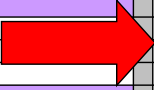
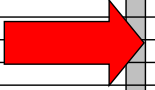


FORESEE RESULTS MODEL QUESTIONS

Model questions utilize the ACSI methodology to determine scores and impacts

ELEMENTS (Drivers of Satisfaction)	CUSTOMER SATISFACTION	FUTURE BEHAVIORS
<i>All questions under each element are required. Element questions are partitioned among surveys.</i>	<i>Satisfaction questions are required. Satisfaction questions appear on all surveys.</i>	<i>Future behaviors may be modified based on your site's objectives. Future behavior questions appear on all surveys.</i>
Content (1=Poor, 10=Excellent, Don't Know)	Satisfaction (1=Poor, 10=Excellent)	Likelihood to Return (1=Not Very Likely, 10=Very Likely)
Please rate the accuracy of information on this site.	What is your overall satisfaction with this site?	How likely are you to return to this site ?
Please rate the quality of information on this site.	How well does this site meet your expectations ?	Recommend (1=Not Very Likely, 10=Very Likely)
Please rate the freshness of content on this site.	How well does this site compare with your idea of an ideal website ?	How likely are you to recommend this site to someone else ?
Functionality (1=Poor, 10=Excellent, Don't Know)		Primary Resource (1=Not Very Likely, 10=Very Likely)
Please rate the usefulness of the services provided on this site.		How likely are you to use this site as your primary resource for disability-related information ?
Please rate the convenience of the services on this site.		Subscribe (1=Not Very Likely, 10=Very Likely)
Please rate the ability to accomplish what you wanted to on this site.		How likely are you to subscribe for, or continue to receive, e-mail updates from DisabilityInfo.gov ?
Look and Feel (1=Poor, 10=Excellent, Don't Know)		
Please rate the visual appeal of the site.		
Please rate the amount of graphics and text on each page of the site.		
Please rate the ease of reading the pages on this site.		
Navigation (1=Poor, 10=Excellent, Don't Know)		
Please rate how well the site is organized .		
Please rate the options that are available for you to navigate on this site.		
Please rate how well the site layout helps you find what you are looking for .		
Please rate the number of clicks to get where you want on this site.		
Site Performance (1=Poor, 10=Excellent, Don't Know)		
Please rate the speed that pages load on this site.		
Please rate the consistency of speed from page-to-page on this site.		
Please rate the ability to load pages without getting errors on this site.		
Search (1=Poor, 10=Excellent, Don't Know)		
Please rate the relevance of search results from the DisabilityInfo.gov search tool.		
Please rate the organization of search results from the DisabilityInfo.gov search tool.		
Please rate how well the DisabilityInfo.gov search tool's search results help you decide what to select .		
Please rate how well the DisabilityInfo.gov search tool helps you to narrow the results to find what you want.		

PROPOSED CUSTOM QUESTIONS - DisabilityInfo.gov
Custom questions complement the model questions and allow for additional data analysis

Question Text	Answer Choices (limited to 50 characters)	Type <i>drop-down menu check boxes radio buttons open-ended</i>	Required Y/N	Select one or all that apply
How frequently do you visit DisabilityInfo.gov?	First time Daily or more often About once a week About once a month Less than once a month, but more than once a year Once a year or less	Drop-down menu	Y	select one
What is your role in visiting DisabilityInfo.gov today?	I have a disability I am a friend or family member of someone with a disability I am a professional who serves people with disabilities I represent an employer Other (please specify):	Radio buttons	Y	select one
How did you first find out about the DisabilityInfo.gov website?	A search engine A link from another web site Friends or family An advertisement (newspaper, magazine, poster) Don't know Other (please specify information source:)	Radio buttons	Y	select one
What was the main type of information you were looking for on DisabilityInfo.gov today?	Benefits Civil Rights Community Life Education Employment Health Housing Technology Transportation Other (please specify):	Radio buttons	Y	select one
Did you accomplish what you wanted to on DisabilityInfo.gov today?	Yes No Not yet, I'm still in the process	Drop-down menu	Y	select one
If you did not accomplish what you wanted to, please describe in detail what you were trying to do or find.		Open-ended	N	
If you did not accomplish what you wanted to, what will you do next?	Continue looking on DisabilityInfo.gov Come back to DisabilityInfo.gov later Look elsewhere online E-mail DisabilityInfo.gov Look for a phone number and call for assistance Give up Other (please specify):	Radio buttons	N	select one
What sections of the DisabilityInfo.gov web site did you visit today? (please select all that apply.)	Benefits Civil Rights Community Life Education Employment Health Housing Technology Transportation Veterans' Health Don't know	check boxes	Y	select all that apply
Please describe your experience with navigation on this web site.	I had no difficulty browsing on this site Too many links or navigational choices Links did not take me where I expected I experienced broken links, error messages, or other technical difficulties I was able to navigate to the general area, but could not find the specific content I needed Other navigational issue (please specify):	check boxes	Y	select all that apply
Did you use the DisabilityInfo.gov search tool today?	Yes No Don't know	Drop-down menu	Y	select one
If you used the DisabilityInfo.gov search tool today, please describe your experience.	I had no difficulty searching on this site Too many results Too few results Returned no results Received an error message Results were not pertinent to my search terms Other search issue (please specify):	check boxes	N	select all that apply
Do you currently subscribe to DisabilityInfo.gov's e-mail updates?	Yes No Don't know	Drop-down menu	Y	select one
How old are you?	Under 18 18 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 or older	Drop-down menu	N	select one
What is the highest level of education you have completed?	Some high school or less Graduated high school Some college Trade/technical/vocational training Graduated from college Post-graduate work or degree	Drop-down menu	N	select one
What racial group do you most strongly identify with?	American Indian or Alaskan Native Asian Black or African-American White Native Hawaiian or other Pacific Islander Hispanic or Latino Other	Drop-down menu	N	select one
Which of the following categories best describes your total household income last year?	Below \$25,000 \$25,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 \$100,000 - \$124,999 \$125,000 or over	Drop-down menu	N	select one
What is your gender?	Female Male	Drop-down menu	N	select one
If you could suggest one improvement to the DisabilityInfo.gov web site, what would it be?		Open-ended	N	