

Proposed Survey Questions for Disabled Mobile Users V. 2

2013

Introduction

Thank you for taking the time today to participate in the below survey.

Our goal is to learn about user habits and preferences for mobile browsing and to design more accessible and useable Web pages based on the feedback we collect.

This survey will take 10 to 15 minutes to complete.

Functional Questions

- 1) What, for you, are the top three most accessible and usable Websites that you use on regular basis (at least once per month). Please list those three sites below.
- 2) In thinking about the Web site you just identified, in the field below, please share what features you like about the site, find more accessible.
- 3) For you, what is the biggest difference between desktop-based Web browsing and mobile-based Web browsing?
- 4) For you, what is the biggest challenge to mobile Web browsing?
- 5) For you, what is the biggest advantage to mobile Web browsing?
- 6) What accessibility features do you feel are mandatory in mobile Web browsing and designs for mobile-friendly websites? (e.g., skip navigation, coded headings?)
- 7) What Assistive Technology (AT) do you find to be most useful on your mobile device for Web browsing?
- 8) What type of mobile device do you use the most for Web browsing (e.g., cell phone, tablet, etc.)?
- 9) In thinking about the device you just identified, which operating system and browser do you generally use on that device? Version info, too, would be helpful.
- 10) What limits, if any, does the Assistive Technology (AT) present?

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

11) What other advice do you have for HHS as they design accessible pages optimized for mobile browsing?

Demographic Questions (to help characterize the sample)

12) How would you characterize your visual disability?

- a. blind
- b. low vision
- c. none

13) How long have you had a visual disability?

- a. Since birth
- b. Less than 5 years
- c. 5-10 yrs
- d. 11-20
- e. 21-30 yrs
- f. Over 30 years
- g. NA

14) How long have you used assistive technology?

- a. Less than 5 years
- b. 5-10 yrs
- c. 11-20
- d. 21-30 yrs
- e. Over 30 years
- f. NA

15) Would you be open to a follow-up discussion about your responses? If so, please email your contact information to crisopher.broyles@hhs.gov.

Thank you for your time today.