

UNIFORM VOTING SYSTEM PILOT ELECTION

IN-PERSON VOTER EVALUATION FORM – BALLOT MARKING DEVICE-DRE

DISABLED PERSONS

_____ COUNTY, COLORADO

_____ VOTING SYSTEM

Please help Colorado select its next-generation voting system by taking a few moments to complete this brief survey regarding your voting experience today. If you would like assistance in completing this survey, please ask and an election official will be happy to help you. [Can also add more background, such as: This and other counties are piloting several new voting systems that have not been used before in Colorado. The accuracy and security of these systems have been tested by a federally accredited voting system testing laboratory, and the Secretary of State has temporarily approved their use in this election. A bipartisan body – the Pilot Election Review Committee – is evaluating the performance of the competing systems and will recommend which of them should be adopted for use in future Colorado elections. Your answers to this survey will greatly assist the Committee complete its work.]

1. Did you vote today?

Select one: _____ Yes _____ No

2. Do you have a disability or physical limitation that makes it difficult, impractical or uncomfortable to mark a paper ballot with a pen?

Select one: _____ Yes _____ No

3. How were you instructed to use the tablet device to mark your ballot?

Select one: _____ An election official provided me with verbal instructions
 _____ Printed instructions were posted in my voting booth
 _____ An election official gave me verbal instruction and written instructions were posted in my voting booth

4. If applicable, were the verbal instructions given to you by the election official clear and understandable?

Select one: _____ Yes _____ No

VSPC Name: _____

Control Number: _____

5. If applicable, were the written instructions posted in your voting booth clear and understandable?

Select one: Yes No

6. Was the tablet device intuitive and easy to use?

Select one: Yes No

7. Were you able to navigate to particular pages of your ballot displayed on the tablet device easily and efficiently?

Select one: Yes No

8. Were you able to visually review the ballot that was printed when you finished marking your ballot?

Select one: Yes No

9. Did you use the audio playback feature of the voting device?

Select one: Yes No

10. Were you able to adjust the speed of the audio playback easily?

Select one: Yes No I did not use audio
 I used audio but did not try to adjust audio speed

11. Were you able to adjust the volume of the audio playback easily?

Select one: Yes No I did not use audio playback
 I used audio playback but did not try to adjust audio volume

12. Were you able to adjust the display contrast easily, by changing to white letters on black background (or vice versa)?

Select one: Yes No I did not try to adjust contrast

VSPC Name: _____

Control Number: _____

13. Were you able to adjust the size of the font or text on the tablet to suit your needs and reading comfort?

Select one: Yes No I did not try to adjust text size

14. Did you mark your ballot directly on the tablet device, or did you use an external accessibility device such as a tactile device with directional arrows, or a “sip-and-puff” device?

Select one: I marked my ballot directly on the tablet touchscreen
 I marked my ballot using an external tactile device with directional arrows or a sip and puff device

15. If you used an external device to mark your ballot rather than the tablet’s touchscreen, was the external device easy and intuitive to use?

Select one: Yes No

16. If your answer to question 15 is no, please describe any difficulties or discomfort you experienced with the external accessibility device:

17. Have you voted in a county election in this county before? (County elections typically are held in Novembers of odd- and even-numbered years)

Select one: Yes No

18. If you answered yes to the above question, how do you compare your voting experience today with your voting experience the last time you voted in a county election in this county?

Select one: My voting experience today was better
 My voting experience today was about the same
 My voting experience today was worse

VSPC Name: _____

Control Number: _____

