

## Welcome and Thank You Text

### Welcome Text

Thanks for using the Social Security Administration's online disability appeal. You've been randomly chosen to take part in a brief survey to let us know what we're doing well and where we can improve. Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.

### Thank You Text

Thank you for taking our survey - and for helping us serve you better.

Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.

### Welcome Text - Alternate

Thank you for visiting [Company/Site/Agency]. You have been randomly selected to take part in this survey that is being conducted by ForeSee on behalf of the [Company/Site/Agency]. Please take a few minutes to give us your feedback. All results are strictly confidential.

### Thank You Text - Alternate

Thank you for taking our survey - and for helping us serve you better.

Please note you will not receive a response from us based on your survey comments. If you would like us to contact you about your feedback, please visit the Contact Us section of our web site.



### Customer Satisfaction Survey

Thank you for visiting our site. You've been randomly chosen to take part in a brief survey to let us know how we are doing and where we can improve.

Please take a few minutes to share your opinions, which are essential in helping us provide the best experience possible.

Thank you for taking our survey - and for helping us serve you better.  
We appreciate your input!

Cancel

Submit

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Model Name	SSA iAppeals V3	Red & Strike-Through	Delete
Model ID		<u>Underlined &amp; Italicized</u>	Re-order
Partitioned	Yes	Pink: Addition	
Date	8/19/2019	Blue: Rework	



Label	Element Questions	Label	Satisfaction Questions	Label	Future Behaviors
1 Site Performance - Speed	<b>Site Performance (1=Poor, 10=Excellent, Don't Know)</b> Please rate the <b>speed</b> that pages and content loaded for you.	16 Satisfaction - Overall	<b>Satisfaction</b> What is your <b>overall satisfaction</b> with the online disability appeal? (1=Very Dissatisfied, 10=Very Satisfied)	19 Use other online applications	<b>Use other online applications (1=Very Unlikely, 10=Very Likely)</b> How likely are you to use other on-line applications/forms on the Social Security web site?
2 Site Performance - Completeness	Please rate the consistency of <b>complete loading</b> of pages and content.	17 Satisfaction - Expectations	How well does the online disability appeal <b>meet your expectations</b> ? (1= Falls Short, 10=Exceeds)		
3 Site Performance - Responsiveness	Please rate the <b>responsiveness</b> of the pages to your actions.	18 Satisfaction - Ideal	How does the online disability appeal <b>compare to your idea of an ideal online form</b> ? (1=Not Very Close, 10=Very Close)		
4 Look and Feel - Appeal	<b>Look and Feel (1=Poor, 10=Excellent, Don't Know)</b> Please rate the <b>visual appeal</b> of the pages that you visited.				
5 Look and Feel - Spacing	Please rate the <b>spacing</b> between items on the pages that you visited.				
6 Look and Feel - Readability	Please rate the <b>legibility</b> of the pages that you visited.				
7 Navigation - Ease	<b>Navigation (1=Poor, 10=Excellent, Don't Know)</b> Please rate the <b>ease of finding</b> what you were looking for.				
8 Navigation - Layout	Please rate the <b>page layout</b> on displaying content and links where you could find them.				
9 Navigation - Links	Please rate the <b>links</b> on taking you where you needed to go.				
10 Site Information - Relevance	<b>Site Information (1=Poor, 10=Excellent, Don't Know)</b> Please rate the <b>relevance</b> to your interests of the information that you found.				
11 Site Information - Thoroughness	Please rate the <b>thoroughness</b> of the information that you found.				
12 Site Information - Readability	Please rate the <b>readability</b> of the information that you found.				
13 Account Management - Simplicity	<b>Account Management (1=Poor, 10=Excellent, Don't Know)</b> Please rate the <b>simplicity</b> of account management on this site.				
14 Account Management - Efficiency	Please rate the <b>efficiency</b> of account management on this site.				
15 Account Management - Essential Information	Please rate the presentation of <b>essential account information</b> .				

Model Name SSA iAppeals V3  
 Model ID  
 Partitioned Yes  
 Date 7/30/2018

~~Red & Strike-Through~~: Delete  
Underlined & Italicized: Re-order  
 Pink: Addition  
 Blue: Reword

QID	QUESTION META TAG	Skip From	Question Text	Answer Choices	Skip To	Required Y/N	Type
BUC0250330			Before visiting SSA.gov did you first try to accomplish your task in any of the following ways?	Calling Social Security's 1-800 number Visiting my local Social Security office Calling my local Social Security office No, I visited SSA.gov first Not sure		Y	Checkbox, one up vertical
KMJ4615Q044			Which type of appeal did you work on today?	Medical Disability Appeal Other Non-Medical Appeal	A,D,E,G,J,K,M,P 1,2,3,5,8,10	Y	Radio button, one-up vertical
KMJ4615Q045		A	Which of the following best describes your role in using the online appeal today?	Self Attorney or attorney's staff Non-attorney representative or non-attorney representative's staff Other third party representative (e.g., family member, social service agency worker, case manager)	B B	Y	Radio button, one-up vertical
KMJ4615Q046		B	Did you complete an appeal for more than one client during this session?	Yes No	C	Y	Radio button, one-up vertical
KMJ4615Q047		C	During this visit, how many clients did you file an appeal for?	2 3 4 or more clients		Y	Radio button, one-up vertical
KMJ4615Q048		D	How often do you use the online appeal?	This was the first time Less than five times a week 5-10 times per week 11-25 times per week More than 25 times per week		Y	Radio button, one-up vertical
KMJ4615Q049		E	Did you start a new online appeal today or return to a previously saved appeal?	I started a new appeal I returned to a previously saved appeal	F	Y	Radio button, one-up vertical
KMJ4615Q050		F	Please tell us why you did not complete your appeal during your initial session.			N	Text field, <100 char
KMJ4615Q051		G	Did you complete and submit your online appeal today?	Yes, I completed and submitted my online appeal today No	AA H,Q	Y	Radio button, one-up vertical
BUC0250371		AA	How many attempts did you need to accomplish your task?	1 2 3 4 5 or more		Y	Radio button, one-up vertical
KMJ4615Q052		H	Please tell us why you did not complete your appeals application today. Check all that apply.	I didn't have information I needed to complete the application, such as names, addresses, or dates I didn't understand what the questions meant or how to answer My disabling condition prevents me from working with a computer for long periods I had a limited amount of time/family demands that kept me from working on it for very long I had technical problems, i.e., an error message or a mistake I couldn't fix It takes too long to fill out It's too complicated to complete without help Other, please specify	I	Y	Checkbox, one-up vertical
KMJ4615Q053		I	What is your other reason?			N	Text field, <100 char
KMJ4615Q054		Q	What do you plan to do next?	I will complete my appeal at a later time Browse the SSA website I will visit my local Social Security Office I do not know what I will do next at this time I do not plan to complete my appeal		Y	Radio button, one-up vertical

KMJ4615Q055		<b>J</b>	How much time have you spent on your online disability appeal?	Less than 20 minutes 20 - 40 minutes 41 minutes - 1 hour More than 1 hour but less than 2 hours More than 2 hours but less than 3 hours More than 3 hours Not sure		Y	Radio button, one-up vertical
KMJ4615Q056		<b>K</b>	Did you experience any of the following while completing the online appeal? Check all that apply.	The questions did not seem to be organized in a logical manner I had difficulty understanding the questions because they were not clearly written I did not have the information necessary to answer the questions I had difficulty editing the medical information (e.g., doctors, medication, etc.) I had difficulty editing other information I was unable to print the application I did not have enough time to complete the application I received an error message or was "kicked out" of the appeal The text box blanks did not allow enough characters for my answers Other I did not have any difficulties	L	Y	Checkbox, one-up vertical
KMJ4615Q057		<b>L</b>	So that we can better identify the difficulties you indicated above, please provide specific information if possible. (e.g., Which questions or sections were difficult? Where did you receive an error message? etc.)			N	Text field, <100 char
KMJ4615Q058		<b>M</b>	Did you have ALL of your personal and medical information ready when you started?	Yes No	N,O	Y	Radio button, one-up vertical
KMJ4615Q059		<b>N</b>	What personal and/or medical information did you not have ready when you started?			N	Text field, <100 char
KMJ4615Q060		<b>O</b>	Could we have provided any additional information or assistance to help you be more prepared?			N	Text field, <100 char
KMJ4615Q061		<b>P</b>	How can we improve the online disability appeal? Please be as specific as possible. (Examples: What information could we have provided upfront? Do you have any suggested changes or updates?)			N	Text field, <100 char
KMJ4615Q062		<b>1</b>	Which of the following best describes your role in using the online appeal today?	Self Attorney or attorney's staff Non-attorney representative or non-attorney representative's staff Other third party representative (e.g., family member, social service agency worker, case manager)		Y	Radio button, one-up vertical
KMJ4615Q063		<b>2</b>	How much time have you spent on your online appeal?	Less than 10 minutes 10 - 20 minutes 21 - 40 minutes 41 minutes - 1 hour More than 1 hour but less than 2 hours More than 2 hours Not sure		Y	Radio button, one-up vertical
KMJ4615Q064		<b>3</b>	Did you experience any of the following while completing the online appeal? Check all that apply.	The questions did not seem to be organized in a logical manner I had difficulty understanding the questions because they were not clearly written I did not have the information necessary to answer the questions I had difficulty editing the required information I had difficulty editing other information I was unable to print the application I did not have enough time to complete the application I received an error message or was "kicked out" of the appeal The text box blanks did not allow enough characters for my answers Other I did not have any difficulties	4	Y	Checkbox, one-up vertical

KMJ4615Q065		4	Please provide specific information as to your difficulty. (Which questions or sections were difficult? Where did you receive an error message? etc.)			N	Text field, <100 char
KMJ4615Q066		5	Did you have ALL of your information ready when you started?	Yes	6,7	Y	Radio button, one-up vertical
				No			
KMJ4615Q067		6	What information did you not have ready when you started?			N	Text field, <100 char
KMJ4615Q068		7	Could we have provided any additional information or assistance to help you be more prepared?			N	Text field, <100 char
KMJ4615Q069		8	Did you submit your appeals application today?	Yes	9	Y	Radio button, one-up vertical
				No			
KMJ4615Q070		9	What do you plan to do next?	I will complete my appeal at a later time	OT	Y	Radio button, one-up vertical
				Browse the SSA website			
				I will visit my local Social Security Office			
				Call the SSA 1-800 number			
				I do not know what I will do next at this time			
	Other (please specify)						
BUC0250387		OT	What do you plan to do next?			Y	Text area no limit
KMJ4615Q071		10	How can we improve the online appeal? Please be as specific as possible. (Examples: What information could we have provided upfront? Do you have any suggested changes or updates?)			N	Text field, <100 char
UNG0123786			Did you have any documents to upload?	Yes	A	Y	Radio button, one-up vertical
				No			
UNG0123810	A		Did you use the attachment feature to upload your documents?	Yes	C	Y	Drop down, select one
				No			
UNG0123811	C		Please tell us how easy it was to upload your attachments.	I had little or no difficulty uploading my attachment(s)	E	Y	Radio button, one-up vertical
				I found it somewhat difficult to upload my attachment(s)			
UNG0123787		E	Please describe the difficulty you experienced.			N	Text field, <100 char
UNG0123840	D		Why didn't you use the attachment feature?	I will upload them later because I am not finished yet	F	Y	Radio button, one-up vertical
				I do not have electronic copies of my document(s) to upload			
				I was not clear on how to upload my document(s)			
				I did not see the attachment feature			
				I forgot to upload my document(s)			
				My documents were too big to upload			
Received an error message							
	Other, please specify						
UNG0123841		F	Please specify your other reason.			N	Text field, <100 char
MAC0714			How helpful was the information on the online appeal Welcome Page?	Very helpful		Y	Drop down, select one
				Somewhat helpful			
				Not helpful at all			
				Did not read the Welcome Page			
CAS0045693			How helpful were the links to pop-up help pages (as indicated by a blue question mark) throughout the online appeal application?	Very helpful		Y	Drop down, select one
				Somewhat helpful			
				Not helpful at all			
				Did not read the help links			
				Did not see the blue question marks			
STE0078190			How helpful was the "Information You Will Need" checklist that was provided on the disability appeal Welcome Page?	Very helpful		Y	Drop down, select one
				Somewhat helpful			
				Not helpful at all			
				Did not review the checklist			
				Don't remember seeing the link to the checklist			

MAC0713		Please rate the ease of navigating through the online appeal.	Very easy Somewhat easy Somewhat difficult Very difficult		Y	Drop down, select one
		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		Y	Radio Button, Scale, No don't know
		This interaction increased my confidence in the Social Security Administration.	1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree		Y	Radio Button, Scale, No don't know
		My need was addressed.	1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree		Y	Radio Button, Scale, No don't know
		It was easy to complete what I needed to do.	1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree			Radio Button, Scale, No don't know
		It took a reasonable amount of time to do what I needed to do.	1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree		Y	Radio Button, Scale, No don't know
STE0078182		What is your permanent residence?	United States or one of its territories / commonwealths Foreign country I prefer not to answer		Y	Radio button, one-up vertical



Special Instructions	CQ Label
	First try
Mutually exclusive	
Skip Logic Group*	Appeal Category
Skip Logic Group*	Medical Role
Skip Logic Group*	Medical Attorney Appeal
Skip Logic Group*	Medical Num of Clients
Skip Logic Group*	Medical Frequency
Skip Logic Group*	Medical Start or Return
Skip Logic Group*	Medical Why Return
Skip Logic Group*	Medical Submit
Skip Logic Group*	Number of attempts
Skip Logic Group*	Medical Not Submit
Skip Logic Group*	OE_Medical Not Submit
Skip Logic Group*	Medical Do Next

Skip Logic Group*	Medical Time
Skip Logic Group*	Medical Form Experience
Mutually Exclusive	
Skip Logic Group*	OE_Medical Form Experience
Skip Logic Group*	Medical Info
Skip Logic Group*	OE_Medical Info
Skip Logic Group*	Medical Info Help
Skip Logic Group*	Medical Improvement
Skip Logic Group*	Other Role
Skip Logic Group*	Other Time
Skip Logic Group*	Other Form Experience
Mutually Exclusive	



Skip Logic Group*	OE_Other Form Experience
Skip Logic Group*	Other Info
Skip Logic Group*	OE_Other Info
Skip Logic Group*	Other Info Help
Skip Logic Group*	Other Submit
Skip Logic Group*	Other Do Next
	OE_Do next
Skip Logic Group*	Other Improvement
Skip Logic Group*	Upload Docs
Skip Logic Group*	Use Attachment Feature
Skip Logic Group*	Ease of Upload
Skip Logic Group*	OE_UploadDifficulty
Skip Logic Group*	Did Not Attach
Skip Logic Group*	OE_Did Not Attach
	Welcome Page
	Pop-up Help Links
	Checklist Helpful

	Ease of Navigating
	A11-Satisfied
	A11-Trust
	A11-Quality
	A11-Ease
	A11-Speed
	Residence