

HHS.gov Feedback Survey Content

Content Rewrites to Make to Design

Survey

Internal note: pages and questions not numbered

Title

Help us improve HHS.gov

Page 1 - Intro Text

This survey should take no more than 3 minutes to complete. We will use your answers to improve the experience for millions of Americans who use HHS.gov.

This survey is conducted in accordance with Executive Order 12862. With the possible exception of email address, the survey does not collect personal information. Fields that are required include an asterisk (*).

For immediate help, [contact us](#).

Form Approved OMB# XXXX-XXXX Exp. Date X/XX/XXXX

Page 2 – Why visit

[Radio buttons, randomized but Other listed last]

Why did you visit HHS.gov today?*

- To learn about health insurance options.
- To learn about my health rights or the Health Insurance Portability and Accountability Act (HIPAA).
- To file a complaint about a violation of health rights or the Health Insurance Portability and Accountability Act (HIPAA).
- To learn about public health emergencies. For example, COVID-19 or the opioid crisis.
- To get assistance through human services or programs. For example, poverty guidelines or locations for head start centers.
- To access information related to research on human test subjects.
- To learn about the process of applying for a HHS grant.

- Other (Please specify).
 - [Smaller text below] Do not include personal information.
 - *[text field]*

Back / Next Form Approved OMB# XXXX-XXXX Exp. Date X/XX/XXXX

Page 3 – Looking for

[Radio buttons]

Were you able to find what you were looking for?

- Yes
- Partially
- No
- Not sure yet/still looking

Back / Next

Form Approved OMB# XXXX-XXXX Exp. Date X/XX/XXXX

Page 4 - Comment

Feel free to leave a comment if you'd like.

- [Smaller text below] Do not include personal information.
- *[text area that scrolls]*

Back / Next

Form Approved OMB# XXXX-XXXX Exp. Date X/XX/XXXX

Page 5 - Audience

[Radio buttons]

In order to better understand user preferences, we would like to know more about you.

With which of the following groups do you most strongly identify?

- Academics/Research
- Media/Journalist
- Grant Applicant
- Government Employee (non-HHS staffdiv or opdiv such as CDC or NIH)
- Health Care Professionals
- Public Policy Professionals
- HHS Employees/Contractors
- Parents/Caretakers
- Human Services Professionals
- Students/Youth
- Legal Professional
- General Public – *please consider other options first*

Back / Next

Form Approved OMB# XXXX-XXXX Exp. Date X/XX/XXXX

Page 6 – Email for feedback

[Radio buttons]

If you provide your email address, it may be used to contact you about future feedback studies about ways to improve HHS.gov. [Your email address will not be linked to your responses and will be deleted upon the completion of any participation in feedback studies or after one year of inactivity.](#) You will only be contacted about future feedback studies, not for other purposes. For immediate help not related to providing feedback on HHS.gov, [contact us](#).

Would you like us to contact you for your feedback on ways to improve HHS.gov for users?

- Yes
- No

*[If **yes** to above, email address line. If **no** do not show or require.]*

Email address*

- *[Email field]*

Back / Submit

Form Approved OMB# XXXX-XXXX Exp. Date X/XX/XXXX

Page 7 – Thank you

We value your feedback! Thank you for helping us improve HHS.gov.

Exit survey

Form Approved OMB# XXXX-XXXX Exp. Date X/XX/XXXX
