

Welcome and Thank You Text

Welcome Text

Thank you for visiting CGS. You have been randomly selected to take part in this survey that is being conducted by ForeSee on behalf of CGS. Please take a minute or two to give us your opinions. The feedback you provide will help CGS enhance its site and serve you better in the future. All results are strictly confidential.

Thank You Text

Thank you for your time in completing this survey. Your input is very valuable and will be taken into consideration.

Welcome Text - Alternate

Thank You Text - Alternate



Customer Satisfaction Survey

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 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.

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

Cancel

Submit

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Model Instance Name:
 CMS - CGS DME MAC B
 MID:
 Partitioned (Y/N)? YES - 2MQ
 Date: 6/9/2016



CMS - CGS DME MAC B

Model questions utilize the ACSI methodology to determine scores and impacts

Label	Element Questions	Label	Satisfaction Questions	Label	Future Behaviors
	Content (1=Poor, 10=Excellent, Don't Know)		Satisfaction	19	Return Return (1=Very Unlikely, 10=Very Likely)
1	Content - Accuracy Please rate the accuracy of information on this site.	16	Satisfaction - Overall What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied)		How likely are you to return to this site ?
2	Content - Quality Please rate the quality of information on this site.	17	Satisfaction - Expectations How well does this site meet your expectations ? (1= Falls Short, 10=Exceeds)	20	Recommend Recommend (1=Very Unlikely, 10=Very Likely)
3	Content - Freshness Please rate the freshness of content on this site.	18	Satisfaction - Ideal How does this site compare to your idea of an ideal website ? (1=Not Very Close, 10=Very Close)		How likely are you to recommend this site to someone else ?
	Functionality (1=Poor, 10=Excellent, Don't Know)			21	Primary Resource Primary Resource (1=Very Unlikely, 10=Very Likely)
4	Functionality - Usefulness Please rate the usefulness of the services provided on this site.				How likely are you to use this site as your primary resource for getting information on Medicare?
5	Functionality - Convenient Services Please rate the convenience of the services on this site.				
6	Functionality - Accomplish Goal Please rate the ability to accomplish what you wanted to on this site.				
	Look and Feel (1=Poor, 10=Excellent, Don't Know)				
8	Look and Feel - Readability Please rate the ease of reading this site.				
9	Look and Feel - Organization Please rate the clarity of site organization .				
10	Look and Feel - Layout Please rate the clean layout of this site.				
	Navigation (1=Poor, 10=Excellent, Don't Know)				
11	Navigation - Clicks Please rate the degree to which the number of steps it took to get where you want is acceptable.				
12	Navigation - Find Please rate the ability to find information you want on this site.				
13	Navigation - Clarity of Map Please rate the clarity of site map/directory .				
14	Navigation - Ease of Navigation Please rate the ease of navigation on this site.				
	Site Performance (1=Poor, 10=Excellent, Don't Know)				
15	Site Performance - Loading Please rate the speed of loading the page on this site.				
16	Site Performance - Consistency Please rate the consistency of speed on this site.				
17	Site Performance - Reliability Please rate the reliability of site performance on this site.				
	Search				
18	Search - Usefulness Please rate the usefulness of search results on this site.				
19	Search - Comprehensive Results Please rate how this site provides comprehensive search results .				
20	Search - Organization Please rate the organization of search results on this site.				
21	Search - Narrow Please rate how the search feature helps you to narrow the results to find the information you want.				

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underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING

CMS - CGS DME MAC B 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	Required Y/N
		Which best describes you?	Provider of medical services Supplier of medical equipment or supplies Staff of provider/supplier working primarily with billing/insurance Administrative staff of a provider/supplier Other staff of a provider/supplier Consultant or attorney Billing service Other (please specify)	A	Radio button, one-up vertical	Single	Y
	A	Other - which best describes you?			Text field, <100 char		
		What features did you use during your visit today: (Please select all that apply.)	MyCGS ListServ Workshops / Seminars Online Education None Other (please specify)	R B A	Checkbox, one-up vertical	Multi	Y
	A	Please explain what other features you used during your visit.			Text area, no char limit		
	R	What is your primary reason for visiting the myCGS Web Portal today:	Eligibility Claim Status CMN Information Referring Physician Other (please specify)	S	Radio button, one-up vertical	Single	Yes
	S	Other Reason for visiting portal			Text field, <100 char		No
	R	What enhancements would you like to see added to the myCGS Web Portal?			Text area, no char limit		No
	R	How easy is accessing the information on the myCGS Web Portal?	Very Easy Easy Moderately Difficult Very Difficult		Radio button, one-up vertical	Single	Yes
	R	How often do you use the myCGS Web Portal ?	Daily A few times a week Once a week Monthly Rarely (less than monthly)		Radio button, one-up vertical	Single	Yes
	B	Please rate your satisfaction with the frequency of communications you receive via the Listserv.	1 - too often 2 3 4 5 6 7 8 9		Radio button, scale, no don't know	Single	N

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			10 - not often enough Does not apply				
		In the last 30 days, how many times have you visited this website?	This is my first time Once or twice Three or four times More than once per week but not every day Every day		Radio buttons	Single	Y
		What is your primary reason for visiting this site today?	Download forms Access claim status and/or beneficiary eligibility Learn of, or register for, workshops, seminars or other training events Find contact information Find general Medicare program information Research a specific question on Medicare policy or billing Find information on fees or fee schedules Find out about a Local Coverage Determination (LCD) Read Medicare publications such as newsletters, articles, etc. Find enrollment information Take an on-line training course Other (please specify)	Q	Radio buttons	Single	Y
	Q	Other - primary reason?			Text field, <100 char		
		How did you primarily look for information on this site today?	Top navigation bar Left navigation bar Quick Links on the right side of the page Searched using the site search feature Used the site map Other (please specify)	N N N N O	Radio button, one-up vertical	Single	Y
	O	The other way I looked for information was:			Text area, no char limit		N
	N	How would you describe your navigation experience on this site today? (Please select all that apply.)	I had no difficulty browsing on this site Links often did not take me where I expected Links/labels are difficult to understand Too many links/navigational options to choose from Had technical difficulties (error messages, broken links, etc.) Could not navigate back to previous information Other navigation difficulty not listed above (please specify):	E F E G	Checkbox, one-up vertical	Multi	Y

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	E	What specific links did not take you where they should have?			Text area, no char limit	Single	N
	F	What specific links/labels were difficult to understand?			Text area, no char limit	Single	N
	G	The navigation difficulty I experienced was:			Text area, no char limit	Single	N
		Did you accomplish your goal in coming to the site today?	Yes		Radio button, one-up vertical	Single	Y
			No	C, D			
	C	Please tell us what you were trying to do or find .			Text area, no char limit	Single	N
	D	What will you do next?	Nothing, although I did not find/complete what I wanted		Radio button, one-up vertical	Single	Y
			Call the CGS call center				
			Return to the CGS website later and try again				
			Send an email				
			Try the CMS Website				
			Write a letter				
			Other (please specify)	A			
	A	Please explain what you will you do next .			Text area, no char limit		N
		If you could identify one improvement to the Web site, what would that improvement be?			Text area, no char limit		N

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		Which of the following sources drove you to visit the site today? Please rank the top 3 (Rank 1 is most important). Rank 1	Message or recommendation from a friend on a social network Video I saw on YouTube Internet blogs or discussion forums Advertising on social networks (Facebook, My Space, Twitter) Message directly from the company on a social network Mobile phone text messages or alerts Instant Message from a friend or colleague Familiarity with site or organization Promotional email(s) from the organization Search engine results Word of mouth recommendation from someone I know TV, radio, newspaper, or magazine advertising Internet advertising Don't know Other		Drop down, select one	Single	Y
		Rank 2 (Optional)	Message or recommendation from a friend on a social network Video I saw on YouTube Internet blogs or discussion forums Advertising on social networks (Facebook, My Space, Twitter) Message directly from the company on a social network Mobile phone text messages or alerts Instant Message from a friend or colleague Familiarity with site or organization Promotional email(s) from the organization Search engine results Word of mouth recommendation from someone I know TV, radio, newspaper, or magazine advertising Internet advertising Don't know		Drop down, select one	Single	N

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			Other				
		Rank 3 (Optional)	Message or recommendation from a friend on a social network Video I saw on YouTube Internet blogs or discussion forums Advertising on social networks (Facebook, My Space, Twitter) Message directly from the company on a social network Mobile phone text messages or alerts Instant Message from a friend or colleague Familiarity with site or organization Promotional email(s) from the organization Search engine results Word of mouth recommendation from someone I know TV, radio, newspaper, or magazine advertising Internet advertising Don't know Other		Drop down, select one	Single	N
		If you heard about this website from a social network, please specify the site (i.e. Facebook, Twitter)			Text area, no char limit		N