APPENDIX J: SNAP TIMELINESS STUDY PRE-TEST FEEDBACK FORM

SNAP Timeliness Study Pre-Test Survey Feedback Form

We would like your input about any problems you had completing the online survey. Your complete and honest feedback will help us to improve the survey and make it easier for other SNAP staff to complete the final version.

In the first column, please enter a "X" in front of your selected response.

When you have completed the form, save it, and email it to:

Art Marcotte   amarcotte@wrma.com

Feedback about the Survey Questions

1. Were there any questions that you had difficulty answering because the wording of the question was unclear? Yes No	If yes, indicate which question(s):
2. Were the definitions of terms helpful? Yes No	Indicate any terms that might be unfamiliar to SNAP staff and/or are not adequately defined:
3. Were there any questions that you had difficulty answering because you were not familiar with those aspects of the SNAP program? Yes No	If yes, indicate which question(s) you needed additional information in order to answer:
4. Were there any questions that you had difficulty answering because of the time period they focused on (October 2012 to September 2015)? Yes No	If yes, indicate which question(s) and why this was a challenge:

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5. Indicate which question(s) that asked for dates, if any, you could not answer, or had to ask other staff, or had to refer to documents	I had to ask other staff or refer to documents to find dates for the following questions: Question #: _____, # _____, # _____, # _____, # _____ I could not answer (even after asking other staff or checking documents) the following questions: Question #: _____, # _____, # _____, # _____, # _____ Please provide any additional information regarding challenges in reporting dates that might be useful for us to know:
6. Could you easily answer those questions that asked about the effect of new technology or practices on application processing timeliness? Yes No	If no, indicate what made it difficult to answer these questions:
7. Do you think that local office supervisors or managers would have difficulty responding to any of the survey questions as they pertain to their local office? Yes No	If yes, which questions would local staff have difficulty answering? Are there alternative questions we should ask to determine the extent of these practices in local offices?
8. Did you need to consult with other SNAP personnel or documents to complete the survey? Yes No	If yes, with which other SNAP personnel did you need to consult to obtain information to answer some of the questions? Please indicate their position/title. If yes, which document(s) did you need to consult? Please indicate the title and whether it is publically available.
9. Would it be helpful if we tell survey respondents that additional information will be needed to answer the survey questions, so that they could have that information available? Yes No	If yes, what types of documents or information would you suggest respondents might need to complete the survey?

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Technical Problems with the Online Survey Software	
1. Did you experience any problems accessing the online survey? Yes No	If yes, please describe.
2. Did you experience any problems moving from page to page of the survey? Yes No	If yes, please describe.
3. Did you experience any problems saving your responses? Yes No	If yes, please describe.
4. Did you experience any other technical problems? Yes No	If yes, please describe.
Thank you for taking the time to complete this feedback form. ***Your feedback will help us to conduct the national survey as efficiently as possible.***	