

**PRENOTICE POSTCARD - ENGLISH**

Dear Social Security Applicant:

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 service you received for your recent business with Social Security.

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 service.

We look forward to hearing your opinions.

*Social Security Administration*

## INITIAL COVER LETTER - ENGLISH

Dear Social Security Applicant:

As noted in our recent postcard, Social Security is conducting a survey to get your opinion of the service you received when you requested a hearing on your application for Social Security disability benefits. We would like to hear from you even if you did not attend a hearing with a judge.

The survey is short and should only take 5 minutes to complete. Please take a few minutes now to answer the questions and return the form as soon as possible in the postage-paid envelope provided. While you are not required to respond, your opinions are very important to us and we would like to hear from as many people as possible. **Please do not put any information related to your 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. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your hearing request or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).

Thank you for sharing your opinions with us.

Sincerely,

*Social Security Administration*

## FOLLOW-UP POSTCARD - ENGLISH

Dear Social Security Applicant:

About two weeks ago we sent you a survey form asking for your opinion of the service you received for your recent business with Social Security.

- **If you have already mailed back your completed survey**, thank you for your quick response.
- **If not**, please take 5 minutes now to complete and return the survey in the postage-paid envelope provided.
- **If you no longer have the survey**, you don't need to do anything. *[Contractor]*, who is conducting the survey for us, will be mailing another form to you shortly.

Thank you for your help with this survey.

*Social Security Administration*

## FOLLOW-UP COVER LETTER - ENGLISH

Dear Social Security Applicant:

About a month ago we sent you a brief survey asking about the service you received when you requested a hearing on your application for Social Security disability benefits. We haven't yet heard from you and it's important that we gather opinions from as many people as possible. We would like you to answer our survey even if you did not attend a hearing with a judge.

If you recently 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 returned the survey, please take 5 minutes now to complete it and send it back. For your convenience, we have enclosed another copy along with a postage-paid return envelope. **Please do not put any information related to your 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. Your participation in this survey will not affect your eligibility for benefits or any business you have with Social Security.

If you have any questions about your hearing request or benefits, please call Social Security's toll-free information line at 1-800-772-1213 or visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).

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

Sincerely,

*Social Security Administration*

## **PRIVACY ACT - ENGLISH**

### ***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 Paperwork Reduction Act of 1995. 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 only comments relating to our time estimate to this address, not the completed form.*

## **PRENOTICE POSTCARD - SPANISH**

Estimado(a) Solicitante del Seguro Social:

La Administración del Seguro Social cree que una de las mejores maneras de saber si el público está satisfecho con nuestro servicio es a través de encuestas. Es por eso que muy pronto le estaremos pidiendo su opinión sobre el servicio que recibió durante su reciente asunto con el Seguro Social.

En unos días, usted recibirá un corto cuestionario por correo de Synovate, quien está llevando a cabo esta encuesta por parte del Seguro Social. Cuando lo reciba, esperamos que tome el tiempo para contestar nuestras preguntas y decirnos lo que piensa de nuestro servicio.

Esperamos escuchar sus opiniones.

Administración del Seguro Social

## INITIAL COVER LETTER – SPANISH

Estimado(a) Solicitante del Seguro Social:

Según le indiqué en la tarjeta postal que le envié recientemente, el Seguro Social está llevando a cabo una encuesta para obtener su opinión sobre el servicio que recibió cuando solicitó una audiencia de su solicitud para beneficios de Seguro Social por incapacidad. Nos gustaría oír de usted aún si no asistió a una audiencia con un juez.

La encuesta es corta y le debe tomar sólo 5 minutos en llenarla. Por favor tome unos minutos ahora para contestar las preguntas y devuelva el formulario lo antes posible en el sobre franqueado provisto. Aunque no está requerido a responder, sus opiniones son muy importantes para nosotros y nos gustaría oír de tantas personas como sea posible. **Por favor no incluya en el sobre con la encuesta, ninguna información relacionada a sus asuntos con el Seguro Social.**

Por favor, siéntase seguro de que Synovate, quien está llevando a cabo esta encuesta por nosotros, proveerá sus respuestas solamente a el personal aquí en el Seguro Social y no las usará para ningún otro propósito. El Seguro Social presentará los resultados de la encuesta con un resumen de las respuestas de todas las personas que tomen la misma; no presentaremos informes individuales de las respuestas. Su participación en esta encuesta no afectará su derecho a beneficios o cualquier otro asunto que tenga con el Seguro Social.

Si tiene alguna pregunta sobre su petición para una audiencia o los beneficios, por favor llame al número gratis del Seguro Social para información al 1-800-772-1213 o visite nuestro sitio de Internet en [www.segurosocial.gov](http://www.segurosocial.gov).

Gracias por compartir sus opiniones con nosotros.

Sinceramente,

*Administración del Seguro Social*

Anexos

## FOLLOW UP POSTCARD – SPANISH

Estimado(a) Solicitante del Seguro Social:

Alrededor de dos semanas atrás, le enviamos una encuesta pidiendo su opinión sobre el servicio que recibió durante su reciente asunto con el Seguro Social.

- **Si ya envió la encuesta completada por correo**, gracias por su pronta respuesta.
- **Si no**, por favor tome 5 minutos ahora para llenar y devolver la encuesta en el sobre franqueado provisto.
- **Si ya no la tiene**, no tiene que hacer nada. Synovate, quien está llevando a cabo la encuesta por nosotros, le enviará otro formulario por correo pronto.

Muchas gracias por su ayuda con esta encuesta.

*Administración del Seguro Social*



## FOLLOW-UP COVER LETTER – SPANISH

Estimado(a) Solicitante del Seguro Social:

Alrededor de un mes atrás, le enviamos una breve encuesta pidiéndole su opinión sobre el servicio que recibió cuando solicitó una audiencia de su solicitud para beneficios de Seguro Social por incapacidad. No hemos oído de usted y es muy importante que reunamos opiniones de tantas personas como sea posible. Nos gustaría que respondiera a nuestra encuesta aún si no asistió a una audiencia con un juez.

Si envió la encuesta completada recientemente, favor de ignorar esta carta. Sinceramente apreciamos su ayuda y estamos ansiosos de recibir su respuesta. Sin embargo, si todavía no la ha devuelto, por favor tome unos 5 minutos ahora mismo para llenarla y enviárnosla. Para su conveniencia, hemos incluido otra copia junto con un sobre franqueado. **Por favor no incluya en el sobre con la encuesta, ninguna información relacionada a sus asuntos con el Seguro Social.**

Por favor, siéntase seguro de que Synovate, quien está llevando a cabo esta encuesta por nosotros, proveerá sus respuestas solamente a el personal aquí en el Seguro Social y no las usará para ningún otro propósito. El Seguro Social presentará los resultados de la encuesta con un resumen de las respuestas de todas las personas que tomen la misma; no presentaremos informes individuales de las respuestas. Su participación en esta encuesta no afectará su derecho a beneficios o cualquier otro asunto que usted tenga con el Seguro Social.

Si tiene alguna pregunta sobre su petición para una audiencia o los beneficios, por favor llame al número gratis del Seguro Social para información al 1-800-772-1213 o visite nuestro sitio de Internet en [www.segurosocial.gov](http://www.segurosocial.gov).

Le agradeceríamos si recibimos su encuesta llena lo antes posible.

Sinceramente,

*Administración del Seguro Social*

Anexos

## PRIVACY ACT - SPANISH

### DECLARACIÓN DE LA LEY DE CONFIDENCIALIDAD

La Administración del Seguro Social tiene la autorización de coleccionar la información para esta encuesta bajo la orden ejecutiva 12862, «Setting Customer Service Standards» (en español, «Estableciendo el nivel de la calidad del servicio al consumidor»). Sus respuestas a estas preguntas son completamente voluntarias. La información que nos provea se usará para ayudarnos a mejorar el servicio que le proveemos. Sus respuestas no serán divulgadas a otras agencias gubernamentales o privadas.

### LEY PARA LA REDUCCIÓN DE TRÁMITES

Esta recopilación de información cumple con los requisitos de 44 U.S.C. &3507, según enmendada por la sección 2 de La Ley para la Reducción de Trámites del 1995. No es requisito que usted conteste estas preguntas a menos que el formulario de la encuesta muestre un número de control válido de la Oficina de Administración y Presupuesto. Calculamos que le tomará 5 minutos para llenar esta encuesta. Esto incluye el tiempo que le tomará leer las instrucciones, recaudar los datos y contestar las preguntas. *Puede enviar comentarios sobre nuestra estimación del tiempo mencionado anteriormente a: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. Envíe sólo los comentarios sobre nuestra estimación de tiempo a esta dirección, no el formulario lleno.*

## Hearings Process Report Card Survey

Please complete this questionnaire to give us your opinion of the service you received when you requested a hearing on your application for disability benefits.

### MARKING INSTRUCTIONS

Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.
- Keep all entries within the boxes.

1. How was your request for a hearing completed? Was it completed:  
(If you used more than one way, please check the main way.) **Mark [X] only ONE.**
  - In person with a Social Security employee → **Go to question 4.**
  - Over the telephone with a Social Security employee → **Go to question 4.**
  - Through the mail → **Go to question 4.**
  - On Social Security’s Internet website (www.socialsecurity.gov) → **Go to question 2.**
  
2. After you completed your disability application online, did Social Security contact you for additional information related to your application? **Mark [X] only ONE.**
  - Yes. → **Go to question 3**
  - No. → **Go to question 4.**
  
3. What was the additional information that Social Security needed? Was the information related to your:
 

**Mark [X] all that apply.**

  - Identification (Name, SSN, Date of Birth, Address, Phone Number)
  - Date on the Decision Notice
  - Information about your Representative (Name, Address, Phone Number)
  - Medical Treatment Records (doctors, hospitals, test, medication list)
  - Medical Release Forms
  - Current Work Information
  - Something else. Please Explain: \_\_\_\_\_

Please use the scale shown to rate the following aspects of your hearing experience.

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

Mark [X] ONE answer for every item.

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Not Applicable</b>
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*When you decided to request a hearing...*

4. <u>Ease of finding</u> information about how to file your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. <u>Quality of information</u> you got from Social Security explaining the hearing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*While you were waiting for your hearing to be held...*

6. <u>Ease of contacting</u> Social Security about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. <u>Helpfulness</u> of the information Social Security gave you about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*How your hearing was held...*

8. Did you have a hearing with a judge face-to-face or by video conference?  
**Mark only ONE answer.**
  - Hearing was face-to-face with a judge. → **Please continue with question 9**
  - Hearing was by video conference with a judge. → **Please continue with question 9**
  - No hearing was held with a judge. → **Please continue with question 16**

Please use the scale shown to rate the following aspects of your hearing experience.

Mark [X] **ONE** answer for every item

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
<b>When your hearing was held...</b>							
9. <u>Location</u> of the office where your hearing was held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How well the judge explained <u>what would happen</u> at your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How <u>prepared</u> the judge was to talk about the facts of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Opportunity the judge gave you or your representative to <u>present the facts</u> of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. <u>Courtesy</u> of the judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Waiting for the hearing and decision...**

14. Length of time from the date you <u>first requested</u> your hearing until it was <u>held</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Length of time from the date your <u>hearing was held</u> until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall length of time from the date you <u>first requested</u> your hearing until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Notice of Social Security's decision ...**

17. How well the notice <u>explained</u> the <u>decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How well the notice <u>explained</u> the amount of your <u>benefits</u> and when they would start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your overall experience with Social Security...**

19. <u>Helpfulness</u> of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Overall experience with the <u>hearing</u> on your disability application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Overall opinion of Social Security's <u>service</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A little more about you...**

22. Now we would like to ask you about doing business on the Internet. First, do you currently use the Internet? **Mark [X] ONE answer.**

- Yes                       No → **SKIP** to Question 26.

23. How do you access the Internet? Do you use: **Mark [X] ONE answer.**

- Only a personal computer or laptop computer  
 Only a wireless handheld device (smartphone, tablet, etc.)  
 Both a PC and a wireless handheld device

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24. We offer a service called “**my Social Security**” where people can create a secure online account with a user name and password to conduct various types of business. For example, you can check the status of your application. Have you already created your “**my Social Security**” account? **Mark [X] ONE answer.**

Yes → **GO to Question 25.**

No → **SKIP to Question 26.**

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25. How have you used your “**my Social Security**” account? **Mark [X] all that apply.**

Viewed my Social Security Statement

Changed my address/telephone number

Added or changed my direct deposit information

Got a proof of income letter to verify the benefits I receive

Checked the status of my disability claim

Requested a replacement Social Security Card

I have not used my account yet

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26. Do you own a cell phone? **Mark [X] ONE answer.**

Yes → **GO to Question 27**       No → **End Survey.**

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27. Do you use a cell phone to send and receive text messages? **Mark [X] ONE answer.**

Yes →       No →

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OMB Control Number 0960-0526, Expiration Date: **TBD**

## Hearings Process Report Card Survey

Please complete this questionnaire to give us your opinion of the service you received when you requested a hearing on your application for disability benefits.

### MARKING INSTRUCTIONS

Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.

1. How was your request for a hearing completed? Was it completed:  
(If you used more than one way, please check the main way.) **Mark [X] only ONE.**

- In person with a Social Security employee → **Go to question 4.**
- Over the telephone with a Social Security employee → **Go to question 4.**
- Through the mail → **Go to question 4.**
- On Social Security’s Internet website (www.socialsecurity.gov) → **Go to question 2.**

2. After you completed your disability application online, did Social Security contact you for additional information related to your application? **Mark [X] only ONE.**

- Yes. → **Go to question 3**
- No. → **Go to question 4.**

3. What was the additional information that Social Security needed? Was the information related to your:

**Mark [X] all that apply.**

- Identification (Name, SSN, Date of Birth, Address, Phone Number)
- Date on the Decision Notice
- Information about your Representative (Name, Address, Phone Number)
- Medical Treatment Records (doctors, hospitals, test, medication list)
- Medical Release Forms
- Current Work Information
- Something else. Please Explain: \_\_\_\_\_

Please use the scale shown to rate the following aspects of your hearing experience.

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

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

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
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#### *When you decided to request a hearing...*

4. <u>Ease of finding</u> information about how to file your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. <u>Quality</u> of information you got from Social Security explaining the hearing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### *While you were waiting for your hearing to be held...*

6. <u>Ease of contacting</u> Social Security about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. <u>Helpfulness</u> of the information Social Security gave you about your hearing request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### *How your hearing was held...*

8. Did you have a hearing with a judge face-to-face or by video conference?  
**Mark only ONE answer.**

- Hearing was face-to-face with a judge. → **Please continue with question 9**
- Hearing was by video conference with a judge. → **Please continue with question 9**
- No hearing was held with a judge. → **Please continue with question 16**

Please use the scale shown to rate the following aspects of your hearing experience.

Mark [X] ONE answer for every item

	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
<b><i>When your hearing was held...</i></b>							
9. <u>Location</u> of the office where your hearing was held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How well the judge explained <u>what would happen</u> at your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How <u>prepared</u> the judge was to talk about the facts of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Opportunity the judge gave you or your representative to <u>present the facts</u> of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. <u>Courtesy</u> of the judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Waiting for the hearing and decision...</i></b>							
14. Length of time from the date you <u>first requested</u> your hearing until it was <u>held</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Length of time from the date your <u>hearing was held</u> until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall length of time from the date you <u>first requested</u> your hearing until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Notice of Social Security's decision on your hearing...</i></b>							
17. How well the notice <u>explained</u> the <u>decision</u> on your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How well the notice <u>explained</u> what to do if you <u>disagreed</u> with the decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Your overall experience with Social Security...</i></b>							
19. <u>Helpfulness</u> of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Overall experience with the <u>hearing</u> on your disability application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Overall opinion of Social Security's <u>service</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>A little more about you...</i></b>							
22. Now we would like to ask you about doing business on the Internet. First, do you currently use the Internet? Mark [X] <u>ONE</u> answer.							
<input type="checkbox"/> Yes <input type="checkbox"/> No → <b>SKIP</b> to Question 26.							
23. How do you access the Internet? Do you use: Mark [X] <u>ONE</u> answer.							
<input type="checkbox"/> Only a personal computer or laptop computer <input type="checkbox"/> Only a wireless handheld device (smartphone, tablet, etc.) <input type="checkbox"/> Both a PC and a wireless handheld device							

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Yes → **GO to Question 25.**

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25. How have you used your “**my Social Security**” account? **Mark [X] all that apply.**

Viewed my Social Security Statement

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Requested a replacement Social Security Card

I have not used my account yet

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26. Do you own a cell phone? **Mark [X] ONE answer.**

Yes → **GO to Question 27**

No → **End Survey.**

---

27. Do you use a cell phone to send and receive text messages? **Mark [X] ONE answer.**

Yes →

No →

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OMB Control Number 0960-0526, Expiration Date: **TBD**