

Completed by	
Completed date	
Reviewed by	
Reviewed date	

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QID	Question Type	Question Text
Q0	Descriptive Text	Medicaid.gov is looking for your feedback. Thanks for taking a moment to tell us about your experience today on Medicaid.gov!
BLOCK 1: OSAT & HISP		
Q1	Multiple Choice (single select)	Which of these best describes you?
Q2	Multiple Choice (single select)	What was the main reason you came to Medicaid.gov today? If you came for more than one reason, please pick the main one.
Q3	Multiple Choice (single select)	How satisfied are you with your overall experience?
Q4	Multiple Choice (single select)	Based on my experience on Medicaid.gov, I trust that Medicaid is working in the best interest of the American public.
Q5.1	Multiple Choice (multi-select)	What about today's interaction made the difference? (Select all that apply)
Q5.2	Multiple Choice (multi-select)	What could have been better? (Select all that apply)
Q6	Multiple Choice (single select)	If you used the Medicaid.gov search feature, did it help you find what you were looking for today?

Q7.1	Text Entry	You told us you were dissatisfied with one or more parts of your experience. To help us improve, please tell us why. Please be specific, but protect your privacy - don't include personal information, like your phone number, address, or Social Security number.
Q7.2	Text Entry	How can we improve your overall experience
Your response to		

PRA Disclosure Statement The purpose of the PRA package is to collect voluntary feedback

Under the Privacy Act of 1974 any personally identifying information obtained will be kept confidential. You are not required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 2 minutes, including the time needed to review the information collection. If you have comments concerning this collection of information, please write to: Washington, DC 20503-2900, Paperwork Project, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Ba

Survey Options
Incomplete responses are recorded
Survey Title (appears on web browser tab) Medicaid.gov: Si

medicaid.gov: Site Wide Survey	
Answer Choices (if applicable)	Required?
NA	N
Person looking for Medicaid information Healthcare professional or administrative staff Government employee Academic researcher or healthcare policy analyst Other (Please specify)	N
Medicaid eligibility or coverage information Federal policy or regulatory guidance CHIP information Data Resources for states Other (Please specify)	N
Extremely Dissatisfied Slightly Dissatisfied Neither satisfied nor dissatisfied Slightly Satisfied Extremely Satisfied	Y
Yes No	Y
I accomplished my task The website was easy to navigate Found what I needed quickly The information was easy to understand Something else	Y
I did not complete my task The website was difficult to navigate It took too long to do what I needed to do The information was hard to understand Something else	Y
Yes No Does not apply	N

NA	N
NA	N
END OF SURVEY	
has been recorded.	

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pt private to the extent of the law. According to the Paperwork Reduction Act of 1995, no p
number. The valid OMB control number for this information collection is 0938-1382 (Expire
ites per response, including the time to review instructions, search existing data resources,
cerning the accuracy of the time estimate(s) or suggestions for improving this form, please
ltimore, Maryland 21244-1850.

te Wide Survey

Display Logic Choices?	
N	N
N	N
N	N
N	N
N	N
N	N
Y Display if Q4 = Yes	N
Y Display if Q4 = No	N
N	N

<i>Display if Q4 = No</i>	<i>N</i>
<i>Display if Q7.1 does not display</i>	<i>N</i>

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s: 12/31/2026).
gather the data
write to: CMS,