

HealthCare.gov is looking for your feedback. Thanks for taking a moment to tell us about your experience today on HealthCare.gov!

Ask ALL

**Q1 Which of these best describes you?**

1. An individual or family who currently does NOT have Marketplace health insurance, but is interested in getting Marketplace insurance
2. An individual or family who currently has Marketplace health insurance (*Non-OE*) OR An individual or family interested in re-enrolling or renewing Marketplace health insurance (*During OE*)
3. A small business employee
4. A small business employer
5. A CMS call center representative
6. A CMS certified assister or navigator
7. A CMS certified broker or agent
8. An insurance company representative
9. Other (Specify)

Skip To: Q3 If Which of these best describes you? = 3-9

Ask Q2 series if Q1 = 1 or 2

**Q2 Do you currently have health insurance?**

1. Yes
2. No
3. Don't know
4. Refused

**Q2A Have you ever had health insurance through the Health Insurance Marketplace?**

1. Yes
2. No
3. Don't know
4. Refused

**Q2B Who are you interested in getting insurance for?**

1. Only for myself
2. For myself and others
3. Only for others, not myself
4. Other (specify)

Ask ALL

**Q3 What is the main reason you came to HealthCare.gov today? If you came for more than one reason, please select the main one.**

1. Find information about Marketplace health insurance (like how it works, what's covered, or cost information)
2. Create an account
3. View plans and prices BEFORE filling out an application -- (See Plans and Prices)
4. Start, continue, or update an application
5. Shop and compare plans AFTER filling out an application
6. Enroll in or re-enroll a plan
7. Other (Specify)

Skip To: Q3A2 if Q3 = 7

Ask if Q3 = 1-6

**Q3A1 You selected [insert Q5 response] as the main reason you came to HealthCare.gov. Were you able to successfully complete the activity you came to do during your visit today?**

1. Yes
2. No
3. Don't know
4. Not Applicable

Skip To: Q4

Ask if Q3 = 7

**Q3A2 Were you able to successfully complete the activity you came to do during your visit today?**

1. Yes
2. No
3. Don't know
4. Not Applicable

Ask ALL

**Q4 Overall, how easy or difficult was it to do that activity?**

1. Very easy
2. Somewhat easy
3. Neutral
4. Somewhat difficult
5. Very difficult
6. Not applicable – did not attempt an activity

Ask Q5A if Q3 = 1

**Q5A1 Did you find the information you were looking for on HealthCare.gov?**

1. Yes
2. No
3. Not applicable

Skip To: Q6

Ask Q5B series if Q3 = 4 or 5

**Q5B1 Did you submit your application for health insurance on HealthCare.gov by pressing the SUBMIT APPLICATION button?**

1. Yes
2. No

Skip To: Q6 if Q5b = 2

**Q5B2 After you submitted your application, did the website give you information showing if you are eligible to get help paying for insurance?**

1. Yes
2. No
3. I don't know

Skip To: Q6 if Q5B2 = 2 or 3

Ask if Q5B2 = 1

**Q5B3 Did the Eligibility Notice say that someone in your household qualifies for any of these? (Check all that apply)**

1. A health plan with extra savings through reduced deductibles or copayments (called cost-sharing reduction plans)
2. A health plan with a premium tax credit to lower your monthly premium
3. A health plan, but no cost-sharing reduction and no tax credit
4. A state insurance program for people with low income, such as Medicaid or CHIP
5. I don't know

Ask if Q5B2 = 1

**Q5B4 Overall, how easy or difficult was it to understand your Eligibility Notice?**

1. Very easy
2. Somewhat easy
3. Neutral
4. Somewhat difficult
5. Very difficult
6. I didn't read the Eligibility Notice

Skip To: Q6

Ask if Q3 = 5 or 6

**Q5C How confident are you that the information you saw on HealthCare.gov will help you select the right health plan for you?**

1. Very confident
2. Somewhat confident
3. Neutral
4. Not very confident
5. Not at all confident
6. I don't know
7. Not applicable

Skip To: Q6

Ask if Q3 = 3 or 5

**Q5D When you were comparing health plans or choosing your plan, did you notice that the website showed star ratings to indicate the quality of each health plan?**

1. Yes
2. No
3. I don't know

Skip To: Q6 If Q5D = 2 or 3

Ask Q5D series if Q5D = 1

**Q5D1 How important were the star ratings in helping you decide what health plan to choose?**

1. Very important
2. Somewhat important
3. Neutral
4. Not very important
5. Not at all important
6. I don't know

**Q5D2 How confident are you that the star ratings helped you select a high-quality health plan?**

1. Very confident
2. Somewhat confident
3. Neutral
4. Not very confident
5. Not at all confident
6. I don't know

Ask Q6 Series of ALL

**Q6A How satisfied are you with the information provided on HealthCare.gov?**

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Not very satisfied
5. Not at all satisfied
6. I don't know

**Q6B How satisfied are you with how well the HealthCare.gov website worked today?**

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Not very satisfied
5. Not at all satisfied
6. I don't know

**Q6C How satisfied are you with your overall experience on HealthCare.gov?**

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Not very satisfied
5. Not at all satisfied
6. I don't know

Ask if Q6A, Q6B, or Q6C =4 or 5

**Q6D How can we improve your overall experience on HealthCare.gov? Please be specific.**

OPEN ENDED \_\_\_\_\_

Ask ALL

**Q7 How likely are you to recommend HealthCare.gov to family or friends who need health insurance?**

1. Very likely
2. Somewhat likely
3. Neutral
4. Not very likely
5. Not at all likely
6. Not applicable

Ask ALL

**Q8 How likely will you be to return to HealthCare.gov if you need information in the future?**

1. Very likely
2. Somewhat likely
3. Neutral
4. Not very likely
5. Not at all likely
6. Not applicable

Thank you for completing the survey.

**Q9 [ALL] Would you be interested in being contacted in the future to take part in research activities related to HealthCare.gov? If so, please include your email address below:**

PRA Disclosure Statement

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