

\*General note: Add SHOP Marketplace logo as header to all pages.

**Learning about the SHOP Marketplace:**

**How did you first hear about the Small Business Health Options Program (SHOP) Marketplace?** (Essay response)

**Did you know about the SHOP Marketplace before you got your employer’s coverage offer?** (Yes/No)

**Enrollment:**

Less than 30 min/ 30 min- 1 hour / 1-2 hours / More than 2 hours

(Scale of 1 to 5)  
1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

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**How would you rate your overall experience with making updates to your SHOP Marketplace account, like changing your phone number or address?**

(Scale of 1 to 5)  
1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied / NA

(Scale of 1 to 5)  
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**Optional - Briefly give any other feedback about improvements to the SHOP Marketplace.**

(Essay Response)

**Help with the SHOP Marketplace information you needed to help you with your SHOP Marketplace application and enrollment**

**Did you need help with the information you needed to help you with your SHOP Marketplace application and enrollment on HealthCare.gov?**

Yes/No/Did not need help

**[Ask if Yes] How satisfied were you with your experience with the SHOP Call Center?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**Plan and benefits:** How satisfied are you with the quality of your SHOP coverage (like how effective your plan is at meeting

**H**  
**your coverage needs)?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 –

**Customer demographics (optional):**

**What state is your office or worksite located. (\*Check all that apply.) (Drop down)?**

**What industry do you work in?** (Text response)

**What is the name of the business(es) offering you SHOP coverage?** (Text response)

**Do you have access to other forms of health coverage (this includes health insurance, whether or not you choose to enroll in coverage, through your spouse, another government program, or another employer that is available to you and for which you qualify)**

Yes/no

**[Ask if Yes] Tell us what other form of health coverage you have?** (Drop down)

- 1. Individual private health insurance
- 2. Insurance from another job
- 3. Insurance through another person’s job
- 4. Medicare
- 5. Medicaid
- 6. TRICARE
- 7. VA health care programs
- 8. Indian Health Service
- 9. I don’t have access to any other health coverage

**Resources/recommendations:**

**What SHOP Marketplace resources (including online resources) or additional support do you recommend to help you?**

(Essay Response)

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

(Essay Response)

**Can we contact you if we have questions about any of your responses?**

**Yes/No Name:**

**Phone number: Email**