

Give Social Security a Report Card...

Using the rating scale shown below, please rate the service you received the day of your visit. There is space at the end of the survey where you can explain your answers.

E = Excellent VG = Very Good G = Good F = Fair P = Poor VP = Very Poor NA = Not Applicable							
<i>Based on your recent visit, mark [X] ONE rating for:</i>	E	VG	G	F	P	VP	NA
1. Office location	E	VG	G	F	P	VP	NA
2. Office hours	E	VG	G	F	P	VP	NA
3. Signs/instructions explaining how to check in when you got to the office	E	VG	G	F	P	VP	NA
4. Usefulness of Social Security information in the waiting area (posters, pamphlets, TV presentations, etc.)	E	VG	G	F	P	VP	NA
5. Office comfort (seating, temperature, etc.)	E	VG	G	F	P	VP	NA
6. Office appearance (clean, pleasant, etc.)	E	VG	G	F	P	VP	NA
7. Office privacy	E	VG	G	F	P	VP	NA
8. Did you have an appointment? <i>Mark [X] ONE.</i> <input type="checkbox"/> Yes → <i>(Go to 9.)</i> <input type="checkbox"/> No → <i>(Skip to 11.)</i>							
9. How quickly you got an appointment	E	VG	G	F	P	VP	NA
10. Convenience of the date and time of the appointment	E	VG	G	F	P	VP	NA
11. Waiting time to be served in the office	E	VG	G	F	P	VP	NA
12. About how many minutes did you have to wait? <i>Mark [X] ONE.</i> <input type="checkbox"/> Up to 10 minutes <input type="checkbox"/> More than 10 and up to 30 minutes <input type="checkbox"/> More than 30 and up to 60 minutes <input type="checkbox"/> More than 60 minutes							
13. Helpfulness of the staff	E	VG	G	F	P	VP	NA
14. Courtesy of the staff	E	VG	G	F	P	VP	NA
15. How well the staff knew their jobs	E	VG	G	F	P	VP	NA
16. How clearly the staff explained things	E	VG	G	F	P	VP	NA

17. Was the staff able to take care of your business completely when you visited the office that day?

Mark [X] ONE.

- Yes
- No

Mark [X] ONE rating.	E	VG	G	F	P	VP	NA
18. Overall, how would you rate Social Security's service during your recent office visit?	E	VG	G	F	P	VP	NA

We would like to know a little more about how you took care of your recent business.

19. Before you were served in the office, did you try to take care of this same business earlier?

Mark [X] ONE.

- Yes → **(Go to 20.)**
- No → **(Skip to 22.)**

20. What else did you do? Did you:

Mark [X] ALL that apply.

- Call Social Security's National 800 Number
- Call the local office
- Visit a local office, or
- Try to use Social Security's website

21. Why weren't you able to take care of your business in your earlier contact?

Mark [X] ALL that apply.

- I couldn't get through on the phone
- The wait was too long at the office
- The office was closed
- The staff told me I had to come into the office
- I didn't have all the information or documents I needed
- The staff couldn't answer my question
- I couldn't find what I needed on the website
- I tried an online service but it didn't work for me

Now we would like to ask you about doing business on the Internet.

22. First, do you currently use the Internet?

Mark [X] ONE.

- Yes → **(Go to 23.)**
- No → **(Skip to 34.)**

Please continue on the next page →

23. How do you access the Internet? Do you use:

Mark [X] ONE.

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

The list below describes different activities people can do on the Internet. Please tell us whether you do each of the online activities listed below often, sometimes, or never.

Mark [X] ONE answer for each question.

24. Send email	Often	Sometimes	Never
25. Look for information online	Often	Sometimes	Never
26. Make purchases online	Often	Sometimes	Never
27. Bank or pay bills online	Often	Sometimes	Never
28. Text message or chat	Often	Sometimes	Never
29. Use Facebook, Twitter, or some other social networking site	Often	Sometimes	Never

30. Social Security offers 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, people who receive benefits can use it to change their address. Have you heard about the “**my Social Security**” account?

Mark [X] ONE.

- Yes → **(Go to 31.)**
- No → **(Skip to 32.)**

31. Have you already created your “**my Social Security**” account?

Mark [X] ONE.

- Yes → **(Skip to 34.)**
- No → **(Go to 32.)**

32. How likely would you be to create a “**my Social Security**” account for handling future business on Social Security’s website?

Mark [X] ONE.

- Very Likely → **(Skip to 34.)**
- Somewhat Likely → **(Skip to 34.)**
- Not Very Likely, or → **(Go to 33.)**
- Not at all likely → **(Go to 33.)**

First Survey Interval

33. What is the main reason you might not be likely to create a “**my Social Security**” account?

Mark [X] ONE.

- Prefer to speak to a person
- Concerned about security of my information
- Problem with computer or Internet access
- Concerned that completing my business online might be too hard
- Some other reason **Explain:** _____

34. Sometimes because of a medical condition, people need special accommodations to conduct their business with Social Security. When you do business with Social Security, in person, on the telephone, or online, do you need them to provide any special accommodations because of a medical condition?

Mark [X] ONE.

- Yes → **(Go to 35.)**
- No → **(Skip to 37.)**

35. Do you need special accommodations because of a:

Mark [X] ALL that apply.

- Physical limitation (for example, wheelchair access)
- Visual limitation (for example, large print or Braille documents)
- Deafness or difficulty hearing (for example, sign language interpreter), or
- Another limitation (for example, trouble understanding or remembering things)

36. How satisfied are you with how well Social Security meets your need for special accommodations? Are you:

Mark [X] ONE.

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied, or
- Very dissatisfied

37. Please use this space to explain why you rated any item “**F**” (fair), “**P**” (poor), or “**VP**” (very poor) or to explain any of your other answers.

Thank you for taking the time to rate Social Security!

Please send us your “Report Card” in the enclosed postage-paid envelope as soon as possible.

Give Social Security a Report Card...

We would like to ask you a few questions about how you found out what you needed to do to apply for a Social Security card.

<p>1. First, did you contact Social Security to find out how to apply for a new or replacement Social Security card <u>before</u> you visited the Social Security Card Center?</p> <p>Mark [X] ONE.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → (Skip to 4)</p>
<p>2. How did you contact Social Security for that information? Did you:</p> <p>Mark [X] ALL that apply.</p> <p><input type="checkbox"/> Call Social Security’s National 800 number</p> <p><input type="checkbox"/> Call a Social Security office</p> <p><input type="checkbox"/> Visit a Social Security office, or</p> <p><input type="checkbox"/> Visit Social Security’s website</p>

Using the rating scale shown below, please rate the following items about your experience applying for a Social Security card. There is space at the end of the survey where you can explain your answers.

E = Excellent VG = Very Good G = Good F = Fair P = Poor VP = Very Poor NA = Not Applicable							
Mark [X] ONE rating for each question.	E	VG	G	F	P	VP	NA
3. Information you received before your visit about how to apply for a new or replacement Social Security card	E	VG	G	F	P	VP	NA
4. Office location	E	VG	G	F	P	VP	NA
5. Office hours	E	VG	G	F	P	VP	NA
6. Signs/instructions explaining how to check in when you got to the office	E	VG	G	F	P	VP	NA
7. Usefulness of Social Security information in the waiting area (posters, pamphlets, TV presentations, etc.)	E	VG	G	F	P	VP	NA
8. Office comfort (seating, temperature, etc.)	E	VG	G	F	P	VP	NA
9. Office appearance (clean, pleasant, etc.)	E	VG	G	F	P	VP	NA
10. Office privacy	E	VG	G	F	P	VP	NA
11. Waiting time to be served in the office	E	VG	G	F	P	VP	NA
<p>12. About how many minutes did you have to wait?</p> <p>Mark [X] ONE.</p> <p><input type="checkbox"/> Up to 10 minutes</p> <p><input type="checkbox"/> More than 10 and up to 30 minutes</p> <p><input type="checkbox"/> More than 30 and up to 60 minutes</p> <p><input type="checkbox"/> More than 60 minutes</p>							

Second Survey Interval

Mark [X] ONE rating.	E	VG	G	F	P	VP	NA
13. Helpfulness of the staff	E	VG	G	F	P	VP	NA
14. Courtesy of the staff	E	VG	G	F	P	VP	NA
15. How well the staff knew their jobs	E	VG	G	F	P	VP	NA
16. How clearly the staff explained things	E	VG	G	F	P	VP	NA
17. Were you able to take care of your business in one visit to the Social Security Card Center? Mark [X] ONE. <input type="checkbox"/> Yes <input type="checkbox"/> No							
Mark [X] ONE rating.	E	VG	G	F	P	VP	NA
18. Overall, how would you rate Social Security's service during your recent visit?	E	VG	G	F	P	VP	NA
19. To serve you better in the future, we would like to know how you prefer to do business with Social Security. First, what is your preferred language? Mark [X] ONE. <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Explain: _____							
20. Do you currently use the Internet? Mark [X] ONE. <input type="checkbox"/> Yes <input type="checkbox"/> No → (Skip to 33.)							
21. How do you access the Internet? Do you use: Mark [X] ONE. <input type="checkbox"/> <u>Only</u> a personal computer or laptop <input type="checkbox"/> <u>Only</u> a wireless handheld device (smartphone, tablet, etc.) <input type="checkbox"/> <u>Both</u> a personal computer and a wireless handheld device							

Please continue on the next page →

The list below describes different activities people can do on the Internet. Please tell us whether you do each of the online activities listed below often, sometimes, or never.

Mark [X] ONE answer for each question.

22. Send email	Often	Sometimes	Never
23. Look for information online	Often	Sometimes	Never
24. Make purchases online	Often	Sometimes	Never
25. Bank or pay bills online	Often	Sometimes	Never
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27. Use Facebook, Twitter, or some other social networking site	Often	Sometimes	Never
<p>28. Social Security offers 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, people who receive benefits can use it to change their address. Have you heard about the “my Social Security” account?</p> <p>Mark [X] ONE.</p> <p><input type="checkbox"/> Yes → (Go to 29.)</p> <p><input type="checkbox"/> No → (Skip to 30.)</p>			
<p>29. Have you already created your “my Social Security” account?</p> <p>Mark [X] ONE.</p> <p><input type="checkbox"/> Yes → (Skip to 32.)</p> <p><input type="checkbox"/> No → (Go to 30.)</p>			
<p>30. How likely would you be to create a “my Social Security” account for handling future business on Social Security’s website?</p> <p>Mark [X] ONE.</p> <p><input type="checkbox"/> Very Likely → (Skip to 32.)</p> <p><input type="checkbox"/> Somewhat Likely → (Skip to 32.)</p> <p><input type="checkbox"/> Not Very Likely, or → (Go to 31.)</p> <p><input type="checkbox"/> Not at all likely → (Go to 31.)</p>			

Please continue on the next page →

31. What is the main reason you might not be likely to create a “**my Social Security**” account?

Mark [X] ONE.

- Prefer to speak to a person
- Concerned about security of my information
- Problem with computer or Internet access
- Concerned that completing my business online might be too hard
- Some other reason **Explain:** _____

32. Sometimes because of a medical condition, people need special accommodations to conduct their business with Social Security. When you do business with Social Security, in person, on the telephone, or online, do you need them to provide any special accommodations because of a medical condition?

Mark [X] ONE.

- Yes → **(Go to 33)**
- No → **(Skip to 35.)**

33. Do you need special accommodations because of a:

Mark [X] ALL that apply.

- Physical limitation (for example, wheelchair access)
- Visual limitation (for example, large print or Braille documents)
- Deafness or difficulty hearing (for example, sign language interpreter), or
- Another limitation (for example, trouble understanding or remembering things)

34. How satisfied are you with how well Social Security meets your need for special accommodations? Are you:

Mark [X] ONE.

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied, or
- Very dissatisfied

35. Please use this space to explain why you rated any item “**F**” (fair), “**P**” (poor), or “**VP**” (very poor) or to explain any of your other answers.

Thank you for taking the time to rate Social Security!
Please send us your “Report Card” in the enclosed postage-paid envelope as soon as possible.

First Survey Interval

FY 2017 Office Visitor Survey - Pre-Notice Postcard

Dear Social Security Customer:

Social Security believes that conducting surveys is one of the best ways to find out how well we are serving you. That's why we will soon be asking you to give us your opinion about the service you received during a recent visit to a local Social Security office or Social Security hearing office.

In a few days, you will receive a short questionnaire in the mail from *[insert contractor name]*, 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.

Michelle A. King
Deputy Commissioner
Office of Budget, Finance, Quality, and Management
Social Security Administration

First Survey Interval

FY 2017 Office Visitor Survey – Initial Cover Letter

Dear Social Security Customer:

As I noted in my recent postcard, Social Security is conducting a survey to find out how well we served you during your recent visit to a local Social Security office or Social Security hearing office. Please take 5 minutes to fill out the enclosed "Report Card" and return the form as soon as possible in the postage-paid envelope provided.

Please be assured that *[insert contractor name]*, who is conducting this survey for us, will only give your responses to my staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses.

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

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

Sincerely,

A handwritten signature in black ink that reads "Michelle A. King". The signature is written in a cursive style with a large, stylized initial "M".

Michelle A. King
Deputy Commissioner
Office of Budget, Finance, Quality, and Management
Social Security Administration

Enclosures

First Survey Interval

FY 2017 Office Visitor Survey – Follow-up Cover Letter

Dear Social Security Customer:

About a week ago we sent you a survey form, “Give Social Security a Report Card,” to find out how well we served you when you visited a local Social Security office or Social Security hearing office. We haven’t yet heard from you and it’s important that we gather opinions from as many people as possible. If you have already mailed in your completed survey form, please discard this letter. We sincerely appreciate your help, and we look forward to receiving your response.

However, if you have not yet had time to fill out and return your survey, please take a few minutes right now to do that. The form is short and takes less than 5 minutes to complete. In case you misplaced the survey, we have enclosed another copy along with a postage-paid return envelope.

Please be assured that *[insert contractor name]*, who is conducting this survey for us, will only give your responses to my staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses.

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

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

Sincerely,

A handwritten signature in black ink that reads "Michelle A. King". The signature is written in a cursive style with a large, stylized initial "M".

Michelle A. King
Deputy Commissioner
Office of Budget, Finance, Quality, and Management
Social Security Administration

Enclosures

First Survey Interval

FY 2017 Office Visitor Survey – Prenotice Postcard – Spanish

Estimado(a) Cliente 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 visita a la oficina del Seguro Social o la oficina de audiencias del Seguro Social.

En unos días, usted recibirá un corto cuestionario por correo de *[insert contractor name]*, 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.

Michelle A. King
Comisionado Adjunto
Oficina de Administración de Presupuestos, Contabilidad y Rendimiento
Administración del Seguro Social

First Survey Interval

FY 2017 Office Visitor Survey – Initial Cover Letter - Spanish

Estimado(a) [*insert name*]:

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 durante su reciente visita a la oficina local del Seguro Social o la oficina de audiencias. Por favor tómese 5 minutos para llenar la “Tarjeta de Calificación” adjunta y devolverla lo antes posible en el sobre franqueado provisto.

Por favor, siéntase seguro de que [*insert contractor name*], quien está llevando a cabo esta encuesta por nosotros, proveerá sus respuestas solamente a mi 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.

Si tiene alguna pregunta sobre los beneficios de Seguro Social, por favor visite nuestro sitio de Internet en www.segurosocial.gov o llame a nuestro número gratis para información al 1-800-772-1213.

Le agradecemos que haya tomado el tiempo para contestar nuestra encuesta.

Sinceramente,



Michelle A. King
Comisionado Adjunto
Oficina de Administración de Presupuestos, Contabilidad y Rendimiento
Administración del Seguro Social

Anexos

First Survey Interval

FY 2017 Office Visitor Survey- Follow-up Cover Letter – Spanish

Estimado(a) [*insert name*]:

Alrededor de una semana atrás, le enviamos un formulario de encuesta, “Déle una Tarjeta de Calificación al Seguro Social,” pidiéndole su opinión sobre el servicio que recibió cuando visitó la oficina local del Seguro Social o la oficina de audiencias. No hemos oído de usted y es muy importante que reunamos opiniones de tantas personas como sea posible. Si ya nos envió la encuesta completada, favor de ignorar esta carta. Sinceramente apreciamos su ayuda y estamos ansiosos de recibir su respuesta.

Sin embargo, si todavía no ha tenido tiempo de llenar y devolver su encuesta, por favor tome unos minutos ahora mismo para hacerlo. El formulario es corto y le tomará menos de 5 minutos en llenarlo. En caso que haya perdido la encuesta, hemos incluido otra copia junto con un sobre franqueado.

Por favor, siéntase seguro de que [*insert contractor name*], quien está llevando a cabo esta encuesta por nosotros, proveerá sus respuestas solamente a mi 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.

Si tiene alguna pregunta sobre los beneficios de Seguro Social, por favor visite nuestro sitio de Internet en www.segurosocial.gov o llame a nuestro número gratis para información al 1-800-772-1213.

Le agradeceríamos si recibimos su encuesta llena lo antes posible.

Sinceramente,



Michelle A. King
Comisionado Adjunto
Oficina de Administración de Presupuestos, Contabilidad y Rendimiento
Administración del Seguro Social

Anexos

Second Survey Interval

FY 2017 Social Security Card Center Survey - Pre-Notice Postcard

Dear Social Security Customer:

Social Security believes that conducting surveys is one of the best ways to find out how well we are serving you. That's why we will soon be asking you to give us your opinion about the service you (or someone else on your behalf) received during a recent visit to a Social Security Card Center.

In a few days, you will receive a short questionnaire in the mail from *[insert contractor name]*, 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.

Michelle A. King
Deputy Commissioner
Office of Budget, Finance, Quality, and Management
Social Security Administration

Second Survey Interval

FY 2017 Social Security Card Center Survey – Initial Cover Letter

Dear Social Security Customer:


As I noted in my recent postcard, Social Security is conducting a survey to find out how well we served you (or someone else on your behalf) during your recent visit to a Social Security Card Center. Please take 5 minutes to fill out the enclosed "Report Card" and return the form as soon as possible in the postage-paid envelope provided.

Please be assured that *[insert contractor name]*, who is conducting this survey for us, will only give your responses to my staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses.

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

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

Sincerely,

A handwritten signature in black ink that reads "Michelle A. King". The signature is written in a cursive style with a large, stylized initial "M".

Michelle A. King
Deputy Commissioner
Office of Budget, Finance, Quality, and Management
Social Security Administration

Enclosures

Second Survey Interval

FY 2017 Social Security Card Center Survey – Follow-up Cover Letter

Dear Social Security Customer:

About a week ago we sent you a survey form, “Give Social Security a Report Card,” to find out how well we served you when you (or someone else on your behalf) visited a Social Security Card Center. We haven’t yet heard from you and it’s important that we gather opinions from as many people as possible. If you have already mailed in your completed survey form, please discard this letter. We sincerely appreciate your help, and we look forward to receiving your response.

However, if you have not yet had time to fill out and return your survey, please take a few minutes right now to do that. The form is short and takes less than 5 minutes to complete. In case you misplaced the survey, we have enclosed another copy along with a postage-paid return envelope.

Please be assured that *[insert contractor name]*, who is conducting this survey for us, will only give your responses to my staff here at Social Security and will not use them for any other purpose. Social Security will report the survey results by summarizing the answers of everyone who takes the survey; we will not report any individual responses.

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

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

Sincerely,



Michelle A. King
Deputy Commissioner
Office of Budget, Finance, Quality, and Management
Social Security Administration

Enclosures

Both Survey Intervals

Office Visitor Survey and Social Security Card Center Survey – Privacy Act

PRIVACY ACT STATEMENT

The Social Security Administration is authorized to collect the information for this survey under Executive Order 12862, “Setting Customer Service Standards.” Your response to these questions is strictly voluntary. The information you provide will be used to help us improve the service that we give you. Your response will not be disclosed to any other government or private agency.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the 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.

First Survey Interval

Office Visitor Survey 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 nuestro cálculo 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.