

NIST – Marking and Verifying Ballots Before Casting: Requirements for Usability and Accessibility

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OMB Control #0693-0043

Expiration Date: 03/31/2022

The Center for Civic Design and NIST are exploring voters' experiences with casting their ballots in an election. We want to understand how you mark and review your votes before casting your ballot and what makes this process usable and accessible for you. Completing this questionnaire and the other activities in this research session is expected to take 60 minutes.

About Your Voting Experiences

1. Are you registered to vote right now? Yes No Don't know
2. When was the last election you voted in?
_____ Year and month or type of election
 I have never voted before
 I don't remember
3. Where did you vote
 I voted on election day at a polling place or vote center
 I voted before election day at a vote center
 I voted by mail or absentee ballot
 I don't remember
 Other: _____
4. The last time you voted, what did you use to vote?
 A paper ballot (filling in a box, oval or arrow)
 A touch screen voting system that cast my ballot for me
 A touch screen voting system that printed a paper ballot
 An accessible voting system using the audio or tactile key features
 Other: _____
 I don't remember

5. Did you use any of the preference options on the voting system you last voted on? (If yes, list what you used)

- No
- Yes
 - Set the text size
 - Changed the colors
 - Used the audio
 - Used the tactile input buttons
 - Used a personal device _____
 - Other _____

6. Do you use a smartphone or tablet

- Yes
- No
- Not sure

7. Do you use a laptop or desktop computer

- Yes
- No
- Not sure

About Your Voting Experience Today (post-observation questions)

Please answer the following questions based on the process of marking, verifying and casting that you saw today.

1. I am confident that my ballot would be cast as I intended.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
2. I understood the process for marking and casting my ballot.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
3. The instructions for voting and casting my ballot were easy to follow.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
4. I could review my ballot before printing it.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
5. It was easy to make corrections to my ballot while I was voting.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
6. The printed ballot was easy to read.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
7. I was never confused while I was voting.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
8. I could verify my ballot before it was cast.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
9. I feel that I had enough privacy while voting.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

Your Comments

10. Did you have any problems voting today?
11. What did you like most about the process of voting as you experienced it today?
12. What did you like least about the process of voting as you experienced it today?
13. What made you feel confident that your ballot would be cast as you intended?
14. What made you feel that your ballot would not be cast as you intended?
15. Is there anything else you would like to tell us about this process for voting?

Information About You

Before we finish, we would like some information about you, so we can show that we talked to many different kinds of people. Providing this information is strictly optional and you may skip questions if you would prefer not to answer them.

1. Do you speak or read a language other than English in your daily life?

If so, what language(s): _____

2. What is your age?

18-21 22-34 35-60 61-70 71 or over

3. What is your highest level of education

Less than high school High school Vocational or professional training

Some college College graduate Post graduate

4. What is your zip code? _____

5. What is your gender?

Female Male

6. Do you consider yourself to be Hispanic or Latino?

Yes

No

7. What is your race? (please check all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander, and

White

8. Do you have physical limitations you would like to share, such as:

(Check any that apply to you)

Blindness

A severe vision impairment

Deafness, or a severe hearing impairment

A condition that substantially limits the use of your hands for activities
such as handling paper or using a keyboard or other keys

A condition that substantially limits one or more physical activities,

such as walking, climbing stairs, reaching, lifting, or carrying

Other: _____

9. Do you have difficulty doing any of the following?

(Check any that apply to you)

- Learning, remembering, or concentrating?
- Dressing, bathing, or getting around inside the home?
- Going outside the home alone to shop or visit a doctor's office?
- Working at a job or business?