



**Fox Army Community Hospital
Redstone Arsenal
Internal Medicine Clinic**

RCS DD-HA(M)2016
Expires 7 March 2000

Please use the enclosed envelope and mail the completed survey to:
Department of Defense
c/o National Research Corporation
1033 O ST. STE 401
LINCOLN, NE 68508-9855
1-800-733-6714

1. What was the main purpose of your visit on 15 July 1998 to the Internal Medicine Clinic?
 - Care for illness or injury where you felt you needed to see a doctor right away (urgent care)
 - Routine care for a non-urgent condition
 - Well patient visit for preventive care (check-up)
 - Specialty care, referral visit

2. Did DR. JOHNSON or another provider treat you?
 - DR. JOHNSON
 - Other Provider (please keep that person in mind as you complete this questionnaire)

3. Thinking about your visit on 15 July 1998, how would you rate DR. JOHNSON and the staff of the Internal Medicine Clinic on:

	Poor	Fair	Good	Very Good	Excellent
a. Friendliness and courtesy shown to you by the clinic's staff	<input type="radio"/>				
b. Attention given to what you had to say	<input type="radio"/>				
c. Thoroughness of treatment you received	<input type="radio"/>				
d. Explanations of medical procedures and tests	<input type="radio"/>				
e. Personal interest in you and your medical problems	<input type="radio"/>				
f. Advice you received about ways to avoid illness and stay healthy	<input type="radio"/>				
g. Amount of time you had with DR. JOHNSON and staff during your visit	<input type="radio"/>				
h. How much you were helped by the care you received	<input type="radio"/>				
i. How well the care met your needs	<input type="radio"/>				
j. Overall quality of the care and service you received	<input type="radio"/>				

4. Would you recommend DR. JOHNSON to your family or friends?

	Definitely Not	Probably Not	Probably Yes	Definitely Yes
<input type="radio"/>				

5. All things considered, how satisfied are you with the medical care you received at the Internal Medicine Clinic during this visit?

	Completely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied	Completely satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How many days were there between the day your appointment was made and the day you saw DR. JOHNSON?

<input type="radio"/> Same day	<input type="radio"/> 8 - 14 days
<input type="radio"/> 1 day	<input type="radio"/> 15 - 30 days
<input type="radio"/> 2 - 3 days	<input type="radio"/> More than 30 days
<input type="radio"/> 4 - 7 days	<input type="radio"/> I did not have an appointment time; I "walked in" to the clinic. (GO TO Q8)

7. How would you rate the number of days between the day your appointment was made and the day you saw DR. JOHNSON?

	Poor	Fair	Good	Very Good	Excellent
<input type="radio"/>					

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8. How long did you wait for DR. JOHNSON past your appointment time (*or past the time you walked in if you did not have a specific appointment*)? Did not wait 31 - 45 minutes
 1 - 15 minutes 46 - 60 minutes
 16 - 30 minutes More than 60 minutes
9. How would you rate the number of minutes you spent waiting for DR. JOHNSON? Poor Fair Good Very Good Excellent
10. How would you rate the Internal Medicine Clinic on:
a. Ease of making this appointment by phone Poor Fair Good Very Good Excellent N/A
b. Access to medical care whenever you need it Poor Fair Good Very Good Excellent N/A
c. The process of obtaining a referral for specialty care Poor Fair Good Very Good Excellent N/A
11. Thinking about times when you have called the Internal Medicine Clinic for medical information or advice, how would you rate the length of time it took clinic personnel to return your call? Poor Fair Good Very Good Excellent N/A
12. All things considered, how satisfied were you with the Internal Medicine Clinic during this visit? Completely dissatisfied Very dissatisfied Somewhat dissatisfied Neither satisfied nor dissatisfied Somewhat satisfied Very satisfied Completely satisfied

Previously we asked you about your specific appointment with DR. JOHNSON and the Internal Medicine Clinic. We would now like to ask you some more general questions:

13. How would you rate Fox Army Community Hospital on the following: Poor Fair Good Very Good Excellent Haven't Used
- a. Pharmacy services Poor Fair Good Very Good Excellent Haven't Used
b. X-ray services Poor Fair Good Very Good Excellent Haven't Used
c. Laboratory services Poor Fair Good Very Good Excellent Haven't Used
d. Medical record services Poor Fair Good Very Good Excellent Haven't Used
14. Are you enrolled in TRICARE Prime? Yes No (**GO TO Q16**) Not eligible to enroll (**GO TO Q16**) Don't know (**GO TO Q16**)
15. Is DR. JOHNSON (or the provider you saw) your Primary Care Manager? Yes No Don't know
16. If you were given the option, would you:
 Enroll in TRICARE Prime Disenroll from TRICARE Prime TRICARE Prime is not available in this area
 Re-enroll in TRICARE Prime Not enroll in TRICARE Prime

17. In general, would you say your health is: Excellent Very Good Good Fair Poor

If you would like to tell us about your last visit or your overall experience with the Internal Medicine Clinic or DR. JOHNSON, please write your comments on a separate sheet of paper and return it with this survey. The separate sheet will be forwarded directly to the Commander of Fox Army Community Hospital.

Thank you for completing this survey. Please return it in the postage-paid envelope at your earliest possible convenience.

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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301-1200

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HEALTH AFFAIRS

3363554-A-MAAD1

|||||
PFC JOHN DOE
BRKS 2005 RM 242
ANYTOWN ANYTOWN 12345-6789

Dear PFC JOHN DOE:

The Department of Defense is seeking your help in gathering important information about your Family's health care. This survey asks about your satisfaction with your appointment on 15 July 1998 in the Internal Medicine Clinic of Fox Army Community Hospital. I ask that you restrict your comments to that particular visit so we may focus on your satisfaction with that experience.

You were selected from a scientifically designed random sample of patients seen in that clinic. As in any sample survey, it is important that you respond so we may obtain a more accurate understanding of your satisfaction with your visit. Your feedback will offer the Commander of Fox Army Community Hospital and the entire leadership of the Military Health System valuable information for improving the services and health care we provide. Once you have answered all the questions, please detach this cover letter and return only the questionnaire (and any written comments you care to make) in the enclosed postage-paid envelope at your earliest possible convenience.

Your answers to this survey will be held in strictest confidence, and you will not be personally identified in any reports or release of survey data. However, any written comments you provide will be forwarded directly to the Commander of the facility you visited, so please do not identify yourself in your comments. If your comments are of an urgent or personal nature, please contact the Commander or Patient Representative directly. Only authorized personnel will have access to your name and address, and only for mailing purposes. Information which might be used to identify specific individuals will be removed from the files, and only group statistics will be reported.

I urge you to invest the 5 - 10 minutes which this survey will require to help us improve military medicine. Thank you for your help.

Gary A. Christopherson
Principal Deputy Assistant Secretary
Health Affairs

Ronald R. Blanck
Lieutenant General, USA
The Surgeon General

Survey Guidelines

The survey is being conducted to help policy makers learn more about beneficiary satisfaction with the Military Health System. Information from the survey will be used to help develop policies that may be needed to improve the system. In addition, survey information will be used by military medical treatment facility commanders to evaluate services provided. The survey will be conducted monthly.

Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. However, maximum participation is essential to ensure that the data are complete and accurately reflect the opinions of our beneficiaries as a whole. Your responses will be treated as confidential. Personal identifying information will only be used to prepare the questionnaire and send a follow up postcard. After that postcard is mailed, your name and street address will be purged from all databases. Only group statistics will be reported in findings from this survey. Any written comments you choose to send will be forwarded directly and exclusively to the commander of the facility which provided the health care.

Reports from this survey will be provided to the facility commander and intermediate levels of command up to the Office of the Assistant Secretary of Defense (Health Affairs). Some findings may be reported in manuscripts presented at conferences, symposia, scientific meetings and professional journals.

**PLEASE COMPLETE THE FOLLOWING SURVEY
ACCORDING TO THE MARKING INSTRUCTIONS BELOW**

MARKING	INCORRECT MARKS ○ ○ ○ ✎	CORRECT MARK ○ ○ ○ ●	
INSTRUCTIO	• Please use blue or black pen	• Fill the oval completely	• Do not make any stray marks



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ANYTOWN 12345-6789