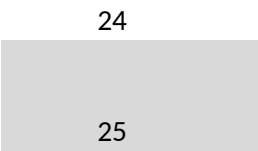
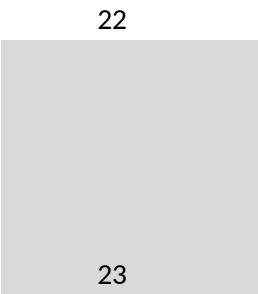
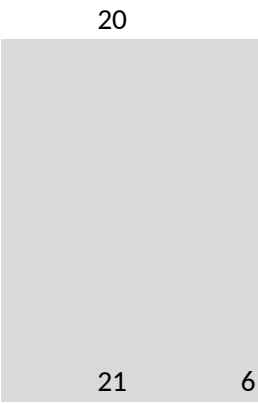
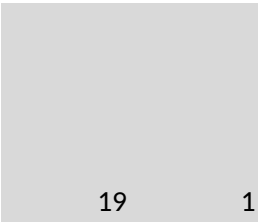


New
Question
Order

1	
2	
3	
4	
5	
6	
7	
8	
9	3
10	
11	
12	
13	
14	
15	2
16	
17	



26

27

28

29

30 4

31 5.1

32 5.2

33 7.1

34 7.2

Beginning

Questions

~~Please rate the speed that pages and content loaded for you.~~

~~Please rate the **responsiveness** of the pages to your actions.~~

~~Please rate the **visual appeal** of the pages that you visited.~~

~~Please rate the **legibility** of the pages that you visited.~~

~~Please rate the **ease of finding** what you were looking for.~~

~~Please rate the **links** on taking you where you needed to go.~~

~~Please rate the **relevance** to your interests of the information that you found.~~

~~Please rate the **readability** of the information that you found.~~

~~What is your **overall satisfaction** with this site? How satisfied are you with your overall ex~~

~~How well does this site **meet your expectations**?~~

~~How does this site **compare to an ideal website**?~~

~~How likely are you to **return to insurekidsnow.gov** in the future?~~

~~How likely are you to **recommend insurekidsnow.gov to someone else**?~~

~~How likely are you to **use insurekidsnow.gov as your primary resource** for information ab~~

~~What is your primary reason for visiting this site today? What was the main reason you came to InsureKidsNow.gov today? If you came for more than one reason, please pick the main one.~~

~~Did you accomplish what you wanted to do today on this site?~~

~~What do you plan to do next?~~

~~How were you referred to the site today?~~

~~What is your primary role in visiting the site today?~~ Which of these best describes you?

~~How did you look for information or navigate the site today? (Please select all that apply.)~~

~~How would you describe your browsing experience on the site today? (Please select all that apply.)~~

~~Which of the following technical problems, if any, occurred during your visit? (Please select all that apply.)~~

~~Which of the following issues, if any, did you experience while reviewing information? (Please select all that apply.)~~

~~How often do you visit this site?~~

~~What is your gender?~~

~~Which category includes your household income?~~

Which category includes your age?

What are the age groups of any children that live in your household? (Please select all that apply)
In which state do you live?

Based on my experience on InsureKidsNow.gov, I trust that InsureKidsNow is working in the best interests of my child.

What about today's interaction made the difference? (Select all that apply)

What could have been better? (Select all that apply)

You told us you were dissatisfied with one or more parts of your experience. To help us improve, please tell us what you think we should do.

How can we improve your overall experience on InsureKidsNow.gov?

rest of the American public.

ase tell us why.