

Attribute	Value
Channel	Web
Touchpoint Name	Informational
Hierarchy	No
Model Type	PredCSAT Desktop Info
Journey Phase	Awareness
Touchpoint Type	Standard
Partner Involved	No
Replay	No
Version Number of Model Template	17.3.Y

Survey Type	PREDCSAT
Look and Feel	Single Page
Theme Color	#009fea



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

Welcome Text

Thank you for visiting insurekidsnow.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.

Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.

Thank You Text

Thank you for taking our survey - and for helping us serve you better.

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.

Example Desktop



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.

*Required questions are denoted by an **

Thank you for taking our survey - and for helping us serve you better.

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.

Cancel

Submit

Label	Element Questions	Label	Satisfaction Questions	Label	Future Behaviors
	Site Performance (1=Poor, 10=Excellent, Don't Know)		Satisfaction		Return (1=Very Unlikely, 10=Very Likely)
Site Performance - Speed	Please rate the speed that pages and content loaded for you.	Satisfaction - Overall	What is your overall satisfaction with this site? <i>(1=Very Dissatisfied, 10=Very Satisfied)</i>	Return	How likely are you to return to insurekidsnow.gov in the future?
Site Performance - Completeness	Please rate the consistency of complete loading of pages and content.	Satisfaction - Expectations	How well does this site meet your expectations ? <i>(1=Falls Short, 10=Exceeds)</i>		Recommend Company (1=Very Unlikely, 10=Very Likely)
Site Performance - Responsiveness	Please rate the responsiveness of the pages to your actions.	Satisfaction - Ideal	How does this site compare to an ideal website ? <i>(1=Not Very Close, 10=Very Close)</i>	Recommend Company	How likely are you to recommend insurekidsnow.gov to someone else ?
	Look and Feel (1=Poor, 10=Excellent, Don't Know)				Primary Resource (1=Very Unlikely, 10=Very Likely)
Look and Feel - Appeal	Please rate the visual appeal of the pages that you visited.			Primary Resource	How likely are you to use insurekidsnow.gov as your primary resource for information about healthcare for children?
Look and Feel - Spacing	Please rate the spacing between items on the pages that you visited.				
Look and Feel - Readability	Please rate the legibility of the pages that you visited.				
	Navigation (1=Poor, 10=Excellent, Don't Know)				
Navigation - Ease	Please rate the ease of finding what you were looking for.				
Navigation - Layout	Please rate the page layout on displaying content and links where you could find them.				
Navigation - Links	Please rate the links on taking you where you needed to go.				
	Site Information (1=Poor, 10=Excellent, Don't Know)				
Site Information - Relevance	Please rate the relevance to your interests of the information that you found.				
Site Information - Thoroughness	Please rate the thoroughness of the information that you found.				
Site Information - Readability	Please rate the readability of the information that you found.				

QID	AP Question Tag	Skip From	Question Text	Answer Choices	Skip To	AP Answer Tag	Required Y/N	Type	Special Instructions	CQ Label
	primary_reason_healthcare		What is your primary reason for visiting this site today?	Find coverage for my family Find a dentist View initiatives (back-to-school, youth sports, etc.) Watch webinars / videos Find residency, fellowship or other educational opportunities Find general information (e.g. FAQ, phone numbers, etc.) Other			Y	Radio button, one-up vertical		Primary Reason
	accomplish		Did you accomplish what you wanted to do today on this site?	Yes No		yes no	Y	Radio button, one-up vertical	Skip Logic Group*	Accomplish
	why_not_accomplish	A	Please tell us why you were unable to accomplish your task today.		A		N	Text area, no char limit	Skip Logic Group*	Why Not Accomplish
	do_next_insurance		What do you plan to do next?	Call CMS Return to insurekidsnow.gov at a later time Visit other provider/insurance sites Call other providers/insurance Something else Nothing		call return to client visit other sites call other something else nothing	Y	Radio button, one-up vertical		Do Next
	acquisition_source_healthcare		How were you referred to the site today?	An email from CMS CMS social network post, tweet, video, etc. Non - CMS social network post, tweet, video, etc. Internet blogs or discussion forums Search engine results Recommendation from friend/family Recommendation from a doctor/healthcare professional TV or radio advertising Newspaper or magazine advertising Internet advertising Advertising on social networks (Facebook, Twitter) Research study conducted by CMS Health insurance company website Current or previous experience with CMS Other (please specify) I was not referred to the site by anything specific		client_email client_social_media non_client_social_media blogs_forums search_engine recommend_friend_family recommend_doctor tv_radio_ads newspaper_magazine_ads internet_ads social_network_ads research_study insurance_company past_experience other_please_specify not_referred	Y	Radio button, one-up vertical	Skip Logic Group* Randomize Anchor Answer Choice Anchor Answer Choice	Acquisition Source
	acquisition_source_healthcare_other	A	Please specify how you were referred to the site.				N	Text field, <100 char	Skip Logic Group*	Acquisition Source - Other
	primary_role_insurance		What is your primary role in visiting the site today?	Parent/Guardian Physician/medical professional/researcher Agent/insurance broker Shopping/obtaining a quote for insurance coverage I am covered by insurance through this organization Other			Y	Radio button, one-up vertical		Role
	nav_method		How did you look for information or navigate the site today? (Please select all that apply.)	Top navigation bar Left navigation bar Search feature Clicked on links on the page Page bookmark or favorite link Google or other search engine Other (please specify)		top_navigation_bar left_navigation_bar search_feature clicked_links_on_page favorite_link search_engine other_please_specify	Y	Checkbox, one-up vertical	Skip Logic Group*	Navigation Method
	nav_method_other	A	Please tell us how else you looked for information.				N	Text field, <100 char	Skip Logic Group*	Navigation Method - Other
	nav_experience		How would you describe your browsing experience on the site today? (Please select all that apply.)	I had no difficulty navigating the site 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		L U T A	Y	Checkbox, one-up vertical	Mutually Exclusive Skip Logic Group* Anchor Answer Choice	Navigation Experience
	nav_experience_other	A	Please specify your navigation difficulty.				N	Text area, no char limit	Skip Logic Group*	Navigation Experience - Other
	nav_not_expected	L	Please describe any specific navigation links or paths that did not take you where they should have.				N	Text area, no char limit	Skip Logic Group*	Navigation Not Expected OE
	nav_links_labels	U	What specific links or labels were difficult to understand?				N	Text area, no char limit	Skip Logic Group*	Nav Links and Labels OE
	nav_tech_issue	T	Please describe the technical difficulty you encountered (include as much detail as possible).				N	Text area, no char limit	Skip Logic Group*	Navigation Technical Issue OE
	tech_problems_nav		Which of the following technical problems, if any, occurred during your visit? (Please select all that apply.)	Site error message Incomplete load of a site page Inconsistent page loads Other (please specify) No technical problems occurred		site_error_message incomplete_load_of_page inconsistent_page_loads other_please_specify no_technical_problems_occurred	Y	Checkbox, one-up vertical	Skip Logic Group* Mutually Exclusive Skip Logic Group*	Technical Problems
	tech_problems_nav_other	A	What other type of technical problems did you experience today?				N	Text area, no char limit	Skip Logic Group*	Technical Problems Other
	tech_error_messages	B	Please describe the error message you received.				N	Text area, no char limit	Skip Logic Group*	Technical Error Messages
	info_issues		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) No issues reviewing information occurred		information_not_up_to_date information_did_not_answer_questions information_not_concise wording_not_clear text_difficult_to_read other_please_specify no_issues	Y	Checkbox, one-up vertical	Skip Logic Group* Mutually Exclusive	Information Issues
	other_info_issues	A	Please describe the issue you experienced reviewing information.				N	Text area, no char limit	Skip Logic Group*	Other Information Issues
	visit_frequency		How often do you visit this site?	This is my first visit Once every 6 months or less often Once every few months Monthly Weekly Daily or more often		first_visit six_months few_months monthly weekly daily	Y	Drop down, select one		Visit Frequency

Choose to display Medicare or insurance where this is noted in blue
Choose to display Medicare or insurance where this is noted in blue

demos_gender		What is your gender?	Male	male	N	Radio button, one-up vertical		Demos: Gender Fed Govt
			Female	female				
			Prefer not to respond	prefer_not_to_respond				
demos_income_US		Which category includes your household income?	Under \$25,000	under_25k	N	Drop down, select one		Demos: Income
			\$25,000 - \$49,999	25k_50k				
			\$50,000 - \$74,999	50k_75k				
			\$75,000 - \$99,999	75k_100k				
			\$100,000 - \$124,999	100k_125k				
			\$125,000 - \$149,999	125k_150k				
			\$150,000 or more	\$150,000_or_more				
			Prefer not to respond	prefer_not_to_respond				
demos_age		Which category includes your age?	Under 18	under_18	N	Drop down, select one		Demos: Age
			18 - 24	18_24				
			25 - 34	25_34				
			35 - 44	35_44				
			45 - 54	45_54				
			55 - 64	55_64				
			65 or older	65_or_older				
			Prefer not to respond	prefer_not_to_respond				
demos_race		What is your race? (Please select all that apply.)	American Indian or Alaska Native	american_indian_or_alaska_native	N	Checkbox, one-up vertical		Demos: Race Fed Govt
			Asian	asian				
			Black or African American	black_or_african_american				
			Native Hawaiian or Other Pacific Islander	native_hawaiian				
			White	white				
			Prefer not to respond	prefer_not_to_respond			Mutually Exclusive	
demos_children		What are the age groups of any children that live in your household? (Please select all that apply.)	No children in household	no_children_in_household	N	Checkbox, one-up vertical	Mutually Exclusive	Demos: Children
			Expecting a baby	expecting_a_baby				
			0 to 2 years old	0_2				
			3 to 7 years old	3_7				
			8 to 12 years old	8_12				
			13 to 15 years old	13_15				
			16 to 17 years old	16_17				
			Adult children 18 or older living at home	adult_children_18_or_older				
			Prefer not to respond	prefer_not_to_respond			Mutually Exclusive	
state		In which state do you live?	Alabama	alabama	Y	Drop down, select one		State
			Alaska	alaska				
			Arizona	arizona				
			Arkansas	arkansas				
			California	california				
			Colorado	colorado				
			Connecticut	connecticut				
			Delaware	delaware				
			District of Columbia	district_of_columbia				
			Florida	florida				
			Georgia	georgia				
			Hawaii	hawaii				
			Idaho	idaho				
			Illinois	illinois				
			Indiana	indiana				
			Iowa	iowa				
			Kansas	kansas				
			Kentucky	kentucky				
			Louisiana	louisiana				
			Maine	maine				
			Maryland	maryland				
			Massachusetts	massachusetts				
			Michigan	michigan				
			Minnesota	minnesota				
			Mississippi	mississippi				
			Missouri	missouri				
			Montana	montana				
			Nebraska	nebraska				
			Nevada	nevada				
			New Hampshire	new_hampshire				
			New Jersey	new_jersey				
			New Mexico	new_mexico				
			New York	new_york				
			North Carolina	north_carolina				
			North Dakota	north_dakota				
			Ohio	ohio				
			Oklahoma	oklahoma				
			Oregon	oregon				
			Pennsylvania	pennsylvania				
			Rhode Island	rhode_island				
			South Carolina	south_carolina				
			South Dakota	south_dakota				
			Tennessee	tennessee				
			Texas	texas				
			Utah	utah				
			Vermont	vermont				
			Virginia	virginia				
			Washington	washington				
			West Virginia	west_virginia				
			Wisconsin	wisconsin				
			Wyoming	wyoming				
			I live outside of the United States	live_outside_usa				
			Prefer not to respond	prefer_not_to_respond				