

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 Medicaid.gov, I trust that Medicaid 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 Medicaid.gov today? If you came for more than one reason, please pick the main one.
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PAGE BREAK

Q4	Multiple Choice (multi-select)	What about today's interaction made the difference? (Select all that apply)
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PAGE BREAK

Q5	Multiple Choice (single select)	How satisfied are you with your overall experience on Medicaid.gov?
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Block 3 - Open Text

Q6	Text Entry	How can we improve your overall experien
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END OF SURVEY

Your response has been recor



Medicaid.gov theme
Next button and Back button
Compact question spacing
Auto advance on pages



NA
NA
N/A
N/A
Yes No

<i>I Have or am Applying for Medicaid</i> <i>I am a Caregiver, Friend, or Family Member</i> <i>Healthcare Professional</i> <i>Government Employee</i> <i>Researcher or Policy Analyst</i> <i>None of These Apply (Please specify) (open text box)</i>
<i>Medicaid eligibility or coverage information</i> <i>Federal policy or regulatory guidance</i> <i>CHIP information</i> <i>Data</i> <i>Resources for states</i> <i>Other (Please specify)</i>
<i>Accomplishing my task</i> <i>Website navigation</i> <i>Find what I need</i> <i>Able to understand the information</i> <i>Something else (open text box)</i>
<i>Extremely dissatisfied</i> <i>Slightly dissatisfied</i> <i>Neither satisfied nor dissatisfied</i> <i>Slightly satisfied</i> <i>Extremely satisfied</i>
<i>Open text box</i>
<i>ded.</i>