



OMB# 0960-0818

Beta Site – Intercept Survey

=====

Thank you for taking a few minutes to provide feedback on your experience on our website. This anonymous survey should take as little as five minutes and will be used to improve the service available to you and others who interact with Social Security.

1. What was the main purpose for your visit today?
 - a. View my Social Security statement
 - b. Apply for benefits
 - c. Get proof I receive benefits
 - d. Check my application status
 - e. Use the retirement estimator
 - f. Replace my Social Security card
 - g. Find an office or phone number
 - h. Get information about Social Security benefits and programs
 - i. Change my information
 - j. Other (please specify)
2. **[IF Q1 = B]** Which benefits are you applying for? (Select all that apply)
 - a. Retirement
 - b. Social Security Disability Insurance (SSDI)
 - c. Supplemental Security Income (SSI)
 - d. Medicare
 - e. Survivors
 - f. Other (please specify)
 - g. Don't know
3. **[IF Q1 = D]** Which benefits are you checking the status of? (Select all that apply)
 - a. Retirement
 - b. Social Security Disability Insurance (SSDI)
 - c. Supplemental Security Income (SSI)
 - d. Medicare
 - e. Survivors
 - f. Other (please specify)
4. On a scale from 1 to 5 where 1 means "Strongly Disagree" and 5 means "Strongly Agree" please rate the following statements:
 - a. I am satisfied with my experience using the Social Security website
 - b. This interaction increased my trust in Social Security
 - c. I was able to complete what I needed to do
 - d. It was easy to complete what I needed to do
 - e. It took a reasonable amount of time to do what I needed to do
 - f. I was treated fairly
5. I would like to leave a comment about...
 - a. Compliment
 - b. Concern
 - c. Recommendation
6. **[IF Q4 = A]** Please leave your compliment below:



OMB# 0960-0818

7. [IF Q4 = B] Please leave your concern below:
8. [IF Q4 = C] Please leave your recommendation below:

Thank you for taking the time to complete the survey! We greatly appreciate it.

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 (OMB) control number (OMB. 0960-0818). We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***



OMB# 0960-0818