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
- ${\bf 2}$ All changes to the live measure need to be tracked and archived in ${\bf one}~{\bf document}$

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

Date: Fill In Date

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



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. Examples 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 Example - 0 X ForeSee Results Survey Page - Windows Internet Explorer http://www.foreseeresults.com/survey/display?cid=test&mid=0ltk0Fpkgl00h5w Welcome Text bharati.hulbanni: Thanks for visiting our site. You've been randomly chosen to take part in a brief survey to let us know what we're f STORES MEASURE: doing well and where we can improve. do NOT use any FORESE welcome text. Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible. **Customer Satisfaction Survey** Please make sure and rate ONLY your experience on Benefits.gov and no other websites. Thank you 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 Please note: Benefits.gov is an informational website that houses benefit program information and next steps on where we can improve how to apply. Benefits.gov does not have access to agency databases and does not collect/request your Please take a few minutes to share your opinions, which are personally identifiable information. Please contact the sponsoring Federal or state Agency for application essential in helping us provide the best online experience possible. statuses or additional information you may need. Required questions are denoted by an * 1: *Please rate the ability to narrow choices to find the product(s) you are looking for on this site. 1=Poor Excellent=10 1 2 3 4 5 6 7 8 9 10 Don't Know 0 0 0 0 0 0 0 0 0 0 0 bharati.hulbanni: You Text Example TY text can be used for all measure types (call center, web, **DEFAULT Thank You Text** stores, mobile etc.) Football Please Select -Thank you for taking our survey - and for helping us serve you better. We appreciate your input! Hockey Please Select • 16: What size and style of jean were you shopping for today? What style of jean were you shopping for today? What size of jean were you shopping for today? 0 1 Boot cut 03 Low rise 6 5 Flare bharati.hulbanni: eb site' has been corrected to now read Use this TY text ONLY for WEB 'website' in the text to the left **ALTERNATE WEB Thank You Text** Thank you for taking our survey - and for helping us serve you better. 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 Please note you will not receive a response from us based on your survey comments. If you would like us to survey comments. If you would like us to contact you about your feedback, please visit the Contact Us section of our web site. contact you about your feedback, please visit the Contact Us section of our website. Cancel Submit Copyright 2010 - all rights reserved ForeSee Results Privacy Policy Survey Support Internet | Protected Mode: On 🕼 👻 🔍 100% 💌

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Benefits.gov v2

MID: 1QRBQVt00VIYwxsMAAs01A==

Date:

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)
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?
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)
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)		
Please rate the visual appeal of this site.		
Please rate the balance of graphics and text on this site.		
Please rate the readability of the pages on this site.		
Navigation (1=Poor, 10=Excellent, Don't Know)		
Please rate how well the site is organized.		
Please rate the options available for navigating this site.		
Please rate how well the site layout helps you find what you are looking		
Please rate the number of clicks to get where you want on this site.		
Benefit Information (1=Poor, 10=Excellent, Don't Know)		
Please rate the amount of information provided about the benefit programs.		
Please rate the usefulness of the information about the benefit programs.		
Please rate your perception of the accuracy of the information about the benefit programs.		
Site Performance (1=Poor, 10=Excellent, Don't Know)		
Please rate how quickly pages load on this site.		
Please rate the consistency of speed from page to page on this site.		
Please rate the ability to load pages without getting error messages on this site.		
Benefit Search Results - Relevance (1=Poor, 10=Excellent, Don't Know)		

Benefits.gov v2

MID: 1QRBQVt00VIYwxsMAAs01A==

Date:

Model questions utilize	the ACSI methodology to determine scores and in	mpacts
ELEMENTS (drivers of satisfaction)	CUSTOMER SATISFACTION	FUTURE BEHAVIORS
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Look and Feel (1=Poor, 10=Excellent, Don't Know) 4 4 5 9 1 6 9 1 9 1 <tr< td=""><td></td><td></td></tr<>		
 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)		
L6 Please rate how quickly pages load on this site.		
Please rate the consistency of speed from page to page on this site. 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.		

Model Instance Benefits.gov v2 MID: 1QRBQVt0 Date:	Benefits.g	gov v2 RBQVt00VIYwxsMAAs01A==	r ed & strike-through : DELETE <u>underlined & italicized</u> : RE-ORDER pink: ADDITION blue +>: REWORDING			
QID	SKIP Logic		Benefits.gov v2 CUSTOM QUESTION LIST			Single or
(Group ID)	Label	Question Text	(limited to 50 characters)	Skip to	Type (select from list)	Multi
(Group ID) EDO11044		Question Text Which of the following best describes your role in visiting today?	(limited to 50 characters) Agency Representative, Benefit Advocate/Caseworker Disabled Injured/Sick		Type (select from list) Radio button, one-up vertical	Multi Single

Required	Special
Y/N	Instructions
Y	OPS Group

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			Benefits.gov v2 CUSTOM QUESTION LIST			
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EDO11044		Which of the following best describes your role in visiting today?	Agency Representative, Benefit Advocate/Caseworker		Radio button, one-up vertical	Single
			Benefit Advocate/Caseworker-			
			Disabled			
			Disabled Veteran			
		32	Disaster Victim			
			Federal employee or retiree			
			Injured/Sick			
			Low Income			
			Military (Active)			
			Military Dependent			

Required Y/N	Special Instructions
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Model Instance Benefits.gov v2 MID: 1QRBQVt0 Date:			r ed & strike-through : DELETE <u>underlined & italicized</u> : RE-ORDER pink: ADDITION blue +>: REWORDING			
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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
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Model Instance Benefits.gov v2 MID: 1QRBQV Date:			red & strike-through: DELETE <u>underlined & italicized</u> : RE-ORDER pink: ADDITION blue +>: REWORDING			
			Benefits.gov v2 CUSTOM QUESTION LIS	ST		
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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
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Model Instance Name: Benefits.gov v2 MID: 1QRBQVt00VIYwxsMAAs01A== Date: 6/19/2012			red & strike-through: DELETE <u>underlined & italicized</u> : RE-ORDER pink: ADDITION blue +>: REWORDING				
			Benefits.gov v2 CUSTOM QUESTION LI	ST			
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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

Benefits.gov v2 MID: 1QRBQVt00VIYwxsMAAs01A== Date: red & strike-through: DELETE <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING

Benefits.gov v2 CUSTOM QUESTION LIST Skip Logic Label QID (Group ID) Answer Choices (limited to 50 characters) **Question Text** Answer IDs (DOT ONLY) Skip to ED011044 Which of the following best describes you? EDO11044A001 Agency Representative Benefit Advocate/Caseworker EDO11044A002 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
Radio button, one-up vertical	Single	Y	OPS Group

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Benefits.gov v2 CUSTOM QUESTION LIST

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				Disabled	
				Disabled Veteran	
				Disaster Victim	-
				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
Radio button, one-up vertical	Single	Y	OPS Group

Fill-in Measure Name

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

Date: Fill In Date

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ELEMENTS (drivers of satisfaction)	CUSTOMER SATISFACTION	FUTURE BEHAVIORS								

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