

Senior Leader Executive Health Services Satisfaction Survey

You have been selected to participate in a DHA survey on the Executive Medicine/Health program. Your participation is voluntary and information that you provide will be used to assess satisfaction with the program and identify areas for improvement. Any responses you provide will be kept confidential; all metrics will be reported in aggregate.

Please direct any questions about this survey effort to MAJ Darien Diaz (darien.diaz.mil@mail.mil).

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AGENCY DISCLOSURE NOTICE

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There are 8 questions in this survey.

Senior Leader Executive Health Services Satisfaction Survey

Please indicate which best describes you:

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● *Choose one of the following answers*

Please choose **only one** of the following:

- Officer
- Enlisted
- Eligible family member
- Other eligible population supported by the MTF's Executive Medicine/Health program(s)

Please indicate the degree to which you agree or disagree with each of the following statements about Executive Medicine/Health program.

Please choose the appropriate response for each item:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied with the overall program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the providers and staff that I interact with during my visit(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My visit(s) addressed my personal issues and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers and staff respected my privacy and confidentiality during my visit(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program prepared me to address my personal health and readiness goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a result of your visit(s), how likely is it that you will make changes in your health and wellness in the next 90 days?

● *Choose one of the following answers*

Please choose **only one** of the following:

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

How likely is it that you would recommend this program to another Commander, CSM, or eligible family members(s)?

● *Choose one of the following answers*

Please choose **only one** of the following:

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

What aspect of the program were you most satisfied with? Please do not include personally identifying information (PII) in your response.

Please write your answer here:

Do you have any suggestions on how the program could be improved? Please do not include PII in your response.

Please write your answer here:

Is there anything you would suggest adding to the program? Please do not include PII in your response.

Please write your answer here:

Is there anything you would recommend removing? Please do not include PII in your response.

Please write your answer here:

Thank you for completing this survey.

Submit your survey.

Thank you for completing this survey.