



**Federal Aviation  
Administration**

## **FAA Aerospace Medical Certification Services Airman Satisfaction Survey**

Comparison of Summary Results for:

**2014 Overall Results Compared with  
2012 Results for Comparable Items**

Federal Aviation Administration  
Civil Aerospace Medical Institute  
Aerospace Human Factors Research Division  
Oklahoma City, Oklahoma

And

Xyant Technology, Incorporated  
Oklahoma City, Oklahoma

## Explanation of Report Content

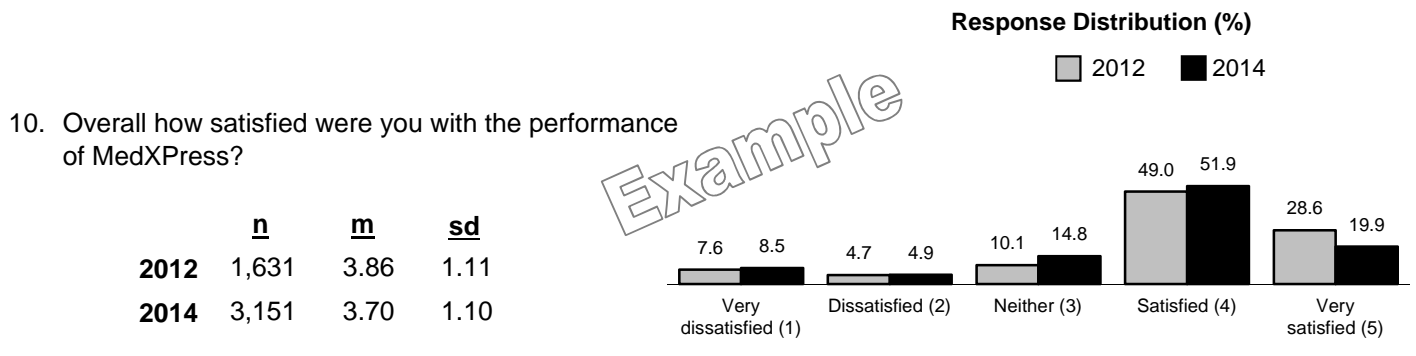
The Federal Aviation Administration’s (FAA) Civil Aerospace Medical Institute has surveyed airmen three times since 2006, in 2008, 2012, and most recently in 2014. The survey examined satisfaction with Aerospace Medical Certification Services provided by AMEs, FAA Regional Flight Surgeons, and the FAA Aerospace Medical Certification Division in Oklahoma City. The goal of each survey has been to evaluate the degree of customer satisfaction with Aerospace Medical Certification Services, identify areas in which the FAA may improve its services to airmen, and assess change in customer satisfaction as a result of those improvements. Airmen participation in the survey has always been voluntary.

An invitation to complete the 2014 survey was distributed via US Postal mail to a sample of airmen who recently sought medical certification from an AME. Airmen were offered the option to either complete the survey online via the Internet using a computer or mobile device, or to request a paper survey to complete and return via US Postal mail. Respondents were informed that completion of the survey, or any part of the survey, was voluntary.

This report provides an item-by-item comparison of the 2012 (n=4,256) and 2014 (n=3,703) survey results for airmen who met the criteria for inclusion (i.e., recently sought Class I, Class II, or Class III medical certification from an AME).

Additional results are in the report appendices. Appendix A contains a listing of the 2014 survey items. Appendix B documents the differences in item and response option wording for 2012 and 2014 comparable survey items. Note: the † at the end of an item signifies results are for slightly different but comparable items from the two surveys. Responses to the open-ended text items and additional feedback are provided in a separate document, which is available upon request.

### Example of Report Format



### Descriptive Statistics

Sample of Airmen (N). The number of airmen who had the opportunity to complete the survey.

Number of Respondents (n). The number of airmen who provided a valid response.

Mean (m). The arithmetic average, calculated as the sum of response values for an item divided by the number of respondents who answered that item.

Standard Deviation (sd). The measure of dispersion, or spread, of values around the mean. Smaller standard deviation values indicate higher levels of agreement among respondents.

Frequency Count. The number of times a response option is selected. The frequency count for ‘mark all that apply’ items may sum to greater than the number of respondents.

Percent (%) of Respondents. The percent is calculated by dividing the Frequency Count by the Number of Respondents and multiplying by 100.

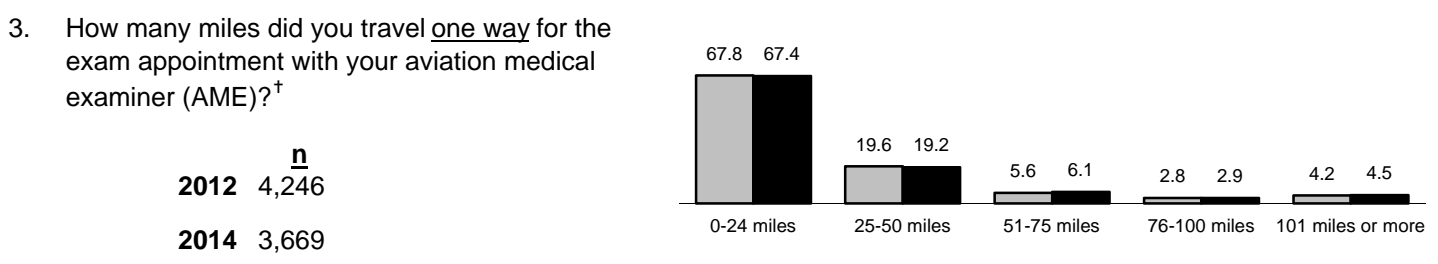
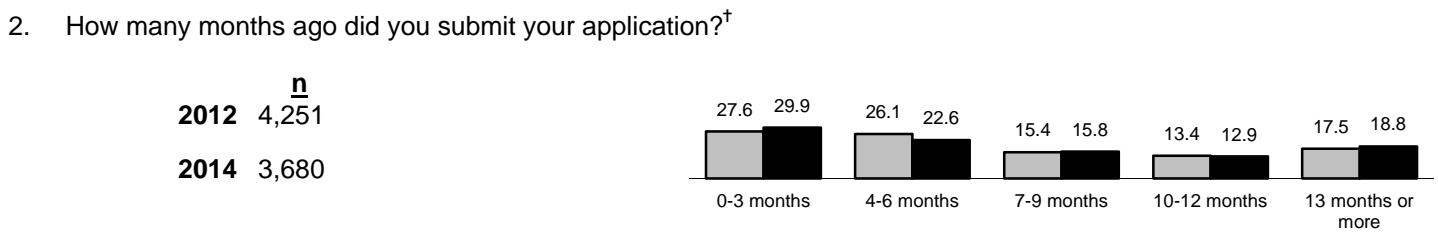
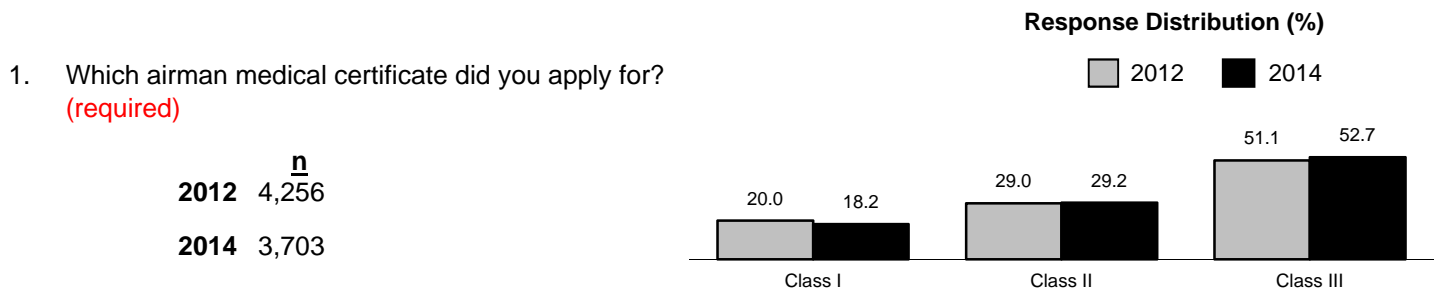
Response Distribution (%). The proportion, or percentage, of respondents that selected a given response across all item response options.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

Responses to some items are required to skip items not relevant to the airmen's experiences. The labels on the 5-point interval scales start low (e.g., very dissatisfied, not at all, far below expectations) with a value of "1" and go high (e.g., very satisfied, great extent, far above expectations) with a value of "5"; the scale mid-point (e.g., neither, moderate extent, met expectations) has a value of "3". As a reminder, responses to the text-entry items are provided in a separate document, which is available upon request. Also, in the body of the report a † at the end of an item indicates a difference in wording, response scale, and/or sequence between the surveys. The differences are documented in Appendix B.

## AME SERVICES

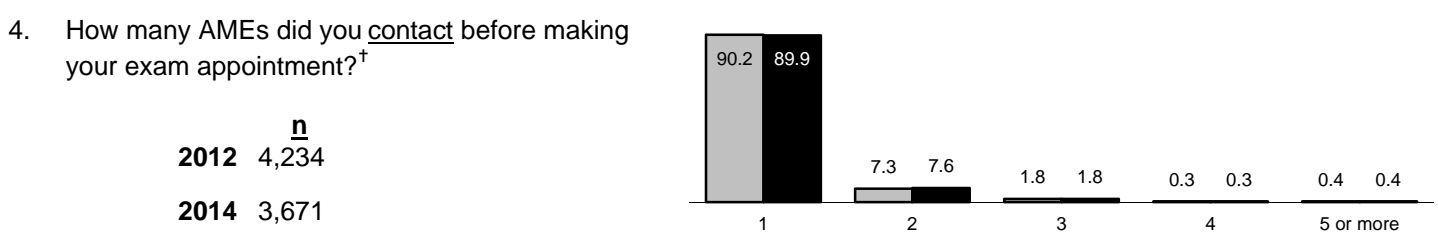
Based on your most recent application for airman medical certification:



Results for *Item 3a* include only respondents who indicated '101 miles or more' on *Item 3* and provided a written response.

3a. Responses to '101 miles or more' traveled one way for exam appointment.  
(Available upon request)

2014 n  
159



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

5. What was the basis for selecting your AME?† [mark all that apply]

**2012** n 4,236  
**2014** 3,683

<u>Frequency Count*</u>			<u>% of Respondents**</u>	
<u>2012</u>	<u>2014</u>		<u>2012</u>	<u>2014</u>
356	295	Referred by flight instructor or school	8.4	8.0
60	44	Referred by airline or AME employed by airline	1.4	1.2
873	707	Referred by pilot	20.6	19.2
329	253	Referred by doctor or previous AME	7.8	6.9
2,344	1,980	Performed my previous medical certification exam(s)	55.3	53.8
293	215	Is my primary care doctor	6.9	5.8
138	105	Makes quick certification decisions	3.3	2.9
424	394	Licensed to perform needed service (Class I exam, special issuance, etc.)	10.0	10.7
---	193	Handles complex cases	---	5.2
1,285	973	Nearest location	30.3	26.4
299	306	Earliest available appointment	7.1	8.3
252	185	Low cost	6.0	5.0
285	204	Other reason(s) (enter below)	6.7	5.5

--- Signifies response option was not available in 2012.

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [mark all that apply].

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

Results for Item 5a include only respondents who indicated 'Other reason' on Item 5 and provided a written response.

5a. Responses to 'Other reason' for AME selected.  
 (Available upon request)

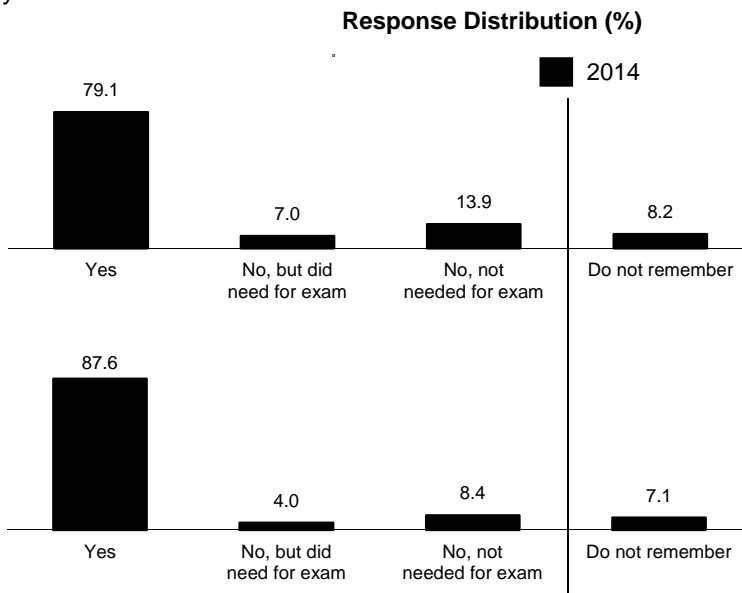
**2014** n 199

## Based on your most recent application for airman medical certification:

6. Did the AME's office tell you to bring the following to your exam appointment?

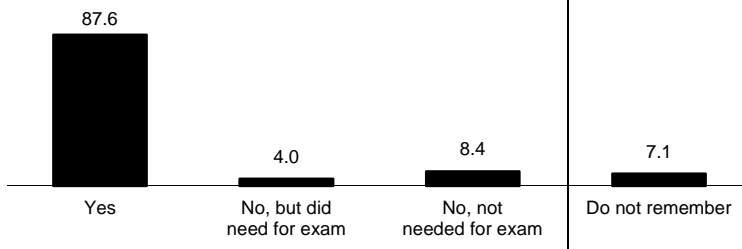
### valid photo ID

**2014** n 3,202      n (Do not remember) 3,488



### MedXPress confirmation number

**2014** n 3,297      n (Do not remember) 3,548



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

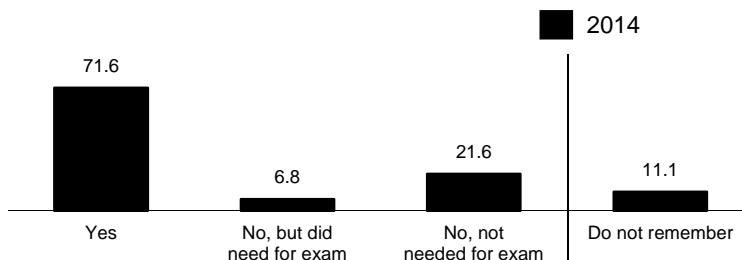
## Based on your most recent application for airman medical certification:

6. Did the AME's office tell you to bring the following to your exam appointment?

Response Distribution (%)

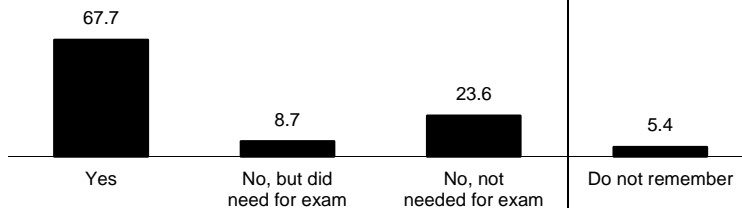
### printout of completed Summary Sheet from MedXPress

2014 n 3,077 n (Do not remember) 3,461



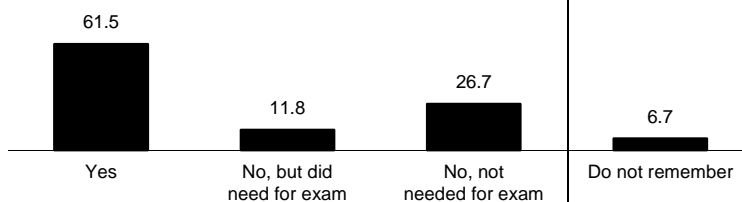
### list of your medications

2014 n 3,323 n (Do not remember) 3,512



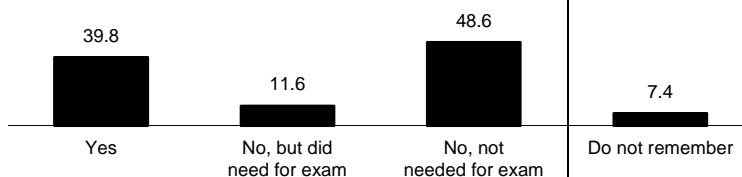
### medical history details (e.g., dates of hospitalizations and medical exams)

2014 n 3,237 n (Do not remember) 3,469



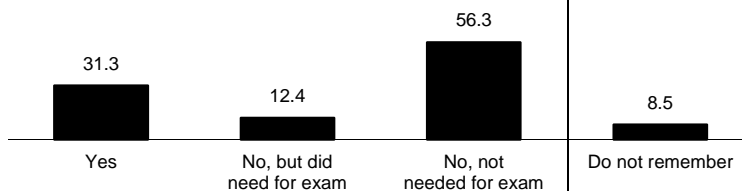
### current medical tests/lab results

2014 n 3,191 n (Do not remember) 3,445



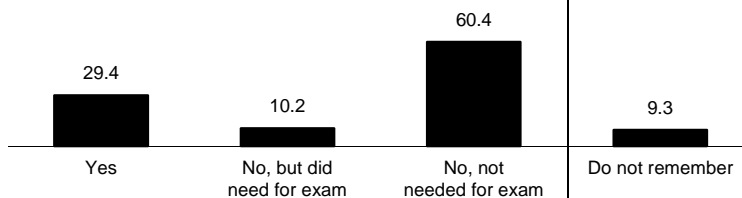
### past medical tests/lab results

2014 n 3,107 n (Do not remember) 3,396



### special issuance paperwork

2014 n 3,061 n (Do not remember) 3,375



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

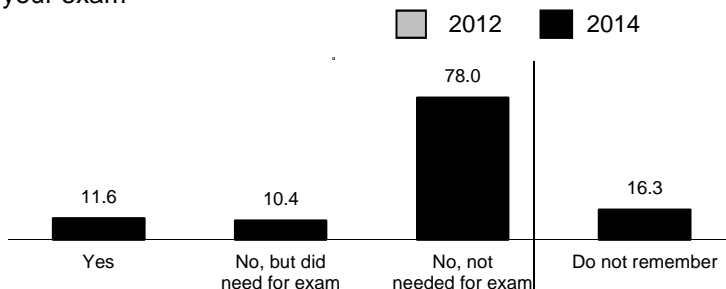
Based on your most recent application for airman medical certification:

Response Distribution (%)

6. Did the AME's office tell you to bring the following to your exam appointment?

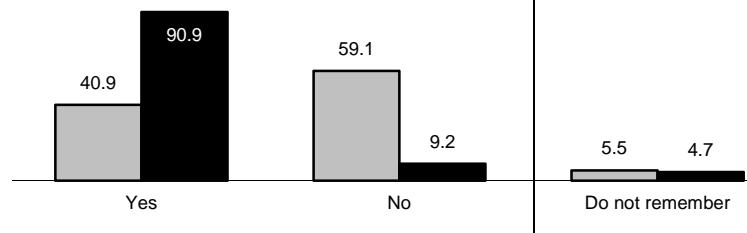
**SODA (statement of demonstrated ability) paperwork**

	<u>n</u>	<u>n</u> (Do not remember)
<b>2014</b>	2,751	3,288



7. Did you use MedXPress to submit your application?† (required)

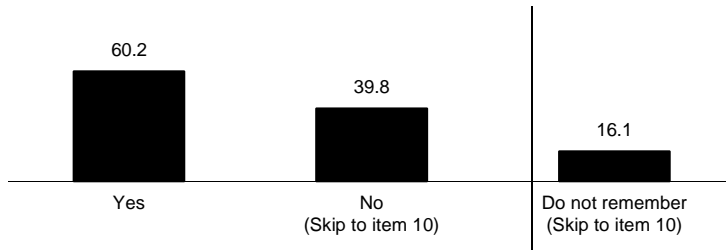
	<u>n</u>	<u>n</u> (Do not remember)
<b>2012</b>	4,001	4,234
<b>2014</b>	3,485	3,657



Results for *Item 8* through *Item 14* include only respondents who indicated 'Yes' on *Item 7*.

8. Did your AME's office ask you to provide your MedXPress Summary Sheet before your exam appointment? (required)

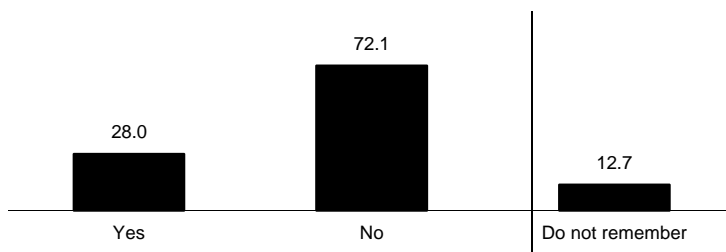
	<u>n</u>	<u>n</u> (Do not remember)
<b>2014</b>	2,632	3,137



Results for *Item 9* include only respondents who indicated 'Yes' on *Item 8*.

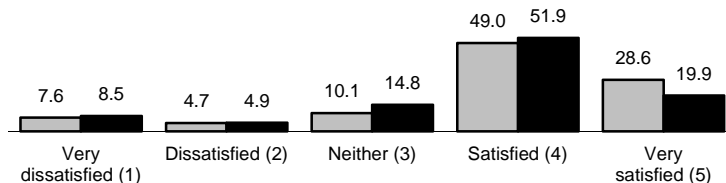
9. Based on their receipt of your MedXPress Summary Sheet, did your AME's office ask you to bring additional documentation to your exam appointment?

	<u>n</u>	<u>n</u> (Do not remember)
<b>2014</b>	1,381	1,581



10. Overall how satisfied were you with the performance of MedXPress?

	<u>n</u>	<u>m</u>	<u>sd</u>
<b>2012</b>	1,631	3.86	1.11
<b>2014</b>	3,151	3.70	1.10

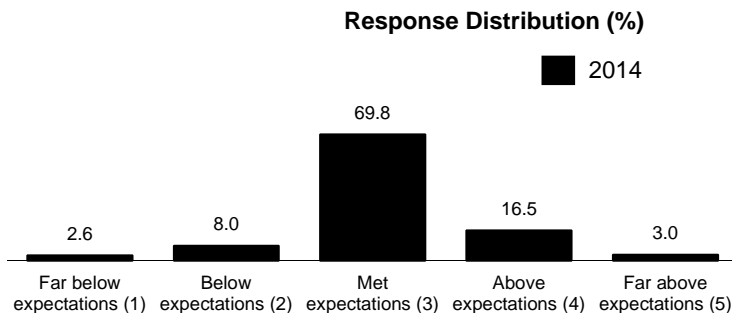


# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

Based on your most recent application for airman medical certification:

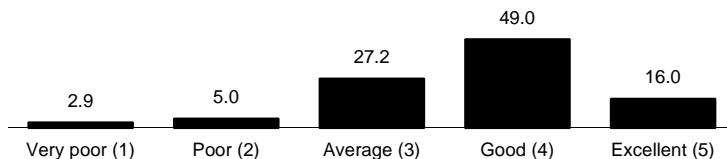
11. How did MedXPress perform compared to your expectations?

2014    n    m    sd  
 3,143    3.09    0.68



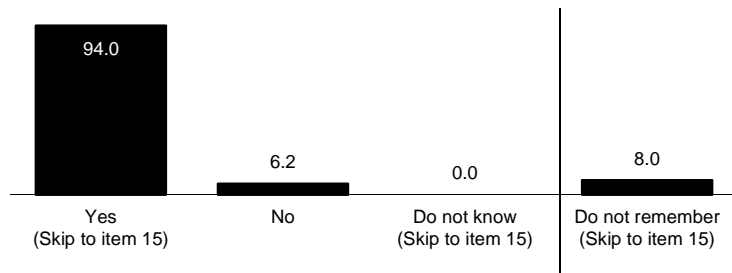
12. Overall how would you rate the performance of MedXPress?

2014    n    m    sd  
 3,148    3.70    0.90



13. Did the AME access your MedXPress form online during the exam appointment? (required)

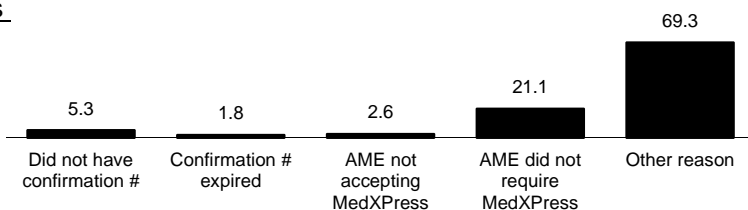
2014    n    n (Do not remember)  
 1,935    3,157



Results for *Item 14* include only respondents who indicated 'No' on *Item 13*.

14. What was the main reason the AME did not access your MedXPress form online during the exam appointment?

2014    n  
 114



Results for *Item 14a* include only respondents who indicated 'Other reason' on *Item 14* and provided a written response.

14a. Responses to 'Other reason' for AME did not access MedXPress online form.  
 (Available upon request)

2014    n  
 76

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

15a. During your exam appointment, who reviewed your medical history with you?<sup>†</sup> *[mark all that apply]*

n  
**2012** 4,198  
**2014** 3,617

<u>Frequency Count*</u>			<u>% of Respondents**</u>	
<u>2012</u>	<u>2014</u>		<u>2012</u>	<u>2014</u>
435	138	No one	10.4	3.8
3,359	3,089	AME	80.0	85.4
238	37	Another Physician (not the AME)	5.7	1.0
246	210	Physician's Assistant	5.9	5.8
350	358	Nurse	8.3	9.9
96	81	Other office personnel	2.3	2.2
---	85	Do not remember	---	2.4

--- Signifies response option was not available in 2012.

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses *[mark all that apply]*.

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

15b. During your exam appointment, who performed your physical exam?<sup>†</sup> *[mark all that apply]*

n  
**2012** 4,204  
**2014** 3,606

<u>Frequency Count*</u>			<u>% of Respondents**</u>	
<u>2012</u>	<u>2014</u>		<u>2012</u>	<u>2014</u>
41	19	No one	1.0	0.5
3,979	3,476	AME	94.7	96.4
130	26	Another Physician (not the AME)	3.1	0.7
256	159	Physician's Assistant	6.1	4.4
469	295	Nurse	11.2	8.2
65	53	Other office personnel	1.6	1.5
---	16	Do not remember	---	0.4

--- Signifies response option was not available in 2012.

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses *[mark all that apply]*.

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

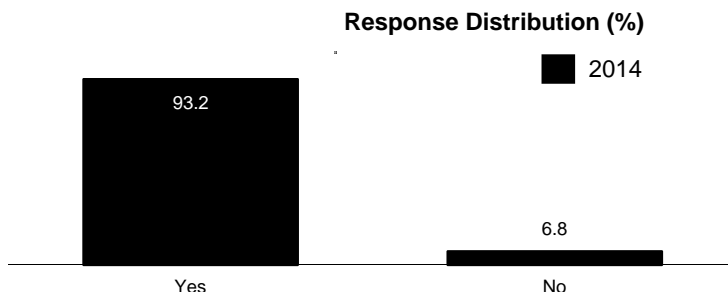
## Based on your most recent application for airman medical certification:

Results for *Item 16* include only respondents who indicated that an 'AME' performed their physical exam on *Item 15b*.

16. Did your AME...?

**perform a thorough medical exam**

n  
**2014** 3,434





# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

Based on your most recent application for airman medical certification:

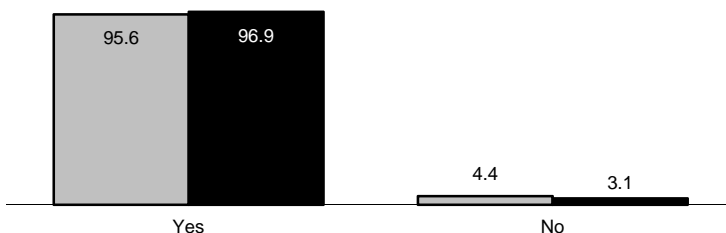
16. Did your AME...?

**Response Distribution (%)**

2012 2014

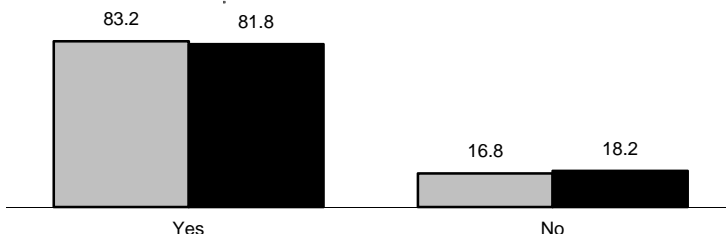
**examine your eyes and ears with a medical device**

**n**  
2012 4,169  
2014 3,439



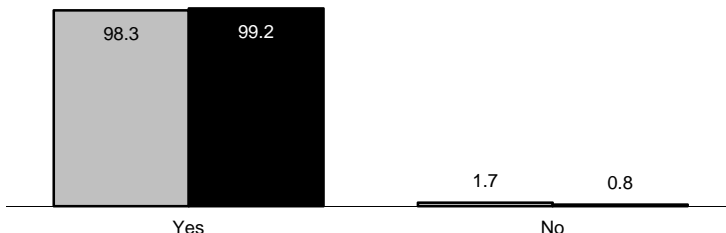
**have you remove or undo articles of clothing for the exam†**

**n**  
2012 4,157  
2014 3,432



**listen to your heart and lungs**

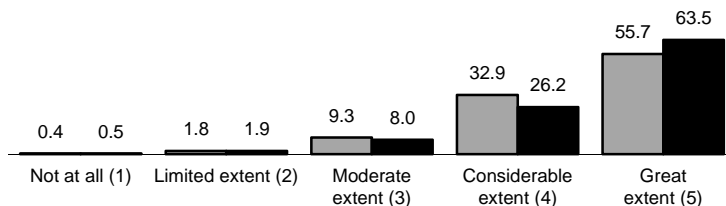
**n**  
2012 4,168  
2014 3,439



17. To what extent did your AME...?

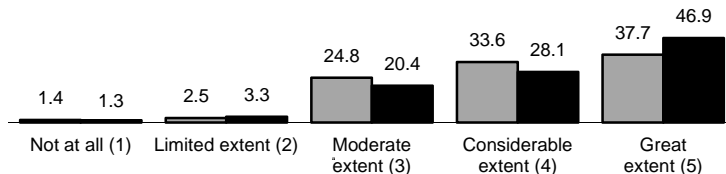
**provide a professional setting for the medical exam, including cleanliness and appearance†**

**n**      **m**      **sd**  
2012 4,158      4.42      0.76  
2014 3,599      4.50      0.76



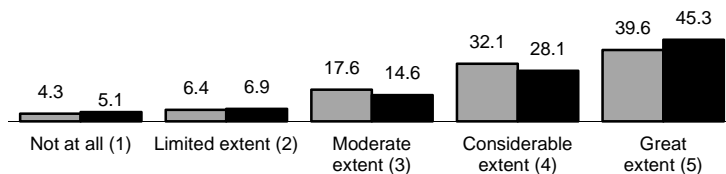
**charge appropriately for services**

**n**      **m**      **sd**  
2012 4,149      4.04      0.92  
2014 3,513      4.16      0.95



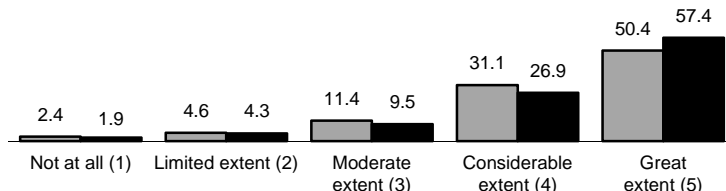
**clearly explain your responsibilities in the medical certification process**

**n**      **m**      **sd**  
2012 4,145      3.96      1.10  
2014 3,414      4.02      1.16



**provide you with all the information you requested**

**n**      **m**      **sd**  
2012 4,133      4.22      0.99  
2014 3,184      4.33      0.95



Response distribution percentages may not sum to 100% due to rounding.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

Based on your most recent application for airman medical certification:

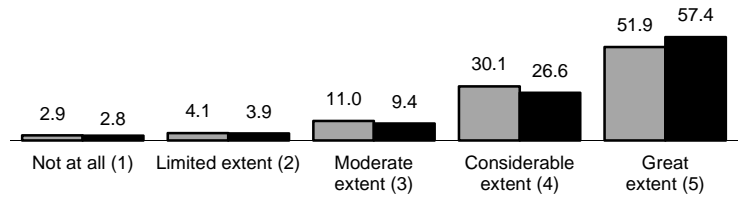
17. To what extent did your AME...?

Response Distribution (%)

2012 2014

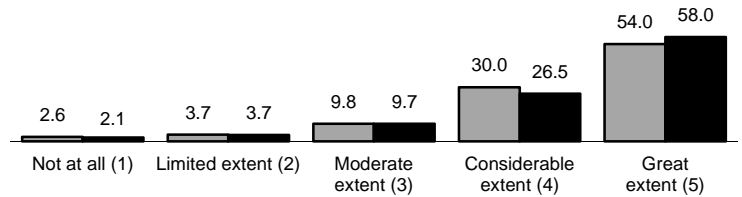
provide information you requested in a timely manner

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	4,111	4.24	1.00
2014	2,947	4.32	0.99



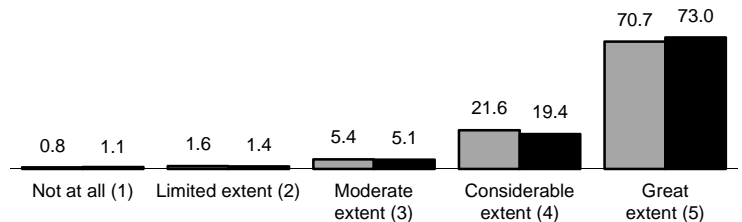
provide you with accurate information

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	4,121	4.29	0.96
2014	3,462	4.35	0.95



treat you with courtesy and respect

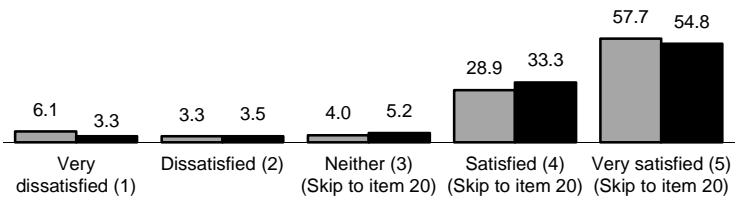
	<u>n</u>	<u>m</u>	<u>sd</u>
2012	4,163	4.60	0.74
2014	3,590	4.62	0.74



18. Overall how satisfied were you with your exam appointment?

(required)

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	4,174	4.29	1.10
2014	3,616	4.33	0.96



Results for *Item 19* include only respondents who indicated 'Very dissatisfied' or 'Dissatisfied' on *Item 18*.

19. Why were you dissatisfied with the exam appointment? [mark all that apply]

	<u>n</u>
2014	216

**Frequency Count\***

**% of Respondents\*\***

122	AME did not issue my certificate during the exam appointment	56.5
38	The exam was not thorough	17.6
19	Not examined in a professional environment	8.8
2	AME conducted the exam at a different location than listed in the FAA directory	0.9
8	I had to remove articles of clothing	3.7
37	Not treated with courtesy and respect	17.1
117	Other reason(s) (enter below)	54.2

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [mark all that apply].

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

Response distribution percentages may not sum to 100% due to rounding.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

Results for *Item 19a* include only respondents who indicated 'Other reason' on *Item 19* and provided a written response.

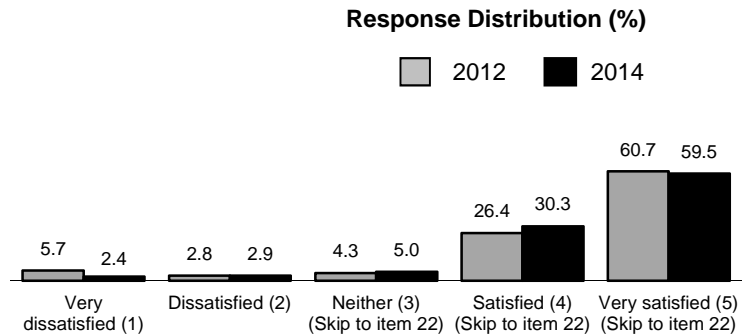
19a. Responses to 'Other reason' for dissatisfaction with the exam appointment.  
(Available upon request)

2014  $\frac{n}{117}$

Based on your most recent application for airman medical certification:

20. Overall how satisfied were you with the quality of service provided by your AME? (required)

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	4,173	4.34	1.08
2014	3,584	4.42	0.90



Results for *Item 21* include only respondents who indicated 'Very dissatisfied' or 'Dissatisfied' on *Item 20*.

21. Why were you dissatisfied with the quality of AME services? [mark all that apply]

2014  $\frac{n}{170}$

Frequency Count*		% of Respondents**
89	AME did not issue my certificate during the exam appointment	52.4
36	AME lacked knowledge of current airman medical certification standards	21.2
37	Not informed of required documentation to bring to the exam	21.8
83	Not informed of additional documentation that the FAA would require to issue my certificate	48.8
54	Not informed of status of application	31.8
73	Other reason(s) (enter below)	42.9

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [mark all that apply].

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

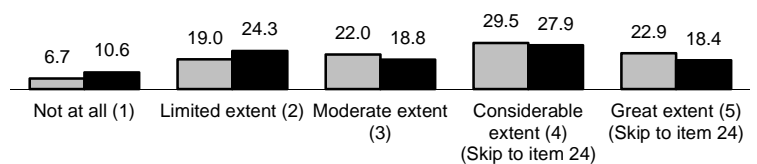
Results for *Item 21a* include only respondents who indicated 'Other reason' on *Item 21* and provided a written response.

21a. Responses to 'Other reason' for dissatisfaction with the quality of AME services.  
(Available upon request)

2014  $\frac{n}{72}$

22. Based on your most recent experience with your AME, to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System? (required)

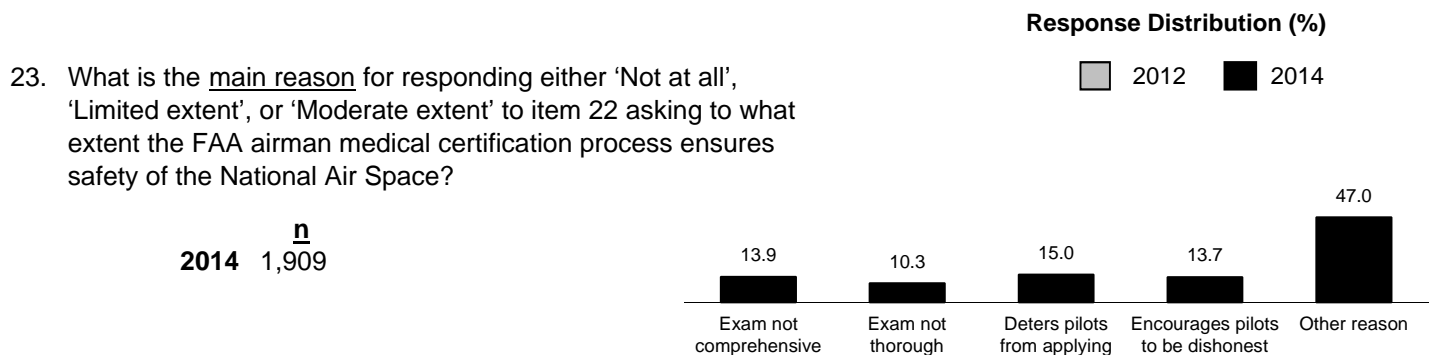
	<u>n</u>	<u>m</u>	<u>sd</u>
2012	4,166	3.43	1.22
2014	3,603	3.19	1.28



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

## Based on your most recent application for airman medical certification:

Results for *Item 23* include only respondents who indicated 'Not at all', 'Limited extent', or 'Moderate extent' on *Item 22*.



Results for *Item 23a* include only respondents who indicated 'Other reason' on *Item 23* and provided a written response.

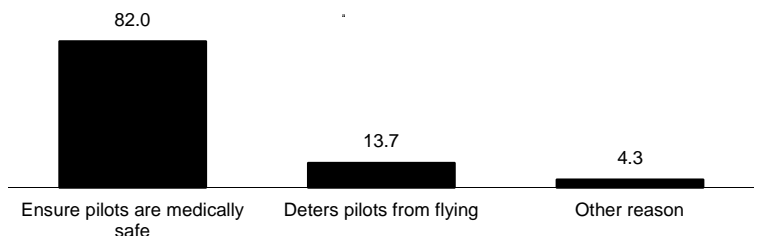
23a. Responses to 'Other reason' for responding either 'Not at all', 'Limited extent', or 'Moderate extent'.  
(Available upon request)

2014  $\frac{n}{889}$

Results for *Item 24* include only respondents who indicated 'Considerable extent' or 'Great extent' on *Item 22*.

24. What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 22 asking to what extent the FAA airman medical certification process ensures safety of the National Air Space?

2014  $\frac{n}{1,654}$



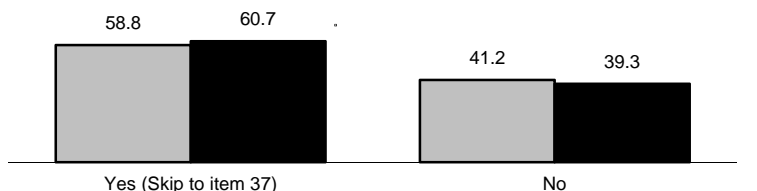
Results for *Item 24a* include only respondents who indicated 'Other reason' on *Item 24* and provided a written response.

24a. Responses to 'Other reason' for responding either 'Considerable extent' or 'Great extent'.  
(Available upon request)

2014  $\frac{n}{71}$

25. Was your medical certificate issued on the same day as your exam appointment? (required)

2012  $\frac{n}{4,216}$   
2014 3,606



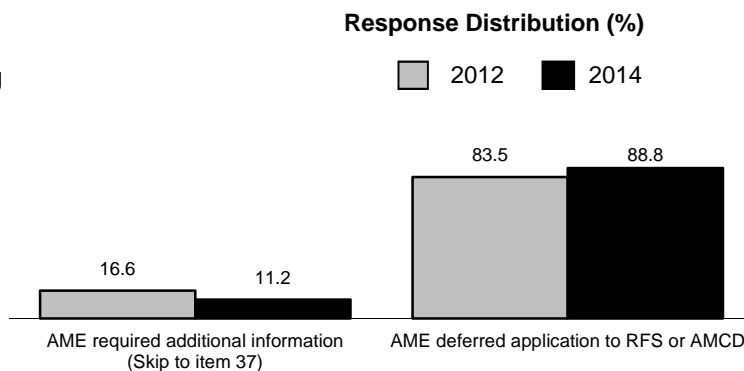
# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

## Based on your most recent application for airman medical certification:

Results for *Item 26* through *Item 36* include only respondents who indicated 'No' on *Item 25*.

26. Which of the following best describes the processing of your application for a medical certification?<sup>†</sup>  
(required)

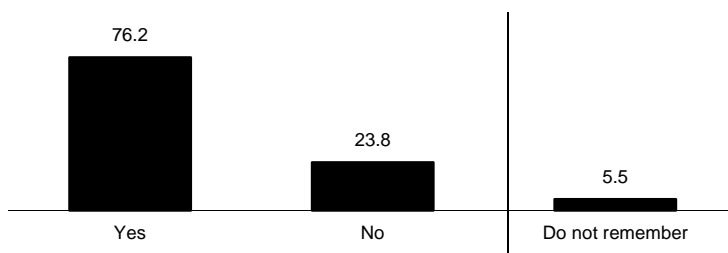
**2012**    n    1,728  
**2014**    n    1,414



Results for *Item 27* through *Item 36* include only respondents who indicated 'The AME deferred my application to the RFS or to the AMCD in Oklahoma City for review' on *Item 26*.

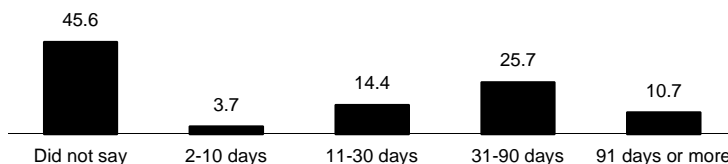
27. Did your AME explain to you the requirements for additional documentation to meet FAA standards?

**2014**    n    1,176    n (Do not remember)    1,245



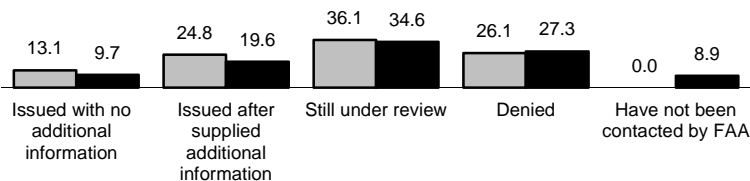
28. How long did the AME tell you it would take to receive a decision regarding your medical certification?

**2014**    n    1,247



29. Which of the following best describes what happened after the AME deferred your application to the RFS or the AMCD in Oklahoma City?<sup>†</sup> (required)

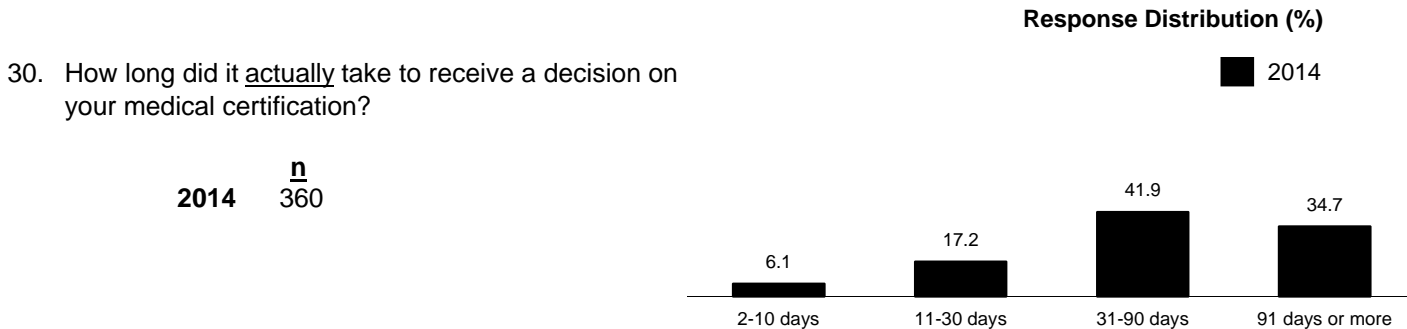
**2012**    n    1,434  
**2014**    n    1,250



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

## Based on your most recent application for airman medical certification:

Results for *Item 30* include only respondents who indicated 'No additional information was requested from me before being issued my certificate' or 'I had to supply additional information, and then was issued my certificate' on *Item 29*.



### FAA AIRMAN MEDICAL CERTIFICATION SERVICES

Results for *Item 31* through *Item 36* exclude those respondents who indicated 'I have not been contacted by the FAA' on *Item 29*.

31. Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [\[mark all that apply\]](#)

#### Regional Medical Division/Regional Flight Surgeon (RFS) Office

2014		<u>n</u>		<u>% of Respondents**</u>
		513		
<u>Frequency Count*</u>				<u>% of Respondents**</u>
362	No contact			70.6
82	Phone			16.0
16	E-mail			3.1
83	Postal mail			16.2

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [\[mark all that apply\]](#).

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

#### Aerospace Medical Certification Division (AMCD) – Oklahoma City

2014		<u>n</u>		<u>% of Respondents**</u>
		722		
<u>Frequency Count*</u>				<u>% of Respondents**</u>
160	No contact			22.2
186	Phone			25.8
18	E-mail			2.5
442	Postal mail			61.2

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [\[mark all that apply\]](#).

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

31. Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [\[mark all that apply\]](#)

## Office of Aerospace Medicine (OAM) – Washington, DC

2014  $\frac{n}{419}$

Frequency Count*		% of Respondents**
374	No contact	89.3
22	Phone	5.3
0	E-mail	0.0
28	Postal mail	6.7

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [\[mark all that apply\]](#).

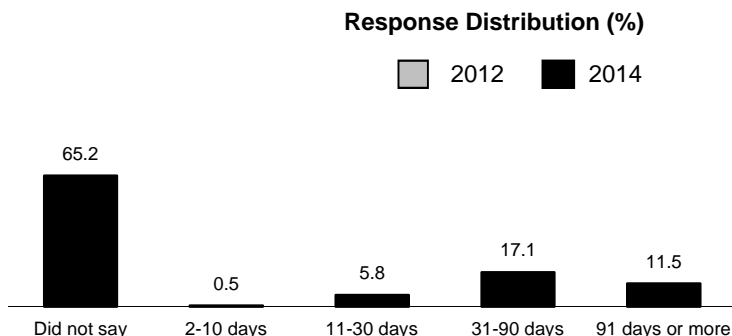
\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

Results for *Item 32 through Item 36* includes only respondents who indicated that they had contact with at least one of the FAA offices on *Item 31*.

### Based on your most recent application for airman medical certification:

32. What was the longest time that the FAA medical representative(s) told you it would take to receive a decision on your medical certificate?

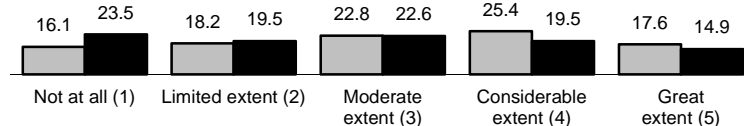
2014  $\frac{n}{626}$



33. To what extent did the FAA medical representative(s) you had contact with...?

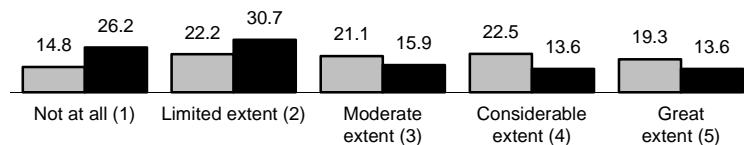
#### clearly explain your responsibilities in the medical certification process

	2012	$\frac{n}{1,525}$	$\frac{m}{3.10}$	$\frac{sd}{1.33}$
2014	558		2.83	1.38



#### provide you with all the information you requested

	2012	$\frac{n}{1,491}$	$\frac{m}{3.09}$	$\frac{sd}{1.34}$
2014	485		2.58	1.36



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

## Based on your most recent application for airman medical certification:

33. To what extent did the FAA medical representative(s) you had contact with...?

Response Distribution (%)

2012 2014

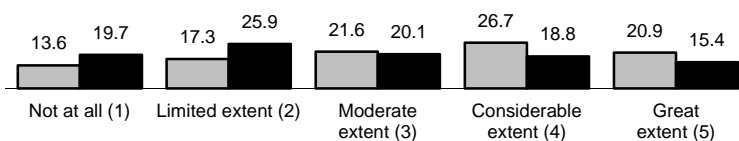
**provide information you requested in a timely manner**

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	1,488	2.95	1.39
2014	484	2.48	1.37



**provide you with accurate information**

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	1,498	3.24	1.33
2014	532	2.84	1.35



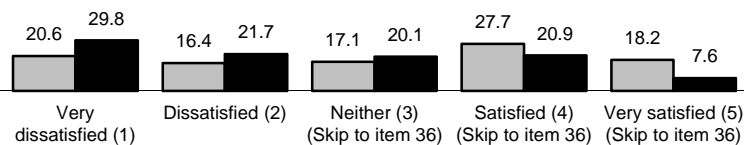
**treat you with courtesy and respect**

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	1,519	3.70	1.24
2014	514	3.44	1.31



34. Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)? (required)

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	1,546	3.07	1.41
2014	632	2.55	1.31



Results for *Item 35* include only respondents who indicated 'Very dissatisfied' or 'Dissatisfied' *Item 34*.

35. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]

	<u>n</u>
2014	323

**Frequency Count\***

**% of Respondents\*\***

118	Denied my medical certificate	36.5
42	Not treated with courtesy and respect	13.0
128	Not adequately informed of requirements for additional documentation	39.6
108	Failed to explain requirements for additional documentation	33.4
118	Not informed of status of application	36.5
183	Poor communication on where application was in the review process	56.7
180	Took too long to complete the review	55.7
141	Other reason(s) (enter below)	43.7

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [mark all that apply].

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.



# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

Results for *Item 35a* include only respondents who indicated 'Other reason' on *Item 35* and provided a written response.

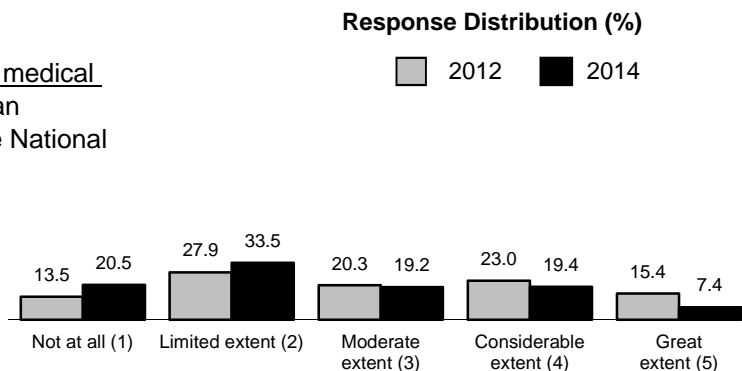
35a. Responses to 'Other reason' for dissatisfaction with the quality of services provided by the FAA medical representative(s). (Available upon request)

2014     n  
          141

Based on your most recent application for airman medical certification:

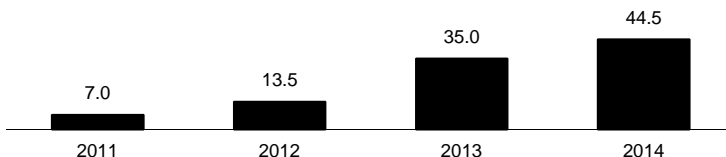
36. Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System?<sup>†</sup>

	<u>n</u>	<u>m</u>	<u>sd</u>
2012	1,546	2.99	1.29
2014	624	2.60	1.22



37. What year was your most recent airman medical certification?

2014     n  
          3,401



## DEMOGRAPHICS

38. Which pilot certificate(s) do you currently hold?<sup>†</sup> [*mark all that apply*]

	<u>n</u>
2012	4,154
2014	3,562

### Frequency Count\*

### % of Respondents\*\*

<u>2012</u>	<u>2014</u>		<u>2012</u>	<u>2014</u>
16	27	Student	0.4	0.8
---	4	Sport	---	0.1
9	6	Recreational	0.2	0.2
1,636	1,411	Private	39.4	39.6
1,880	1,647	Commercial	45.3	46.2
1,348	1,159	Airline Transport	32.5	32.5

--- Signifies response option was not available in 2012.

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [*mark all that apply*].

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

39. Which rating(s) do you currently hold?† [mark all that apply]

	<u>n</u>
<b>2012</b>	4,054
<b>2014</b>	3,552

<u>Frequency Count*</u>			<u>% of Respondents**</u>	
<u>2012</u>	<u>2014</u>		<u>2012</u>	<u>2014</u>
970	673	Do not hold any rating	23.9	19.0
1,945	2,552	Instrument Flight Rules (IFR)	48.0	71.9
1,144	1,007	Certified Flight Instructor (CFI)	28.2	28.4
---	783	Other	---	22.0

--- Signifies response option was not available in 2012.

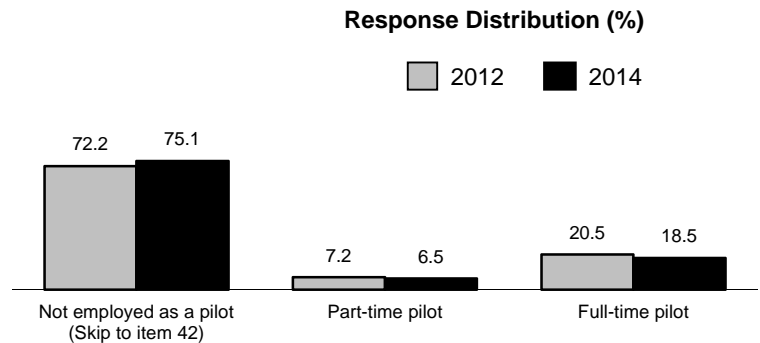
\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [mark all that apply].

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

## Based on your most recent application for airman medical certification:

40. Are you currently employed as a pilot?† (Required)

	<u>n</u>
<b>2012</b>	4,167
<b>2014</b>	3,593



Results for *Item 41* include only respondents who indicated 'Full-time pilot' or 'Part-time pilot' *Item 40*.

41. Is your employment as a pilot with a certificated operator conducting flights under the following?† [mark all that apply]

	<u>n</u>
<b>2012</b>	1,109
<b>2014</b>	884

<u>Frequency Count*</u>			<u>% of Respondents**</u>	
<u>2012</u>	<u>2014</u>		<u>2012</u>	<u>2014</u>
87	50	<b>Part 61</b> (Sport pilot)	7.8	5.7
437	353	<b>Part 91</b> (Corporate)	39.4	39.9
368	248	<b>Part 121</b> (Flag, domestic, supplemental operations)	33.2	28.1
14	5	<b>Part 125</b> (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)	1.3	0.6
3	0	<b>Part 129</b> (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage)	0.3	0.0
31	20	<b>Part 133</b> (Rotorcraft external loads)	2.8	2.3
201	168	<b>Part 135</b> (Commuter/On-demand operations)	18.1	19.0
44	31	<b>Part 137</b> (Agricultural operations)	4.0	3.5
87	58	<b>Part 141</b> (Pilot schools)	7.8	6.6
29	28	<b>Part 142</b> (Training centers)	2.6	3.2
132	126	<b>Other Part or Operation</b> (enter below)	11.9	14.3

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [mark all that apply].

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

Response distribution percentages may not sum to 100% due to rounding.

# FAA Aerospace Medical Certification Services Airman Satisfaction Survey - Overall Results

Results for *Item 41a* include only respondents who indicated 'Other part or operation' on *Item 41* and provided a written response.

41a. Write-in responses for 'Other Part or Operation' regarding certificated operator.  
 (Available upon request)

n  
**2014**    126

42. Which region handled your most recent application for airman medical certification?<sup>†</sup> (Required)

n  
**2012**    4,172  
**2014**    3,590

<u>Frequency Count*</u>			<u>% of Respondents**</u>	
<u>2012</u>	<u>2014</u>		<u>2012</u>	<u>2014</u>
53	44	<b>Alaskan Region (AAL)</b>	1.3	1.2
217	199	<b>Central Region (ACE)</b>	5.2	5.5
536	421	<b>Eastern Region (AEA)</b>	12.9	11.7
684	578	<b>Great Lakes Region (AGL)</b>	16.4	16.1
141	121	<b>New England Region (ANE)</b>	3.4	3.4
504	438	<b>Northwest Mountain Region (ANM)</b>	12.1	12.2
820	710	<b>Southern Region (ASO)</b>	19.7	19.8
575	529	<b>Southwest Region (ASW)</b>	13.8	14.7
642	550	<b>Western-Pacific Region (AWP)</b>	15.4	15.3

## COMMENTS

Item 43 provided airmen the opportunity to comment or offer helpful suggestions for improving Aerospace Medical Certification Services (AMCS). Airmen were informed that identifying information such as names would be removed and that comments were subject to the Freedom of Information Act (FOIA). Airmen were asked to categorize their input as compliment, complaint, recommendation, or general comment.

43. Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [*mark all that apply*] (Available upon request)

n  
**2014**    3,703

<u>Frequency Count*</u>		<u>% of Respondents**</u>
702	Recommendation for improvement	19.7
214	Compliment	6.0
417	Complaint	11.7
613	General Comment	17.2
1,854	Nothing more to add	52.1

\*Frequency Count can sum to greater than the Number of Respondents (n) due to multiple responses [*mark all that apply*].

\*\*Percent of Respondents is calculated by dividing the Frequency Count for each response option by the Number of Respondents to the item (n) and multiplying by 100.

# **Appendix A: Airman Medical Certification Services 2014 Feedback Survey**

You will be evaluating the quality of airman medical certification services provided by:

- your Aviation Medical Examiner (AME),
- your Regional Flight Surgeon (RFS) Office, and
- the Aerospace Medical Certification Division (AMCD) in Oklahoma City.

You will also evaluate your use of MedXPress (OMB control No. 2120-3400).

Your thoroughness and honesty in completing the survey are appreciated. Your feedback will help us improve medical certification services offered to all airman applicants. Participation is voluntary and anonymous. Your responses will be kept private to the extent provided by law.

**Instructions:** Read each item carefully then mark the response that best describes your ***most recent*** application for an airman medical certificate. **Note:** Some items require a response in order to skip items not relevant to you.

---

**Based on your most recent application for airman medical certification:**

**1. Which airman medical certificate did you apply for? (required)**

- Class I
- Class II
- Class III
- My medical certificate expired and I have not applied for another **(Stop here and return the survey. Thank You!)**
- I have never applied for an airman medical certificate **(Stop here and return the survey. Thank You!)**

**2. How many months ago did you submit your application?**

- 0-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- 13 months or more

**3. How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?**

- 0-24 miles
- 25-50 miles
- 51-75 miles
- 76-100 miles
- 101 miles or more **(explain below)**

Reason(s) for traveling 101 miles or more for your appointment: \_\_\_\_\_

---

**4. How many AMEs did you contact before making your exam appointment?**

- 1
- 2
- 3
- 4
- 5 or more

**Based on your most recent application for airman medical certification:**

**5. What was the basis for selecting your AME? *[mark all that apply]***

- Referred by flight instructor or school
- Referred by airline or AME employed by airline
- Referred by pilot
- Referred by doctor or previous AME
- Performed my previous medical certification exam(s)
- Is my primary care doctor
- Makes quick certification decisions
- Licensed to perform needed service (Class I exam, special issuance, etc.)
- Handles complex cases
- Nearest location
- Earliest available appointment
- Low cost
- Other reason(s) **(write in below)**

Other reason(s) for selecting your AME: \_\_\_\_\_

**6. Did the AME’s office tell you to bring the following to your exam appointment?**

	Yes	No, but did need for exam	No, not needed for exam	Do not remember
valid photo ID .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MedXPress confirmation number .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
printout of completed Summary Sheet from MedXPress .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
list of your medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
medical history details (e.g., dates of hospitalizations and medical exams).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
current medical tests/lab results .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
past medical tests/lab results .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
special issuance paperwork .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SODA (statement of demonstrated ability) paperwork .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. Did you use MedXPress to submit your application? **(required)****

- Yes
- No **(skip to item 15, on the next page)**
- Do not remember **(skip to item 15, on the next page)**

**8. Did your AME’s office ask you to provide your MedXPress Summary Sheet before your exam appointment? **(required)****

- Yes
- No **(skip to item 10)**
- Do not remember **(skip to item 10)**

**9. Based on their receipt of your MedXPress Summary Sheet, did your AME’s office ask you to bring additional documentation to your exam appointment?**

- Yes
- No
- Do not remember

**Based on your most recent application for airman medical certification:**

**10. Overall how satisfied were you with the performance of MedXPress?**

- Very dissatisfied
- Dissatisfied
- Neither
- Satisfied
- Very satisfied

**11. How did MedXPress perform compared to your expectations?**

- Far below expectations
- Below expectations
- Met expectations
- Above expectations
- Far above expectations

**12. Overall how would you rate the performance of MedXPress?**

- Very poor
- Poor
- Average
- Good
- Excellent

**13. Did the AME access your MedXPress form online during the exam appointment? (required)**

- Yes (skip to item 15)
- No
- Do not know (skip to item 15)
- Do not remember (skip to item 15)

**14. What was the main reason the AME did not access your MedXPress form online during the exam appointment?**

- I did not have my confirmation number
- My confirmation number had expired
- The AME was not accepting MedXPress
- The AME did not require MedXPress
- Other reason (write in below)

Main reason the AME did not access your MedXPress form online during the exam appointment: \_\_\_\_\_

**15. During your exam appointment, who...? [mark all that apply]**

	No one	AME	Another physician (not the AME)	Physician's Assistant	Nurse	Other office personnel	Do not remember
reviewed your medical history with you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
performed your physical exam .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note: Answer item 16 only if you indicated that an 'AME' performed your physical exam on item 15.**

**16. Did your AME...?**

	Yes	No
perform a thorough medical exam.....	<input type="radio"/>	<input type="radio"/>
examine your eyes and ears with a medical device .....	<input type="radio"/>	<input type="radio"/>
have you remove or undo articles of clothing for the exam .	<input type="radio"/>	<input type="radio"/>
listen to your heart and lungs.....	<input type="radio"/>	<input type="radio"/>

**Based on your most recent application for airman medical certification:**

**17. To what extent did your AME...?**

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent	N/A
provide a professional setting for the medical exam, including cleanliness and appearance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
charge appropriately for services .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clearly explain your responsibilities in the medical certification process .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with all the information you requested ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide information you requested in a timely manner.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with accurate information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
treat you with courtesy and respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**18. Overall how satisfied were you with your exam appointment? (required)**

- Very dissatisfied
- Dissatisfied
- Neither **(skip to item 20)**
- Satisfied **(skip to item 20)**
- Very satisfied **(skip to item 20)**

**19. Why were you dissatisfied with the exam appointment? [mark all that apply]**

- AME did not issue my certificate during the exam appointment
- The exam was not thorough
- Not examined in a professional environment
- AME conducted the exam at a different location than listed in the FAA directory
- I had to remove articles of clothing
- Not treated with courtesy and respect
- Other reason(s) **(write in below)**

Other reason(s) you were dissatisfied with the exam appointment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**20. Overall how satisfied were you with the quality of service provided by your AME? (required)**

- Very dissatisfied
- Dissatisfied
- Neither **(skip to item 22)**
- Satisfied **(skip to item 22)**
- Very satisfied **(skip to item 22)**

**21. Why were you dissatisfied with the quality of AME services? [mark all that apply]**

- AME did not issue my certificate during the exam appointment
- AME lacked knowledge of current airman medical certification standards
- Not informed of required documentation to bring to the exam
- Not informed of additional documentation that the FAA would require to issue my certificate
- Not informed of status of application
- Other reason(s) **(write in below)**

Other reason(s) you were dissatisfied with the quality of AME services: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Based on your most recent application for airman medical certification:

22. Based on your most recent experience with your AME, to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System? **(required)**

- Not at all
- Limited extent
- Moderate extent
- Considerable extent **(skip to item 24, on the next page)**
- Great extent **(skip to item 24, on the next page)**

**Note:** Skip to item 24 if you answered 'Considerable extent' or 'Great extent' to item 22.

23. What is the main reason for responding either 'Not at all', 'Limited extent', or 'Moderate extent' to item 22 asking to what extent the FAA airman medical certification process ensures safety of the National Air Space?

- Exam is not comprehensive enough to adequately screen pilots
- Not all AMEs perform thorough exams
- Deters pilots from applying for medical certification
- Encourages pilots to be dishonest on application for medical certification
- Other reason **(write in below)**

Main reason for response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Skip to item 25 if you answered 'Not at all', 'Limited extent', or 'Moderate extent' to item 22.

24. What is the main reason for responding either 'Considerable extent' or 'Great extent' to item 22 asking to what extent the FAA airman medical certification process ensures safety of the National Air Space?

- Ensures pilots are medically safe to fly
- Deters pilots from flying, if not medically qualified
- Other reason **(write in below)**

Main reason for response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Was your medical certificate issued on the same day as your exam appointment? **(required)**

- Yes **(skip to item 37, on page 7)**
- No

26. Which of the following best describes the processing of your application for a medical certification? **(required)**

- The AME required additional information before issuing my certificate **(skip to item 37, on page 7)**
- The AME deferred my application for review to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City

27. Did your AME explain to you the requirements for additional documentation to meet FAA standards?

- Yes
- No
- Do not remember

28. How long did the AME tell you it would take to receive a decision regarding your medical certification?

- Did not say
- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more

**Based on your most recent application for airman medical certification:**

**29. Which of the following best describes what happened after the AME deferred your application to the RFS or the AMCD in Oklahoma City? (required)**

- No additional information was requested from me before being issued my certificate
- I had to supply additional information, and then was issued my certificate
- I have been contacted by the FAA and my application is still under review **(skip to item 31, on the next page)**
- I was denied a medical certificate **(skip to item 31, on the next page)**
- I have not been contacted by the FAA **(skip to item 37, on page 7)**

**30. How long did it actually take to receive a decision on your medical certification?**

- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more

**31. Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? **[mark all that apply]****

	No contact	Phone	E-mail	Postal mail
Regional Medical Division/Regional Flight Surgeon Office .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerospace Medical Certification Division – Oklahoma City.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office of Aerospace Medicine – Washington, DC .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note: Skip to item 37 if you answered ‘No contact’ for all three FAA offices in item 31.**

**32. What was the longest time that the FAA medical representative(s) told you it would take to receive a decision on your medical certificate?**

- Did not say
- 2-10 days
- 11-30 days
- 31-90 days
- 91 days or more

**33. To what extent did the FAA medical representative(s) you had contact with...?**

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent	N/A
clearly explain your responsibilities in the medical certification process .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with all the information you requested .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide information you requested in a timely manner.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide you with accurate information.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
treat you with courtesy and respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**34. Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)? (required)**

- Very dissatisfied
- Dissatisfied
- Neither **(skip to item 36, on the next page)**
- Satisfied **(skip to item 36, on the next page)**
- Very satisfied **(skip to item 36, on the next page)**

Based on your most recent application for airman medical certification:

35. Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)?

**[mark all that apply]**

- Denied my medical certificate
- Not treated with courtesy and respect
- Not adequately informed of requirements for additional documentation
- Failed to explain requirements for additional documentation
- Not informed of status of application
- Poor communication on where application was in the review process
- Took too long to complete the review
- Other reason(s) **(write in below)**

Other reason(s) dissatisfied with quality of services provided by the FAA medical representative(s): \_\_\_\_\_

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36. Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System?

- Not at all
- Limited extent
- Moderate extent
- Considerable extent
- Great extent

37. What year was your most recent airman medical certification?

- 2011
- 2012
- 2013
- 2014

38. Which pilot certificate(s) do you currently hold? **[mark all that apply]**

- Student
- Sport
- Recreational
- Private
- Commercial
- Airline Transport

39. Which rating(s) do you currently hold? **[mark all that apply]**

- Do not hold any rating
- Instrument Flight Rules (IFR)
- Certified Flight Instructor (CFI)
- Other

40. Are you currently employed as a pilot? **(required)**

- Not employed as a pilot **(skip to item 42, on the next page)**
- Part-time pilot
- Full-time pilot

**Based on your most recent application for airman medical certification:**

**41. Is your employment as a pilot with a certificated operator conducting flights under the following?**

**[mark all that apply]**

- Part 61 (Sport pilot)
- Part 91 (Corporate)
- Part 121 (Flag, domestic, supplemental operations)
- Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)
- Part 129 (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage)
- Part 133 (Rotorcraft external loads)
- Part 135 (Commuter/On-demand operations)
- Part 137 (Agricultural operations)
- Part 141 (Pilot schools)
- Part 142 (Training centers)
- Other Part or Operation (**write in below**)

Other Part or Operation employing you as a pilot: \_\_\_\_\_

**42. Which region handled your most recent application for airman medical certification? (required)**

- Alaskan (*Alaska*)
- Central (*Iowa, Kansas, Missouri, Nebraska*)
- Eastern (*Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia*)
- Great Lakes (*Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin*)
- New England (*Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont*)
- Northwest Mountain (*Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming*)
- Southern (*Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee*)
- Southwest (*Arkansas, Louisiana, New Mexico, Oklahoma, Texas*)
- Western-Pacific (*Arizona, California, Hawaii, Nevada*)

**43. Any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [mark all that apply]**

- Recommendation for improvement
- Compliment
- Complaint
- General Comment
- Nothing more to add

**Use the following boxes to provide additional feedback as marked above. [Note: Identifying information such as names will be deleted from your comments. However, if the nature of your comment is specific to you, your confidentiality cannot be assured. Comments are subject to the Freedom of Information Act.]**

Recommendation for improvement(s):

Compliment(s):

Complaint(s):

General Comment(s):

## **Appendix B: 2012 and 2014 Comparable Survey Items Differences in the Wording and Response Options**

Year	Item	Item Wording	Response Option Wording
2014	2	How many months ago did you <b>submit your application</b> ?	(1) 0-3 months (2) 4-6 months (3) 7-9 months (4) 10-12 months (5) 13 months or more
2012	2	How many months ago did you <b>apply</b> ?	(1) 0-3 months (2) 4-6 months (3) 7-9 months (4) 10-12 months (5) 13 months or more
2014	3	How many miles did you travel one way for <b>the exam appointment with your aviation medical examiner (AME)</b> ?	(1) 0-24 miles (2) 25-50 miles (3) 51-75 miles (4) 76-100 miles (5) 101 miles or more (explain below)
2012	3	How many miles did you travel one way <b>for your exam appointment</b> ?	(1) 0-24 miles (2) 25-50 miles (3) 51-75 miles (4) 76-100 miles (5) 101 miles or more (explain below)
2014	4	How many AMEs did you contact before <b>making</b> your exam appointment?	(1) 1 (2) 2 (3) 3 (4) 4 (5) 5 or more
2012	4	How many AMEs did you contact before <b>scheduling</b> your exam appointment?	(1) 1 (2) 2 (3) 3 (4) 4 (5) 5 or more

Year	Item	Item Wording	Response Option Wording
2014	5	<b>What was the basis for selecting your AME?</b> [mark all that apply]	(1) Referred by flight instructor or school (2) Referred by airline or AME employed by airline (3) Referred by pilot (4) Referred by doctor or previous AME (5) Performed my previous medical certification exam(s) (6) Is my primary care doctor (7) Makes quick certification decisions (8) Licensed to perform needed service (Class I exam, special issuance, etc.) <b>(9) Handles complex cases</b> (10) Nearest location (11) <b>Earliest</b> available appointment (12) Low cost (13) Other reason(s) (enter below)
2012	5	Why did you select the AME for your most recent application for airman medical certification? (Mark all that apply)	(1) Referred by flight instructor or school (2) Referred by airline or AME employed by airline (3) Referred by pilot (4) Referred by doctor or previous AME (5) Performed my previous medical certification exam(s) (6) <b>AME</b> is my primary care doctor (7) <b>AME</b> makes quick certification decisions (8) <b>AME</b> licensed to perform needed service (Class I exam, special issuance, etc.) (9) Nearest location (10) <b>First</b> available appointment (11) Low cost (12) Other reason (enter below)
2014	7	<b>Did you use MedXPress to submit your application?</b> (required) (OMB Control No. 2120-0034)	(1) Yes (2) No (3) Do not remember
2012	7	Did you submit your medical history online through MedXPress? (Required) (OMB Control No. 2120-0034)	(1) Yes (2) No (3) Do not remember



Year	Item	Item Wording	Response Option Wording
2014	15a	<b>During your exam appointment, who...?</b> [mark all that apply] (1) reviewed your medical history with you	<b>(1) No one</b> (2) AME (3) Another physician (not the AME) (4) Physician's Assistant (5) Nurse (6) Other office personnel <b>(7) Do not remember</b>
2012	12	Who reviewed your medical history with you? (Mark all that apply)	<b>(1) No one reviewed my medical history with me</b> (2) AME (3) Another physician (not the AME) (4) Physician's Assistant (5) Nurse (6) Other office personnel
2014	15b	<b>During your exam appointment, who...?</b> [mark all that apply] (2) performed your physical exam	<b>(1) No one</b> (2) AME (3) Another physician (not the AME) (4) Physician's Assistant (5) Nurse (6) Other office personnel <b>(7) Do not remember</b>
2012	13	Who performed your physical exam? (Mark all that apply)	<b>(1) No one performed a physical exam</b> (2) AME (3) Another physician (not the AME) (4) Physician's Assistant (5) Nurse (6) Other office personnel
2014	16.3	Did your AME...? (3) have you remove or undo articles of clothing for the <b>exam</b> ?	(1) Yes (2) No
2012	28	Did your AME...? (28) have you remove or undo articles of clothing for the <b>examination</b> ?	(1) Yes (2) No
2014	17.1	To what extent did your AME (1) provide a professional setting for the medical <b>exam</b> , including cleanliness and appearance?	(1) Not at all (2) Limited extent (3) Moderate extent (4) Considerable extent (5) Great extent

Year	Item	Item Wording	Response Option Wording
2012	20	To what extent did your AME provide a professional setting for the medical <b>examination</b> , including cleanliness and appearance?	(1) Not at all (2) Limited extent (3) Moderate extent (4) Considerable extent (5) Great extent
2014	26	Which of the following best describes the processing of your application for a medical <b>certification</b> ? (required)	(1) The AME required additional information before issuing my certificate (2) The AME <b>deferred</b> my application <b>for review</b> to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City
2012	17	Which of the following best describes the processing of your application for a medical <b>certificate</b> ? (Required)	(1) The AME required additional information before issuing my certificate ( <b>e.g., a report from another physician</b> ) (2) The AME <b>referred</b> my application to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City <b>for review</b>
2014	29	Which of the following best describes what happened after the AME <b>deferred your application</b> to the RFS or the AMCD in Oklahoma City?	(1) No additional information was requested from me <b>before being issued my certificate</b> (2) I had to supply additional information, and then <b>was issued</b> my certificate (3) <b>I have been contacted by the FAA and my application is still under review</b> (4) <b>I was denied a medical certificate</b> (5) <b>I have not been contacted by the FAA</b>
2012	18	Which of the following best describes what happened <b>once your application was referred</b> to the RFS or the AMCD in Oklahoma City?	(1) No additional information was requested from me before my certificate was issued (2) I had to supply additional information, and then my certificate was issued (3) <b>My application is still under review</b> (4) <b>My application/certificate was denied</b>

Year	Item	Item Wording	Response Option Wording
2014	36	Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA <b>airman</b> medical certification process ensure the safety of the National Airspace System?	(1) Not at all (2) Limited extent (3) Moderate extent (4) Considerable extent (5) Great extent
2012	43	Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA medical certification process ensure the safety of the National Airspace System?	(1) Not at all (2) Limited extent (3) Moderate extent (4) Considerable extent (5) Great extent
2014	38	<b>Which</b> pilot certificate(s) do you currently hold? [mark all that apply]	(1) Student <b>(2) Sport</b> (3) Recreational (4) Private (5) Commercial (6) Airline Transport
2012	44	<b>What</b> pilot certificates do you currently hold? (Mark all that apply)	(1) Student <b>pilot</b> (2) Recreational <b>pilot</b> (3) Private <b>pilot</b> (4) Commercial <b>pilot</b> (5) Airline Transport <b>pilot</b>
2014	39	<b>Which rating(s)</b> do you currently hold? [mark all that apply]	(1) Do not hold any rating (2) Instrumental Flight Rules (IFR) (3) Certified Flight Instructor (CFI) <b>(4) Other</b>
2012	45	<b>What ratings</b> do you currently hold? (Mark all that apply)	(1) Do not hold any ratings (2) Instrumental Flight Rules (IFR) (3) Certified Flight Instructor (CFI)
2014	40	Are you currently employed as a pilot? (required)	(1) Not employed as a pilot (2) Part-time pilot (3) Full-time pilot
2012	46	How are you currently employed? (Required)	(1) Full-time pilot (2) Part-time pilot (3) Not employed as a pilot

Year	Item	Item Wording	Response Option Wording
2014	41	<p><b>Is your employment</b> as a pilot <b>with</b> a certificated operator conducting flights under <b>the following?</b> [mark all that apply]</p>	<ul style="list-style-type: none"> <li>(1) Part 61 (Sport pilot)</li> <li>(2) Part 91 (Corporate)</li> <li>(3) Part 121 (Flag, domestic, supplemental operations)</li> <li>(4) Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)</li> <li>(5) Part 129 (Foreign air carrier &amp; foreign operator of US-registered aircraft used in common carriage)</li> <li>(6) Part 133 (Rotorcraft external loads)</li> <li>(7) Part 135 (Commuter/On-demand operations)</li> <li>(8) Part 137 (Agricultural operations)</li> <li>(9) Part 141 (Pilot schools)</li> <li>(10) Part 142 (Training centers)</li> <li>(11) Other Part or Operation (enter below)</li> </ul>
2012	47	<p>Are you employed as a pilot for a certificated operator conducting flights under ...? (Mark all that apply)</p>	<ul style="list-style-type: none"> <li>(1) Part 61 (Sport pilot)</li> <li>(2) Part 91 (Corporate)</li> <li>(3) Part 121 (Flag, domestic, supplemental operations)</li> <li>(4) Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)</li> <li>(5) Part 129 (Foreign air carrier &amp; foreign operator of US-registered aircraft used in common carriage)</li> <li>(6) Part 133 (Rotorcraft external loads)</li> <li>(7) Part 135 (Commuter/On-demand operations)</li> <li>(8) Part 137 (Agricultural operations)</li> <li>(9) Part 141 (Pilot schools)</li> <li>(10) Part 142 (Training centers)</li> <li>(11) Other Part or Operation (enter below)</li> </ul>

Year	Item	Item Wording	Response Option Wording
2014	42	Which region <b>handled your most recent application</b> for airman medical certification? (required)	<ul style="list-style-type: none"> <li>(1) Alaskan (Alaska)</li> <li>(2) Central (Iowa, Kansas, Missouri, Nebraska)</li> <li>(3) Eastern (Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia)</li> <li>(4) Great Lakes (Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin)</li> <li>(5) New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)</li> <li>(6) Northwest Mountain (Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming)</li> <li>(7) Southern (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)</li> <li>(8) Southwest (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)</li> <li>(9) Western-Pacific (Arizona, California, Hawaii, Nevada)</li> </ul>
2012	48	Which region handles your applications for airman medical certification? (Required)	<ul style="list-style-type: none"> <li>(1) Alaskan (Alaska)</li> <li>(2) Central (Iowa, Kansas, Missouri, Nebraska)</li> <li>(3) Eastern (Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia)</li> <li>(4) Great Lakes (Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin)</li> <li>(5) New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)</li> <li>(6) Northwest Mountain (Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming)</li> <li>(7) Southern (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)</li> <li>(8) Southwest (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)</li> <li>(9) Western-Pacific (Arizona, California, Hawaii, Nevada)</li> </ul>