

## New Applicant Survey Questionnaire

<b>Screener Section</b>
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**S-1. This survey is intended for disability applicants. Are you the applicant or someone else?**

- ☐ Yes, I am the applicant [D-1]  
☐ No, I am filling out this survey on behalf of the applicant

**S-2. What is the reason the applicant is not able to complete this survey? [SELECT ALL THAT APPLY]**

- ☐ A disability or physical/mental condition prevents them from completing the survey  
☐ They are currently incarcerated  
☐ They are deceased [S-5b]  
☐ They are living outside the U.S. or are on active duty in the military  
☐ Some other reason (SPECIFY) \_\_\_\_\_

**S-3. Are you able to answer questions about this person's application for disability benefits, including medical exams they may have taken for their application, challenges they may have filed, and the outcome of any decisions they may have received?**

- ☐ Yes [S-4]  
☐ No  
☐ Not sure

**S-3.1. Is there someone else who can answer these questions?**

- ☐ No  
☐ Yes:

**Write their name:** \_\_\_\_\_ **and Phone:** \_\_\_\_\_

[End Survey]

**S-4. What is your relationship to the applicant?**

- ☐ Friend or family member  
☐ Lawyer or applicant representative  
☐ Service provider  
☐ Someone else. **Tell us your relationship to the applicant:** \_\_\_\_\_

## Attachment A-1 NAS Survey Questionnaire

### Decision to Apply (D)

The Social Security Administration (SSA) wants to know about your experiences when you applied for disability benefits. These benefits include Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Some people may apply for disability benefits from SSA more than once. For this survey, think only about your most recent application experience.

**D-1. Did any of the people listed below influence your decision to apply for disability benefits?  
[CHECK ALL THAT APPLY]**

- ☐ A friend or family member
- ☐ A doctor or health care professional
- ☐ An employer or insurance company
- ☐ Lawyer or caseworker
- ☐ Someone else (SPECIFY): \_\_\_\_\_
- ☐ None of the above

**D-2. In the 12 months before you applied for benefits, were you experiencing any of the following?  
[CHECK ALL THAT APPLY]**

- ☐ You ate smaller meals or skipped meals because you didn't have enough money for food
- ☐ You were homeless or worried about becoming homeless
- ☐ You had trouble paying for utilities (such as gas, electricity or phone)
- ☐ You had trouble finding or paying for transportation
- ☐ You had trouble finding or paying for care for a family member or child
- ☐ You had trouble paying for medical care or medication
- ☐ You had trouble finding a job
- ☐ None of the above

**D-3. In the 12 months before you applied for benefits, what types of assistance were you receiving? Include assistance from individuals, programs or organizations. [CHECK ALL THAT APPLY]**

- ☐ Food assistance
- ☐ Housing assistance
- ☐ Assistance with fuel, water or electricity
- ☐ Transportation assistance
- ☐ Childcare or adult caregiving assistance
- ☐ Work training
- ☐ Medical care assistance, free clinics or Medicaid
- ☐ Cash assistance from government programs
- ☐ Worker's comp or private disability insurance
- ☐ Other (SPECIFY) \_\_\_\_\_
- ☐ None of these

Attachment A-1 NAS Survey Questionnaire

**D-4. When you applied for benefits, for how long had you been unable to work due to a mental or physical health condition?**

- ☐ Less than a year
- ☐ 1-3 years
- ☐ 4-9 years
- ☐ 10+ years
- ☐ I was working when I applied [D-6]
- ☐ I was unable to work due to a reason other than a mental or physical health condition
- ☐ Don't know

**D-5. Besides your health condition/s, what problems kept you from working in the 12 months before you applied for benefits? [CHECK ALL THAT APPLY]**

- ☐ You couldn't find a job that would accommodate your health condition
- ☐ You feared you would lose Medicaid or other benefits if you worked
- ☐ You didn't have transportation
- ☐ A language barrier kept you from working
- ☐ Some other problem NOT related to your physical or mental health condition/s (SPECIFY): \_\_\_\_\_
- ☐ None of these

**D-6. When you applied for benefits, were you experiencing serious financial problems?**

- ☐ Yes
- ☐ No [D-7]
- ☐ Don't know [D-7]

**D-6.1. How long had you been experiencing serious financial problems?**

- ☐ Less than a year
- ☐ 1-3 years
- ☐ 4-9 years
- ☐ 10+ years
- ☐ Don't know

**D-7. Since the time you submitted your application, is your financial situation now better, worse, or the same?**

- ☐ Better [AE-1]
- ☐ The same [AE-1]
- ☐ Worse
- ☐ Don't know

**D-8. Are you currently experiencing any of the following? [CHECK ALL THAT APPLY]**

- ☐ Eating smaller meals or skipped meals because you don't have enough money for food
- ☐ Homelessness or worried about becoming homeless
- ☐ Trouble paying for utilities (such as gas, electricity or phone)
- ☐ Trouble finding or paying for transportation
- ☐ Trouble finding or paying for care for a family member or child
- ☐ Trouble paying for medical care or medication
- ☐ None of these

## Attachment A-1 NAS Survey Questionnaire

### Application Experiences (AE)

This section of the survey asks you about your experiences applying for disability benefits.

**AE-1. During the application or appeals process, did you visit one of SSA's offices? Do not include any visits with health professionals you saw as part of your application.**

- ☐ Yes  
☐ No [AE-2]  
☐ Don't know [AE-2]

**AE-1.1. When you visited SSA's offices...**

	Yes	No	Don't know
a. Did you make an appointment before visiting?..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Did you have trouble finding or paying for transportation to get to the office?..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Was the wait longer than you expected?..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Was the visit helpful?..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**AE-1.2. What would have improved your office visit, if anything?**

Please write in answer:

**AE-2. Did a health condition make it hard for you to visit the office?**

- ☐ Yes  
☐ No [AE-3]  
☐ Don't know [AE-3]

**AE-2.1. What type of health condition made it hard for you to visit the SSA office? [CHECK ALL THAT APPLY]**

- ☐ A mental health condition (for example, depression or anxiety)  
☐ A learning disability or intellectual disability  
☐ A physical impairment  
☐ A hearing or visual impairment (for example, blindness or deafness)  
☐ Other (SPECIFY): \_\_\_\_\_

**AE-3. During the application or appeals process, did you use SSA's website?**

- ☐ Yes  
☐ No [AE-4]

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☐ Don't know [AE-4]

## Attachment A-1 NAS Survey Questionnaire

### AE-3.1. When you used SSA's website...

	Yes	No	Don't know
a. Did you find the website helpful?..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Did you start an application online?..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Did you finish your application online?..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Did you have any problems with the website?..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[If AE-3.1d = "Yes"]

### AE-3.2. What problems did you have with the website? [CHECK ALL THAT APPLY]

- ☐ Your application didn't save and you had to start over
- ☐ You were unable log into your account
- ☐ You had trouble uploading documents
- ☐ You could not find the information you were looking for
- ☐ Some other problem (DESCRIBE IN THE BOX BELOW)

### AE-3.3. How could SSA improve their website? Please describe in the box below: \_

### AE-4. Did a health condition make it hard for you to use SSA's website?

- ☐ Yes
- ☐ No [AE-5]
- ☐ Don't know [AE-5]

### AE-4.1. What type of health condition made it hard for you to use the website? [CHECK ALL THAT APPLY]

- ☐ A mental health condition (for example, depression or anxiety)
- ☐ A learning disability or intellectual disability
- ☐ A physical impairment
- ☐ A hearing or visual impairment (such as, blindness or deafness)
- ☐ Other (SPECIFY): \_\_\_\_\_

### AE-5. During the application or appeals process, did you call SSA or did SSA call you? [CHECK ALL THAT APPLY]

## Attachment A-1 NAS Survey Questionnaire

- ☐ Yes, I made a call to SSA
- ☐ Yes, I received a call from SSA
- ☐ No [AE-6]
- ☐ Don't know [AE-6]

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### AE-5.1. Tell us about your phone call experience. For the majority of calls...

	Yes	No	Don't know	Not applicable
a. Did you talk to someone at SSA?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. [If AE-5.1a = "yes"] Did you understand the information you received?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. [If AE-5.1a = "yes"] Was the SSA staff you spoke with helpful?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. If you missed a call from SSA, was it easy to call back or reschedule the appointment?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you wait on hold longer than you wanted to?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### AE-5.2. How could SSA improve their phone support?

Please write in answer:

### AE-6. Did a health condition make it hard for you to talk to someone over the phone?

- ☐ Yes  
☐ No [AE-7]  
☐ Don't know [AE-7]

#### AE-6.1. What type of health condition made it hard to talk to someone over the phone? [CHECK ALL THAT APPLY]

- ☐ A mental health condition (for example, depression or anxiety)  
☐ A learning disability or intellectual disability  
☐ A physical impairment  
☐ A hearing or visual impairment (for example, blindness or deafness)  
☐ Other (SPECIFY): \_\_\_\_\_

### AE-7. How hard or easy was it to complete your application? Include any efforts to get documentation for the application. Do not include any efforts to challenge a denial.

- ☐ Very easy [AE-8]  
☐ Somewhat easy [AE-8]  
☐ Neither easy nor hard [AE-8]  
☐ Somewhat hard  
☐ Very hard  
☐ Don't know [AE-8]

#### AE-7.1. Was it hard to complete the application because of your health condition?

- ☐ Yes  
☐ No [AE-7.2]  
☐ Don't know [AE-7.2]



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**AE-7.1.1. What type of condition made it hard to complete the application? [CHECK ALL THAT APPLY]**

- ☐ A mental health condition (for example, depression or anxiety)
- ☐ A learning disability or intellectual disability
- ☐ A physical impairment
- ☐ A hearing or visual impairment (for example, blindness or deafness)
- ☐ Some other condition (SPECIFY): \_\_\_\_\_

**AE-7.2. Which sections of the application were hard to complete? [CHECK ALL THAT APPLY]**

- ☐ Medical conditions
- ☐ Medications and medical treatments
- ☐ Employment history
- ☐ Income and expenses
- ☐ Savings and assets
- ☐ Entire application

[If any items selected in AE-7.2]

**AE-7.2a. What was hard about those sections?**

Please write in answer:

**AE-8. Did the application provide enough opportunity for you to adequately document your condition/s?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**AE-9. Did it take more time, less time or the same amount of time as you expected to complete your application? Include the time it took you to gather information or see doctors for evaluations.**

- ☐ More time
- ☐ Less time
- ☐ The same amount of time
- ☐ Don't know

**AE-10. How could SSA improve the application?**

Please write in answer:

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**AE-11. Did you have any of the following problems with SSA during the application or appeals process? [CHECK ALL THAT APPLY]**

- ☐ It was hard to get updates on the status of your application
- ☐ SSA asked you to submit the same documents more than once
- ☐ It was hard to meet SSA's deadlines
- ☐ A language barrier made it hard to communicate with SSA
- ☐ You did not receive notices in a way that you could read or understand them (for example, you requested large font or Braille notices but did not receive them)
- ☐ Other (SPECIFY): \_\_\_\_\_
- ☐ None of the above

**AE-12. During the application or appeals process, did SSA require you to visit a health professional for an evaluation?**

- ☐ No [R-1]
- ☐ Don't know [R-1]
- ☐ Yes, but you haven't had an evaluation yet [R-1]
- ☐ Yes, you had an exam

**AE-12.1. Did you have any of the following problems with the evaluation? [CHECK ALL THAT APPLY]**

- ☐ The evaluation was incomplete or not the right kind of evaluation for your condition
- ☐ The health professional was not qualified to evaluate your condition
- ☐ The location was not safe or accessible
- ☐ A health condition made it hard for you to get to the evaluation
- ☐ Other (SPECIFY): \_\_\_\_\_
- ☐ None of these

[If AE-12.1 = "A Health condition made it hard for you to get an evaluation"]

**AE-12.2. What type of health condition, if any, made it hard to get to the evaluation? [CHECK ALL THAT APPLY]**

- ☐ A mental health condition (for example, depression or anxiety)
- ☐ A learning disability or intellectual disability
- ☐ A physical impairment
- ☐ A hearing or visual impairment (for example, blindness or deafness)
- ☐ Some other condition (SPECIFY): \_\_\_\_\_

## Attachment A-1 NAS Survey Questionnaire

### Representation (R)

This section of the survey asks you about receiving help with the most recent application you submitted, including help you received with your appeal.

**R-1. Before you applied, did you know you could use a lawyer or official representative?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**R-2. Who helped you with the application or appeals process? [CHECK ALL THAT APPLY]**

- ☐ A lawyer or official representative
- ☐ A spouse, family member or friend
- ☐ No one helped you
- ☐ Don't know **[DA-1]**

**[If R-2 does not include "A lawyer or official representative"]**

**R-3. What is the main reason why you did not use a lawyer or official representative?**

- ☐ No one told you about using one
- ☐ You asked a someone but they refused
- ☐ You didn't need help
- ☐ You are waiting until later in the process to use one
- ☐ You thought they cost too much
- ☐ Some other reason (SPECIFY): \_\_\_\_\_
- ☐ Don't know

**[After R-3 go to DA-1]**

**R-4. Where did you learn about using a lawyer or official representative? [CHECK ALL THAT APPLY]**

- ☐ A friend, family member, or coworker
- ☐ A doctor or health care professional
- ☐ A social service agency or social worker
- ☐ A web search
- ☐ An employer or insurance company
- ☐ SSA's materials or website
- ☐ From TV, radio, a billboard, some other advertisement, or social media
- ☐ From somewhere else (SPECIFY): \_\_\_\_\_
- ☐ You already knew about it
- ☐ Don't know

**R-5. When did you begin working with a lawyer or official representative?**

- ☐ Before you started the application
- ☐ While you were submitting your application
- ☐ After SSA denied your application or during the appeals process
- ☐ Some other time

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☐ Don't know

**R-6. Why did you use a lawyer or official representative? [CHECK ALL THAT APPLY]**

- ☐ Someone advised you to get one
- ☐ You wanted help completing the application
- ☐ You wanted help with an appeal or court hearing
- ☐ You wanted help because of a language barrier
- ☐ You wanted help because of a learning disability or intellectual disability
- ☐ Some other reason (SPECIFY): \_\_\_\_\_
- ☐ Don't know

**R-7. How did your lawyer or official representative ask to be paid?**

- ☐ A percentage of your awarded backpay
- ☐ A flat fee
- ☐ They collect the payment from someone else (for example, an insurance company or government agency)
- ☐ They do not receive any pay
- ☐ Some other way (SPECIFY): \_\_\_\_\_
- ☐ Don't know

**R-8. What did your lawyer or official representative help you with? [CHECK ALL THAT APPLY]**

- ☐ Filling out the application
- ☐ Requesting information from doctors or employers
- ☐ Filing an appeal or reconsideration
- ☐ Attending court hearings
- ☐ Communicating with SSA about the status of your application
- ☐ Something else (SPECIFY): \_\_\_\_\_
- ☐ They did not help with anything

**R-9. How satisfied are you with your lawyer or official representative?**

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

[If R-9 = "Somewhat dissatisfied" or "Very dissatisfied"]

**R-9.1. What made you feel dissatisfied with your lawyer or official representative? [CHECK ALL THAT APPLY]**

- ☐ Getting a decision took longer because they caused delays
- ☐ They did not regularly communicate with you about your case
- ☐ They did not help you with your application or appeal as much as you expected
- ☐ Some other problem (SPECIFY): \_\_\_\_\_
- ☐ Don't know

Attachment A-1 NAS Survey Questionnaire

**Denials and Appeals (DA)**

This section will ask you about what happened after you submitted your application for disability benefits.

**DA-1. After submitting your most recent application, did you receive any denials? Check "Yes" even if you appealed the last decision.**

- ☐ Yes [DA-2]
- ☐ No
- ☐ Don't know

**DA-1.1. Have you waited longer than you expected for a decision?**

- ☐ Yes
- ☐ No
- ☐ Don't know

[After DA-1.1 go to DA-8]

**DA-2. When you were denied, did SSA give you enough information to understand why you did not qualify for benefits?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**DA-3. After you were denied, did you challenge the decision? Challenges may include reconsiderations or appeals.**

- ☐ Yes [DA-5]
- ☐ No
- ☐ Don't know

**DA-4. What were the reasons you did not challenge the decision? [CHECK ALL THAT APPLY]**

- ☐ You felt you were unlikely to be successful
- ☐ You did not understand how
- ☐ You needed help from a lawyer or someone else, but could not get it
- ☐ You missed the deadline
- ☐ You were too tired or discouraged to continue
- ☐ You are still deciding
- ☐ Some other reason (SPECIFY): \_\_\_\_\_
- ☐ Don't know

[After DA-4, Go to EP-1]

**DA-5. Did anyone give you information about how to challenge the decision you received? [CHECK ALL THAT APPLY]**

- ☐ Yes, you received information from SSA
- ☐ Yes, you received information or help from a lawyer or official representative
- ☐ Yes, you received information or help from someone else (SPECIFY): \_\_\_\_\_
- ☐ No, you did not receive information or help
- ☐ Don't know

Attachment A-1 NAS Survey Questionnaire

[If DA-5 = "Yes, you received information from SSA"]

**DA-5.1. How helpful was SSA's information about how to challenge the decision?**

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Neither helpful nor unhelpful
- ☐ Not helpful at all
- ☐ Don't know

[If DA-5.1 = "Not helpful at all"]

**DA-5.2. What made the information you received from SSA unhelpful? [CHECK ALL THAT APPLY]**

- ☐ You didn't understand it
- ☐ You were not given enough information
- ☐ The information you received was not accurate
- ☐ It was unhelpful for some other reason (SPECIFY): \_\_\_\_\_
- ☐ Don't know

**DA-6. There are several ways to challenge a denial. Which of these have you requested? [CHECK ALL THAT APPLY]**

- ☐ A reconsideration
- ☐ A hearing with an Administrative Law Judge
- ☐ An Appeals Council Review
- ☐ A Federal Court hearing
- ☐ Don't know

**DA-7. Once you filed the paperwork to challenge the denial, how long did you expect to wait for a final decision?**

- ☐ Less than 3 months
- ☐ 4-6 months
- ☐ 6-12 months
- ☐ More than a year
- ☐ I had no expectations
- ☐ Don't know

**DA-8. Are you currently receiving disability benefits?**

- ☐ Yes
- ☐ No [DS-1]
- ☐ Don't know

## Attachment A-1 NAS Survey Questionnaire

### Early Program Experiences (EP)

This section asks you about your experiences after SSA approved the most recent application you submitted.

**EP-1. Was the amount of backpay (retroactive payments) you received as much as you expected?**

- ☐ It was more than you expected
- ☐ It was about what you expected
- ☐ It was less than you expected
- ☐ You had no expectations about the amount
- ☐ Don't know

**EP-2. When you applied, did you know how much the monthly payment would be?**

- ☐ Yes
- ☐ No [EP-3]
- ☐ Don't know [EP-3]

**EP-2.1. Is your monthly payment as much as you expected?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**EP-3. Have disability benefits helped you meet your financial needs?**

- ☐ Yes, a little
- ☐ Yes, a lot
- ☐ No, not at all
- ☐ Don't know yet

**EP-4. People receiving disability benefits must comply with certain program requirements. Do you understand the requirements for reporting changes to your....**

	Yes	No	Don't know
a. Income..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Employment..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Health..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Living situation or marital status changes..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**EP-5. How easy or hard do you think it will be to keep up with SSA's program requirements to continue receiving your disability payments and benefits?**

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor hard
- ☐ Somewhat hard
- ☐ Very hard
- ☐ Don't know

**EP-6. How easy or hard has it been to communicate with SSA about your disability payments and benefits when you have needed to?**

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor hard
- ☐ Somewhat hard
- ☐ Very hard
- ☐ Don't know
- ☐ You don't communicate with SSA

[If EP-6 = "Somewhat hard" or "Very hard"]

**EP-6.1. What difficulties have you had communicating with SSA about your disability payments or benefits? [CHECK ALL THAT APPLY]**

- ☐ You have had difficulties using the SSA website
- ☐ You have had difficulties reaching SSA by phone
- ☐ Mail to/from SSA has been delayed or lost
- ☐ You have had difficulties understanding information you received from SSA
- ☐ Information you received from SSA has not been accurate
- ☐ You have had other difficulties communicating with SSA about your benefits.  
(SPECIFY): \_\_\_\_\_
- ☐ None of these
- ☐ Don't know

**EP-7. Special rules make it possible for people with disability benefits to work and still receive monthly payments. Do you plan to work at all while you are receiving disability benefits?**

- ☐ Yes
- ☐ Maybe
- ☐ No [DS-1]
- ☐ Don't know [DS-1]

**EP-8. Do you see yourself working and earning enough to stop receiving disability payments and benefits in the future?**

- ☐ Yes
- ☐ No
- ☐ Don't know



# Attachment A-1 NAS Survey Questionnaire

## Discrimination (DS)

**DS-1. Now, think about your experiences with the most recent application you submitted. Did you have any interactions with people who work for SSA, lawyers, doctors, and judges during the application or appeals process?**

- ☐ Yes  
☐ No [SS-1]  
☐ Don't know [SS-1]

The following questions are about experiences related to who you are. This includes both how you describe yourself and how others might describe you, for example, your skin color, ancestry, nationality, religion, gender, sexuality, age, weight, or disability.

**DS-1a. Now, think about your experiences with the most recent application you submitted. This includes all interactions with people who work for SSA, lawyers, doctors, and judges. During the application or appeals process, because of who you are, have you . . .**  
**[CHECK ONE BOX PER ROW]**

	Yes	No	Don't know
a. Been treated with less courtesy or respect than other people..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Been treated as if you are unfriendly, unhelpful, or rude..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Received poorer service than other people..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Been asked inappropriate or offensive questions..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Been treated as if you are less smart or capable than others..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Been repeatedly referred to using the wrong pronouns (misgendered) or called an old name after you asked the person not to (deadnamed)..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[If any items marked "Yes" continue, else go to SS-1]

**DS-2. Why do you think you were treated in those ways during the application process?**  
**[CHECK ALL THAT APPLY]**

- ☐ Sex  
☐ Ancestry or national origins  
☐ Race  
☐ Age  
☐ Religion  
☐ Disability  
☐ Weight  
☐ Some other aspect of your physical appearance  
☐ Gender identity  
☐ Sexual orientation  
☐ Education or income level

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- ☐ Something else (SPECIFY): \_\_\_\_\_
- ☐ Don't know

**DS-3. Who treated you in those ways during the application process? [CHECK ALL THAT APPLY]**

- ☐ SSA staff you saw in-person
- ☐ SSA staff you talked to on the phone
- ☐ Health professionals who evaluated your condition
- ☐ Your lawyer or official representative
- ☐ Administrative Law Judges
- ☐ Someone else (SEPCIFY): \_\_\_\_\_
- ☐ Don't know

Attachment A-1 NAS Survey Questionnaire

<b>Social and Application Support (SS)</b>
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The next questions ask about support you received with the most recent application you submitted.

**SS-1. What kinds of support did your family, friends, or other people provide to help with your application? Do not include any help you received from a lawyer or official representative. [CHECK ALL THAT APPLY]**

- ☐ Help filling out or understanding the application
- ☐ Help gathering materials for your application, such as personal documents or medical records
- ☐ Help with contacting SSA or sending documents to SSA
- ☐ Help finding or using a lawyer or official representative
- ☐ Transportation to SSA's office or a doctor's office for an exam requested by SSA
- ☐ Other types of help or support (SPECIFY): \_\_\_\_\_
- ☐ You did not receive support from family, friends, or other people in your community [DM-1]

**SS-2. Who provided you with support or help with the most recent application you submitted? [CHECK ALL THAT APPLY]**

- ☐ Your spouse or significant other
- ☐ Family members (children, parents or other family)
- ☐ Friends or neighbors
- ☐ A social worker or case worker
- ☐ Someone else (SPECIFY): \_\_\_\_\_

**SS-3. In general, how often do you get the support you need from family, friends and other people in the community?**

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know

## Attachment A-1 NAS Survey Questionnaire

### Demographics (DM)

The next questions ask you to provide some background information about yourself.

**DM-1. What is your marital status?**

- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married

**DM-2. What is the highest grade or year of school you have completed?**

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 6
- ☐ Grades 7 through 11
- ☐ Grade 12 or GED
- ☐ College, 1 year to 3 years
- ☐ College, 4 years or more
- ☐ Don't know

**DM-3. What is your current gender? [CHECK ALL THAT APPLY]**

- ☐ Man
- ☐ Woman
- ☐ Nonbinary, genderqueer, gender-nonconforming, or agender
- ☐ Another gender (SPECIFY): \_\_\_\_\_
- ☐ Decline to answer

**DM-4. What sex were you assigned at birth, meaning on your original birth certificate?**

- ☐ Male
- ☐ Female
- ☐ Decline to answer

**DM-5. Which of the following best represents how you think of yourself?**

- ☐ Straight
- ☐ Gay
- ☐ Bisexual
- ☐ Something else (SPECIFY): \_\_\_\_\_
- ☐ Don't know

Attachment A-1 NAS Survey Questionnaire

**DM-6. What is your race and/or ethnicity? Check all that apply and enter additional details in the spaces below. You may select more than one group. [CHECK ALL THAT APPLY]**

☐ **American Indian or Alaskan Native**

*[If American Indian or Alaskan Native is selected] If desired, provide additional details below*

☐ Specify \_\_\_\_\_ (Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya etc.)

☐ **Asian**

*[If Asian is selected] If desired, provide additional details below*

☐ Chinese ☐ Asian Indian ☐ Filipino ☐ Vietnamese ☐ Korean ☐ Japanese  
☐ Other \_\_\_\_\_ (Enter, for example, Pakistani, Hmong, Afghan etc.)

☐ **Black or African-American**

*[If Black or African-American is selected] If desired, provide additional details below*

☐ African American ☐ Jamaican ☐ Haitian ☐ Nigerian ☐ Ethiopian ☐ Somali  
☐ Other \_\_\_\_\_ (Enter, for example, Trinidadian and Tobagian, Ghanaian, Congolese, etc.)

☐ **Hispanic or Latino**

*[If Hispanic or Latino is selected] If desired, provide additional details below*

☐ Mexican ☐ Puerto Rican ☐ Salvadoran ☐ Cuban  
☐ Dominican ☐ Guatemalan  
☐ Other \_\_\_\_\_ (Enter, for example, Colombian, Spaniard, Honduran, etc.)

☐ **Middle Eastern or North African**

*[If Middle Eastern or North African is selected] If desired, provide additional details below*

☐ Lebanese ☐ Iranian ☐ Egyptian ☐ Syrian ☐ Iraqi ☐ Israeli  
☐ Other \_\_\_\_\_ (Enter, for example, Moroccan, Yemeni, Kurdish, etc.)

☐ **Native Hawaiian or Pacific Islander**

*[If Native Hawaiian or Pacific Islander is selected] If desired, provide additional details below*

☐ Native Hawaiian ☐ Samoan ☐ Chamorro ☐ Tongan ☐ Fijian ☐ Marshallese  
☐ Other \_\_\_\_\_ (Enter, for example, Palauan, Tahitian, Chuukese, etc.)

☐ **White**

*[If White is selected] If desired, provide additional details below*

☐ English ☐ German ☐ Irish ☐ Italian ☐ Polish ☐ Scottish  
☐ Other \_\_\_\_\_ (Enter, for example, French, Swedish, Norwegian, etc.)

**DM-7. What languages do you usually speak? [CHECK ALL THAT APPLY]**

☐ English

☐ Spanish

☐ Some other language (SPECIFY): \_\_\_\_\_

Attachment A-1 NAS Survey Questionnaire

**DM-8. Overall, how confident do you feel using computers, smartphones, or other electronic devices to do the things you need to do online?**

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not at all confident
- ☐ Don't know

**DM-9. If you wanted to use SSA's website, where would you be able to access it? [CHECK ALL THAT APPLY]**

- ☐ At your home
- ☐ At someone else's home
- ☐ At work
- ☐ In public spaces (for example, the library or businesses with free Wi-Fi)
- ☐ Some other place (SPECIFY): \_\_\_\_\_
- ☐ None of these

**DM-10. Which of these devices do you own? [CHECK ALL THAT APPLY]**

- ☐ Desktop or laptop computer
- ☐ Printer
- ☐ iPad or other tablet
- ☐ Smartphone (such as iPhone, Android, or Blackberry)
- ☐ Regular cell phone (not a smartphone)
- ☐ None of the above

**DM-11. From which of the following sources do you typically get information? [CHECK ALL THAT APPLY]**

- ☐ National news organizations (newspapers, TV, radio shows, podcasts, etc.)
- ☐ Social media such as TikTok, Facebook, X (formerly known as Twitter), or Instagram
- ☐ Family and friends
- ☐ Local public library or librarian
- ☐ Local news organizations
- ☐ Government agencies (websites, mail, phone, or in-person)
- ☐ Professionals like health care providers or lawyers
- ☐ Somewhere else: (SPECIFY) \_\_\_\_\_

## Attachment A-1 NAS Survey Questionnaire

**DM-12. How much do you trust the following information sources when it comes to making decisions? [CHECK ONE PER ROW].**

	A lot	Some	Not too much	Not at all	Not sure
a. Information from national news organizations (newspapers, TV, radio shows, podcasts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information you see on social media, such as TikTok, Facebook, X (formerly known as Twitter), or Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information you get from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Information you can get from the local public library or librarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Information from local news organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Information from government sources (websites, mail, phone, or in-person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Information from professionals like health care providers or lawyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DM-13. Have you ever served on active duty in the U.S. Armed Forces, the Reserves, or in the National Guard?**

- ☐ Yes  
☐ No

**DM-14. Who have you been living with during the past 30 days? Include children who live with you part-time because of joint custody, but not other part-time residents. [CHECK ALL THAT APPLY]**

- ☐ I live by myself  
☐ Spouse or significant other  
☐ Children (including any adult children)  
☐ Grandchildren  
☐ Parents  
☐ Other relatives (other than spouse or significant other, children, grandchildren, or parents)  
☐ Friends  
☐ Other non-related adults (roommates)  
☐ Other (SPECIFY): \_\_\_\_\_

## Attachment A-1 NAS Survey Questionnaire

### Income, Benefits, and Services (IB)

The next questions ask you for some information about your income and any benefits or services you may receive. Your answers will not affect your disability application or benefits.

**IB-1. In 2024, what was your total household income before taxes? Please include money that all members of your household received from all sources. [CHECK ONLY ONE ANSWER]**

- ☐ Less than \$25,000
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Don't know / Not sure

**IB-2. Are you currently receiving income from any of the following sources? [CHECK ONE PER ROW]**

	Yes	No	Don't know
a. Social Security disability (SSDI or SSI)..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Veteran's benefits..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Worker's compensation..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Employer-provided or other private disability insurance..... ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Other public programs. (SPECIFY):..... <input type="checkbox"/>	<input type="checkbox"/>		

**IB-3. Which of the following best describes your current work status? [SELECT ALL THAT APPLY]**

- ☐ Unable to work
- ☐ Have a job but currently not at work (for instance, on a leave of absence or suspended)
- ☐ Working full or part time.  
(TELL US HOW MANY HOURS PER WEEK DO YOU TYPICALLY WORK):\_\_\_\_\_
- ☐ Looking for work
- ☐ Keeping house or caregiving
- ☐ Doing volunteer work
- ☐ Going to school or doing vocational training
- ☐ Retired
- ☐ Other (SPECIFY):\_\_\_\_\_



Attachment A-1 NAS Survey Questionnaire

**IB-4. What types of health insurance or health coverage plans you currently have? [CHECK ALL THAT APPLY]**

- ☐ Medicaid (or other public insurance for those with low incomes or a disability)
- ☐ Medicare (for people 65 and older or certain people with disabilities)
- ☐ Insurance through an employer or privately insured
- ☐ VA (including those who have ever used or enrolled for VA health care)
- ☐ TRICARE, TRICARE for life, or other military health care
- ☐ Indian Health Service or other native health plans
- ☐ You don't have health insurance
- ☐ Other (SPECIFY): \_\_\_\_\_
- ☐ Don't know

This is the end of the survey. Click 'Submit' to submit your answers

**Post-Survey**

**PS-1. Please select how you/ [IF S1 = No [NAME]] would like to receive the \$40 for completing the New Applicant Survey. You should receive it in the next 10 – 14 days. Answer is required**

- ☐ Check
- ☐ Pre-paid gift card

**PS-2. Please confirm the address we have for you/ [IF S1 = No [NAME]] is correct**

**[Display address]**

- ☐ This address is correct **[End]**
- ☐ This address is incorrect

**PS-2a. Please provide the correct mailing address where we can mail the pre-paid gift card or check.**

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Final Screen**

Thank you! You may close your browser.