

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:
 Benefits.gov v2
 MID: 1QRBQVt00VIYwxsMAAs01A==
 Date:

Model questions utilize the ACSI methodology to determine scores and impacts

ELEMENTS (drivers of satisfaction)	CUSTOMER SATISFACTION	FUTURE BEHAVIORS
<p>Benefit Search Process (1=Poor, 10=Excellent, Don't Know)</p> <p>1 Please rate the how well the benefit search features streamline the search process.</p> <p>2 Please rate the features available for refining benefit search results.</p> <p>3 Please rate how well the benefit search features minimize the amount of time needed to get useful results.</p>	<p>Satisfaction</p> <p>21 What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied)</p> <p>22 How well does this site meet your expectations? (1=Falls Short, 10=Exceeds)</p> <p>23 How does this site compare to your idea of an ideal website? (1=Not Very Close, 10=Very Close)</p>	<p>Return (1=Very Unlikely, 10=Very Likely)</p> <p>24 How likely are you to return to this site?</p>
<p>Look and Feel (1=Poor, 10=Excellent, Don't Know)</p> <p>4 Please rate the visual appeal of this site.</p> <p>5 Please rate the balance of graphics and text on this site.</p> <p>6 Please rate the readability of the pages on this site.</p>		<p>Recommend (1=Very Unlikely, 10=Very Likely)</p>
<p>Navigation (1=Poor, 10=Excellent, Don't Know)</p> <p>7 Please rate how well the site is organized.</p> <p>8 Please rate the options available for navigating this site.</p> <p>9 Please rate how well the site layout helps you find what you are looking for.</p> <p>10 Please rate the number of clicks to get where you want on this site.</p>		<p>25 How likely are you to recommend this site to someone else?</p>
<p>Benefit Information (1=Poor, 10=Excellent, Don't Know)</p> <p>11 Please rate the amount of information provided about the benefit programs.</p> <p>12 Please rate the usefulness of the information about the benefit programs.</p> <p>13 Please rate your perception of the accuracy of the information about the benefit programs.</p>		
<p>Site Performance (1=Poor, 10=Excellent, Don't Know)</p> <p>14 Please rate how quickly pages load on this site.</p> <p>15 Please rate the consistency of speed from page to page on this site.</p> <p>16 Please rate the ability to load pages without getting error messages on this site.</p>		
<p>Benefit Search Results - Relevance (1=Poor, 10=Excellent, Don't Know)</p> <p>17 Please rate how well the benefit search results match your request.</p>		



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 Date: 6/19/2012

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

Benefits.gov v2 CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi
EDO11044		Which of the following best describes you?	Agency Representative Benefit Advocate/Caseworker Disabled Disabled Veteran Disaster Victim Federal employee or retiree Injured/Sick Low Income Military (Active) Military Dependent		Radio button, one-up vertical	Single

Required Y/N	Special Instructions
Y	OPS Group

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QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (<i>DOT ONLY</i>)	Answer Choices (limited to 50 characters)	Skip to
EDO11044		Which of the following best describes you?	EDO11044A001 EDO11044A002 EDO11044A003 EDO11044A004 EDO11044A005 EDO11044A006 EDO11044A007 EDO11044A008 EDO11044A009 EDO11044A010	Agency Representative Benefit Advocate/Caseworker Disabled Disabled Veteran Disaster Victim Federal employee or retiree Injured/Sick Low Income Military (Active) Military Dependent	



Type (select from list)	Single or Multi	Required Y/N	Special Instructions
Radio button, one-up vertical	Single	Y	OPS Group

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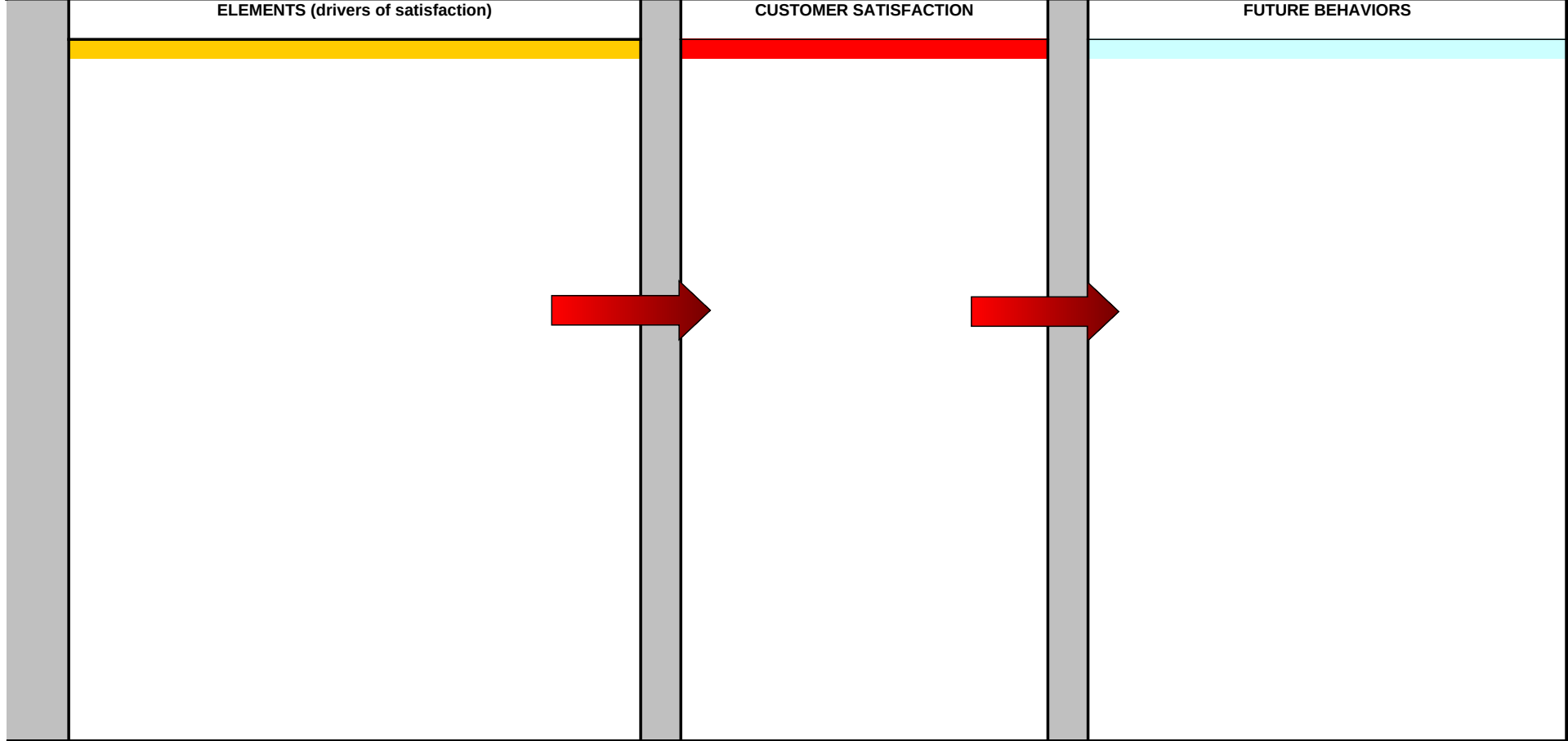
Type (select from list)	Single or Multi	Required Y/N	Special Instructions
Radio button, one-up vertical	Single	Y	OPS Group

Model Instance Name:
Fill-in Measure Name

MID: Existing Measure - Please fill in; New Measure - DOT will fill in

Date: Fill In Date

Model questions utilize the ACSI methodology to determine scores and impacts





**Special
Instructions**

A large, empty rectangular box with a black border, positioned below the 'Special Instructions' header, intended for providing specific instructions or notes.



Special
Instructions