# Voice-of-Customer Surveys for StopMedicareFraud.gov

### Site-Level Survey for Visitor Feedback

# Introductory Text



#### Questions

- 1. What were you looking for on StopMedicareFraud.gov today?
  - I wanted to report a suspected case of Medicare fraud
  - I wanted to know whether something I observed was Medicare fraud
  - I wanted to find out what the Federal government is doing to reduce Medicare fraud
  - I wanted to read the latest news about fraud arrests and convictions
  - I wanted to learn how I can get involved in the fight against Medicare fraud
  - I had no agenda in mind when I came to the website today.
  - Other: \_\_\_\_\_
- 2. For whom were you looking for information on StopMedicareFraud.gov?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

- Myself
- My spouse, partner or significant other
- My parents
- A relative
- A friend
- No one in particular
- 3. Were you able to find what you were looking for?
  - Yes
  - Partially
  - No

#### [If Q3 response is YES]

- 4. How long did it take to find the information?
  - Immediately
  - Few minutes
  - A long time
- 5. Did you find the information helpful?
  - Yes
  - Partially
  - No

#### [If Q5 response is YES]

- 6. What did you like best about the content?
- 7. Based on today's visit, how would you rate the following?
  - Overall site experience
  - Site design
  - Ease of navigation
- 8. What can we do to make StopMedicareFraud.gov better?
- 9. Would you recommend StopMedicareFraud.gov to a family member or friend?

#### [If Q5 response is PARTIALLY or NO]

- 6. What can we do to make the information more helpful?
- 7. Based on today's visit, how would you rate the following:
  - a. Overall site experience
  - b. Site design
  - c. Ease of navigation
- 8. What can we do to make StopMedicareFraud.gov better?
- 9. Would you recommend StopMedicareFraud.gov to a family member or friend?

#### [If Q3 response is PARTIALLY or NO]

- 4. Are there questions in general you didn't find the answer to? If yes, what are they?
- 5. Based on today's visit, how would you rate the following:
  - a. Overall site experience
  - b. Site design
  - c. Ease of navigation
- 6. What can we do to make StopMedicareFraud.gov better?
- 7. Would you recommend StopMedicareFraud.gov to a family member or friend?

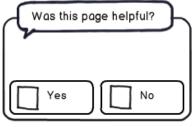
# Thank You Text



## Page-Level Survey

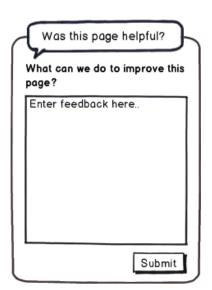
## Layout

Form Approved OMB No. 0990-0379 Exp. Date 06/03/2014



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$\langle \langle$	Was this page helpful?
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 well
	other
Other:	
	Next >>



## Questions

- 1. Was this page helpful?
  - Yes
  - No

#### [IF Q1 RESPONSE is YES]

- 2. 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:
    \_\_\_\_\_\_
- 3. What can we do to improve this page?

## [IF Q1 RESPONSE is NO]

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