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| **ABOUT OUR** *my* Social Security **OFFICE VISITOR SURVEY** |
| **We would like to know why some** *my* Social Security **account holders choose to visit a Social Security office instead of using our website to conduct their business. The survey should take less than 10 minutes to complete.** |
| * Answer all questions as directed. The instructions may tell you to skip over some questions. When that happens, you will see an arrow with a note telling you what question to answer next:
 |
| Example: | 🞏 Yes 🡺 **GO TO question 2.** |
|  | 🞏 No 🡺 **SKIP to question 3.** |
| **INSTRUCTIONS FOR MARKING YOUR ANSWERS** |
| * Use a pen with blue or black ink.
 | * Make no stray marks.
 |
| * Do not use a pen with ink that soaks through the paper.
 | * Keep all entries within the appropriate boxes.
 |
| * Mark X to indicate your answer. If you want to change your answer, completely fill in the answer box for the wrong answer and mark X in the box next to the correct answer.
 |
| **Please do not write any of your personal information anywhere on this survey form.** |
| **YOUR REQUEST FOR A REPLACEMENT SOCIAL SECURITY CARD** |

|  |  |
| --- | --- |
| 1. | Social Security records show that you recently visited an office to request a replacement Social Security card. Did you visit a local office to get a replacement Social Security card? |
|  | **Mark [X] ONE answer.** |
|  | * Yes, I did recently visit a local office to get a replacement Social Security card.🡺**GO TO question 2.**
 |
|  | * Yes, I did recently visit a local office, but I did **not** request a replacement Social Security card.🡺**SKIP to question 19.**
 |
|  | * No, I did not, nor do I remember recently visiting a local office.🡺**STOP! Do not complete this survey. Please leave the rest of the survey blank and return it in the enclosed envelope with only this box marked. Thank you for your time.**
 |
| **In the state where you live**, any person with a *my* Social Security account can request a replacement Social Security card online if they:* Are a U.S. citizen age 18 or older
* Have a driver's license or a state-issued identification card
* Have a U.S. mailing address, or an APO, FPO, or DPO address
* Are not requesting a change to their name, date of birth, place of birth and/or gender
 |
| 2. | Based on the information above, were you eligible to request a replacement card online? |
|  | **Mark [X] ONE answer.** |
|  | * Yes🡺 **SKIP to question 4.**
 |
|  | * No 🡺 **GO TO question 3.**
 |

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| 3. | Why were you not eligible to request a replacement Social Security card online? |
|  | **Mark [X] ALL that apply.** |
|  | * I am not a U.S. citizen age 18 or older.
 |
|  | * I did not have a driver's license or a state-issued identification card.
 |
|  | * I did not have a U.S. mailing address.

🡺 **SKIP to question 19.*** I needed a change to my name, date of birth, place of birth and/or gender.
 |
|  |  |

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| 4. | Prior to your visit to a local office, did you know that you had a *my* Social Securityaccount? |
|  | **Mark [X] ONE answer.** |
|  | * Yes 🡺 **GO TO question 5.**
 |
|  | * No🡺 **SKIP to question 19.**
 |

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| --- | --- |
| 5. | Did you know that you could request a replacement Social Security card online with your *my* Social Security account? |
|  | **Mark [X] ONE answer.** |
|  | * Yes🡺 **GO TO question 6.**
 |
|  | * No 🡺 **SKIP to question 19.**
 |

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| 6. | Did you try to use your *my* Social Securityaccount to request a replacement Social Security card? |
|  | **Mark [X] ONE answer.** |
|  | * Yes, I tried to request one online, but I was not able to get into my account. 🡺 **GO TO question 7.**
 |
|  | * Yes, I was able to get into my account, but I couldn’t request a replacement card. 🡺 **SKIP to question 8.**
 |
|  | * No, I did not try to get one online with *my* Social Securityaccount. 🡺 **SKIP to question 17.**
 |

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| 7. | Why weren’t you able to get into your account? |
|  | **Mark [X] ALL that apply.** |
|  | * I couldn’t remember my username or password.
 |
|  | * I couldn’t answer the security questions.
 |
|  | * I got locked out.
 |
|  | * I couldn’t access the Internet.

🡺 **SKIP to question 19.** |
|  | * I didn’t have access to my email or cell phone to receive a security code.
 |
|  | * I couldn’t wait 5-10 days to reset where my security codes are sent.
 |
|  | * It was too hard or complicated.
 |
|  | * Some other reason **(Please explain):**
 |

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| 8. | Why weren’t you able to get a replacement Social Security card online using your *my* Social Securityaccount? |
|  | **Mark [X] ALL that apply.** |
|  | * My name or Social Security Number I entered didn’t match Social Security records.
 |
|  | * My driver's license or ID card information I entered didn’t match motor vehicle records.
 |
|  | * The address I entered could not be verified.
 |
|  | * Records indicated I have a pending request for a replacement card.
 |
|  | * It was too hard or complicated.
 |
|  | * Some other reason **(Please explain):**
 |

🡺 **GO TO question 9.**

|  |  |
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| 9. | Did you use the “Get Help” tool that is available in your *my* Social Securityaccount? |
|  | **Mark [X] ONE answer.** |
|  | * Yes🡺 **GO TO question 10.**
 |
|  | * No 🡺 **SKIP to question 19.**
 |

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| 10. | Did you view one of the popular questions available to customers or did you type your question into the search box? |
|  | **Mark [X] ONE answer.** |
|  | * I viewed one of the popular questions.

🡺 **GO TO question 11.** |
|  | * I typed my question into the search box.
 |
|  | * I did both.
 |
|  | * No, I did not do either. 🡺 **SKIP to question 13.**
 |

|  |  |
| --- | --- |
| 11. | Did the information answer your question(s)? |
|  | **Mark [X] ONE answer.** |
|  | * Yes🡺 **SKIP to question 13.**
 |
|  | * No 🡺 **GO TO question 12.**
 |

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| 12. | Why didn’t the information answer your question? |
|  | 🡺 **GO TO question 13.** |
|  |  |

|  |  |
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| 13. | Did you ask to talk to an expert? |
|  | **Mark [X] ONE answer.** |
|  | * Yes🡺 **GO TO question 14.**
 |
|  | * No 🡺 **SKIP to question 19.**
 |

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| 14. | Did you request a callback or did you call Social Security? |
|  | **Mark [X] ONE answer.** |
|  | * I requested a callback.
 |
|  | * I called Social Security.

🡺 **GO TO question 15.** |
|  | * I did both.
* No, I did not do either.
 |

|  |  |
| --- | --- |
| 15. | Was Social Security able to help you with your problem? |
|  | **Mark [X] ONE answer.** |
|  | * Yes🡺 **SKIP to question 19.**
 |
|  | * No 🡺**GO TO question 16.**
 |

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| 16. | Why wasn’t the employee able to help?🡺 **SKIP to question 19.** |
|  |  |

|  |  |
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| 17. | Why didn’t you try to use your *my* Social Securityaccount to request a replacement Social Security card? |
|  | **Mark [X] ALL that apply.** |
|  | * I thought it would be quicker to go to the office.

🡺 **GO TO question 17a.** |
|  | * I did not have access to the Internet.
 |  |
|  | * I do not have a printer.
 |
|  | * I’m concerned about privacy/security.
 |
|  | * I thought it would it be too hard or complicated.
 |
|  | * Some other reason **(Please explain):**
 |

17a. When requesting a benefit verification letter, do you prefer to receive service in person?

* Yes 🡺 **GO TO questions 18.**
* No 🡺 **SKIP TO question 19.**

|  |  |
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| 18. | Among the following reasons given below, please choose the one best response that explains why in-person service appeals to you. |
|  | **Mark [X] ONE answer.** |
|  | * I can get answers to my questions right away.
 |
|  | * It creates a record of my transaction.
 |
|  | * Someone can be held accountable if something goes wrong.

🡺 **GO TO question 19.** |
|  | * It’s more convenient to go to an office.
 |
|  | * I’m worried I wouldn’t be able to do it myself.
 |
|  | * I like being served by someone I am familiar with.
 |
|  | * Some other reason **(Please explain):**
 |

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| **VISITING SOCIAL SECURITY**  |

**Please rate the service you received when you visited the Social Security office.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mark [X] ONE answer for every item.** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **Very Poor** |
| 19. | Office location |  |  |  |  |  |  |
| 20. | Office hours |  |  |  |  |  |  |
| 21. | Signs/instructions explaining how to check in when you got to the office |  |  |  |  |  |  |
| 22. | Office comfort (seating, temperature, etc.) |  |  |  |  |  |  |
| 23. | Office appearance (clean, pleasant, etc.) |  |  |  |  |  |  |
| 24. | Office privacy |  |  |  |  |  |  |
| 25. | Courtesy of the staff |  |  |  |  |  |  |
| 26. | Waiting time to be served in the office |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mark [X] ONE answer.** | **Less than 10 minutes**  | **Between 10 and 30 minutes** | **Between 31 and 60 minutes** | **More than 60 minutes** |
| 27. | How long did you wait to be served? | □ | □ | □ | □ |

|  |  |
| --- | --- |
| 28. | Did you have to visit the office more than once to get the service you needed? |
|  | **Mark [X] ONE answer.** |
|  | * Yes
 |
|  | * No

🡺 **GO TO question 29.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mark [X] ONE answer.** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **Very Poor** |
| 29. | Overall, how would you rate the service you received when you visited the office? |  |  |  |  |  |  |

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| **USING YOUR** *my* Social Security **ACCOUNT ON SOCIAL SECURITY’S WEBSITE** |

|  |  |
| --- | --- |
| 30. | Do you plan to use your *my* Social Securityfor future business? |
|  | **Mark [X] ONE answer.** |
|  | * Yes 🡺 **GO TO question 31.**
 |
|  | * No 🡺 **SKIP to question 32.**
 |
| 31. | What do you plan to use your *my* Social Securityaccount for? |
|  | **Mark [X] ALL that apply.** |
|  | * Request a replacement Social Security card
 |
|  | * Check the status of an application or appeal
 |
|  | * Get my Social Security Statement
 |
|  | * Get a benefit verification letter
 |
|  | * Report your wages if you work
 |
|  | * Change your address or phone number
 |
|  | * Start or change direct deposit of your benefit payment

🡺 **SKIP to question 34.** |
|  | * Request a replacement Medicare card
 |
|  | * Get a replacement SSA-1099 or SSA-1042S for tax season
 |
|  | * Get personalized retirement benefit estimates
 |
|  | * Opt out of mailed notices
 |
|  | * Access the Representative Payee Portal
 |

|  |  |
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| 32. | Why won’t you use your *my* Social Securityaccount for future business? |
|  | **Mark [X] ONE answer.** |
|  | * It is easier to understand things explained by a person.
 |
|  | * I can get questions answered right away by a person.
 |
|  | * I am concerned about security or privacy of my information.
 |
|  | * My computer is too old/Internet service is too slow
* I don’t have a computer, printer, or Internet service.
* I am locked out of my account.
 |
|  | * I don’t have the necessary computer skills or experience.
 |
|  | * I am concerned it might be too hard or complicated.
 |
|  | * Some other reason I won’t use *my* Social Securityaccount.

**(Please explain):*** I can’t think of any reason why I won’t use it.
 |
| 33. | What do you plan to do instead of using your *my* Social Securityaccount for future business? |
|  | **Mark [X] ALL that apply.** |
|  | * Call the National 800 Number

🡺  **GO TO question 34.** |
|  | * Call a local office
 |
|  | * Visit a local office
 |
| 34. | Social Security is constantly striving to provide excellent service and we would like to get your ideas about how we could improve services. If you would be willing to help Social Security, please provide your contact information below. |
|  | **Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Thank you for taking the time to complete this survey. Social Security will use your answers to improve our services. Please return the completed questionnaire in the postage-paid envelope as soon as possible to:**

|  |
| --- |
| **Social Security Survey** |
| *[Contractor Return Address]* |
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| **PRIVACY ACT STATEMENT**The Social Security Administration is authorized to collect the information for this survey under Executive Order 12862, “Setting Customer Service Standards.” Your response to these questions is strictly voluntary. The information you provide will be used to help us improve the service that we give you. Your response will not be disclosed to any other government or private agency. | **PAPERWORK REDUCTION ACT STATEMENT**This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401.*Send only comments relating to our time estimate to this address, not the completed form.* |
| **OMB Control No:** 0960-0526**Expiration Date:** TBD |