

12. About how many minutes did you have to wait?

Mark [X] ONE.

- Up to 10 minutes
- More than 10 and up to 30 minutes
- More than 30 and up to 60 minutes
- More than 60 minutes

13. Courtesy of the staff

14. How well the staff knew their jobs

15. How clearly the staff explained things

16. Overall, how would you rate Social Security's service during your recent office visit?

17. Were you able to take care of your business in one visit to the local office?

Mark [X] ONE.

- Yes
- No

18. Did you use any of the online services available through the Self-Help Computer in the office?

Mark [X] ONE.

- Yes → **GO to next question.**
- No → **SKIP to question 21.**

19. Were you able to complete your business using the Self-Help Computer in the office?

Mark [X] ONE.

- Yes → **SKIP to question 21.**
- No → **GO to next question.**

20. Why were you not able to complete your business using the Self-Help Computer in the office?

Explain: _____

21. Did this interaction increase your confidence in Social Security's in-person service?

Mark [X] ONE.

- Yes
- No

22. Before you went to the office, did you try to take care of this business earlier?

Mark [X] ONE.

- Yes → **GO to next question.**
- No → **SKIP to question 25.**

23. What else did you do? Did you:

Mark [X] ALL that apply.

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

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

Mark [X] ALL that apply.

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

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

25. First, do you currently use the Internet?

Mark [X] ONE.

- Yes → **GO to next question.**
- No → **SKIP to question 30.**

26. We offer a service called "*my Social Security*" where people can create a secure online account with a user name and password to conduct various types of business. For example, people who receive benefits can use it to change their address. Have you already created your *my Social Security* account?

Mark [X] ONE.

- Yes → **GO to next question.**
- No → **SKIP to question 28.**

27. What have you used your *my Social Security* account for?

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

- Requested a replacement Social Security card
- Checked the status of an application or appeal
- Filed an application for benefits
- Got my Social Security Statement
- Got my benefit verification letter
- Reported my wages
- Changed my address or phone number
- Started or changed direct deposit of my benefit payment
- Requested a replacement Medicare card
- Got a replacement SSA-1099 or SSA-1042 for tax season
- I have not yet used my account

All SKIP to question 30.

28. Do you plan to create a *my Social Security* account?

Mark [X] **ONE**.

- Yes → **SKIP to question 30.**
- No → **GO to next question.**
- I tried to create one, but it didn't work for me → **SKIP to question 30.**

29. What is the main reason you do not plan to create a *my Social Security* account?

Mark [X] **ONE**.

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

Explain: _____

We would like to know a little more about you.

30. First, do you own a cell phone?

Mark [X] **ONE**.

- Yes → **GO to next question.**
- No → **SKIP to question 33.**

31. Do you use your cell phone to send and receive text messages?

Mark [X] ONE.

Yes

No

32. Do you use your cell phone to access the Internet?

Mark [X] ONE.

Yes

No

33. What is your age group? Are you:

Mark [X] ONE.

Under age 30

Age 30 to 49

Age 50 to 64

Age 65 to 74

Age 75 or older

END OF SURVEY

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]

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.

OMB Control No: 0960-0526
Expiration Date: TBD

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401.

Send only comments relating to our time estimate to this address, not the completed form.

Mark [X] <u>ONE</u> rating for each question.	Excellent	Very Good	Good	Fair	Poor	Very Poor
7. Usefulness of <u>Social Security information</u> in the waiting area (posters, pamphlets, TV presentations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Office <u>comfort</u> (seating, temperature, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Office <u>appearance</u> (clean, pleasant, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Office <u>privacy</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Waiting time</u> to be served in the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. About how many minutes did you have to wait? Mark [X] <u>ONE</u>. <input type="checkbox"/> Up to 10 minutes <input type="checkbox"/> More than 10 and up to 30 minutes <input type="checkbox"/> More than 30 and up to 60 minutes <input type="checkbox"/> More than 60 minutes						
13. <u>Courtesy</u> of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How well the <u>staff knew</u> their jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How <u>clearly the staff</u> explained things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. <u>Overall</u> , how would you rate Social Security's service during your recent visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Were you able to take care of your business in one visit to the Social Security Card Center? Mark [X] <u>ONE</u>. <input type="checkbox"/> Yes <input type="checkbox"/> No						
18. Did this interaction increase your confidence in Social Security's in-person service? Mark [X] <u>ONE</u>. <input type="checkbox"/> Yes <input type="checkbox"/> No						
19. To serve you better in the future, we would like to know how you prefer to do business with Social Security. First, what is your preferred language? Mark [X] <u>ONE</u>. <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Explain: _____						
20. Do you currently use the Internet? Mark [X] <u>ONE</u>. <input type="checkbox"/> Yes → GO to next question. <input type="checkbox"/> No → SKIP to question 25.						

22. We offer a service called *my Social Security* where people can create a secure online account with a user name and password to conduct various types of business. For example, people who receive benefits can use it to change their address. Have you already created your *my Social Security* account?

Mark [X] ONE.

- Yes → **GO to next question.**
- No → **SKIP to question 25.**

23. Were you aware that in some states, you could request a replacement Social Security card online with your *my Social Security* account?

Mark [X] ONE.

- Yes → **GO to next question.**
- No → **SKIP to question 25.**

24. Why did you choose to visit a Social Security office to request your replacement Social Security card instead of requesting one online?

Mark [X] ONE best answer.

- I attempted to request one online, but it did not work for me
- I needed it right away.
- I prefer to receive service in person.
- I did not have access to the Internet.
- I do not live in one of the states that allows this
- I needed to change information on my card
- I do not have a driver's license or a state-issued identification card
- I needed an original Social Security card
- Some other reason **(Please explain):**

We would like to know a little more about you.

25. First, do you own a cell phone?

Mark [X] ONE.

- Yes → **GO to next question.**
- No → **SKIP to question 28.**

26. Do you use your cell phone to send and receive text messages?

Mark [X] ONE.

- Yes
- No

27. Do you use your cell phone to access the Internet?

Mark [X] ONE.

- Yes
- No

28. What is your age group? Are you:

Mark [X] ONE.

- Under age 30
- Age 30 to 49
- Age 50 to 64
- Age 65 to 74
- Age 75 or older

END OF SURVEY

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]

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.

OMB Control No: 0960-0526
Expiration Date: TBD

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401.

Send only comments relating to our time estimate to this address, not the completed form.

First Survey Interval

FY 2020 Office Visitor Survey - Pre-Notice Postcard

Dear Social Security Customer:

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

In a few days, you will receive a short questionnaire in the mail from *[insert contractor name]*, who is conducting this survey for Social Security. When you receive its envelope, please take the time to answer our questions and tell us what you think of our service.

We look forward to hearing your opinions.

B. Chad Bungard
Deputy Commissioner
for Analytics, Review, and Oversight
Social Security Administration

First Survey Interval

FY 2020 Office Visitor Survey – Initial Cover Letter

Dear Social Security Customer:

As noted in our recent postcard, Social Security is conducting a survey to find out how well we served you during your recent visit to a local Social Security office. Please take a few minutes to fill out the enclosed questionnaire and return it as soon as possible in the postage-paid envelope provided. **(Please do not put any personal information related to Social Security business in the envelope with your completed survey.)**

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

If you have a question about Social Security benefits, please visit our website at www.socialsecurity.gov or call our toll-free information line at 1-800-772-1213 (TTY 1-800-325-0778).

We appreciate you taking time out of your busy schedule to complete the survey.

Sincerely,

B. Chad Bungard
Deputy Commissioner
for Analytics, Review, and Oversight
Social Security Administration

Enclosures

First Survey Interval

FY 2020 Office Visitor Survey – Follow-up Cover Letter

Dear Social Security Customer:

A few weeks ago, we sent you a survey to find out how well we served you when you visited a Social Security local office. We haven't yet heard from you, and it's important that we gather opinions from as many people as possible. If you have already returned your completed survey, please discard this letter. We sincerely appreciate your help, and we look forward to receiving your response.

If you have not yet had time complete the survey, please take a few minutes right now to do that. The form is short and takes less than 10 minutes to complete. In case you misplaced the survey, we have enclosed another copy along with a postage-paid return envelope. **(Please do not put any information related to Social Security business in the envelope with your completed survey.)**

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

If you have a question about Social Security benefits, please visit our website at www.socialsecurity.gov or call our toll-free information line at 1-800-772-1213 (TTY 1-800-325-0778).

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

Sincerely,

B. Chad Bungard
Deputy Commissioner
for Analytics, Review, and Oversight
Social Security Administration

Enclosures

First Survey Interval

FY 2020 Office Visitor Survey – Prenotice Postcard – Spanish

Estimado(a) Cliente del Seguro Social:

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

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

Esperamos escuchar sus opiniones.

B. Chad Bungard
Comisionado Adjunto
Oficina de Análisis, Revisión y Supervisión
Administración del Seguro Social

First Survey Interval

FY 2020 Office Visitor Survey – Initial Cover Letter - **Spanish**

Estimado(a) [*insert name*]:

Según le indiqué en la tarjeta postal que le envié recientemente, el Seguro Social está llevando a cabo una encuesta para obtener su opinión sobre el servicio que recibió durante su reciente visita a la oficina local del Seguro Social o la oficina de audiencias. Por favor tómese 5 minutos para llenar la “Tarjeta de Calificación” adjunta y devolverla lo antes posible en el sobre franqueado provisto.

Por favor, siéntase seguro de que [*insert contractor name*], quien está llevando a cabo esta encuesta por nosotros, proveerá sus respuestas solamente a mi personal aquí en el Seguro Social y no las usará para ningún otro propósito. El Seguro Social presentará los resultados de la encuesta con un resumen de las respuestas de todas las personas que tomen la misma; no presentaremos informes individuales de las respuestas.

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

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

Sinceramente,

B. Chad Bungard
Comisionado Adjunto
Oficina de Análisis, Revisión y Supervisión
Administración del Seguro Social

Anexos

First Survey Interval

FY 2020 Office Visitor Survey- Follow-up Cover Letter – Spanish

Estimado(a) [*insert name*]:

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

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

Por favor, siéntase seguro de que [*insert contractor name*], quien está llevando a cabo esta encuesta por nosotros, proveerá sus respuestas solamente a mi personal aquí en el Seguro Social y no las usará para ningún otro propósito. El Seguro Social presentará los resultados de la encuesta con un resumen de las respuestas de todas las personas que tomen la misma; no presentaremos informes individuales de las respuestas.

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

Le agradeceríamos si recibimos su encuesta llena lo antes posible.

Sinceramente,

B. Chad Bungard
Comisionado Adjunto
Oficina de Análisis, Revisión y Supervisión
Administración del Seguro Social

Anexos

Second Survey Interval

FY 2020 Social Security Card Center Survey - Pre-Notice Postcard

Dear Social Security Customer:

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

In a few days, you will receive a short questionnaire in the mail from *[Contractor Name]*, who is conducting this survey for Social Security. When you receive its envelope, please take the time to answer our questions and tell us what you think of our service.

We look forward to hearing your opinions.

B. Chad Bungard
Deputy Commissioner
for Analytics, Review, and Oversight
Social Security Administration

Second Survey Interval

FY 2020 Social Security Card Center Survey – Initial Cover Letter

Dear Social Security Customer:

As noted in our recent postcard, Social Security is conducting a survey to find out how well we served you during your recent visit to a Social Security Card Center. Please take a few minutes to fill out the enclosed questionnaire and return it as soon as possible in the postage-paid envelope provided. **(Please do not put any personal information related to Social Security business in the envelope with your completed survey.)**

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

If you have a question about Social Security benefits, please visit our website at www.socialsecurity.gov or call our toll-free information line at 1-800-772-1213 (TTY 1-800-325-0778).

We appreciate you taking time out of your busy schedule to complete the survey.

Sincerely,

B. Chad Bungard
Deputy Commissioner
for Analytics, Review, and Oversight
Social Security Administration

Enclosures

Second Survey Interval

FY 2020 Social Security Card Center Survey – Follow-up Cover Letter

Dear Social Security Customer:

A few weeks ago, we sent you a survey to find out how well we served you when you visited a Social Security Card Center. We haven't yet heard from you, and it's important that we gather opinions from as many people as possible. If you have already returned your completed survey, please discard this letter. We sincerely appreciate your help, and we look forward to receiving your response.

If you have not yet had time complete the survey, please take a few minutes right now to do that. The form is short and takes less than 10 minutes to complete. In case you misplaced the survey, we have enclosed another copy along with a postage-paid return envelope. **(Please do not put any information related to Social Security business in the envelope with your completed survey.)**

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

If you have a question about Social Security benefits, please visit our website at www.socialsecurity.gov or call our toll-free information line at 1-800-772-1213 (TTY 1-800-325-0778).

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

Sincerely,

B. Chad Bungard
Deputy Commissioner
for Analytics, Review, and Oversight
Social Security Administration

Enclosures

Both Survey Intervals

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

PRIVACY ACT STATEMENT

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

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 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.***

First Survey Interval

Office Visitor Survey Privacy Act - Spanish

DECLARACIÓN DE LA LEY DE CONFIDENCIALIDAD

La Administración del Seguro Social tiene la autorización de coleccionar la información para esta encuesta bajo la orden ejecutiva 12862, «Setting Customer Service Standards» (en español, «Estableciendo el nivel de la calidad del servicio al consumidor»).

Sus respuestas a estas preguntas son completamente voluntarias. La información que nos provea se usará para ayudarnos a mejorar el servicio que le proveemos. Sus respuestas no serán divulgadas a otras agencias gubernamentales o privadas.

LEY PARA LA REDUCCIÓN DE TRÁMITES

Esta recopilación de información cumple con los requisitos de 44 U.S.C. &3507, según enmendada por la sección 2 de La Ley para la Reducción de Trámites del 1995. No es requisito que usted conteste estas preguntas a menos que el formulario de la encuesta muestre un número de control válido de la Oficina de Administración y Presupuesto.

Calculamos que le tomará 10 minutos para llenar esta encuesta. Esto incluye el tiempo que le tomará leer las instrucciones, recaudar los datos y contestar las preguntas. *Puede enviar comentarios sobre nuestro cálculo del tiempo mencionado anteriormente a:*

*Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. **Envíe sólo los comentarios sobre nuestra estimación de tiempo a esta dirección, no el formulario lleno.***