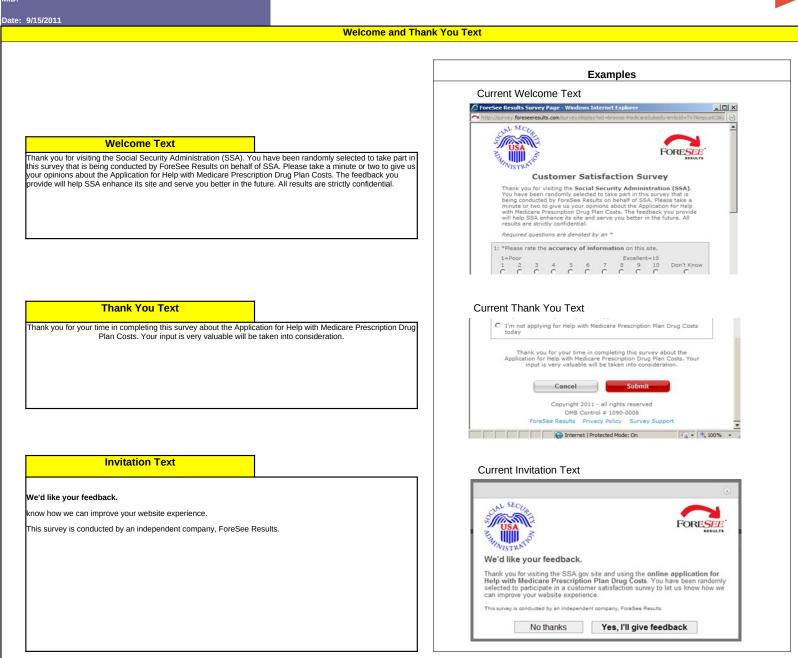
Model Instance Name: SSA Extra Help v2

MID:



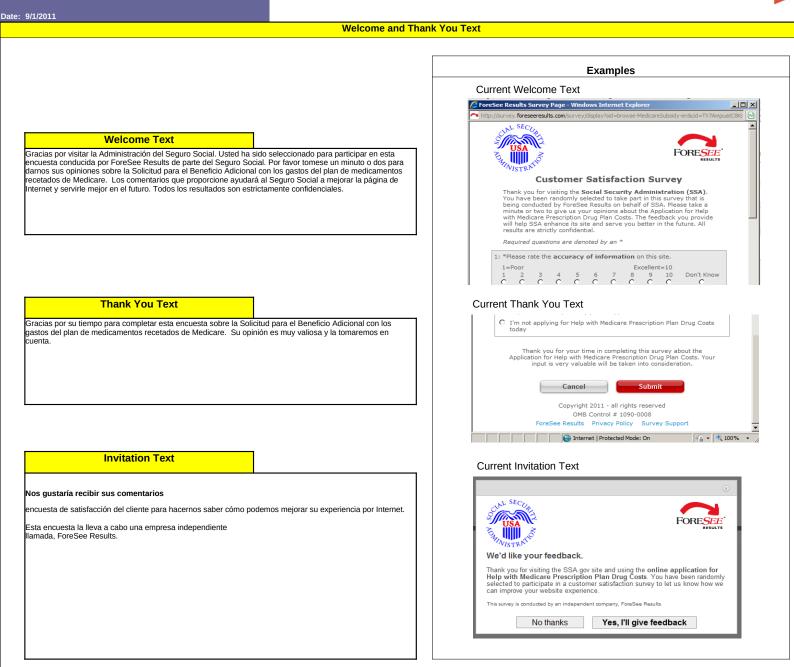


Model Instance Name: SSA Extra Help v2

MID:







MID: IVsQkEQIoMBUUs049xE45w4C

FORESEE

Partitioned (Y/N)? N

Element rotation scheme has been added

SSA Extra Help v3 (English)

FPI Included(Y/N)?

Date: 7/19/2013

| | Model questi | ions utilize the <i>i</i> | ACSI methodology to determine scores and i | impacts | |
|---------------------------------|---|--------------------------------|---|------------------------------|--|
| MQ Label | ELEMENTS (drivers of satisfaction) | MQ Label | CUSTOMER SATISFACTION | MQ Label | FUTURE BEHAVIORS |
| | 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 | Site Performance (1=Poor, 10=Excellent, Don't Know) Please rate how quickly pages load in the online application for Help with Medicare Prescription Plan Drug Costs. | | | | |
| Site | 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 - Clear | Plain Language (1=Poor, 10=Excellent, Don't Know) Please rate the clarity of the wording in the Help with Medicare Prescription Plan Drug Costs application. | | | | |
| | Please rate how well you understand the wording in the Help with Medicare Prescription Plan Drug Costs application. | | | | |
| | Please rate the Help with Medicare Prescription Plan Drug Costs application on its use of short, clear sentences. | | | | |
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| | Label | Element Questions | Label | Satisfaction Questions | Label | Future Behaviors |
|-------------|-------|-------------------|-------|------------------------|---|------------------|
| Date | | 8/19/2019 | | | Blue: Reword | |
| Partitioned | | Yes - 2 MQ | | | Pink: Addition | |
| Model ID | | | | | <u>Underlined & Italicized</u> : Re | -order |
| Model Name | | SSA Extra Help V4 | | | Red & Strike Through: De | FORESEE |

| Label | Element Questions | | Label | Satisfaction Questions | | Label | Future Behaviors |
|---|--|----|---------------------------------|--|----|---------------------------|--|
| | Site Performance (1=Poor, 10=Excellent, Don't Know) | 1 | | Satisfaction | | | Recommend (1=Very Unlikely, 10=Very Likely) |
| 1Site Performance - Speed | Please rate the speed that pages and content loaded for you. | 10 | 6Satisfaction - Overall | What is your overall satisfaction with this application? (1=Very Dissatisfied, 10=Very Satisfied) | 19 | Recommend | How likely are you to recommend this application to someone else |
| Site Performance - Completeness | Please rate the consistency of complete loading of pages and content. | 17 | 7Satisfaction - Expectations | How well does this application meet your expectations? (1=Falls Short, 10=Exceeds) | | | Use Other Online Services (1=Very Unlikely, 10=Very Likely) |
| Site Performance -Responsiveness | Please rate the responsiveness of the pages to your actions. | 18 | 8 Satisfaction - Ideal | How does this application compare to your idea of an ideal application? (1=Not Very Close, 10=Very Close) | 20 | Use Other Online Services | How likely are you to use other Social Security online services? |
| | Look and Feel (1=Poor, 10=Excellent, Don't Know) | | | | | | |
| Look and Feel - Appeal | Please rate the visual appeal of the pages that you visited. | | | | | | |
| 5Look and Feel - Spacing | Please rate the spacing between items on the pages that you visited. | | | | | | |
| 6Look and Feel - Readability | Please rate the legibility of the pages that you visited. | | | | | | |
| | Navigation (1=Poor, 10=Excellent, Don't Know) | | | | | | |
| 7Navigation - Ease | Please rate the ease of finding what you were looking for. | | | | | | |
| 8Navigation - Layout | Please rate the page layout on displaying content and links where you could | | | | | | |
| 9Navigation - Links | Please rate the links on taking you where you needed to go. | | | | | | |
| | Site Information (1=Poor, 10=Excellent, Don't Know) | | | | | | |
| 0Site Information - Relevance | Please rate the relevance to your interests of the information that you found. | | | | | | |
| 1Site Information - Thoroughness | Please rate the thoroughness of the information that you found. | | | | | | |
| 2Site Information - Readability | Please rate the readability of the information that you found. | | | | | | |
| | Account Management (1=Poor, 10=Excellent, Don't Know) | | | | | | |
| 3Account Management - Simplicity | Please rate the simplicity of account management on this site. | | | | | | |
| 4Account Management - Efficiency | Please rate the efficiency of account management on this site. | | | | | | |
| 5Account Management - Essential Information | Please rate the presentation of essential account information. | | | | | | |

SSA Extra Help v3 (Spanish) MID: wcscht14l5kxFEcp45Bg0Q4C

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

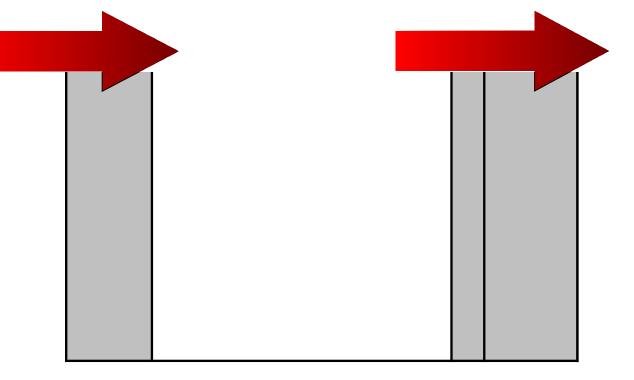
| MQ Label | ELEMENTS (drivers of satisfaction) |
|---------------|--|
| , | Apariencia y función (1=Mala, 10=Excelente, No sé) |
| | Por favor califique la apariencia de la solicitud por Internet del <i>Beneficio Adicional</i> con los gastos de los planes de las recetas médicas de Medicare. |
| | Por 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. |
| | Por favor califique la fluidez 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) |
| Performance - | 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. |
| 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. |
| Performance - | 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) |
| | 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. |
| Jnderstandab | 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. |
| _anguage - | 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 . |



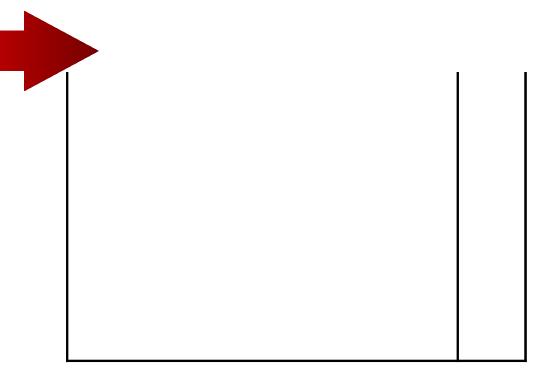
Element rotation scheme has been added

Err:509

| MQ Label | CUSTOMER SATISFACTION | 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 Beneficio Adicional 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 Beneficio Adicional 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) | |
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| 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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SSA Extra Help v2 (English Equiv)

MID: QsRVQ5o0Z8FxQtc4JBwJkg==



Date: 9/15/2011

| ELEMENTS (drivers of satisfaction) | CUSTOMER SATISFACTION | FUTURE BEHAVIORS |
|--|--|--|
| Content (1=Poor, 10=Excellent, Don't Know) | Satisfaction | Future Behaviors |
| Please rate your perception of the accuracy of information on this site. | 20 What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied) | Recommend (1=Very Unlikely, 10=Very Likely) |
| Please rate the quality of information on this site. | 21 How well does this site meet your expectations? (1=Falls Short, 10=Exceeds) | 23 How likely are you to recommend this site to someone else? |
| Please rate the freshness of content on this site. | 22 How does this site compare to your idea of an ideal website? (1=Not Very Close, 10=Very Close) | Use Other Applications (1=Very Unlikely, 10=Very Likely) |
| unctionality (1=Poor, 10=Excellent, Don't Know) | | 24 How likely are you to use other online Social Security Administratio Applications? |
| 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. | | |
| .ook and Feel (1=Poor, 10=Excellent, Don't Know) Please rate the visual appeal of this site. | | |
| Please rate the balance of graphics and text on this site. Please rate the balance of graphics and text on this site. | | |
| lavigation (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. | | |
| ite Performance (1=Poor, 10=Excellent, Don't Know) | | |
| Please rate how quickly pages load on this site. | | |
| Please rate the consistency of speed from page to page on this site. Please rate the ability to load pages without getting error messages on this site. | | |
| asks/ 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. | | |
| | | |

SSA Extra Help v2 (English)

MID: VhgJpNEVNpxIMBUQNcg1FQ==



Date: 9/15/2011

| Satisfaction | Future Behaviors |
|--|---|
| | Future Denaviors |
| What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied) | Recommend (1=Very Unlikely, 10=Very Likely) |
| How well does this site meet your expectations? (1=Falls Short, 10=Exceeds) | How likely are you to recommend this site to someone else? |
| How does this site compare to your idea of an ideal website? (1=Not Very Close, 10=Very Close) | Use Other Applications (1=Very Unlikely, 10=Very Likely) |
| | How likely are you to use other online Social Security Administr Applications? |
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| | |
| | How well does this site meet your expectations? (1=Falls Short, 10=Exceeds) How does this site compare to your idea of an ideal website? |

Date: 9/15/2011

MID: 515J9k0gVEx0E9NVUYp8Fg==



| | 1 | |
|---|--|---|
| | the ACSI methodology to determine scores and i | |
| ELEMENTS (drivers of satisfaction) | CUSTOMER SATISFACTION | FUTURE BEHAVIORS |
| Content (1 = pobre, 10 = excelente, no lo sé) | Satisfaction | Future Behaviors |
| Por favor evalue su percepción de la exactitud de la información en este sitio de Internet. | ¿Cuál es su satisfacción general con este sitio de Internet? (1 = Muy insatisfecho, 10 = Muy satisfecho) | Recommend (1 = Muy improbable, 10 = Muy probable) |
| Por favor evalue la calidad de la información en este sitio de Internet. | ¿Hasta qué punto este sitio de Internet cumplió con sus expectativas? (1 = Fracasa, 10 = Excede) | ¿Qué posibilidades hay de que recomiende este sitio de Interr a otra persona? |
| Por favor evalue la actualización del contenido en este sitio de Internet. | ¿Cómo se compara este sitio de Internet con su visión de un sitio de Internet ideal? (1 = Fracasa, 10 = Cercano) | Use Other Applications (1 = Muy improbable, 10 = Muy probable) |
| Functionality (1 = pobre, 10 = excelente, no lo sé) | | ¿Qué posibilidades hay de utilizar otros servicios por Internet o la Administración del Seguro Social? |
| Por favor evalue la utilidad de los recursos disponibles en este sitio de Internet. | | |
| Por favor evalue la conveniencia de los recursos disponibles en este sitio de Internet. | | |
| Por favor evalue la variedad de los recursos disponibles en este sitio de Internet. | | |
| Look and Feel (1 = pobre, 10 = excelente, no lo sé) | | |
| Por favor evalue el atractivo visual de este sito de Internet. | | |
| Por favor evalue el balance gráfico y textual en este sito de Internet. Por favor evalue la legibilidad de las paginas en este sito de Internet. | | |
| Navigation (1 = pobre, 10 = excelente, no lo sé) | | |
| Por favor evalue la organización de este sito de Internet. | | |
| Por favor evalue las opciones disponibles para navegar en este sito de Internet. | | |
| Por favor evalue cómo el diseño del sitio de Internet le ayudó a encontrar lo que buscaba. | | |
| Por favor evalue el número de clics que tuvo que hacer para llegar a donde quería. | | |
| Site Performance (1 = pobre, 10 = excelente, no lo sé) Por favor evalue la rapidez con que se cargan las páginas en este sitio de | | |
| Internet. | | |
| Por favor evalue la consistencia de la velocidad de una página a otra en este sitio de Internet. | | |
| Por favor evalue la capacidad de cargar páginas nuevas sin recibir mensajes de errores en este sitio de Internet. | | |
| Tasks/ Transactions (1 = pobre, 10 = excelente, no lo sé) | | |
| Por favor evalue el proceso de completar las tareas en este sitio de Internet. | | |
| Por favor evalue la claridad de las instrucciones para completar las tareas en este sitio de Internet. | | |
| Por favor evalue la verificación de la finalización de las tareas en este sitio de internet. | | |
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SSA Extra Help v2 (English Equiv)

MID: QsRVQ5o0Z8FxQtc4JBwJkg==



Date: 9/15/2011

| Model questions utilize | e the A | ACSI methodology to determine scores an | nd im | pacts |
|--|---------|---|-------|---|
| ELEMENTS (drivers of satisfaction) | | CUSTOMER SATISFACTION | | FUTURE BEHAVIORS |
| Content (1=Poor, 10=Excellent, Don't Know) | 1 | Satisfaction | | Future Behaviors |
| 1 Please rate your perception of the accuracy of information on this site. | 20 | What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied) | | Recommend (1=Very Unlikely, 10=Very Likely) |
| 2 Please rate the quality of information on this site. | 21 | How well does this site meet your expectations ? (1=Falls Short, 10=Exceeds) | 23 | How likely are you to recommend this site to someone else? |
| Please rate the freshness of content on this site. | h | How does this site compare to your idea of an ideal website ? (1=Not Very Close, 10=Very Close) | | Use Other Applications (1=Very Unlikely, 10=Very Likely) |
| Functionality (1=Poor, 10=Excellent, Don't Know) | | | 24 | How likely-are you to use other Social Security Administration Applications?> How likely are you to use other online Social Security Administration Applications? |
| 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. | | | | |
| Look and Feel (1=Poor, 10=Excellent, Don't Know) | | | | |
| Please rate the visual appeal of this site. | | | | |
| Please rate the balance of graphics and text on this site. Please rate the readability of the pages on this site. 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. | | | | |
| Site Performance (1=Poor, 10=Excellent, Don't Know) | 4 | | | |
| Please rate how quickly pages load on this site. | | | | |
| Please rate the consistency of speed from page to page on this site. Please rate the ability to load pages without getting error messages on this site. | | | | |
| 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. | | | | |
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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: | Туре |
|---------|------------------------|--|-------------|--|----------|-----------------------------|
| SAC4054 | | Did you complete your application today? | SAC4054A001 | Not yet, but I plan to finish today | B-I | Radio |
| | | - Yes and the state of the second sec | SAC4054A002 | Yes, I completed my new application today | B-I | |
| | | | SAC4054A003 | Yes, I resumed and completed my earlier application | B-I | |
| | | | SAC4054A004 | No, I did not complete my new application | A, L | |
| | | | SAC4054A005 | No, I did not complete my partial application | A, L | |
| | | | SAC4054A006 | I'm not applying for Help with Medicare Prescription Plan Drug Costs today | | |
| SAC4055 | В | How did you first hear about the on-line Application for Help with the Medicare Prescription Plan Drug Costs? | SAC4055A001 | A Social Security Representative told me about it | | Radio |
| | | | SAC4055A002 | Saw it on the Social Security Website | | |
| | | | SAC4055A003 | Received a letter about it in the mail from SSA | 1 | |
| | | | SAC4055A004 | Read about it in a Social Security publication | 1 | |
| | | | SAC4055A005 | Read about it in a Medicare publication | 1 | |
| | | | SAC4055A006 | Saw it on the Medicare website | 1 | |
| | | | SAC4055A007 | Saw it in a newspaper, magazine, television or other media source | | |
| | | | SAC4055A008 | Heard about it at my Senior/Community Center | | |
| | | | SAC4055A009 | My doctor, or another professional, told me about it | | |
| | | | SAC4055A010 | Got it from a Search Engine | | |
| | | | SAC4055A011 | Linked from another website | | |
| | | | SAC4055A012 | Word-of-mouth | | |
| | | | SAC4055A013 | Other | | |
| SAC4058 | D | For whom are you completing the on-line Help with Medicare Prescription Drug Plan Costs application? | SAC4058A001 | Myself | | Dropdown (select one) |
| | | | SAC4058A002 | Myself and my spouse | | |
| | | | SAC4058A003 | My Spouse | | |
| | | | SAC4058A004 | My parent | | |
| | | | SAC4058A005 | My client | | |
| | | | SAC4058A006 | My relative | | |
| | | | SAC4058A007 | My friend | | |
| SAC4059 | A | If you have decided to stop working on your application for now, do you plan to return to complete it later? | SAC4059A001 | Yes | | Dropdown (select one) |
| | | | SAC4059A002 | No | | |
| SAC4060 | L | If you stopped working on your application, please tell us why: (Select all that apply) | SAC4060A001 | I'm not applying for Help with Medicare Prescription Plan Drug Costs today | | checkbox one up vertical |
| | | | SAC4060A002 | Needed to find documents/other information for my application | | |
| | | | SAC4060A003 | Too complicated/Takes too long/Too many questions to answer without help | | |
| | | | SAC4060A004 | My medical/physical condition prevents me from working on the computer for long periods | | |
| | | | SAC4060A005 | I don't have the necessary computer skills to complete the application | | |
| | | | SAC4060A006 | Received an error message/Kicked off | | |
| | | | SAC4060A007 | Tried to use my Reentry Number to resume my application, but it wouldn't work | | |
| | | | SAC4060A008 | Didn't have the Reentry Number needed to resume application | | |

SSA Extra Help v2 (English Equiv) MID: QsRVQ5o0Z8FxQtc4JBwJkg== Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| | Skip Logic | | | Answer Choices | | - |
|---------|---------------|---|----------------------------|--|----------|-----------------------------------|
| QID | Label | Question Text | SAC4060A009 | (limited to 50 characters) Application wouldn't accept empty fields | Skip to: | Туре |
| | | | SAC4000A009 | I had problem(s) entering information in some of the pages | - | |
| | | | SAC4060A010 | I made a mistake on one of the screens, but couldn't correct it | | |
| | | | SAC4060A012 | I was working on my application when the site shut down for the night | | |
| | | | SAC4060A013 | Other Reason | | |
| SAC4061 | G | | SAC4061A001 SAC4061A002 | Very experienced Somewhat experienced | | Radio |
| | | | SAC4061A003 | Almost no experience | 1 | |
| | | | SAC4061A004 | Filing for Extra Help for Prescription Costs online is the first I've used the Internet. | | |
| SAC4062 | | 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 Single | Require d Y/N Y |
|------------------------------|--------------------------|
| Single | Y |
| Single | Y |
| Single | Y |
| Multi | Y |

| Single or Multi | Require d Y/N |
|--------------------|---------------------|
| | |
| Single | Y |
| | N |
| | N |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | | Answer Choices | Skip To |
|--------------|--------------|--|---------------|---|---------|
| JAC0123745 | | What is your reason for visiting Extra Help for Medicare Prescription Plan Costs today? | | To start a new application | В |
| | | | | To return to a saved application | A,B |
| | | | | To check the status of my application | |
| | | | | To research / learn about Extra Help For Medicare Prescription Plans | |
| JAC0123772 | A | Were you able to access your saved application with the Reentry number? | | Yes | |
| | | | | No | A1 |
| JAC0123791 | A1 | If you were not able to access your saved application, did you create a new application? | | Yes | |
| | | | | No | |
| VAN0208024 | | Did you print your application today? | | Yes | AA |
| | | | | No | _ |
| | | | | Don't know | |
| VAN0208025 | AA | Did you have any issues printing the application? | | Yes | BB |
| | | | | No | |
| VAN0208026 | BB | Please describe your issues with printing. | | | |
| JAC0123775 | | Are you applying for Help with Medicare Prescription Plan costs for yourself or are you helping someone | ENSAC4058A001 | Myself | |
| | | else? | ENSAC4058A003 | My Spouse | |
| | | | ENSAC4058A002 | Myself and my spouse | |
| | | | ENSAC4058A004 | My parent/parents | |
| | | | ENSAC4058A006 | Another relative | |
| | | | ENSAC4058A007 | A friend | |
| | | | ENSAC4058A005 | My client | |
| ENSTE0076882 | | Was the Extra Help with Medicare Prescription Drug Plan Costs online application easy to find? | | Yes | |
| | | | | No | A |
| ENSTE0076883 | A | Please tell us why you had difficulty finding the application page. | | | |

Model Instance Name: SSA Extra Help v3 (English)

MID: RQFJIkpspsRxQIxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE underlined & italicized: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | Answer Choices | Skip To |
|----------|--------------|---|--|---------|
| | | Please indicate your level of agreement with the following statements about your interaction today: I am satisfied with the service I received from the Social Security Administration. | 1=Strongly Disagree | |
| | | | 2=Disagree | |
| | | | 3=Neutral | |
| | | | 4=Agree | |
| | | | 5=Strongly Agree | |
| | | This interaction increased my confidence in the Social Security Administration. | 1=Strongly Disagree | |
| | | | 2=Disagree | |
| | | | 3=Neutral | |
| | | | 4=Agree | |
| | | | 5=Strongly Agree | |
| | | My need was addressed. | 1=Strongly Disagree | |
| | | | 2=Disagree | |
| | | | 3=Neutral | |
| | | | 4=Agree | |
| | | | 5=Strongly Agree | |
| | | It was easy to complete what I needed to do. | 1=Strongly Disagree | |
| | | | 2=Disagree | |
| | | | 3=Neutral | |
| | | | 4=Agree | |
| | | | 5=Strongly Agree | |
| | | It took a reasonable amount of time to do what I needed to do. | 1=Strongly Disagree | |
| | | | 2=Disagree | |
| | 1 | | 3=Neutral | |
| | | | 4=Agree | |
| | | | 5=Strongly Agree | |
| C0123776 | | How did you first hear about the online Application for Help with the Medicare Prescription Plan Drug | The official Social Security website (www.ssa.gov) | |
| | | Costs? | The Medicare website | |
| | | | On another website | |
| | | | A Social Security employee told me about it | |
| | | | A Social Security publication | |
| | | | A Medicare publication | |
| | | | A letter from Social Security | |
| | | | From my doctor or another professional | |
| | | | | |

Model Instance Name: SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011

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

| QID | Skip From | Question Text | Answer Choices | Skip To |
|------------|--------------|--|---|---------|
| | | | At the Pharmacy | |
| | | | From my insurance company | - |
| | | | At my Senior/Community Center | |
| | | | A newspaper, magazine, television or other media source | |
| | | | Used a search engine (Google, Bing, etc.) | |
| | | | Social media (e.g., Facebook, Twitter, blog, etc.) | |
| | | | Word-of-mouth | |
| | | | Other | A |
| JAC0123777 | A | What other way did you learn about the online Extra Help for Medicare Prescription Plans cost application? | | |
| JAC0123779 | | Please tell us what website you used to get to online Extra Help with Medicare Prescription Plans cost. | The official SSA.gov Website | |
| | | | Medicare.gov website | |
| | | | AARP | |
| | | | Other | A |
| JAC0123794 | A | Please tell us what other website you used. | | |
| TAR0229645 | | What is your age? | Under 18 | |
| | | | 18 - 29 | |
| | | | 30 - 39 | |
| | | | 40 - 49 | |
| | | | 50 - 59 | |
| | | | 60 - 69 | |
| | | | 70 or older | |
| | | | Prefer not to answer | |
| JAC0123808 | | Please tell us in what way we can improve the application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer). | | |
| | | | | |

| Туре | Required Y/N |
|--------------------------------|-----------------|
| Radio button, one-up vertical | Y |
| Text area - no char limit | N |
| Dropdown (select one) | Y |
| Radio button one-up vertical | Y |
| text area - no character limit | N |

| Type Radio Button, Scale, No don't | Required Y/N |
|--|-----------------|
| know | |
| | |
| Radio Button, Scale, No don't know | Y |
| | |
| Radio Button, Scale, No don't know | Y |
| | |
| Radio Button, Scale, No don't know | Y |
| | |
| Radio Button, Scale, No don't know | Y |
| | |
| radio button one-up vertical | Y |
| | |
| | |
| | |
| | |

| Туре | Required Y/N |
|--------------------------------|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Text area, no char limit | N |
| Radio button, one-up vertical | Y |
| | |
| | |
| Text area, no char limit | N |
| Radio Button One Up Vertical | Y |
| | |
| | |
| | |
| text area - no character limit | N |
| | |
| | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red-& strike through: DELETE underlined & italicized: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | | Answer Choices | Skip To |
|-------------|--------------|---|---------------|---|---------|
| JAC0123745 | | What is your reason for visiting Extra Help for Medicare Prescription Plan Costs today? | | To start a new application | В |
| | | | | To return to a saved application | A,B |
| | | | | To check the status of my application | |
| | | | | To research / learn about Extra Help For Medicare | |
| | | | | Prescription Plans | |
| JAC0123772 | A | Were you able to access your saved application with the Reentry number? | | Yes | |
| | | | | No | A1 |
| JAC0123791 | A1 | If you were not able to access your saved application, did you create a new application? | , | Yes | |
| | | | | No | |
| JAC0123775 | | Are you applying for Help with Medicare Prescription Plan costs for yourself or are you helping someone | ENSAC4058A001 | Myself | |
| | | else? | ENSAC4058A003 | My Spouse | |
| | | | ENSAC4058A002 | Myself and my spouse | |
| | | | ENSAC4058A004 | My parent/parents | |
| | | | ENSAC4058A006 | Another relative | |
| | | | ENSAC4058A007 | A friend | |
| | | | ENSAC4058A005 | My client | |
| RCH4678Q037 | | Please indicate your level of agreement with the following statements about your interaction today: I am satisfied with the service I received from the Social Security Administration. | | 1=Strongly Disagree | |
| | | | | 2 | |
| | | | | 3 | |
| | | | | 4 | |
| | | | | 5=Strongly Agree | |
| RCH4678Q038 | | This interaction increased my confidence in the Social Security Administration. | | 1=Strongly Disagree | |
| | | | | 2 | |
| | | | | 3 | |
| | | | | 4 | |
| | | | | 5=Strongly Agree | |
| RCH4678Q039 | | My need was addressed. | | 1=Strongly Disagree | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | Answer Choices | Skip To |
|-------------|--------------|--|---|---------|
| 4 | | 2 | 2 | 0.00010 |
| | | | 3 | 1 |
| | | | 4 | 1 |
| | | | 5=Strongly Agree | |
| RCH4678Q040 | | It was easy to complete what I needed to do. | 1=Strongly Disagree | |
| | | | 2 | 1 |
| | | | 3 | |
| | | | 4 | |
| | | | 5=Strongly Agree | |
| RCH4678Q041 | | It took a reasonable amount of time to do what I needed to do. | 1=Strongly Disagree | |
| | | | | 4 |
| | | | 2 | - |
| | | | 3 | - |
| | | | 4 E. Otraca who A surge | - |
| 14 00100770 | | | 5=Strongly Agree | |
| JAC0123776 | | How did you first hear about the online Application for Help with the Medicare Prescription Plan Drug | The official Social Security website (www.ssa.gov) | _ |
| | | Costs? | The Medicare website | |
| | | | On another website | |
| | | | A Social Security employee told me about it | |
| | | | A Social Security publication | |
| | | | A Medicare publication | |
| | | | A letter from Social Security | |
| | | | From my doctor or another professional | |
| | | | At the Pharmacy | - |
| | | | From my insurance company | - |
| | | | At my Senior/Community Center | - |
| | | | A newspaper, magazine, television or other media source | |
| | | | Used a search engine (Google, Bing, etc.) | |
| | | | Social media (e.g., Facebook, Twitter, blog, etc.) | |
| | | | Word-of-mouth | |
| | | | Other | A |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | Answer Choices | Skip To |
|------------|--------------|--|------------------------------|---------|
| JAC0123777 | A | What other way did you learn about the online Extra Help for Medicare Prescription Plans cost application? | | |
| JAC0123779 | | Please tell us what website you used to get to online Extra Help with Medicare Prescription Plans cost. | The official SSA.gov Website | |
| | | | Medicare.gov website | |
| | | | AARP | |
| | | | Other | A |
| JAC0123794 | A | Please tell us what other website you used. | | |
| TAR0229645 | | What is your age? | Under 18 | |
| | | | 18 - 29 | |
| | | | 30 - 39 | |
| | | | 40 - 49 | |
| | | | 50 - 59 | |
| | | | 60 - 69 | |
| | | | 70 or older | |
| | | | Prefer not to answer | |
| JAC0123808 | | Please tell us in what way we can improve the application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer). | | |

| Туре | Required Y/N |
|---------------------------------------|-----------------|
| Radio button, one-up vertical | Y |
| Radio button, one-up vertical | Y |
| Radio button, one-up vertical | Y |
| Dropdown (select one) | Y |
| Radio Button, Scale, No don't know | Y |
| Radio Button, Scale, No don't know | Y |
| Radio Button, Scale, No don't know | Y |

| Туре | Required Y/N | | |
|---------------------------------------|-----------------|--|--|
| Radio Button, Scale, No don't know | Y | | |
| Radio Button, Scale, No don't know | Y | | |
| radio button one-up vertical | Y | | |
| | | | |

| Туре | Required Y/N |
|--------------------------------|-----------------|
| Text area, no char limit | Ν |
| Radio button, one-up vertical | Y |
| Text area,no char limit | Ν |
| Radio Button One Up Vertical | Y |
| text area - no character limit | Ν |

Model Instance Name SSA Extra Help v3 (Spa MID: wcscht14l5kxFE Date: 9/15/2

| QID | Skip From |
|-------------|--------------|
| JAC0123745 | |
| JAC0123772 | A |
| JAC0123791 | A1 |
| RCH4678Q037 | |
| RCH4678Q038 | |
| RCH4678Q039 | |
| RCH4678Q040 | |

| RCH4678Q041 JAC0123776 | |
|---------------------------|---|
| JAC0123777 | A |
| JAC0123779 | |
| JAC0123794 | A |
| TAR0229645 | |

JAC0123808

anish) cp45Bg0Q4C 011

Question Text

¿Cuál es el motivo de su visita de hoy al Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare?

¿Logró acceder a la solicitud guardada usando el número de re-ingreso?

Si no pudo acceder a la solicitud guardada, ¿creó una nueva solicitud?

Please indicate your level of agreement with the following statements about your interaction today: I am satisfied with the service I received from the Social Security Administration.

This interaction increased my confidence in the Social Security Administration.

My need was addressed.

It was easy to complete what I needed to do.

It took a reasonable amount of time to do what I needed to do.

| ¿Cómo se enteró por primera vez de la solicitud en línea del Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare? |
|--|
| ¿De qué otra forma se enteró de la existencia de esta solicitud en línea del Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare? |
| Díganos qué otro sitio web usó para acceder en línea al Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare. |
| Díganos qué otro sitio web usó. |
| ¿Cuál es su edad? |

Díganos en qué forma podemos mejorar la solicitud del Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare. (No incluya información personal en su respuesta.)

| SSA Extra Help v2 (Spanish) CU |
|---|
| |
| Spanish Translation Question Text |
| |
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| |
| |
| Indíquenos su nivel de acuerdo con las siguientes afirmaciones acerca de su interacción en el día de hoy: Estoy satisfecho/a con el servicio que recibí de la |
| Administración del Seguro Social. |
| |
| |
| |
| Esta interacción aumentó mi confianza en la Administración del Seguro Social. |
| |
| |
| |
| |
| Mis necesidades fueron atendidas. |
| |
| |
| |
| |
| Me resultó fácil completar lo que tenía que hacer. |
| |
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| |

| llevó un tiempo razonable completar lo que tenía que hacer. |
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red & strike-through: DELETE

underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

violet (bold): SKIP-LOGIC

| STOM QUESTION LIST | |
|---|------------------------------------|
| Answer Choices (limited to 50 characters) | Spanish Translation Answer Choices |
| Comenzar una nueva solicitud | |
| Regresar a seguir trabajando en una solicitud guardada | |
| Comprobar el estado de mi solicitud | |
| Investigar/ aprender acerca del Beneficio Adicional con los gastos del plan de medicamentos recetados de Medicare | |
| Sí | |
| No | |
| Sí | |
| No | |
| 1=Strongly Disagree | 1=Totalmente en desacuerdo |
| 2 | 2 |
| 2 3 | 2 3 |
| 4 | 4 |
| | Totalmente de acuerdo=5 |
| 5=Strongly Agree 1=Strongly Disagree | 1=Totalmente en desacuerdo |
| | |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5=Strongly Agree | Totalmente de acuerdo=5 |
| 1=Strongly Disagree | 1=Totalmente en desacuerdo |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5=Strongly Agree | Totalmente de acuerdo=5 |
| 1=Strongly Disagree | 1=Totalmente en desacuerdo |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5=Strongly Agree | Totalmente de acuerdo=5 |
| | |

| 1=Strongly Disagree | 1=Totalmente en desacuerdo |
|---|----------------------------|
| | |
| | |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5=Strongly Agree | Totalmente de acuerdo=5 |
| A través del sitio web oficial del Seguro Social (www.ssa.gov) | |
| A través del sitio web de Medicare | |
| A través de otro sitio web | |
| Un representante del Seguro Social me habló de ella | |
| A través de un correo electrónico del Seguro Social | |
| Usando un motor de búsqueda (Google, Bing, etc.) | |
| Redes sociales (por ejemplo, Facebook, Twitter, blog, | |
| etc.) | |
| Por boca de otros | |
| Otra opción | |
| | |
| | |
| El sitio web oficial SSA.gov | |
| El sitio web de Medicare.gov | |
| AARP | |
| Otro sitio web | |
| | |
| Menor de 18 años | |
| 18 - 29 | |
| 30 - 39 | |
| 40 - 49 | |
| 50 - 59 | |
| 60 - 69 | |
| 70 años o más | |
| Prefiero no responder | |
| | |
| | |
| | |
| | |

| Skip To | Туре | Required Y/N | Special Instructions | CQ Label |
|---------|--|-----------------|-------------------------|----------------------------|
| A,B | Radio button, one-up vertical | Y | Skip Logic | Visita Motivo |
| A1 | Radio button, one-up vertical | Y | Skip Logic | Usó número de reingreso |
| | Radio button, one-up vertical | Y | Skip Logic | No acceso |
| | Radio Button, Scale, No don't know | Y | | A11-Satisfied |
| | Radio Button, Scale, No don't know | Y | | A11-Trust |
| | Radio Button, Scale, No don't know | Y | | A11-Quality |
| | Radio Button, Scale, No don't know | Y | | A11-Ease |

| | Radio Button, Scale, No don't know | Y | | A11-Speed |
|---|--|---|------------|----------------------------|
| Α | radio button one-up vertical | Y | Skip Logic | Oyó hablar solicitud |
| | Text area,no char limit | Ν | Skip Logic | OE_Oyó hablar solicitud |
| A | Radio button, one-up vertical | Y | Skip Logic | Sitio web que usó |
| | Text area,no char limit | N | Skip Logic | OE_Sitio web que usó |
| | Radio Button One Up | Y | | Age |
| | text area - no character limit | Ν | Skip Logic | OE_Problemas |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | | Answer Choices | Skip To |
|-----------------------|--------------|--|---------------|---|---------|
| JAC0123745 | | What is your reason for visiting Extra Help for Medicare Prescription Plan Costs today? | | To start a new application | В |
| | | | | To return to a saved application | A,B |
| | | | | To check the status of my application | |
| | | | | To research / learn about Extra Help For Medicare Prescription Plans | |
| JAC0123772 | A | Were you able to access your saved application with the Reentry number? | | Yes | |
| | | | | No | A1 |
| JAC0123791 | A1 | If you were not able to access your saved application, did you create a new application? | | Yes | |
| | | | | No | |
| VAN0208024 | | Did you print your application today? | | Yes | AA |
| | | | | No | |
| | | | | Don't know | |
| VAN0208025 | AA | Did you have any issues printing the application? | | Yes | BB |
| | | | | No | |
| VAN0208026 | BB | Please describe your issues with printing. | | | |
| JAC0123775 | | Are you applying for Help with Medicare Prescription Plan costs for yourself or are you helping someone | ENSAC4058A001 | Myself | |
| | | | ENSAC4058A003 | My Spouse | |
| | | | ENSAC4058A002 | Myself and my spouse | |
| | | | ENSAC4058A004 | My parent/parents | |
| | | | ENSAC4058A006 | Another relative | |
| | | | ENSAC4058A007 | A friend | |
| | | | ENSAC4058A005 | My client | |
| ENSTE0076882 | | Was the Extra Help with Medicare Prescription Drug Plan Costs online application easy to find? | | Yes | |
| | | | | No | A |
| ENSTE0076883 | A | Please tell us why you had difficulty finding the application page. | | | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE underlined & italicized: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | Answer Choices | Skip To |
|-------------|--------------|--|--|---------|
| RCH4678Q037 | | Please indicate your level of agreement with the following statements about your interaction today: I am satisfied with the service I received from the Social Security Administration. | 1=Strongly Disagree | |
| | | | 2 3 4 5 0: 1 4 | |
| RCH4678Q038 | | This interaction increased my confidence in the Social | 5=Strongly Agree | |
| | | Security Administration. | 1=Strongly Disagree | |
| | | | 2 3 4 | |
| | | | 5=Strongly Agree | |
| RCH4678Q039 | | My need was addressed. | 1=Strongly Disagree | |
| | | | 3 | |
| | | | 4 | |
| | | | 5=Strongly Agree | |
| RCH4678Q040 | | It was easy to complete what I needed to do. | 1=Strongly Disagree | |
| | | | 2 | |
| | | | 4 | |
| | | | 5=Strongly Agree | |
| RCH4678Q041 | | It took a reasonable amount of time to do what I needed to do. | 1=Strongly Disagree | |
| | | | 2 | |
| | | | 3 | |
| | | | 4 | |
| 1.00100770 | | | 5=Strongly Agree | _ |
| JAC0123776 | | How did you first hear about the online Application for Help with the Medicare Prescription Plan Drug | The official Social Security website (www.ssa.gov) | |
| | | Costs? | The Medicare website | |
| | | | On another website | |
| | | | A Social Security employee told me about it | |
| | | | A Social Security publication | |
| | | | A Medicare publication | |
| | | | A letter from Social Security | |
| | | | From my doctor or another professional | |

Model Instance Name: SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011

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

| QID | Skip From | Question Text | Answer Choices | Skip To |
|------------|--------------|--|---|---------|
| | | | At the Pharmacy | |
| | | | From my insurance company | - |
| | | | At my Senior/Community Center | |
| | | | A newspaper, magazine, television or other media source | |
| | | | Used a search engine (Google, Bing, etc.) | |
| | | | Social media (e.g., Facebook, Twitter, blog, etc.) | |
| | | | Word-of-mouth | |
| | | | Other | A |
| JAC0123777 | A | What other way did you learn about the online Extra Help for Medicare Prescription Plans cost application? | | |
| JAC0123779 | | Please tell us what website you used to get to online Extra Help with Medicare Prescription Plans cost. | The official SSA.gov Website | |
| | | | Medicare.gov website | |
| | | | AARP | |
| | | | Other | A |
| JAC0123794 | A | Please tell us what other website you used. | | |
| TAR0229645 | | What is your age? | Under 18 | |
| | | | 18 - 29 | |
| | | | 30 - 39 | |
| | | | 40 - 49 | |
| | | | 50 - 59 | |
| | | | 60 - 69 | |
| | | | 70 or older | |
| | | | Prefer not to answer | |
| JAC0123808 | | Please tell us in what way we can improve the application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer). | | |
| | | | | |

| Туре | Required Y/N |
|---------------------------------------|-----------------|
| Radio button, one-up vertical | Y |
| Radio button, one-up vertical | Y |
| Radio button, one-up vertical | Y |
| Radio button, one up vertical | ¥ - |
| Radio button, one-up vertical | ¥ |
| Text area - no- char limit | N |
| Dropdown (select one) | Y |
| Radio button one-up vertical | ¥ |
| text area - no character limit | N |

| Type Radio Button, Scale, No don't | Required Y/N |
|--|-----------------|
| know | |
| | |
| Radio Button, Scale, No don't know | Y |
| | |
| Radio Button, Scale, No don't know | Y |
| | |
| Radio Button, Scale, No don't know | Y |
| | |
| Radio Button, Scale, No don't know | Y |
| | |
| radio button one-up vertical | Y |
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| Туре | Required Y/N |
|--------------------------------|-----------------|
| | |
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| | |
| | |
| | |
| | |
| Text area, no char limit | N |
| Radio button, one-up vertical | Y |
| | |
| | |
| Text area, no char limit | N |
| Radio Button One Up Vertical | Y |
| | |
| | |
| | |
| text area - no character limit | N |
| | |
| | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | | Answer Choices | Skip To |
|--------------|--------------|--|---------------|---|---------|
| JAC0123745 | | What is your reason for visiting Extra Help for Medicare Prescription Plan Costs today? | | To start a new application | В |
| | | | | To return to a saved application | A,B |
| | | | | To check the status of my application | |
| | | | | To research / learn about Extra Help For Medicare Prescription Plans | |
| JAC0123772 | A | Were you able to access your saved application with the Reentry number? | | Yes | |
| | | | | No | A1 |
| JAC0123791 | A1 | If you were not able to access your saved application, did you create a new application? | | Yes | |
| | | | | No | |
| VAN0208024 | | Did you print your application today? | | Yes | AA |
| | | | | No | _ |
| | | | | Don't know | |
| VAN0208025 | AA | Did you have any issues printing the application? | | Yes | BB |
| | | | | No | |
| VAN0208026 | BB | Please describe your issues with printing. | | | |
| JAC0123775 | | Are you applying for Help with Medicare Prescription Plan costs for yourself or are you helping someone | ENSAC4058A001 | Myself | |
| | | else? | ENSAC4058A003 | My Spouse | |
| | | | ENSAC4058A002 | Myself and my spouse | |
| | | | ENSAC4058A004 | My parent/parents | |
| | | | ENSAC4058A006 | Another relative | |
| | | | ENSAC4058A007 | A friend | |
| | | | ENSAC4058A005 | My client | |
| ENSTE0076882 | | Was the Extra Help with Medicare Prescription Drug Plan Costs online application easy to find? | | Yes | |
| | | | | No | A |
| ENSTE0076883 | A | Please tell us why you had difficulty finding the application page. | | | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | | Answer Choices | Skip To |
|------------|--------------|--|---------------|--|---------|
| JAC0123776 | | How did you first hear about the online Application for Help with the Medicare Prescription Plan Drug | ENSAC4055A001 | The official Social Security website (www.ssa.gov) | |
| | | Costs? | | The Medicare website | |
| | | | | On another website | |
| | | | | A Social Security employee told me about it | _ |
| | | | | A letter from Social Security | _ |
| | | | ENSAC4055A010 | Used a search engine (Google, Bing, etc.) | |
| | | | | Social media (e.g., Facebook, Twitter, blog, etc.) | _ |
| | | | ENSAC4055A012 | Word-of-mouth | |
| | | | ENSAC4055A013 | Other | A |
| JAC0123777 | A | What other way did you learn about the online Extra Help for Medicare Prescription Plans cost application? | | | |
| JAC0123779 | | Please tell us what website you used to get to online Extra Help with Medicare Prescription Plans cost. | | The official SSA.gov Website | |
| | | | | Medicare.gov website | |
| | | | | AARP | |
| | | | | Other | A |
| JAC0123794 | A | Please tell us what other website you used. | | | |
| | | What is your age? | | Under 18 | |
| | | | | 18 - 29 | |
| | | | | 30 - 39 | |
| | | | | 40 - 49 | |
| | | | | 50 - 59 | |
| | | | | 60 - 69 | |
| | | | | 70 or older | |
| JAC0123808 | | Please tell us in what way we can improve the application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer). | | Prefer not to answer | |
| | | | | | |

| Туре | Required Y/N |
|--------------------------------|-----------------|
| Radio button, one-up vertical | Y |
| Text area - no char limit | N |
| Dropdown (select one) | Y |
| Radio button one-up vertical | Y |
| text area - no character limit | N |

| Туре | Required Y/N |
|--------------------------------|-----------------|
| radio button one-up vertical | Y |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Text area, no char limit | N |
| Radio button, one-up vertical | Y |
| | |
| | |
| Text area,no char limit | N |
| Radio Button One Up Vertical | Y |
| | T |
| | |
| | |
| text area - no character limit | N |
| | |
| | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike-through: DELETE underlined & italicized: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | Answer Choices | Skip To | Туре |
|-----------------------|--------------|--|---|---------|---|
| JAC0123766 | | How did you connect to SSA today? | Desktop | | Radio button, |
| | | | | | one-up vertical |
| | | | Laptop | _ | |
| | | | Smartphone | | |
| | | | Tablet | | |
| JAC0123767 | | From where did you connect to SSA today? | At home | | Radio button, one-up vertical |
| | | | In office / place of employment | _ | |
| | | | A friend or relative's place | | |
| | | | Public library | A | |
| | | | Social Security Office | | |
| | | | Social Security Kiosk | B | |
| | | | Other agency | | |
| | | | Other, please specify | e | |
| JAC0123770 | A | Did you connect through a unique Social Security icon featured on the computer's desktop? | Yes | | Radio button, one-up vertical |
| | | | No | AA | |
| JAC0123771 | AA | How did you link to the SSA website? | | | Text area, no char limit |
| JAC0123769 | B | Please describe the location. | | | Text area, no char limit |
| JAC0123768 | e | Please tell us how and from where you connected with SSA during your visit today. | | | Text area, no char limit |
| JAC0123745 | | What is your reason for visiting Extra Help for Medicare Prescription Plan Costs today? | To start a new application | В | Radio button, one-up vertical |
| | | | To return to a saved application | A,B | |
| | | | To check the status of my application | | |
| | | | To research / learn about Extra Help For Medicare Prescription Plans | | _ |
| JAC0123772 | A | Were you able to access your saved application with the Reentry number? | Yes | | Radio button, one-up vertical |
| | | | No | A1 | 1 |
| JAC0123791 | A1 | If you were not able to access your saved application, did you create a new application? | Yes | | Radio button, one-up vertical |
| | | | No | | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQIxpY0s1ZQ4C Date: 9/15/2011

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

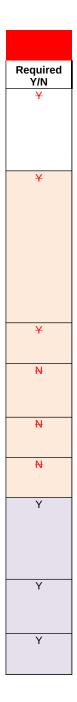
| QID | Skip From | Question Text | | Answer Choices | Skip To | Туре |
|------------|--------------|--|---------------|--|----------------|---|
| | | Did you print your application today? | | Yes | AA | Radio button, |
| | | | | | | one-up vertical |
| | | | | NO Don't know | | |
| | AA | Did you have any issues printing the application? | | Yes | BB | Radio button, |
| | | | | | | one-up vertical |
| | | | | No | | |
| | BB | Please describe your issues with printing. | | | | Text area - no |
| | | | | | | char limit |
| JAC0123748 | B | Did you complete and submit your application today? | ENSAC4054A001 | Yes, I completed and submitted my new application today | | radio button |
| JAC0123740 | | bu you complete and submit your application today? | | Tes, reompleted and submitted my new application today | | one-up vertical |
| | | | | Not yet, but I plan to finish today | | |
| | | | ENSAC4054A004 | No, I did not complete and submit my application | C,D | |
| | | | | | | |
| | | | ENSAC4054A006 | l'm not applying for Help with Medicare Prescription Plan Drug Costs today | | |
| JAC0123793 | e | If you have decided to stop working on your | ENSAC4059A001 | Yes | | Dropdown |
| | | application for now, do you plan to return to complete it later? | | | | (select one) |
| | | | ENSAC4059A002 | No | | |
| | | | | | _ | |
| | | | | Not sure | - | |
| JAC0123773 | Đ | If you stopped working on your application, please tell us why: (Select all that apply) | ENSAC4060A001 | l'm not applying for Help with Medicare Prescription Plan Drug Costs today | | checkbox one up vertical |
| | | | | 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 | | |
| | | | | I need to locate documents/other information for my application | | |
| | | | | I had a problem(s) entering information in some of the pages | | |
| | | | | I made a mistake on one of the screens, but couldn't correct it | | |
| | | | | Too complicated/Takes too long/Too many questions to answer without help | | |
| | | | ENSAC4060A005 | Freceived an error message/Kicked off | | |
| | | | ENSAC4060A006 | I was working on my application when the site shut down for the night | | |
| | | | ENSAC4060A007 | I am not ready to apply for Extra Help for Medicare Prescription Plan Costs | | |
| | | | ENSAC4060A013 | Other Reason | E | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE underlined & italicized: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Question Text | | Answer Choices | Skip To | Туре |
|--------------|--------------|--|---------------|---|---------|---|
| JAC0123774 | | Is there another reason that you stopped working on your application? | | | | Text area, no char limit |
| JAC0123775 | | Are you applying for Help with Medicare Prescription Plan costs for yourself or are you helping someone | ENSAC4058A001 | Myself | | Dropdown (select one) |
| | | else? | ENSAC4058A003 | My Spouse | | |
| | | | ENSAC4058A002 | Myself and my spouse | | |
| | | | ENSAC4058A004 | My parent/parents | | |
| | | | ENSAC4058A006 | Another relative | | |
| | | | ENSAC4058A007 | A friend | | |
| | | | ENSAC4058A005 | My client | | |
| ENSTE0076882 | | Was the Extra Help with Medicare Prescription Drug Plan Costs online application easy to find? | | Yes | | Radio button one-up vertical |
| | | | | No | A | |
| ENSTE0076883 | A | Please tell us why you had difficulty finding the application page. | | | | text area - no character limit |
| JAC0123776 | | How did you first hear about the online Application for Help with the Medicare Prescription Plan Drug | ENSAC4055A001 | The official Social Security website (www.ssa.gov) | | radio button one-up vertical |
| | | Costs? | | The Medicare website | | |
| | | | | On another website | | |
| | | | | A Social Security employee told me about it | | |
| | | | | A Social Security publication | | |
| | | | | A Medicare publication | | |
| | | | | A letter from Social Security | | |
| | | | ENSAC4055A003 | From my doctor or another professional | | |
| | | | ENSAC4055A004 | At the Pharmacy | | |
| | | | ENSAC4055A005 | From my insurance company | | |
| | | | | At my Senior/Community Center | | |
| | | | ENSAC4055A007 | A newspaper, magazine, television or other media source | | |
| | | | ENSAC4055A010 | Used a search engine (Google, Bing, etc.) Social media (e.g., Facebook, Twitter, blog, etc.) | | |
| | | | ENSAC4055A012 | Word-of-mouth | | |
| | | | ENSAC4055A013 | Other | Α | |
| JAC0123777 | | What other way did you learn about the online Extra Help for Medicare Prescription Plans cost application? | | | | Text area, no char limit |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip From | Ouestion Text | | Answer Choices | Skip To | Туре |
|-----------------------|--------------|--|---------------|--|---------|-----------------------------------|
| JAC0123779 | - | Please tell us what website you used to get to online | | The official SSA.gov Website | Экір ТО | Radio button, |
| 5460125115 | | Extra Help with Medicare Prescription Plans cost. | | | | one-up vertical |
| | | | | Medicare.gov website | | |
| | | | | AARP | | |
| | | | | Other | Α | |
| JAC0123794 | A | Please tell us what other website you used. | | | | Text area, no char limit |
| JAC0123806 | | After your visit today, what do you plan to do next? | | Nothing, I submitted my application | | Radio button, one-up vertical |
| | | | | I will return to check the status of my application | - 1 | |
| | | | | I will return to complete my application | | |
| | | | | Browse SSA website | 1 | |
| | | | | I will call Social Security's 1-800 number |] | |
| | | | | I will visit my local Social Security Office |] | |
| | | | | I do not know what I will do next at this time | | |
| JAC0123807 | - | Please rate your level of experience using the Internet. | ENSAC4061A001 | Very experienced | | Radio button one-up vertical |
| | | | ENSAC4061A002 | Somewhat experienced | - | |
| | | | ENSAC4061A003 | Almost no experience | | |
| | | | ENSAC4061A004 | Filing for Extra Help for Prescription Costs online is the first I've used the Internet. | | |
| JAC0123808 | | Please tell us in what way we can improve the application for Help with Medicare Prescription Plan Drug Costs? (Please do not include any personal information in your answer). | | | | text area - no character limit |











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

| | | SSA Extra He | elp v2 (English) CUSTOM QUESTION LIST | | | | |
|-----------|------------------------|--|--|----------------------------|---------------------------------|--------------------|-----------------|
| OID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | Single or Multi | Required Y/N |
| ENSAC4054 | Laber | Did you complete your application today? | Not yet, but I plan to finish today | B-I | radio button | Single | Y |
| ENSAC4054 | | Did you complete your application 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 A, L A, L | one-up vertical | Single | T |
| ENSAC4055 | В | 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 | | 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 |

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

| | SSA Extra Help v2 (English) CUSTOM QUESTION LIST | | | | | | | | | |
|-----------|--|---|--|----------|-----------------------------------|--------------------|-----------------|--|--|--|
| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | 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 | | 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 | н | 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 | | | |

SSA Extra Help v2 (Spanish) MID: 515J9k0gVEx0E9NVUYp8Fg== Date:_____9/15/2011

| | | SSA Extra Hel | p 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 A, L A, L | Radio | Single | Y |
| SPSAC4055 | | ¿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 | | ¿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 | | 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 | | 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 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 | | checkbox one up vertical | Multi | Y |

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

| | SSA Extra Help v2 (Spanish) CUSTOM QUESTION LIST | | | | | | | | | |
|-----------|--|---|--|----------|-----------------------------------|--------------------|-----------------|--|--|--|
| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | 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 solitud cuando apagaron el sitio de Internet por la noche. Otra razón | | | | | | | |
| SPSAC4061 | G | Por favor evalue 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 primara vez que uso el Internet. | | Radio | Single | Y | | | |
| SPSAC4062 | н | 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 algun problema con, o sugerencias especificas 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 informacion personal en sus respuestas.) | | | text area - no character limit | | N | | | |

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

| | | | Violet (bold): SKIP-LOGIC | | | | |
|-----------|---------------|---|---|----------------------------|---|-----------|----------|
| | | SSA Extra He | elp v2 (English) CUSTOM QUESTION LIST | | | | |
| | Skip Logic | Question Text | Answer Choices | Chin to | Time | Single or | Required |
| | Label | Question Text | (limited to 50 characters) | Skip to: | Type | Multi | Y/N |
| ENSAC4054 | | | 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 A, L A, L | radio button one-up vertical | Single | Y |
| ENSAC4055 | В | | 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 | e | 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 | ¥ |
| 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 Myself 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 |

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

| | SSA Extra Help v2 (English) CUSTOM QUESTION LIST | | | | | | | | |
|-----------|--|---|--|----------|-----------------------------------|--------------------|-----------------|--|--|
| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | 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 | Skip to: | , i ju | | | | |
| 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 | н | 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 | | |

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

| | | SSA Extra Hol | p v2 (Spanish) CUSTOM QUESTION LIST | | | | |
|-----------|---------------|---|---|-------------------|--|-----------|----------|
| | | SSA Exila Hei | p vz (spanish) costom Question List | | | | |
| | Skip Logic | | Answer Choices | | | Single or | Required |
| QID | Label | | (limited to 50 characters) | Skip to: | Туре | Multi | 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. | B-I B-I B-I | Dropdown (select one) | Single | Y |
| | | 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. | A, L A, L | | | |
| SPSAC4055 | В | ¿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 | | Dropdown (select one) | Single | Y |
| | | 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 | | | | |
| SPSAC4056 | e | ¿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 | ¥ |
| 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 Para mi cónyuge Para mi cónyuge Para mi cónyuge 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 |

SSA Extra Help v2 (Spanish) MID: 515J9k0gVEx0E9NVUYp8Fg== Date:_____9/15/2011

| | | SSA Extra Helj | p v2 (Spanish) CUSTOM QUESTION LIST | | | | |
|-----------|------------------------|---|--|----------|-----------------------------------|--------------------|-----------------|
| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | 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 solitud cuando apagaron el sitio de Internet por la noche. | | | | |
| SPSAC4061 | | changed to radio | Muy experimentado Algo de experiencia Inexperto Solicitando el Beneficio Adicional con los gastos de medicamentos recetados es la primara vez que uso el Internet. | | Dropdown (select one) | Single | Y |
| SPSAC4062 | | 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 | | ¿Tiene algun problema con, o sugerencias especificas 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 informacion personal en sus respuestas.) | | | text area - no character limit | | N |

Model Instance Name: SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C

Date: 9/15/2011

| | | SSA Extra H | lelp v2 (English) CUSTOM QUESTION LIST | | | |
|-----|------------------------|--|---|----------------|--------------------------------------|-----------------|
| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | Required Y/N |
| | | How did you connect to SSA today? | Desktop Laptop | _ | Radio button, one-up verticalb | Y |
| | | | Smart Phone Tablet | _ | | |
| | | From where did you connect to SSA today? | At home | | Radio button, one-up verticalb | |
| | | | In office / place of employment A friend or relative's place Public library | | | Y |
| | | | Social Security Office Social Security Kiosk Other agency | B | | |
| | A | Did you connect through a unique Social Security icon featured on the computer's desktop? | Other, please specify Yes No | <u>С</u> АА | Radio button, one-up vertical | Y |
| | | | | | Text area,no char limit | |
| | B | How did you link to the SSA website? Please describe the location. | | | Text area,no char limit | N |
| | С | Please tell us how and from where you connected with SSA during your visit today: | | | Text area,no char limit | N |
| | | What is your reason for visiting Extra Help for Medicare Prescription Plan Costs today? | To start a new application | В | Radio button, one-up vertical | Y |
| | | | To return to a saved application | A,B | - | |
| | | | To check the status of my application To research /learn about Extra Help For Medicare Prescription Plans | | - | |

SSA Extra Help v3 (English) **MID: RQFJlkpspsRxQlxpY0s1ZQ4C Date:** 9/15/2011 red & strike-through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English) CUSTOM QUESTION LIST Skip Logic Answer Choices Required OID Label (limited to 50 characters) Ý/N **Ouestion Text** Skip to: Type Vere you able to access your saved application with Yes Radio button he Reentry number? one-up vertical Α Y A1 f you were not able to access your saved application Yes Radio button lid you create a new application? ne-up ertical A1 Y В Did you complete and submit your application today? Yes, I completed and submitted my new application today Y radio button one-up vertical Not yet, but I plan to finish today No, I did not complete and submit my application C,D I'm not applying for Help with Medicare Prescription Plan Drug Costs today С f you have decided to stop working on your /es Dropdown Υ application for now, do you plan to return to complete t later? (select one) 10 Not sure D If you stopped working on your application, please te I'm not applying for Help with Medicare Prescription Plan heckbox one Y us why: (Select all that apply) Drug Costs today up vertical My medical/physical condition prevents me from working on the computer for long periods don't have the necessary computer skills to complete the application I need to locate documents/other information for my application had a problem(s) entering information in some of the ages made a mistake on one of the screens, but couldn't correct it Too complicated/Takes too long/Too many questions to answer without help I received an error message/Kicked off

Model Instance Name: SSA Extra Help v3 (English)

MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011 red & strike-through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

SSA Extra Help v2 (English) CUSTOM QUESTION LIST Skip Answer Choices Logic Required Ϋ́/Ν QID Label (limited to 50 characters) **Ouestion Text** Skip to: Туре was working on my application when the site shut down or the night am not ready to apply for Extra Help for Medicare Prescription Plan Costs Other Reason E E s there another reason that you stopped working on Fext area, no N our application? har limit Are you applying for Help with Medicare Prescription Dropdown Myself Y Plan costs for yourself or are you helping someone (select one) else? My Spouse Myself and my spouse My parent/parents Another relative A friend My client ENSTE0076882 Was the application page for Extra Help with Y Radio button Medicare Prescription Drug Plan Costs online one-up application easy to find? vertical Yes No <u>A</u> ENSTE0076883 <u>A</u> Please tell us why you had difficulty finding the <u>text area - no</u> Ν character limit application page. How did you first hear about the online Application fo The official Social Security website (www.ssa.gov) radio button Y Help with the Medicare Prescription Plan Drug one-up Costs? The Medicare website On another website A Social Security employee told me about it A Social Security publication A Medicare publication

Model Instance Name: SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011

| | Skip | SSA Extra H | elp v2 (English) CUSTOM QUESTION LIST | | | |
|-----|----------------|--|---|----------|-------------------------------------|-----------------|
| QID | Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | Required Y/N |
| , | | | A letter from Social Security From my doctor or another professional At the Pharmacy | | | |
| | | | From my insurance company | | | |
| | | | At my Senior/Community Center | 1 | | |
| | | | A newspaper, magazine, television or other media source | | | |
| | | | Used a search engine (Google, Bing, etc.) | - | | |
| | | | Social media (e.g., Facebook, Twitter, blog, etc.) | - | | |
| | | | Word-of-mouth | | | |
| | | | Other | Α | | |
| | A | What other way did you learn about the online Extra Help for Medicare Prescription Plans cost application? | | | Text area, no char limit | N |
| | | Please tell us what website you used to get to online Extra Help with Medicare Prescription Plans cost? | The official SSA.gov Website | | Radio button, one-up vertical | Y |
| | | | Medicare.gov website | | | |
| | | | AARP | | | |
| | | | Other | Α | - . | |
| | A | Please tell us what other website you used. | | | Text area,no char limit | N |
| | | After your visit today, what do you plan to do next? | Nothing, I submitted my application | | Radio button, one-up vertical | Y |
| | | | I will return to check the status of my application I will return to complete my application | | | |
| | | | Browse SSA website I will call Social Security's 1-800 number | | | |
| | | | I will visit my local Social Security Office | 1 | | |
| | | | I do not know what I will do next at this time | 1 | | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQIxpY0s1ZQ4C Date: 9/15/2011 red & strike-through: DELETE underlined & italicized: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| QID | Skip Logic Label | Question Text Please rate your level of experience using the | Answer Choices (limited to 50 characters) Very experienced | Skip to: | Type Radio button | Required Y/N |
|-----------|------------------------|--|---|----------------------------|---|-----------------|
| | | Internet. | Somewhat experienced Almost no experience Filing for Extra Help for Prescription Costs online is the first I've used the Internet. | | one-up vertical | |
| | | Please tell us in what way we can improve the 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 |
| 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 A, L A, L | r adio button one-up vertical | ¥ |
| 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 Social media (e.g., Facebook, Twitter, blog, etc.) Word-of-mouth Other | | radio button one-up vertical | ¥ |
| ENBJL2283 | Đ | 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 | | Dropdown (select one) | ¥ |

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| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | Required Y/N |
|-----------|------------------------|---|---|----------|---|-----------------|
| 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 | ¥ |
| 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 | + | 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 |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQIxpY0s1ZQ4C Date: 9/15/2011

| | | SSA Extra He | elp v2 (English) CUSTOM QUESTION LIST | | | | |
|------------------------|---------------|---|--|----------------------------|--|-----------|---------|
| | Skip Logic | | Answer Choices | | | Single or | Require |
| QID | Label | Question Text | (limited to 50 characters) | Skip to: | Туре | Multi | 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 A, L A, L | radio button one-up vertical | Single | Y |
| ENBJL2282 | В | How did you first hear about the on-line Application for Help with the Medicare Prescription Plan Drug Costs? | 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 Social media (e.g., Facebook, Twitter, blog, etc.) Word-of-mouth Other | | radio button one-up vertical | Single | Y |
| ENBJL2283 ENBJL2284 | A | Prescription Drug Plan Costs application? | Myself Myself and my spouse My Spouse My parent My client My relative My friend Yes | | Dropdown (select one) Dropdown (select one) | Single | Y |
| | | | No | | | | |
| 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 | | checkbox one up vertical | Multi | Y |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011

| | SSA Extra Help v2 (English) CUSTOM QUESTION LIST | | | | | | | | | | |
|-----------|--|---|--|----------|-----------------------------------|--------------------|-----------------|--|--|--|--|
| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | Single or Multi | Required Y/N | | | | |
| | | | 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 | | | | | | | | |
| ENBJL2286 | G | | 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 | | 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 | | | | |

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQIxpY0s1ZQ4C Date: 9/15/2011 red & strike through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING violet (bold): SKIP-LOGIC

| | | SSA Extra He | elp v2 (English) CUSTOM QUESTION LIST | | | | |
|-----------|---------------|---|--|----------------------------|--|-----------|---------|
| | Skip Logic | | Answer Choices | Olin to | | Single or | Require |
| | Label | Question Text | (limited to 50 characters) | Skip to: | Туре | Multi | 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 A, L A, L | radio button one-up vertical | Single | Y |
| ENBJL2282 | В | How did you first hear about the on-line Application for Help with the Medicare Prescription Plan Drug Costs? | , | | radio button one-up vertical | Single | Y |
| NBJL2283 | D | Prescription Drug Plan Costs application? | Myself Myself and my spouse My Spouse My parent My client My relative My friend Yes | | Dropdown (select one) Dropdown (select one) | Single | Y |
| | | | No | | | | |
| ENBJL2285 | | 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 | | checkbox one up vertical | Multi | Y |

ForeSee Results - Confidential and Proprietary

SSA Extra Help v3 (English) MID: RQFJIkpspsRxQlxpY0s1ZQ4C Date: 9/15/2011

| | SSA Extra Help v2 (English) CUSTOM QUESTION LIST | | | | | | | | | | |
|-----------|--|---|--|----------|-----------------------------------|--------------------|-----------------|--|--|--|--|
| QID | Skip Logic Label | Question Text | Answer Choices (limited to 50 characters) | Skip to: | Туре | Single or Multi | Required Y/N | | | | |
| | | | 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 | | | | | | | | |
| ENBJL2286 | G | | 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 | | 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 | | | | |