Questionnaire Management Guidelines

Goals:
- **One consolidated document to track all model and CQ changes throughout the life of the project**
- **Questionnaire always matches the live survey**
- **Easy and error-free way to submit CQ changes**
- **All changes tracked and reflected in one document (DOT will help)**

Basic rules:

1 This questionnaire **has to match the live survey**
2 All changes to the live measure need to be tracked and archived in **one document**
3 **All CQ change requests** have to be submitted using this document

    SRA: 1) marks up changes and submits the entire document to DOT

    DOT: 1) archives change request on separate tab
                   2) implements change(s)
                   3) updates the document to reflect all implemented changes in the "clean" questionnaire - SRA can send to the client and use for future CQ changes

4 DOT safeguards correct formats - your next CQ changes have to be submitted using one survey document with appropriate color-coding

Model Instance Name:	
CNPP	
MID:	**Existing Measure - Please fill in; New Measure - DOT will fill in**
Date:	**3/31/2009**

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Model questions utilize the ACSI methodology to determine scores and impacts

ELEMENTS (drivers of satisfaction)	CUSTOMER SATISFACTION	FUTURE BEHAVIORS
Content *(1=Poor, 10=Excellent, Don't Know)*	**Satisfaction** *(1=Poor, 10=Excellent)*	**Likelihood to Return** *(1=Not Very Likely, 10=Very Likely)*
1 Please rate the **accuracy of information** on this site.	17 What is your **overall satisfaction** with this site?	20 How likely are you to **return to this site**?
2 Please rate the **quality of information** on this site.	18 How well does this site **meet your expectations**?	**Recommend** *(1=Not Very Likely, 10=Very Likely)*
3 Please rate the **freshness of content** on this site.	19 How does this site **compare to your idea of an ideal website**?	21 How likely are you to **recommend this site to someone else**?
Functionality *(1=Poor, 10=Excellent, Don't Know)*		
4 Please rate the **usefulness of the features provided** on this site.		**Health Changes**
		How likely are you to **use information from MyPyramid.gov** to change your food choices in the future?
5 Please rate the **convenience of the features** on this site.		
6 Please rate the **variety of features** on this site.		
Look and Feel *(1=Poor, 10=Excellent, Don't Know)*		
7 Please rate the **visual appeal** of this site.		
8 Please rate the **balance of graphics and text** on this site.		
9 Please rate the **readability of the pages** on this site.		
Navigation *(1=Poor, 10=Excellent, Don't Know)*		
10 Please rate **how well the site is organized**.		
11 Please rate the **options available for navigating** this site.		
12 Please rate **how well the site layout helps you find what you are looking for.**		
13 Please rate the **number of clicks to get where you want** on this site.		
Site Performance *(1=Poor, 10=Excellent, Don't Know)*		
14 Please rate how **quickly pages load** on this site.		
15 Please rate the **consistency of speed from page to page** on this site.		
16 Please rate the **ability to load pages without getting error messages** on this site.		

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red & strike-through: DELETE
underlined & italicized: RE-ORDER
pink: ADDITION
blue + -->: REWORDING

CNPP CUSTOM QUESTION LIST

QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)
		What is your **role** in visiting the site today?	General public	B	Radio button, one-up vertical
			Parent	B	
			Student	B	
			Dietitian/Nutritionist	C	
			Educator	C	
			Health care professional	C	
			Other, please specify	A	
	A	Specifically, what is your role in visiting the site today?			Text area, no char limit
	B	What is your **primary reason** for visiting the site today?	Tips for healthy eating		Radio button, one-up vertical
			Planning meals/food choices		
			Feeding my family/children		
			Losing weight		
			MyPyramid in general		
			Pregnancy and breastfeeding		
			Other, please specify	A	
	A	Please tell us other reasons you visited the site today (general).			Text area, no char limit
	C	What is your **primary reason** for visiting the site today?	To find MyPyramid recommendations		Radio button, one-up vertical
			To find professional/educational resources		
			To get general MyPyramid information		
			To get information for clients		
			Other, please specify	A	
	A	Please tell us other reasons you visited the site today (professional).			Text area, no char limit
		Did you use the **menu planner feature** on the site?	Yes	D	Drop down, select one
			No		
	D	How **satisfied** were you with the menu planner feature?			Radio button, scale, has don't know
		Did you **find** what you were looking for?	Yes		Checkbox, one-up vertical
			No	E	
	E	Specifically, what were you looking for?			Text area, no char limit
		How **frequently** do you visit this site?	First time		Radio button, one-up vertical
			Frequently (about once a week or more often)		
			Infrequently (about once or twice a month or less)		
		Has your visit to MyPyramid.gov **prompted you to make changes** in your food choices?	Yes	F	Radio button, one-up vertical
			No	G	
	F	What **changes in your food choices** are you likely to make?	Eat more fruits and vegetables		Radio button, one-up vertical
			Eat more whole grains		
			Eat less solid fats and added sugars		
			Eat fewer calories		
			Follow MyPyramid recommendations		
			Start monitoring how I eat		
			Talk with a health care provider about diet and exercise		
			Other, please specify	A	
	A	Specifically, what other food choices are you likely to make?			
	G	Why are you **not likely** to make any changes?	Happy with how I eat		Radio button, one-up vertical
			Not sure what kinds of changes to make		
			Too hard to make any changes at this time		
			Don't know how to make changes		
			Don't have the time to change my food choices		

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CNPP CUSTOM QUESTION LIST

QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)
			Costs too much to eat healthy Other, please specify	A	
	A	What other reasons are you not likely to change your food choices?			
		Did you **listen to any of our podcasts** today?	Yes No	H	Drop down, select one
	H	How **satisfied** were you with the audio podcast(s)?			Radio button, scale, has don't know
		If you could make **one improvement** to the MyPyramid.gov website, what would it be?			Text area, no char limit

Single or Multi	Required Y/N	Special Instructions
Single	Y	Skip Logic Group
	Y	Skip Logic Group
Single	Y	Skip Logic Group
	N	Skip Logic Group
Single	Y	Skip Logic Group
	N	Skip Logic Group
Single	Y	Skip Logic Group
Single	N	Skip Logic Group
Single	Y	Skip Logic Group
	N	Skip Logic Group
Single	Y	
Single	Y	Skip Logic Group
Multi	N	Skip Logic Group
		Skip Logic Group
Multi	N	Skip Logic Group

Single or Multi	Required Y/N	Special Instructions
	N	Skip Logic Group
Single	Y	Skip Logic Group
Single	N	Skip Logic Group
	N	