

Voice-of-Customer Surveys for HealthCare.gov

Site-Level Survey for Visitor Feedback

Introductory Text

HealthCare.gov Home

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

HealthCare.gov
Face the future into your own hands

Thank you for visiting HealthCare.gov!

Could you please take a few minutes to let us know what we can do to improve our website?

Click "Yes" to participate in this quick survey.

[No thanks, I don't want to participate at this time >>](#)

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

Questions

1. What were you looking for on HealthCare.gov today?
 - Find health insurance options
 - Learn how health insurance works
 - Learn about the Affordable Care Act
 - Compare health care providers
 - Get information about preventive services
 - Looking for information on Pre-Existing Condition Insurance Plan
 - Read the blog
 - Get news and updates about the Affordable Care Act
 - I had no agenda in mind when I came to the website today.
 - Other: _____

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2. *Were you able to find what you were looking for?*
 - *Yes*
 - *Partially*
 - *No*

[If Q2 response is YES]

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

[If Q4 response is YES]

5. *What did you like best about the content?*
6. *Based on today's visit, how would you rate the following?*
 - *Overall site experience*
 - *Site design*
 - *Ease of navigation*
7. *How can we improve HealthCare.gov?*

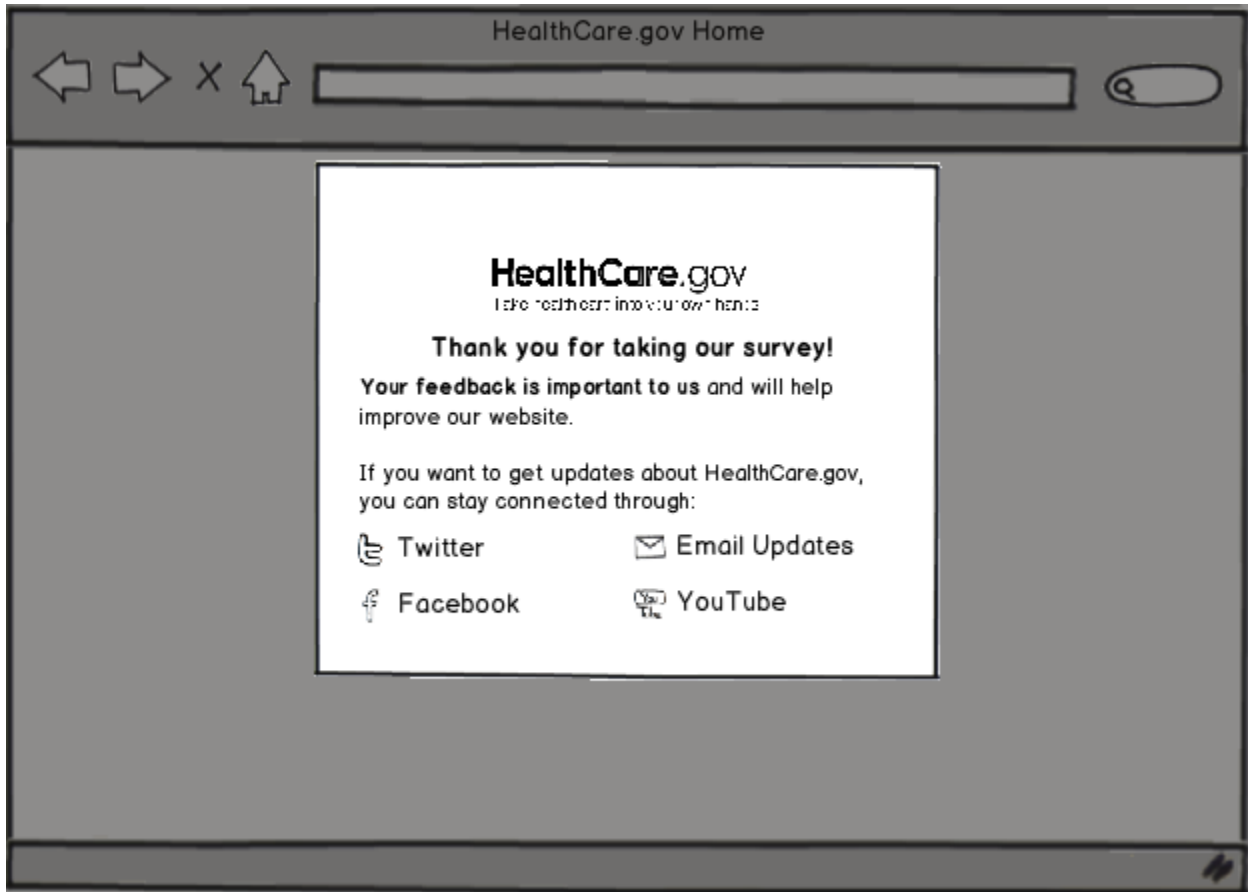
[If Q4 response is PARTIALLY or NO]

5. *What can we do to make the information more helpful?*
6. *Based on today's visit, how would you rate the following:*
 - a. *Overall site experience*
 - b. *Site design*
 - c. *Ease of navigation*
7. *What can we do to make HealthCare.gov better?*

[If Q2 response is PARTIALLY or NO]

3. *What information were you looking for and did not find on HealthCare.gov?*
4. *Based on today's visit, how would you rate the following:*
 - a. *Overall site experience*
 - b. *Site design*
 - c. *Ease of navigation*
5. *What can we do to make HealthCare.gov better?*

Thank You Text



Site-Level Survey for Visitor Demographics

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Click "Yes" to participate in this quick survey.

Yes, I would like to give feedback

[No thanks. I don't want to participate at this time >>](#)

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Questions

1. Are you:
 - Female
 - Male
2. How old are you?
 - Less than 12 years old
 - 13-18 years old
 - 18-26 years old
 - 27-34 years old
 - 35-49 years old
 - 50-64 years old
 - Over 65 years old

3. *What is the highest level of education you completed?*

- *Elementary school*
- *Middle school*
- *Some high school but did not finish*
- *Completed high school*
- *Some college but did not finish*
- *Associate's degree*
- *Bachelor's degree*
- *Some graduate work*
- *Master's or professional degree*

4. *Are you:*

- *Single, never married*
- *Married*
- *Separated*
- *Divorced*
- *Widowed*

5. *Do you have children?*

- *Yes*
- *No*

[If Q5 response is YES]

6. *How old are your children? Check all that apply.*

- *Less than 5 years old*
- *5-12 years old*
- *13-18 years old*
- *18-26 years old*
- *27-34 years old*
- *Over 36 years old*

7. *Do you have a medical/health condition or a disability?*

- *Yes*
- *No*

8. *Do you have health insurance?*

- *Yes, through my work*
- *Yes, I pay for it myself*
- *Yes, through a government program*
- *No*

[If Q5 response is NO]

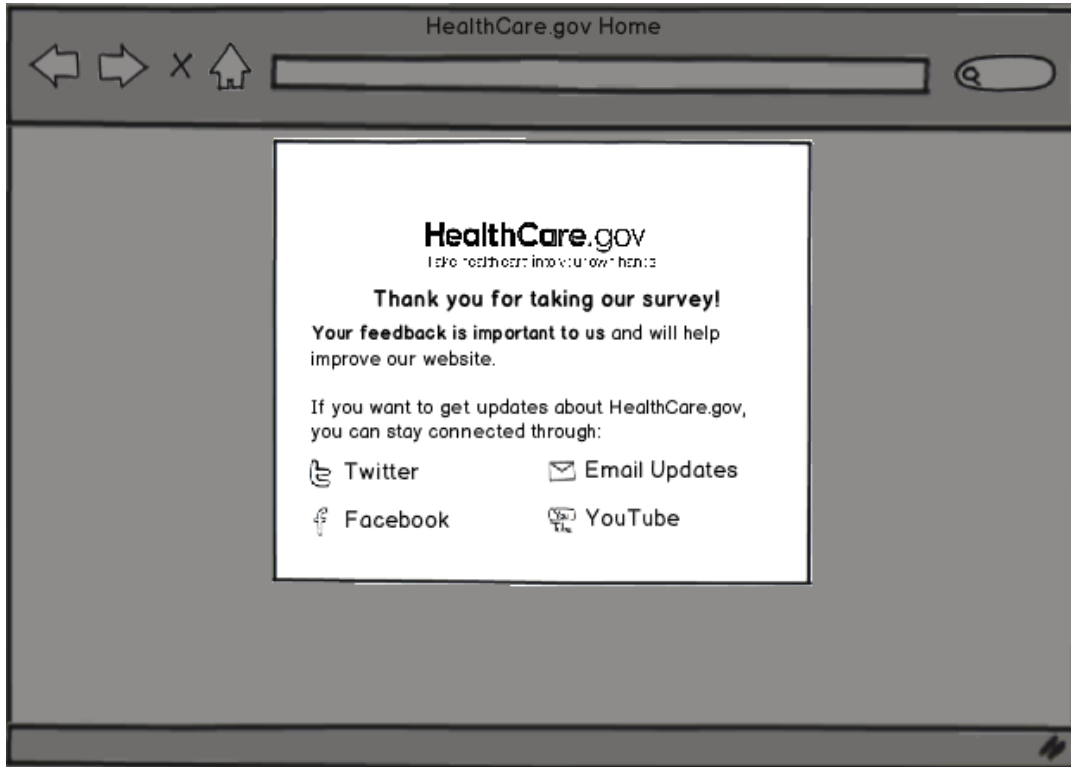
6. *Do you have a medical/health condition or a disability?*

- a. *Yes*
- b. *No*

7. *Do you have health insurance?*

- a. Yes, through my work
- b. Yes, I pay for it myself
- c. Yes, through a government program
- d. No

Thank You Text



Page-Level Survey

Layout

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Was this page helpful?

Yes No

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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 >>](#)

Was this page helpful?

What can we do to improve this page?

Enter feedback here..

Submit

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?