, revista, televisión u otros medios de comunicación Oí hablar de esta en un centro de comunidad para ancianos. Mi médico u otro profesional me dijo sobre este Lo obtuve en un lugar de búsqueda por Internet. Por un enlace en otro sitio de Internet. Lo escuché por otro personas Otro modo | | Radio | Single | Y |
| SPSAC4058 | D | ¿Para quién esta completando la solicitud por Internet para el Beneficio Adicional con los gastos del plan de medicamentos recetados? | Para mi mismo Para mi mismo y mi cónyuge Para mi cónyuge Para mi padre o madre Para mi cliente Para mi pariente Para mi amigo | | Dropdown (select one) | Single | Y |
| SPSAC4059 | A | Si ha decidido dejar de trabajar en la solicitud por ahora, ¿espera regresar y completarla mas tarde? | Sí No | | Dropdown (select one) | Single | Y |
| SPSAC4060 | L | Si dejo de trabajar en su solicitud, por favor háganos por qué: (Seleccione todos los que aplican) | No estoy solicitando el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare hoy. Necesitaba encontrar documentos/otra información para mi solicitud Muy complicada/Toma mucho tiempo/Demasiadas preguntas que contestar sin ayuda Mi padecimiento médico/físico me impide trabajar en la computadora por periodos largos No tengo las destrezas de computadora necesarias para completar la solicitud Recibí en mensaje de error/El sistema me expulsó Traté de usar my Número de Reingreso para regresar a mi solicitud, pero no funcionó No tenia el Número de Reingreso para regresar a la solicitud | | checkbox one up vertical | Multi | Y |

Model Instance Name:
 SSA Extra Help v2 (Spanish)
 MID: 515J9k0gVEx0E9NVUYp8Fg==
 Date: 9/15/2011

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 pink: ADDITION
 blue + -->: REWORDING
 violet (**bold**): SKIP-LOGIC

SSA Extra Help v2 (Spanish) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|--|---|----------|--------------------------------|-----------------|--------------|
| | | | La solicitud no aceptó campos en blanco Tuve problemas ingresando información en alguna de las páginas Cometí un error en una de las pantallas y no pude corregirlo Estaba trabajando en mi solicitud cuando apagaron el sitio de Internet por la noche. Otra razón | | | | |
| SPSAC4061 | G | Por favor evalúe su nivel de experiencia usando la Internet. | Muy experimentado Algo de experiencia Inexperto Solicitando el Beneficio Adicional con los gastos de medicamentos recetados es la primera vez que uso el Internet. | | Radio | Single | Y |
| SPSAC4062 | H | Si contestó que escuchó acerca de la solicitud para el Beneficio Adicional con los gastos del plan de medicamentos recetados en otro sitio de Internet o lugar de búsqueda, por favor háganos saber el nombre del sitio: | | | text area - no character limit | | N |
| SPSAC4063 | I | ¿Tiene algún problema con, o sugerencias específicas para mejorar esta solicitud de Internet para el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare? (Por favor no incluya ninguna información personal en sus respuestas.) | | | text area - no character limit | | N |

Model Instance Name:
 SSA Extra Help v2 (English)
 MID: VhgJpNEVNpxIMBUQNcg1FQ==
 Date: 9/15/2011

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underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|---|---|-----------------------------------|---------------------------------|-----------------|--------------|
| ENSAC4054 | | Did you complete your application today ? | Not yet, but I plan to finish today Yes, I completed my new application today Yes, I resumed and completed my earlier application No, I did not complete my new application No, I did not complete my partial application I'm not applying for Help with Medicare Prescription Plan Drug Costs today | B-I B-I B-I A, L A, L | radio button one-up vertical | Single | Y |
| ENSAC4055 | B | How did you first hear about the on-line Application for Help with the Medicare Prescription Plan Drug Costs? | A Social Security Representative told me about it Saw it on the Social Security Website Received a letter about it in the mail from SSA Read about it in a Social Security publication Read about it in a Medicare publication Saw it on the Medicare website Saw it in a newspaper, magazine, television or other media source Heard about it at my Senior/Community Center My doctor, or another professional, told me about it Got it from a Search Engine Linked from another website Word-of-mouth Other | | radio button one-up vertical | Single | Y |
| ENSAC4056 | G | Did you use the Find Out If You Qualify option before you entered the on-line Help with Medicare Prescription Drug Plan Costs application? | Yes No I don't know what that is | M | Dropdown (select one) | Single | Y |
| ENSAC4057 | M | Was the Find Out If You Qualify option helpful in making your decision to apply for help? | Yes, it was helpful in making my decision No, I thought it was not helpful I did not use the Find Out If You Qualify option | | Dropdown (select one) | Single | N |
| ENSAC4058 | D | For whom are you completing the on-line Help with Medicare Prescription Drug Plan Costs application? | Myself Myself and my spouse My Spouse My parent My client My relative My friend | | Dropdown (select one) | Single | Y |
| ENSAC4059 | A | If you have decided to stop working on your application for now, do you plan to return to complete it later? | Yes No | | Dropdown (select one) | Single | Y |
| ENSAC4060 | L | If you stopped working on your application, please tell us why: (Select all that apply) | I'm not applying for Help with Medicare Prescription Plan Drug Costs today Needed to find documents/other information for my application Too complicated/Takes too long/Too many questions to answer without help | | checkbox one up vertical | Multi | Y |

Model Instance Name:
 SSA Extra Help v2 (English)
 MID: VhgJpNEVNpxIMBUQNcg1FQ==
 Date: 9/15/2011

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 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|---|---|----------|--------------------------------|-----------------|--------------|
| | | | My medical/physical condition prevents me from working on the computer for long periods I don't have the necessary computer skills to complete the application Received an error message/Kicked off Tried to use my Reentry Number to resume my application, but it wouldn't work Didn't have the Reentry Number needed to resume application Application wouldn't accept empty fields I had problem(s) entering information in some of the pages I made a mistake on one of the screens, but couldn't correct it I was working on my application when the site shut down for the night Other Reason | | | | |
| ENSAC4061 | G | Please rate your level of experience using the Internet. | Very experienced Somewhat experienced Almost no experience Filing for Extra Help for Prescription Costs online is the first I've used the Internet. | | Radio button one-up vertical | Single | Y |
| ENSAC4062 | H | If you answered you heard about the on-line Application for Help with Medicare Prescription Plan Drug Costs from another website or a search engine , please tell us which one: | | | text area - no character limit | | N |
| ENSAC4063 | I | Do you have any problems with, or specific suggestions to improve , this on-line Application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer.) | | | text area - no character limit | | N |

Model Instance Name:
 SSA Extra Help v2 (Spanish)
 MID: 515J9k0gVEx0E9NVUYp8Fg==
 Date: 9/15/2011

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underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (**bold**): SKIP-LOGIC

SSA Extra Help v2 (Spanish) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|--|---|-----------------------------------|--------------------------|-----------------|--------------|
| SPSAC4054 | | ¿Completó su solicitud hoy? | Todavía no, pero tengo la intención de terminar hoy. Sí, he terminado mi nueva solicitud hoy. Sí, he resumido y completado mi solicitud anterior. changed to radio No, no he completado mi nueva solicitud. No, no he completado mi solicitud parcial. No estoy solicitando para recibir el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare hoy. | B-I B-I B-I A, L A, L | Dropdown (select one) | Single | Y |
| SPSAC4055 | B | ¿Cómo se enteró de la solicitud por Internet para recibir el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare? | Un representante del Seguro Social me dijo sobre este Lo ví en el sitio de Internet del Seguro Social Recibí una carta por correo del Seguro Social Leí sobre esta en una publicación del Seguro Social Leí sobre esta en una publicación de Medicare Lo ví en el sitio de Internet de Medicare changed to radio Lo ví en un periódico, revista, televisión u otros medios de comunicación Oí hablar de esta en un centro de comunidad para ancianos. Mi médico u otro profesional me dijo sobre este Lo obtuve en un lugar de búsqueda por Internet. Por un enlace en otro sitio de Internet. Lo escuché por otro personas Otro modo | | Dropdown (select one) | Single | Y |
| SPSAC4056 | G | ¿Utilizó la opción Averiguar si usted tiene derecho antes de entrar a la solicitud para el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare? | Sí No No sé lo que es | M | Dropdown (select one) | Single | Y |
| SPSAC4057 | M | ¿Fue útil la opción de Averiguar si usted tiene derecho en su decisión de solicitar la ayuda? | Sí, fue útil en tomar mi decisión- No, pensé que no fue útil No use la opción de Averiguar si usted califica- | | Dropdown (select one) | Single | N |
| SPSAC4058 | D | ¿Para quién esta completando la solicitud por Internet para el Beneficio Adicional con los gastos del plan de medicamentos recetados? | Para mi mismo Para mi mismo y mi cónyuge Para mi cónyuge Para mi padre o madre Para mi cliente Para mi pariente Para mi amigo | | Dropdown (select one) | Single | Y |
| SPSAC4059 | A | Si ha decidido dejar de trabajar en la solicitud por ahora, ¿espera regresar y completarla mas tarde? | Sí No | | Dropdown (select one) | Single | Y |
| SPSAC4060 | L | Si dejo de trabajar en su solicitud, por favor háganos por qué: (Seleccione todos los que aplican) | No estoy solicitando el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare hoy. Necesitaba encontrar documentos/otra información para mi solicitud | | checkbox one up vertical | Multi | Y |

Model Instance Name:
 SSA Extra Help v2 (Spanish)
 MID: 515J9k0gVEx0E9NVUYp8Fg==
 Date: 9/15/2011

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underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING
 violet (bold): SKIP-LOGIC

SSA Extra Help v2 (Spanish) CUSTOM QUESTION LIST

| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N |
|-----------|------------------|--|---|----------|--------------------------------|-----------------|--------------|
| | | | Muy complicada/Toma mucho tiempo/Demasiadas preguntas que contestar sin ayuda Mi padecimiento médico/físico me impide trabajar en la computadora por períodos largos No tengo las destrezas de computadora necesarias para completar la solicitud Recibí en mensaje de error/El sistema me expulsó Traté de usar my Número de Reingreso para regresar a mi solicitud, pero no funcionó No tenia el Número de Reingreso para regresar a la solicitud La solicitud no aceptó campos en blanco Tuve problemas ingresando información en alguna de las páginas Cometí un error en una de las pantallas y no pude corregirlo Estaba trabajando en mi solicitud cuando apagaron el sitio de Internet por la noche. Otra razón | | | | |
| SPSAC4061 | G | Por favor evalúe su nivel de experiencia usando la Internet. | Muy experimentado Algo de experiencia Inexperto | | Dropdown (select one) | Single | Y |
| | | changed to radio | Solicitando el Beneficio Adicional con los gastos de medicamentos recetados es la primera vez que uso el Internet. | | | | |
| SPSAC4062 | H | Si contestó que escuchó acerca de la solicitud para el Beneficio Adicional con los gastos del plan de medicamentos recetados en otro sitio de Internet o lugar de búsqueda, por favor háganos saber el nombre del sitio: | | | text area - no character limit | | N |
| SPSAC4063 | I | ¿Tiene algún problema con, o sugerencias específicas para mejorar esta solicitud de Internet para el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare? (Por favor no incluya ninguna información personal en sus respuestas.) | | | text area - no character limit | | N |

Model Instance Name:
 SSA Extra Help v3 (Spanish)
MID: wcscht14I5kxFEcp45Bg0Q4C
Date: 9/15/2011

SSA Extra Help v2 (Spanish)

| QID | Skip Logic Label | Question Text |
|-----------|------------------|---|
| SPBJL2281 | | ¿Completó su solicitud hoy? |
| SPBJL2282 | B | ¿Cómo se enteró de la solicitud por Internet para recibir el Beneficio Adicional con los gastos del plan de medicamentos recetados de |
| SPBJL2283 | D | ¿Para quién esta completando la solicitud por Internet para el Beneficio Adicional con los gastos del plan de medicamentos recetados? |
| SPBJL2284 | A | Si ha decidido dejar de trabajar en la solicitud por ahora, ¿espera regresar y completarla mas tarde? |
| SPBJL2285 | L | Si dejo de trabajar en su solicitud, por favor háganos por qué: (Seleccione todos los que aplican) |

| | | |
|-----------|----------|--|
| | | |
| SPBJL2286 | G | Por favor evalúe su nivel de experiencia usando la Internet. |
| SPBJL2287 | H | Si contestó que escuchó acerca de la solicitud para el Beneficio Adicional con los gastos del plan de medicamentos recetados en otro sitio de Internet o lugar de búsqueda, por favor háganos saber el nombre del sitio: |
| SPBJL2288 | I | ¿Tiene algún problema con, o sugerencias específicas para mejorar esta solicitud de Internet para el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare? (Por favor no incluya ninguna información personal en sus respuestas.) |

~~red & strike-through~~: DELETE

underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

violet (bold): SKIP-LOGIC

sh) CUSTOM QUESTION LIST

| Answer Choices (limited to 50 characters) | Skip to: | Type | Single or Multi | Required Y/N | Special Instructions |
|---|-------------|--------------------------|-----------------|--------------|----------------------|
| Todavía no, pero tengo la intención de terminar hoy. | B-I | Radio | Single | Y | Skip Logic |
| Sí, he terminado mi nueva solicitud hoy. | B-I | | | | |
| Sí, he resumido y completado mi solicitud anterior. | B-I | | | | |
| No, no he completado mi nueva solicitud. | A, L | | | | |
| No, no he completado mi solicitud parcial. | A, L | | | | |
| No estoy solicitando para recibir el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare hoy. | | | | | |
| Un representante del Seguro Social me dijo sobre este | | Radio | Single | Y | Skip Logic |
| Lo ví en el sitio de Internet del Seguro Social | | | | | |
| Recibí una carta por correo del Seguro Social | | | | | |
| Leí sobre esta en una publicación del Seguro Social | | | | | |
| Leí sobre esta en una publicación de Medicare | | | | | |
| Lo ví en el sitio de Internet de Medicare | | | | | |
| Lo ví en un periódico, revista, televisión u otros medios de comunicación | | | | | |
| Oí hablar de esta en un centro de comunidad para ancianos. | | | | | |
| Mi médico u otro profesional me dijo sobre este | | | | | |
| Lo obtuve en un lugar de búsqueda por Internet. | | | | | |
| Por un enlace en otro sitio de Internet. | | | | | |
| Lo escuché por otro personas | | | | | |
| Otro modo | | | | | |
| Para mi mismo | | Dropdown (select one) | Single | Y | Skip Logic |
| Para mi mismo y mi cónyuge | | | | | |
| Para mi cónyuge | | | | | |
| Para mi padre o madre | | | | | |
| Para mi cliente | | | | | |
| Para mi pariente | | | | | |
| Para mi amigo | | | | | |
| Sí | | Dropdown (select one) | Single | Y | Skip Logic |
| No | | | | | |
| No estoy solicitando el Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare hoy. | | checkbox one up vertical | Multi | Y | Skip Logic |

| | | | | | |
|--|--|--------------------------------|--------|---|------------|
| Necesitaba encontrar documentos/otra información para mi solicitud | | | | | |
| Muy complicada/Toma mucho tiempo/Demasiadas preguntas que contestar sin ayuda | | | | | |
| Mi padecimiento médico/físico me impide trabajar en la computadora por períodos largos | | | | | |
| No tengo las destrezas de computadora necesarias para completar la solicitud | | | | | |
| Recibí en mensaje de error/El sistema me expulsó | | | | | |
| Traté de usar my Número de Reingreso para regresar a mi solicitud, pero no funcionó | | | | | |
| No tenía el Número de Reingreso para regresar a la solicitud | | | | | |
| La solicitud no aceptó campos en blanco | | | | | |
| Tuve problemas ingresando información en alguna de las páginas | | | | | |
| Cometí un error en una de las pantallas y no pude corregirlo | | | | | |
| Estaba trabajando en mi solicitud cuando apagaron el sitio de Internet por la noche. | | | | | |
| Otra razón | | | | | |
| Muy experimentado | | Radio | Single | Y | Skip Logic |
| Algo de experiencia | | | | | |
| Inexperto | | | | | |
| Solicitando el Beneficio Adicional con los gastos de medicamentos recetados es la primera vez que uso el Internet. | | | | | |
| | | text area - no character limit | | N | Skip Logic |
| | | text area - no character limit | | N | Skip Logic |

CQ Label

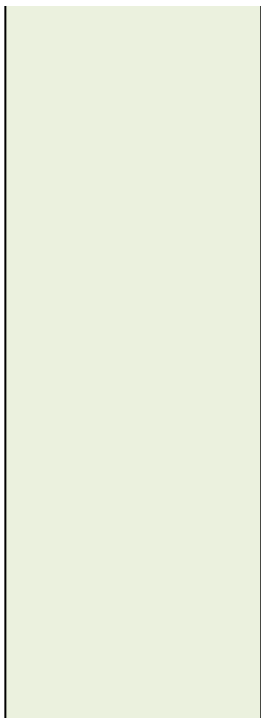
App Status

Hear About App

App For

Plan to return?

Why did you stop?



Internet Experience

OE_heard about

OE_Problems

| Base Element Order | Version 2 | Version 3 | Version 4 |
|--------------------|------------------|------------------|------------------|
| Look and Feel | Plain Language | Site Performance | Look and Feel |
| Site Performance | Site Performance | Look and Feel | Plain Language |
| Plain Language | Look and Feel | Plain Language | Site Performance |

| | | | | |
|--|---|---|---|---|
| | 1 | 7 | 4 | 1 |
| | 2 | 8 | 5 | 2 |
| | 3 | 9 | 6 | 3 |
| | 4 | 4 | 1 | 7 |
| | 5 | 5 | 2 | 8 |
| | 6 | 6 | 3 | 9 |
| | 7 | 1 | 7 | 4 |
| | 8 | 2 | 8 | 5 |
| | 9 | 3 | 9 | 6 |