

**Department of Labor  
Employment and Benefits Security Administration  
Quantitative Web User Experience Testing (Rapid) Survey  
11/21/2022**

*The OMB control number for this collection is 1225-0093 and expires on 02/29/2024. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Collection of this information is authorized by OMB. The obligation to respond to this collection is voluntary. We estimate it takes about 20 minutes to complete.*

*Please answer a few questions to see if you qualify for the survey. These questions help us combine your responses with others like you. Your answers provided will be kept confidential and not shared outside the project team.*

Q1 What is your age group? (Select one)

- Less than 18 years old [Disqualify and end survey]
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-67
- 68+ [Disqualify and end survey]

Disqualify/End Survey Message: We're sorry. Based on your answers, you don't match the specific profile for the survey. We greatly appreciate your time and interest. You may close your browser.

Q2 Where do you live? (Select one)

▼ Alabama ... I do not live in the United States [Disqualify and end survey]

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*Thank you for answering these questions. You qualify to take part in the survey. Please answer the following questions about websites.*

Q3 What device do you typically use to find information online, such as websites? (Select the one you use the most)

- Computer/laptop
- Tablet (iPad, Microsoft Surface, etc.)
- Mobile phone
- Other (specify) \_\_\_\_\_
- None of the above

Q4 How strongly do you agree with each of the following statements?

	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
You are familiar with the U.S. Department of Labor, Employee Benefits Security Administration	0	0	0	0	0
You would visit the U.S. Department of Labor, Employee Benefits Security Administration website in the next 6 months	0	0	0	0	0
You have seen information online (e.g., social media) related to or about the U.S. Department of Labor, Employee Benefits Security Administration, in the last 6 months	0	0	0	0	0
You are familiar with workers' rights related to job-based health benefit and retirement benefit plans.	0	0	0	0	0

I trust the U.S. Department of Labor, Employee Benefits Security Administration, to fulfill our country's commitment to people with job-based health benefit and retirement benefit plans.

0 0 0 0 0

Please take a moment to review the website <https://www.dol.gov/agencies/ebsa> and answer the following questions.

Q5 Have you visited this website before? *(Select one)*

- Yes
- No
- Don't Know

Q6 How strongly do you agree about each of the following features of the website?

	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
The information is relevant to you or a loved one	0	0	0	0	0
It is easy to navigate	0	0	0	0	0
The information is logically organized	0	0	0	0	0
The font is easy to read	0	0	0	0	0
The colors work well	0	0	0	0	0
The information is easy to understand	0	0	0	0	0
The website design is user-friendly	0	0	0	0	0
It is inclusive and welcoming for all types of people	0	0	0	0	0
The information is trustworthy	0	0	0	0	0

Q7 What would it take for you to consider visiting the website <https://www.dol.gov/agencies/ebsa> in the future? (Select all that apply)

- Advice from a coworker/Human Resource person
- Advice from a spouse/family member/friend
- Being able to speak to an agency representative
- A video/webinar about the agency
- A letter/flyer in the mail about the agency
- Ads about the agency
- Stories/examples from people who have used the website
- If you need information about workers' rights related to health benefit or retirement benefit plans
- Other (specify) \_\_\_\_\_
- Nothing would get me to consider visiting the website

Q8 How likely is it that you would recommend the website <https://www.dol.gov/agencies/ebsa> to a friend, family member, or someone you work with?

0 - Not at all likely

1

2

3

4

5

6

7

8

9

10 - Extremely likely

Don't know

Please take a moment to review this web page [[randomly link to one of the web pages listed below](#)] and answer the following questions.

Q9 [About Us](#)

Q10 [Ask EBSA](#)

Q11 [Resources including outreach events](#)

Q12 [MHPAEA – Mental Health Parity and Addiction Equity Act](#)

Q13 [Surprise Billing \(Consolidated Appropriations Act, 2021\)](#)

How strongly do you agree with each of the following statements about this web page?

	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
The information is relevant to you or a loved one	0	0	0	0	0
The information is logically organized	0	0	0	0	0
The information is easy to understand	0	0	0	0	0
The information is trustworthy	0	0	0	0	0
You learned new information	0	0	0	0	0



Q14 Where would you prefer to hear/see messages about the U.S. Department of Labor, Employee Benefits Security Administration? *(Select all that apply)*

Digital/online ads (social media, online searches, websites, etc.)

Billboards

Radio ads

Television

Ads at different locations (grocery stores, gyms, gas stations, public transportation)

Word of mouth/friends

Other (specify) \_\_\_\_\_

Don't know/Unsure

None of these

Display This Question:

If Where would you prefer to hear/see messages about the U.S. Department of Labor, Employee Benefits... = Digital/online ads (social media, online searches, websites, etc.)

Q15 On what digital sources would you prefer to see ads about the U.S. Department of Labor, Employee Benefits Security Administration? (Select all that apply)

Facebook

Gather

Instagram

Twitter

Snapchat

TikTok

Reddit

Google search

YouTube

A website

Other (specify) \_\_\_\_\_

Don't know/Unsure

None of these

## About You

*These questions help us combine your responses with others like you.*

Q16 Were you born in the United States? *(Select one)*

- Yes
- No
- I prefer not to answer

Q17 What is the combined income of all members of your household for the past 12 months (before taxes and from all sources)? *(Select one)*

- Less than \$10,000
- \$10,000 to under \$25,000
- \$25,000 to under \$50,000
- \$50,000 to under \$75,000
- \$75,000 to under \$100,000
- \$100,000 to under \$150,000
- \$150,000 to under \$200,000
- \$200,000 or more
- I prefer not to answer

Q18 Are you of Spanish, Hispanic, or Latino origin? *(Select one)*

Yes

No

I prefer not to answer

Q19 What race best describes you? *(Select all that apply)*

American Indian or Alaska Native

Asian/Pacific Islander

Black/African American

White/Caucasian

Other (specify) \_\_\_\_\_

I prefer not to answer

Q20 What is the highest level of school you completed? (*Select one*)

- No high school diploma or GED
- High school diploma or GED
- Some college, no degree
- College degree, or vocational training degree or certificate (2-year program)
- College degree (4-year program)
- Master's/Graduate degree or higher
- I prefer not to answer

Q21 What was your gender at birth?

- Male
- Female
- Prefer not to answer

Q22 How do you describe your gender identity? *(Select the best fit)*

- Woman, female, or feminine
- Man, male, or masculine
- Transgender woman, female, or feminine
- Transgender man, male, or masculine
- Nonbinary, gender queer, or gender fluid
- Not listed here/I prefer to self-describe: (specify) \_\_\_\_\_
- I prefer not to answer

Q23 What is your marital status?

- Currently married
- Other

Q24 Would you say that in general your health is:

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

Q25 Including yourself, how many individuals 18 to 67 are in this household?

- One
- Two
- Three
- Four or more

Q26 What language(s) do you speak? *(Select all that apply)*

- English
- Spanish
- Chinese
- Vietnamese
- Korean
- Haitian Creole
- Polish
- Tagalog
- Arabic
- Russian
- Portuguese
- French
- Other (specify) \_\_\_\_\_

I prefer not to answer

Q27 Do you identify with any of the following statements? *(Select all that apply)*

I wear glasses.

I have difficulty seeing small words or shapes.

I have difficulty seeing certain colors. (Please specify.) \_\_\_\_\_

I have a vision impairment. (Please specify.) \_\_\_\_\_

I prefer not to answer.

None of the above

Q28 Do you have job-based health insurance or a job-based retirement plan? *(Select one)*

Yes

No

I don't know

*Display This Question:*

*If Do you have job-based health insurance or a job-based retirement plan? (Select one) = No*

*Or Do you have job-based health insurance or a job-based retirement plan? (Select one) = I don't know*

Q29 Do you receive benefits from a family member who has job-based health insurance or a job-based retirement plan? *(Select one)*

Yes

No



Q30 Does the company/organization you work for (or the insured family member works for) have more than 100 employees? *(Select one)*

Yes

No

I don't know

Q31 Do you have coverage through any of these programs: Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE? *(Select one)*

Yes

No

##

We thank you for your time spent taking this survey. Your response has been recorded.