

QID	Question Type	Question Text
BLOCK 1: INTRO		
Intro Message	Descriptive Text	We are interested in your opinion to continuously improve our website for you. This short survey will take approximately 2 minutes to complete. All responses to this survey are voluntary and anonymous.
Intro Message	Descriptive Text	According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1382. This number is valid thru 12/31/2026.
BLOCK 2: Default Question Block		
Q0	Descriptive Text	This question will record the recipient's browser information. It will not be displayed to the user. - Browser Type - Browser Version - Operating System - Screen Resolution - User Agent
Q0.1	Descriptive Text	This question lets you record and manage how long a participant spends on this page. This question will not be displayed to the participant.
Q1	Multiple Choice (single select)	Based on my experience on InsureKidsNow.gov, I trust that InsureKidsNow is working in the best interest of the American public.
PAGE BREAK		
Q2	Multiple Choice (single select)	Which of these best describes you?
PAGE BREAK		

Q3	Multiple Choice (single select)	What was the main reason you came to InsureKidsNow.gov today? If you came for more than one reason, please pick the main one.
PAGE BREAK		
Q4	Multiple Choice (multi-select)	What about today's interaction made the difference? (Select all that apply)
PAGE BREAK		
Q5	Multiple Choice (single select)	How satisfied are you with your overall experience on InsureKidsNow.gov?
BLOCK 3 - Open Text		
Q6	Text Entry	How can we improve your overall experience on InsureKidsNow.gov ? Please be specific, but protect your privacy - don't include personal information, like your phone number, address, or Social Security number.

Survey Unit Testing

Answer Choices (if applicable)	Answer Choices Numeric Values (recodes)	Required?	Display Logic	Randomize Answer Choices?
NA	N	N	N	N
NA	N	N	N	N
N/A	N	N	N	N
N/A	N	N	N	N
Yes No	N	Y	N	N
Person looking for Helth Insurance information Person using "Find a Dental Provider" tool Healthcare professional or administrative staff Government employee Community outreach partner Other (Please specify)	N	Y	N	N

CHIP eligibility or coverage information				
Find a Dentist				
Outreach information or materials				
Other (Please specify)	N	Y	N	N
Accomplishing my task				
Website navigation				
Find what I need				
Able to understand the information				
Something else (open text box)	N	Y	N	N
Extremely dissatisfied				
Slightly dissatisfied				
Neither satisfied nor dissatisfied				
Slightly satisfied				
Extremely satisfied	N	Y	N	N
Open text box	N	Y	N	N
END OF SURVEY				
Your response has been recorded.				



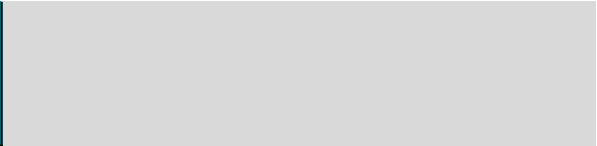
[InsureKidsNow.gov theme](#)

Next button and Back button

Compact question spacing

Auto advance on pages

Comments / Additional Configuration Notes
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These are background questions and should not display to the survey taker.
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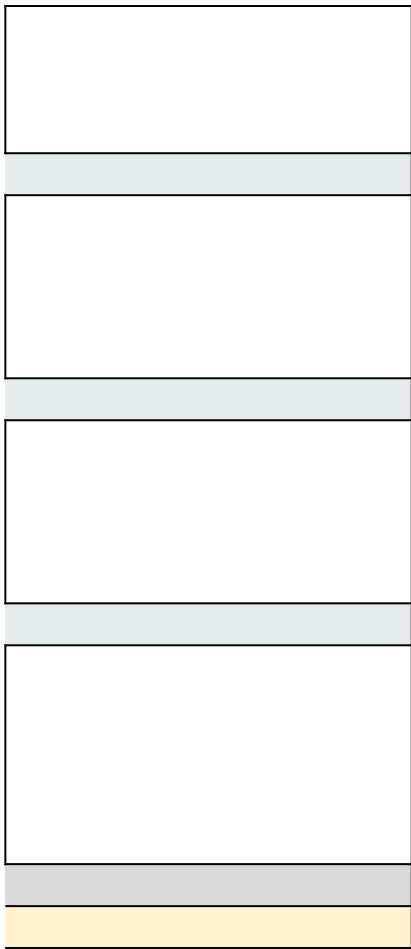
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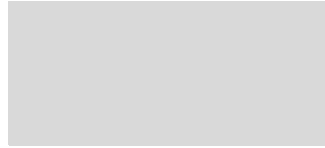
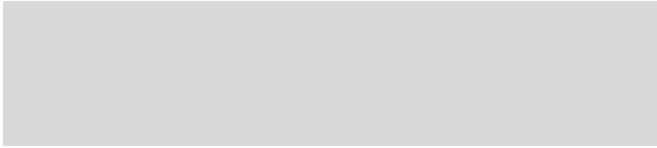
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[REDACTED]

[REDACTED]