UNIFORM VOTING SYSTEM PILOT ELECTION

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

_____ COUNTY, COLORADO

_____ VOTING SYSTEM

Please help Colorado select its next-generation voting system by completing this 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.

<u>Instructions</u>: **In most instances, you will be asked to "grade" your experience with this voting system by assigning a letter grade of A, B, C, D or F. Each letter grade has the following meaning:**

A**Excellent or superior**

B**Very good**

C**Good or acceptable**

D**Inferior or not very good**

F**Failure; unacceptable**

N/A**Didn't use, didn't need or not sure**

1. Have you voted on a tablet, touchscreen or laptop voting device before?

   Circle one: Yes   No

2. Were the written instructions for using the voting device that were posted in your voting booth clear and understandable?

   Circle one: A   B   C   D   F   N/A
   Comments (optional)_____
   _____
   _____
   _____

VSPC Name: _____   Control Number: _____

3. Were the user instructions and navigation prompts displayed on the voting device itself clear and easy to understand?

    Circle one: A   B   C   D   F   N/A
    Comments (optional)_____
    _____
    _____
    _____

4. Was it easy to navigate through each page or screen of ballot text on the voting device?

    Circle one: A   B   C   D   F   N/A
    Comments (optional)_____
    _____
    _____
    _____

5. Was it easy to use the voting device to accurately mark your choices for candidates and ballot measures?

    Circle one: A   B   C   D   F   N/A
    Comments (optional)_____
    _____
    _____
    _____

6. If you mistakenly marked a voting choice that you did not intend to make, how easy was it to correct your choice before printing or casting your ballot?

    Circle one: A   B   C   D   F   N/A
    Comments (optional)_____
    _____
    _____
    _____

VSPC Name: _____   Control Number: _____

7. If you adjust or changed the **contrast** of the screen, was it easy to do?

    Circle one: A   B   C   D   F   N/A
    Comments (optional)_____

    _____

    _____

    _____

8. If you attempted to increase or decrease the **brightness** of the voting device screen, was it easy to do?

    Circle one: A   B   C   D   F   N/A
    Comments (optional)_____

    _____

    _____

    _____

9. If you attempted to increase or decrease the **font size** (the size of the letters) on the device screen, was it easy to do?

    Circle one: A   B   C   D   F   N/A
    Comments (optional)_____

    _____

    _____

    _____

10. If you listened to the audio recording of the instructions or ballot text, was it clear and understandable?

    Circle one: A   B   C   D   F   N/A
    Comments (optional)_____

    _____

    _____

    _____

VSPC Name: _____   Control Number: _____

11. If you listened to the audio recording of the ballot text, how easy was it to increase or decrease the volume?

Circle one: A   B   C   D   F   N/A

Comments (optional)_____

_____

_____

_____

12. If you used an external accessibility device to mark your ballot, such as a "sip and puff" device, navigation arrows or pedals, were they easy and intuitive to use?

Circle one: A   B   C   D   F   N/A

Comments (optional)_____

_____

_____

_____

13. Did this voting device enable you to mark and print or cast your ballot independently without assistance?

Circle one: A   B   C   D   F   N/A

Comments (optional)_____

_____

_____

_____

14. Overall, please grade your voting experience with this voting device.

Circle one: A   B   C   D   F

Thank you for taking this survey. Please feel free to provide any other feedback regarding your voting experience with this voting device today.

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VSPC Name: _____   Control Number: _____