**ODPHP: Page-Level Survey Question Bank** 

OMB Control Number: 0990-0379

## **Attachment C: Page-Level Survey Question Bank**

Form Approved OMB No. 0990-0379 Exp. Date 08/31/2017

| Question | b | lock, | opt | ion | 1: |
|----------|---|-------|-----|-----|----|
|----------|---|-------|-----|-----|----|

| ₽? |
|----|
| 9  |

- o Very helpful
- o Somewhat helpful
- o Not helpful

| 2. | If Ver | v heli | oful or | Somewhat | helpful | ] This information | can heli | p me: |
|----|--------|--------|---------|----------|---------|--------------------|----------|-------|
|    |        | ,      |         |          |         |                    |          |       |

- o Talk with my doctor
- O Get a health service (like a screening test or shot)
- 0 Make a health decision
- O Learn about my health

| _ | O41    |  |  |
|---|--------|--|--|
| U | Other: |  |  |

3. What can we do to improve this page?

## Question block, option 2:

- 1. Did [insert feature name] work as you expected?
  - o Yes
  - 0 No
- 2. Do you like the design of [insert feature name]?
  - o Yes
  - o No

3a. [If Yes for question 1]

What part of [insert feature name] did you find most valuable?

3b. [If No for question 1]

What did you dislike about [insert feature name]?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average **1 minute** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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| Question block, option 3:   |
|---|
| 1. Was this page helpful?   |
| o Yes   |
| o No  |
| 2. [If Yes for question 1]  |
| I found this page helpful because the content on the page: (Please select all that apply.)                                    |
| ☐ Had the information I needed  |
| ☐ Gave me specific ideas I can use  |
| ☐ Was easy to understand  |
| □ Was trustworthy   |
| □ Was up to date  |
| □ Was well written  |
| □ Other:  |
|   |
| 3. [If No for question 1]   |
| I didn't find this page helpful because the content on the page: (Please select all that apply.)                              |
| ☐ Had too little information  |
| ☐ Had too much information  |
| □ Was confusing   |
| ☐ Was out of date   |
| ☐ Was poorly written  |
| ☐ Wasn't what I was looking for   |
| <ul><li>□ Wasn't what I expected</li><li>□ Other:</li></ul>   |
|   |
|   |
| Question block, option 4:   |
| 1. Did you find what you were looking for?  |
| o Yes   |
| o Partially   |
| o No  |
| 2. [If Partially or No for question 1]  |
| 2. [If Partially or No for question 1]<br>I didn't find everything I was looking for because: (Please select all that apply.) |
| ☐ There were too many links   |
| ☐ There wasn't enough information   |
| ☐ Links were hard to understand   |
| ☐ Text or graphics were hard to read or see   |
| ☐ There were technical issues   |
| ☐ This page wasn't what I was looking for   |
| □ Other:  |
|   |

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3. [If Partially or No for question 1] Tell us more about the problem so we can fix it.