

Social Security is continually working to improve the service we provide the public. Please complete this questionnaire to give us your opinion of the service you received when you requested a hearing on your application for disability benefits.

MARKING INSTRUCTIONS
Correct Marking Example:

- Use blue or black pen or a number 2 pencil.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.
- Keep all entries within the boxes.

Please use the scale shown to rate the following aspects of your hearing experience.

Mark [X] ONE answer for every item.

If a question does not apply to you, please mark Not Applicable.

Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
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When you decided to request a hearing...

- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <u>Ease of finding</u> information about how to file your hearing request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Quality</u> of information you got from Social Security explaining the hearing process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

While you were waiting for your hearing to be held...

- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. <u>Ease of contacting</u> Social Security about your hearing request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Helpfulness</u> of the information Social Security gave you about your hearing request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How your hearing was held...

5. Did you have a representative, either an attorney or some other person, handle your hearing?
Mark only ONE answer.

- Yes
- No

6. Did you have a hearing with a judge face-to-face or by video conference?
Mark only ONE answer.

- Hearing was face-to-face with a judge. →Please continue with **question 7**
- Hearing was by video conference with a judge. →Please continue with **question 7**
- No hearing was held with a judge. →Please continue with **question 14**

<p>Please use the scale shown to rate the following aspects of your hearing experience. Mark [X] <u>ONE</u> answer for every item.</p>	Excellent	Very Good	Good	Fair	Poor	Very Poor	Not Applicable
<i>When your hearing was held...</i>							
7. <u>Location</u> of the office where your hearing was held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How well the judge explained <u>what would happen</u> at your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How <u>prepared</u> the judge was to talk about the facts of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Opportunity the judge gave you or your representative to <u>present the facts</u> of your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Courtesy</u> of the judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Waiting for the hearing and decision...</i>							
12. Length of time from the date you <u>first requested</u> your hearing until it was <u>held</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Length of time from the date your <u>hearing was held</u> until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Overall length of time from the date you <u>first requested</u> your hearing until you <u>received the decision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Notice of Social Security's decision on your hearing...</i>							
15. How well the notice <u>explained</u> the <u>decision</u> on your hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How well the notice <u>explained</u> the amount of your <u>benefits</u> and when they would start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Your overall experience with Social Security...</i>							
17. <u>Helpfulness</u> of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. <u>Courtesy</u> of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How well the staff <u>knew their jobs</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Overall experience with the <u>hearing</u> on your disability application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Overall opinion of Social Security's <u>service</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Please use the space below to tell us anything else about the service you received in connection with your hearing.							

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16. How well the notice <u>explained</u> what to do if you disagreed with the decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Your overall experience with Social Security...</i>							
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