

## Welcome and Thank You Text

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The text you see here will appear at the top and bottom of your survey. Default text is included and you may modify this text as needed.

## Model Questions

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As discussed during the kick-off call, the model questions are part of the ForeSee methodology. For consistency with the model, these questions are standardized and have been tested and validated. Standardization of model questions allows benchmarking across companies/industries, and these questions are used in calculating scores and impacts. Focus on the future behaviors; I've started with some that I believe are a good fit but we can certainly make adjustments. These are desired customer outcomes that are impacted by customer satisfaction.

## Custom Questions

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When reviewing the custom questions tab, keep in mind these questions are used for segmentation analysis of the model data. It is suggested that you add, delete or change custom questions over time, as your needs or business objectives change.

### Focus Area #1: Achieving Actionable Data

- Know what changes are being made based on the intelligence
- Change Custom Questions so that stakeholders see a clear "must do"

### Focus Area #2: Aligning Data to Business Strategies

- Update your Custom Questions as business cycles change
- Integrate Executive Level questions to evaluate initiatives

### Focus Area #3: Strategic and Tactical Value

- Influence Board Room Decisions
- Change Operational Approaches
- Mature Your Research

### Why

- Analysis
- Top-Pri
- Open-e
- Shift w
- Inform
- Evaluat

### **Update Your Custom Questions?**

Uncovered new questions to ask  
Key areas influence resource use  
Insights for quantifiable recommendations



Seasonal Needs

Re-launch or Re-design

Marketing Initiatives



The text you see here will appear at the top and bottom of your survey, examples below.  
Default text is included and you may modify this text as needed.

Welcome and Thank You Text	
<p><b>Welcome Text</b></p> <p>Thank you for visiting medicaid.gov. 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.</p> <p>Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.</p>	<p><b>Welcome Text - Tablet / Phone</b></p> <p>Thank you for visiting medicaid.gov. You've been selected to participate in a brief survey to let us know how we can improve your experience. Please take a minute to share your opinions.</p>
<p><b>Thank You Text</b></p> <p>Thank you for taking our survey - and for helping us serve you better.</p> <p>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.</p>	<p><b>Thank You Text - Tablet / Phone</b></p> <p>Thank you for taking our survey - and for helping us serve you better. We appreciate your input!</p>
<p><b>Example Desktop</b></p> <div style="border: 1px solid black; padding: 10px;"><div style="text-align: right;"></div><p style="text-align: center;"><b>Customer Satisfaction Survey</b></p><p>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.</p><p>Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.</p><p><i>Required questions are denoted by an *</i></p><hr/><p>Thank you for taking our survey - and for helping us serve you better.</p><p>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 web site.</p><p style="text-align: center;"><input type="button" value="Cancel"/> <input type="button" value="Submit"/></p></div>	<p><b>Example Mobile</b></p> <div style="border: 1px solid black; padding: 10px;"><div style="text-align: right;"></div><p>Thank you for visiting our site. You've been selected to participate in a brief survey to let us know how we can improve your experience. Please take a minute to share your opinions.</p><p>Required questions are denoted by an *</p><hr/><p>Thank you for taking our survey - and for helping us serve you better. We appreciate your input!</p><p style="text-align: center;"><input type="button" value="Cancel"/> <input type="button" value="Submit"/></p><p style="text-align: center;"><small>ForeSee <a href="#">ForeSee Privacy Policy</a></small></p></div>

Model Name Medicaid.gov Browse 2017  
 Model ID  
 Partitioned Yes - 2MQ  
 Date  
 Model Version 17.2.G

~~Red & Strike-Through~~: Delete  
Underlined & Italicized: Re-order  
 Pink: Addition  
 Blue: Reword



Label	Element Questions	Label	Satisfaction Questions	Label	Future Behaviors
	<b>Look and Feel (1=Poor, 10=Excellent, Don't Know)</b>		<b>Satisfaction</b>		<b>Return (1=Very Unlikely, 10=Very Likely)</b>
1 Look and Feel - Appeal	Please rate the <b>visual appeal</b> of this site.	19 Satisfaction - Overall	What is your <b>overall satisfaction</b> with this site? (1=Very Dissatisfied, 10=Very Satisfied)	23 Return	How likely are you to <b>return to medicaid.gov</b> in the future?
2 Look and Feel - Balance	Please rate the <b>balance of graphics and text</b> on this site.	20 Satisfaction - Expectations	How well does this site <b>meet your expectations</b> ? (1=Falls Short, 10=Exceeds)		<b>Recommend (1=Very Unlikely, 10=Very Likely)</b>
3 Look and Feel - Readability	Please rate the <b>readability of the pages</b> on this site.	21 Satisfaction - Ideal	How does this site <b>compare to an ideal website</b> ? (1=Not Very Close, 10=Very Close)	24 Recommend	How likely are you to <b>recommend Medicaid.gov</b> to someone else?
	<b>Site Performance (1=Poor, 10=Excellent, Don't Know)</b>				<b>Primary Resource (1=Very Unlikely, 10=Very Likely)</b>
4 Site Performance - Loading	Please rate how <b>quickly pages load</b> on this site.			21 Primary Resource	How likely are you to use this site as your <b>primary resource for getting information on Medicaid</b> ?
5 Site Performance - Consistency	Please rate the <b>consistency of speed from page to page</b> on this site.				
6 Site Performance - Completeness	Please rate how <b>completely the page content loads</b> on this site.				
	<b>Navigation (1=Poor, 10=Excellent, Don't Know)</b>				
7 Navigation - Organized	Please rate <b>how well this site is organized</b> .				
8 Navigation - Options	Please rate the <b>options available for navigating</b> this site.				
9 Navigation - Layout	Please rate <b>how well the site layout helps you find what you need</b> .				
	<b>Information Browsing (1=Poor, 10=Excellent, Don't Know)</b>				
10 Information Browsing - Sort	Please rate the ability to <b>sort information by criteria that are important to you</b> on this site.				
11 Information Browsing - Narrow	Please rate the <b>ability to narrow choices to find the information you are looking for</b> on this site.				
12 Information Browsing - Features	Please rate how well the <b>features on the site help you find the information you need</b> .				
	<b>Site Information (1=Poor, 10=Excellent, Don't Know)</b>				
13 Site Information - Thoroughness	Please rate the <b>thoroughness of information</b> provided on this site.				
14 Site Information - Understandable	Please rate how <b>understandable</b> this site's <b>information</b> is.				
15 Site Information - Answers	Please rate how well the site's <b>information provides answers to your questions</b> .				

QID	QUESTION META TAG	Skip From	Question Text	Answer Choices	Skip To	Required Y/N	Type	Special Instructions	CQ Label
	Primary Reason		What was your primary reason for visiting the website?	Federal policy or program information for Medicaid or CHIP State-specific policy or program information for Medicaid or CHIP Federal Medicaid or CHIP guidance (regulation, SHO and SMD policy letters, etc.) Medicaid or CHIP data Section 1115 demonstration or other waiver information Other (Please specify).		Y	Radio button, one-up vertical	Skip Logic Group*	Primary Reason
		A	Please explain your primary reason for visiting the website. (Please refrain from entering personal information.)			N	Text field, <100 char	Skip Logic Group*	Primary Reason - Other
	Role		Which of these best describes you?	Federal employee State government employee Local government employee Elected official Academic researcher Media Healthcare policy analyst Intergovernmental liaison Professional healthcare provider (doctor, physician assistant, nurse, etc.) Individual looking for Medicaid coverage information for myself or another person.		Y	Radio button, one-up vertical		Role
			What best describes your organization?	Research institute or association Law firm National state government association (Executive Branch) National state government association (Legislative Branch) National local government association (county) National local government association (city/municipal) National healthcare policy association Other		Y	Radio button, one-up vertical		Organization
			How did you look for information or navigate the site today? (Please select all that apply.)	Top navigation bar Middle navigation bar Search feature Clicked on links on the page Page bookmark or favorite link Site map Google or other search engine Other (Please specify). Don't recall	Y,X,Z	Y	Checkbox, one-up vertical	Skip Logic Group*	Navigation Method
		A	Please tell us how else you looked for information. (Please refrain from entering any personal information.)			N	Text field, <100 char	Skip Logic Group*	Navigation Method - Other
		Y	Please tell us about your experience with the site's search feature today. (Please select all that apply.)	Results were not relevant/not what I wanted Too many results/ needed to refine my search Not enough results Returned NO results Received error message(s) Search speed was too slow I experienced a different search issue: I had no difficulty with search/results were helpful		Y	Checkbox, one-up vertical	Randomize Skip Logic Group*	Search Experience
		C	Please specify the search issue you experienced. (Please refrain from entering any personal information.)			N	Text area, no char limit	Skip Logic Group*	Search Issue - Other
		X	Did you try using the site's navigational links before using the search feature today?	Yes, I navigated first No, I went straight to the search feature Don't recall		Y	Radio button, one-up vertical	Skip Logic Group*	Search or Nav First
		Z	Did the search feature help you to locate what you were looking for today?	Yes Partially No	B	Y	Radio button, one-up vertical	Skip Logic Group*	Search Help Locate
		B	Please describe in detail what you were primarily searching for. (Please refrain from entering any personal information.)			N	Text area, no char limit	Skip Logic Group*	Search Detail OE
			How would you describe your browsing experience on the site today? (Please select all that apply.)	Links often did not take me where I expected I had difficulty finding relevant information Links and labels were difficult to understand There were too many links or navigation options to choose from I had technical difficulties (error messages, broken links, etc.) I could not navigate back to previous information I had a different navigation difficulty I had no difficulty navigating the site	L, U, T, A	Y	Checkbox, one-up vertical	Skip Logic Group* Randomize Anchor Answer Choice Mutually Exclusive	Navigation Experience
		A	Please specify your navigation difficulty. (Please refrain from entering personal information.)			N	Text area, no char limit	Skip Logic Group*	Navigation Experience - Other
		L	Please describe any specific navigation links or paths that did not take you where they should have. (Please refrain from entering personal information.)			N	Text area, no char limit	Skip Logic Group*	Navigation Not Expected OE
		U	What specific links or labels were difficult to understand? (Please refrain from entering personal information.)			N	Text area, no char limit	Skip Logic Group*	Nav Links and Labels OE
		T	Please describe the technical difficulty you encountered (include as much detail as possible). (Please refrain from entering personal information.)			N	Text area, no char limit	Skip Logic Group*	Navigation Technical Issue OE
			Which of the following issues, if any, did you experience while reviewing information? (Please select all that apply.)	Information was not up to date Information did not answer my questions Information was not presented in a concise format Wording was not clear Text was difficult to read Other (please specify). I did not experience any issues while reviewing information	B, A	Y	Checkbox, one-up vertical	Skip Logic Group* Mutually Exclusive	Information Issues
		A	Please describe the issue you experienced reviewing information. (Please refrain from entering personal information.)			N	Text area, no char limit	Skip Logic Group*	Other Information Issues
		B	What information were you looking for that you could not find? (Please refrain from entering personal information.)			N	Text area, no char limit	Skip Logic Group*	Information Looking For
			In which state/territory do you live?	Alabama Alaska American Samoa Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Guam Hawaii Idaho Illinois Indiana		Y	Drop down, select one		State

			Iowa				
			Kansas				
			Kentucky				
			Louisiana				
			Maine				
			Maryland				
			Massachusetts				
			Michigan				
			Minnesota				
			Mississippi				
			Missouri				
			Montana				
			Nebraska				
			Nevada				
			New Hampshire				
			New Jersey				
			New Mexico				
			New York				
			North Carolina				
			North Dakota				
			Northern Mariana Islands				
			Ohio				
			Oklahoma				
			Oregon				
			Pennsylvania				
			Puerto Rico				
			Rhode Island				
			South Carolina				
			South Dakota				
			Tennessee				
			Texas				
			U.S. Virgin Islands				
			Utah				
			Vermont				
			Virginia				
			Washington				
			West Virginia				
			Wisconsin				
			Wyoming				
			I live outside of the United States				
			Prefer not to respond				
	Visit Frequency	How often do you visit our site using a mobile device?	Every 6 months or less	Y	Drop down, select one		Visit Frequency
			About once a month				
			About once a week				
			Daily				
			More than once a day				
			I have never accessed the site using a mobile device				
		Are you affiliated with an American Indian/Alaskan Native Tribe?	Yes	Y	Drop down, select one		Native Tribe Affiliation
			No				
			Prefer not to respond				
	OE_Improve Experience	What else would you like to share with us to help improve your online experience with the medicaid.gov site? (Please refrain from entering any personal information.)		Y	Text area, no char limit		Improve