Voice-of-Customer Surveys

for HealthCare.gov

# Page-Level Survey

## Layout



## Questions

1. Was this page helpful?
	* Yes
	* No

[IF Q1 RESPONSE is YES]

1. I found this page helpful because the content on the page: (check all that apply)
	* Had the information I needed
	* Was trustworthy
	* Was up-to-date
	* Was written clearly
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What can we do to improve this page?

[IF Q1 RESPONSE is NO]

1. I did not find this page helpful because the content on the page: (check all that apply)
	1. Had too little information
	2. Had too much information
	3. Was confusing
	4. Was out-of-date
	5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What can we do to improve this page?