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:
FILL IN MEASURE NAME

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

Date: Fill In Date

Welcome and Thank You Text

Directions:

This welcome text is shown at the top of the questionnaire window and the thank you text at the bottom. This is a good place to mention the site/company/agency name so the visitor knows whom they are taking the survey for. Feel free to modify the standard Welcome and Thank you text shown in the boxes below. Please read comments before using any of the text.

Welcome Text

Thanks for visiting our site. You've been randomly chosen to take part in a brief survey to let us know what we're doing well and where we can improve.

Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.

Please make sure and rate <u>ONLY</u> your experience on Benefits.gov and no other websites.

Please note: Benefits.gov is an informational website that houses benefit program information and next steps on how to apply. Benefits.gov does not have access to agency databases and does not collect/request your personally identifiable information. Please contact the sponsoring Federal or state Agency for application statuses or additional information you may need.

bharati.hulbanni:
if STORES MEASURE: do NOT use any welcome text.

DEFAULT Thank You Text

Thank you for taking our survey - and for helping us serve you better. We appreciate your input!

bharati.hulbanni:
TY text can be used for all measure types (call center, web, stores, mobile etc.)

ALTERNATE WEB Thank You Text

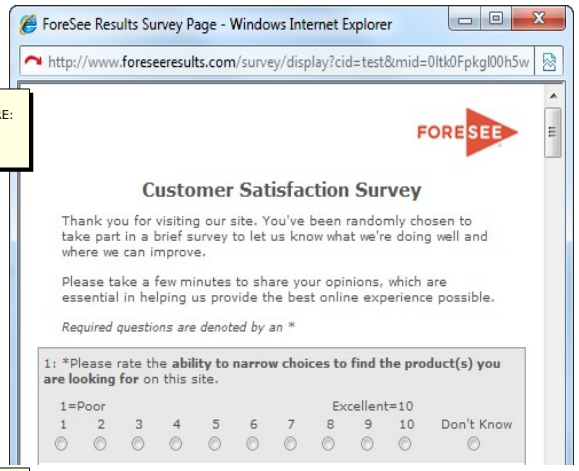
Thank you for taking our survey - and for helping us serve you better.

Please note you will not receive a response from us based on your survey comments. If you would like us to contact you about your feedback, please visit the Contact Us section of our website.

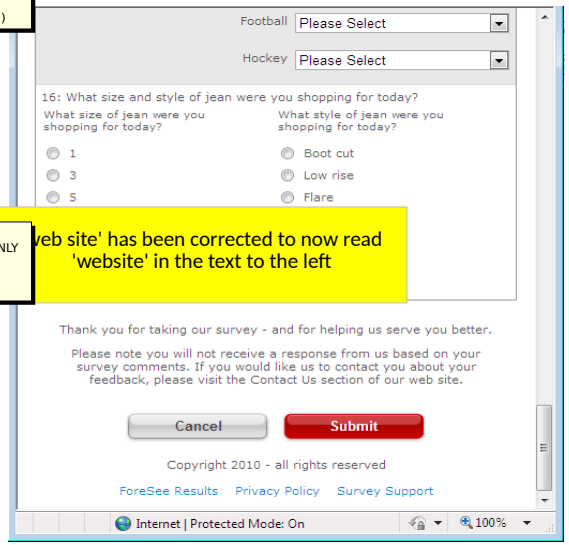
bharati.hulbanni:
Use this TY text ONLY for WEB

Examples

Welcome Text Example



You Text Example



'web site' has been corrected to now read 'website' in the text to the left

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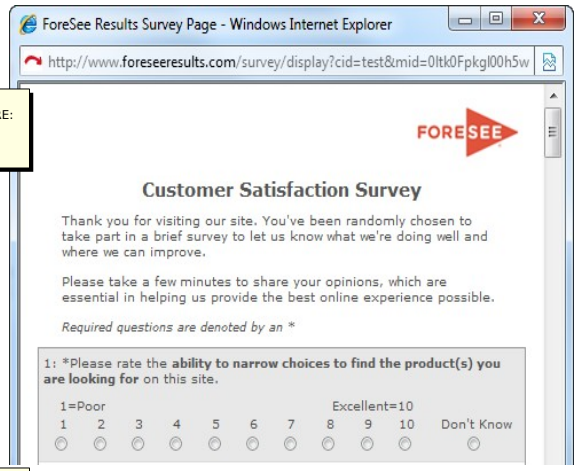

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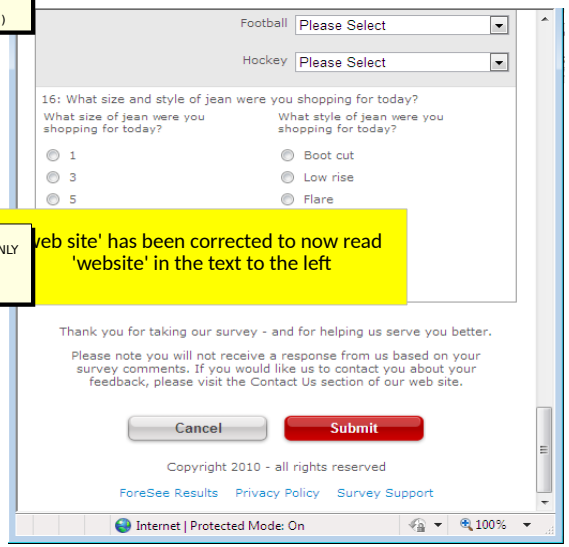

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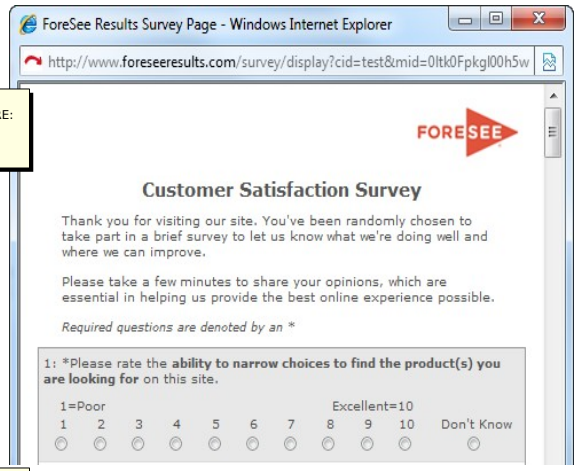

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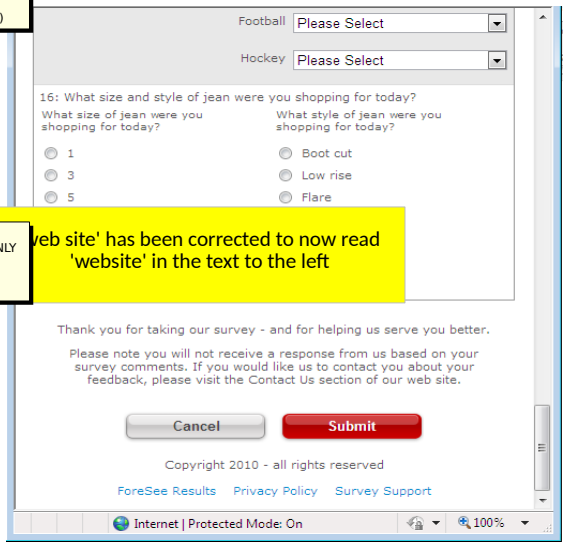

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Model Instance Name:
Benefits.gov v2
MID: 1QRBQVt00VlYwxsMAAs01A==
Date:

Model questions utilize the ACSI methodology to determine scores and impacts

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

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MID: 1QRBQVt0	**MID: 1QRBQVt00VlYwxsMAAs01A==**
Date:	**2/5/2014**

~~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 your role in visiting today?	Agency Representative, Benefit Advocate/Caseworker		Radio button, one-up vertical	Single
			Disabled			
			Injured/Sick			
			Low Income			

Required Y/N	Special Instructions
Y	OPS Group

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			Disabled			
			~~Disabled Veteran~~			
			~~Disaster Victim~~			
			~~Federal employee or retiree~~			
			Injured/Sick			
			Low Income			
			~~Military (Active)~~			
			~~Military Dependent~~			

Required Y/N	Special Instructions
Y	OPS Group

Model Instance Name:
Benefits.gov v2
MID: 1QRBQVt00VlYwxsMAAs01A==
Date: 6/19/2012

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			Disabled Veteran			
			Disaster Victim			
			Federal employee or retiree			
			Injured/Sick			
			Low Income			
			Military (Active)			
			Military Dependent			

Required Y/N	Special Instructions
Y	OPS Group

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

Type (select from list)	Single or Multi	Required Y/N	Special Instructions
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			EDO11044A003	Disabled	
			EDO11044A004	Disabled Veteran	
			EDO11044A005	Disaster Victim	
			EDO11044A006	Federal employee or retiree	
			EDO11044A007	Injured/Sick	
			EDO11044A008	Low Income	
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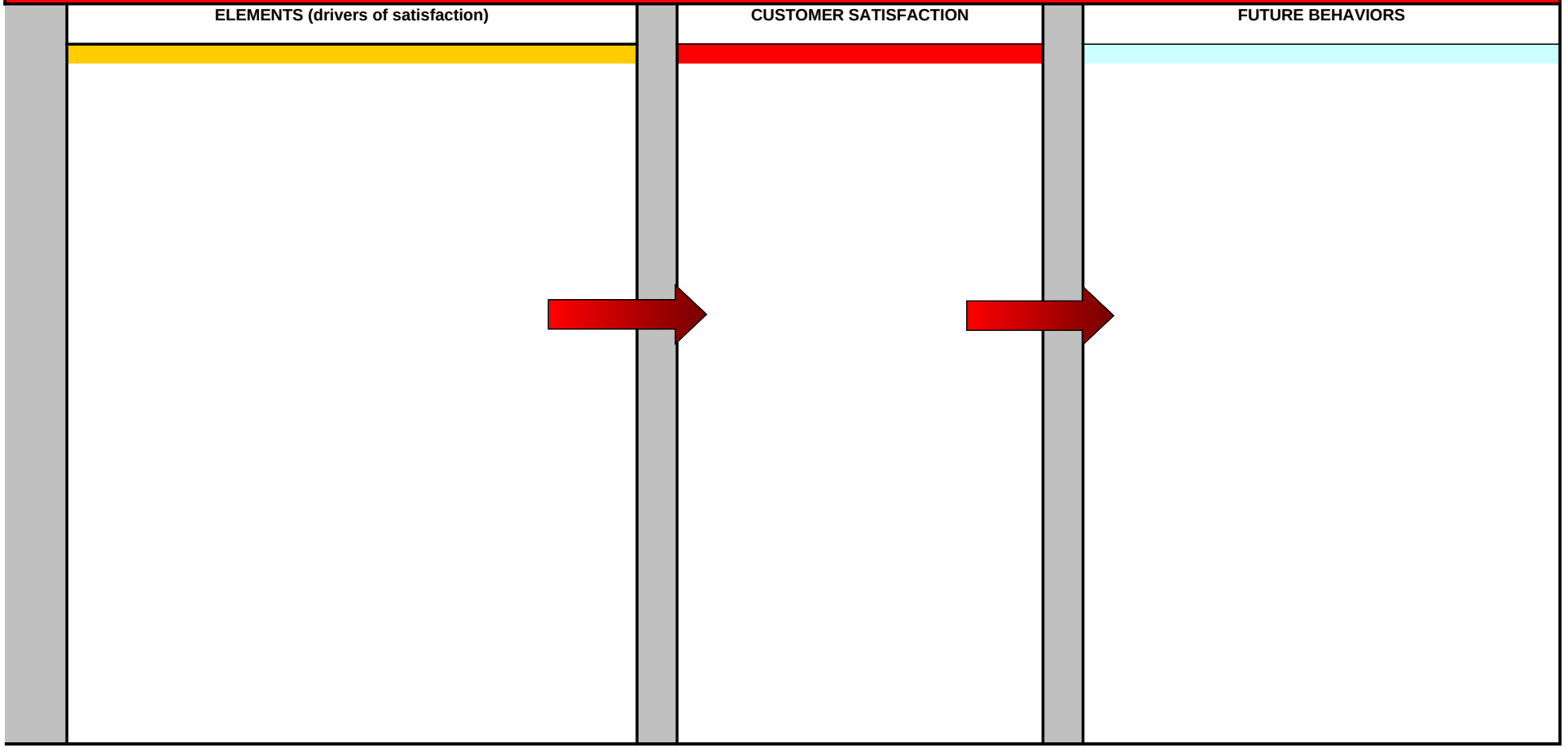

Model Instance Name:
Benefits.gov v2
MID: 1QRBQVt00VlYwxsMAAs01A==
Date: 3/1/2008

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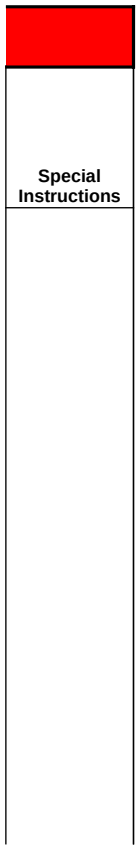
Special
Instructions

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