

Medicaid.gov Feedback Survey

FCG IA number: 30724

Question Text

Q1. ~~Please rate your experience on our website.~~ How satisfied are you with your overall experience on Medicaid.gov?

Q2. Please select which best describes you.

~~Q3. What is your feedback about this page? Please provide as much detail as possible around any difficulty you experienced and what would improve that for you.~~

Q3 What about today's interaction made the difference? (Select all that apply)

Q4 What could have been better? (Select all that apply)

Q5 How can we improve your overall experience on Medicaid.gov?