

Completed by	
Completed date	
Reviewed by	
Reviewed date	

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!
Q1	Multiple Choice (single select)	Which of these best describes you?
Q2	Multiple Choice (single select)	How satisfied are you with your overall experience?
Q3	Multiple Choice (multi-select)	What about today's interaction made the difference? (Select all that apply)
Q4	Multiple Choice (multi-select)	What could have been better? (Select all that apply)
Q5	Text Entry	How can we improve your overall experience on Medicaid.gov? Please be specific, but protect your privacy - don't include personal information, like your phone number, address, or Social Security number.

PRA Disclosure Statement The purpose of the PRA package is to collect voluntary feedback from Medicaid.gov users. The purpose of the PRA package is to collect voluntary feedback from Medicaid.gov users.

Under the Privacy Act of 1974 any personally identifying information obtained will be kept confidential unless it displays a valid OMB control number. The valid OMB control number is 0905-0001. The average time to complete this survey is approximately 2 minutes per response, including the time to review instructions, search existing responses, and provide feedback. If you have any questions or suggestions for improving this form, please write to: CMS, 7500

Survey Options
Incomplete responses are
Survey Title (appears on web browser tab)

Medicaid.gov Website Feedback
Answer Choices (if applicable)
NA
Person looking for Medicaid information Healthcare professional or administrative staff Government employee Academic researcher or healthcare policy analyst Other (Please specify)
Extremely Dissatisfied Slightly Dissatisfied Neither satisfied nor dissatisfied Slightly Satisfied Extremely Satisfied
I accomplished my task The website was easy to navigate Found what I needed quickly The information was easy to understand Something else
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
NA
END OF SURVEY
<i>Your response has been recorded.</i>

Feedback to assist in website development.

Information is kept private to the extent of the law. According to the Paperwork Reduction Act, the authority for this information collection is 0938-1382 (Expires: 12/31/2026). The time for gathering data resources, gathering the data needed, and complete and review the information is 15 minutes. For more information, contact the Privacy and Security Officer at 1-800-453-4565, Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26

recorded
Medicaid.gov Website Feedback

Required?	Display Logic	Choices?
N	N	N
N	N	N
Y	N	N
N	If Q2= "Slightly satisfied "or "Extremely satisfied"	N
N	If Q2= "Slightly dissatisfied "or "Extremely dissatisfied"	N
N	N	N

.ct of 1995, no persons are required to respond to a collection of
me required to complete this information collection is estimated to
information collection. If you have comments concerning the accuracy of
-05, Baltimore, Maryland 21244-1850.