



Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ₁ Yes → *If Yes, Go to Question 1*
₂ No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-874-5561.

1. Our records show that you are now in the NALC Health Benefit Plan. Is that right?

- ₁ Yes → *If Yes, Go to Question 3*
₂ No

2. What is the name of your health plan? (Please print)
-

Your Health Care in the Last 12 Months

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- ₁ Yes
₂ No → *If No, Go to Question 5*

4. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

5. In the last 12 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- ₁ Yes
₂ No → *If No, Go to Question 7*

6. In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

7. In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- ₀ None → *If None, Go to Question 15*
₁ 1 time
₂ 2
₃ 3
₄ 4
₅ 5 to 9
₆ 10 or more times

8. In the last 12 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- ₁ Yes
₂ No

9. In the last 12 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- ₁ Yes
₂ No → *If No, Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- ₁ Yes
₂ No

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

- ₁ Yes
₂ No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- ₁ Yes
₂ No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worst health care | | | | | Best health care | | | | | |
| possible | | | | | possible | | | | | |

14. In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?

₁ Never
₂ Sometimes
₃ Usually
₄ Always

Your Personal Doctor

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

₁ Yes
₂ No → **If No, Go to Question 24**

16. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?

₀ None → **If None, Go to Question 23**
₁ 1 time
₂ 2
₃ 3
₄ 4
₅ 5 to 9
₆ 10 or more times

17. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

₁ Never
₂ Sometimes
₃ Usually
₄ Always

18. In the last 12 months, how often did your personal doctor listen carefully to you?

₁ Never
₂ Sometimes
₃ Usually
₄ Always

19. In the last 12 months, how often did your personal doctor show respect for what you had to say?

₁ Never
₂ Sometimes
₃ Usually
₄ Always

20. In the last 12 months, how often did your personal doctor spend enough time with you?

₁ Never
₂ Sometimes
₃ Usually
₄ Always

21. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?

₁ Yes
₂ No → **If No, Go to Question 23**

22. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

₁ Never
₂ Sometimes
₃ Usually
₄ Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

0 1 2 3 4 5 6 7 8 9 10

Worst personal doctor Best personal doctor possible

Getting Health Care From Specialists

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you make any appointments to see a specialist?

₁ Yes
₂ No → **If No, Go to Question 28**

25. In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?

₁ Never
₂ Sometimes
₃ Usually
₄ Always

26. How many specialists have you seen in the last 12 months?

₀ None → **If None, Go to Question 28**
₁ 1 specialist
₂ 2
₃ 3
₄ 4
₅ 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 1 2 3 4 5 6 7 8 9 10

Worst specialist Best specialist possible

Your Health Plan

The next questions ask about your experience with your health plan.

28. In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?

₁ Yes
₂ No → **If No, Go to Question 30**

29. In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

₁ Never
₂ Sometimes
₃ Usually
₄ Always

30. Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen.
- In the last 12 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?
- ₁ Yes
₂ No → **If No, Go to Question 32**
31. In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
32. In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy.
- In the last 12 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines?
- ₁ Yes
₂ No → **If No, Go to Question 34**
33. In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
34. In the last 12 months, did you get information or help from your health plan's customer service?
- ₁ Yes
₂ No → **If No, Go to Question 37**
35. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
36. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
37. In the last 12 months, did your health plan give you any forms to fill out?
- ₁ Yes
₂ No → **If No, Go to Question 39**
38. In the last 12 months, how often were the forms from your health plan easy to fill out?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

39. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims for your care to your health plan?
- ₁ Yes
₂ No → **If No, Go to Question 42**
₃ Don't know → **If Don't know, Go to Question 42**
40. In the last 12 months, how often did your health plan handle your claims quickly?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
₅ Don't know
41. In the last 12 months, how often did your health plan handle your claims correctly?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
₅ Don't know
42. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
- | | | | | | | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worst health plan possible | | | | | | | | Best health plan possible | | |

About You

43. In general, how would you rate your overall health?
- ₁ Excellent
₂ Very good
₃ Good
₄ Fair
₅ Poor
44. In general, how would you rate your overall mental or emotional health?
- ₁ Excellent
₂ Very good
₃ Good
₄ Fair
₅ Poor
45. Have you had either a flu shot or flu spray in the nose since July 1, 2016?
- ₁ Yes
₂ No
₃ Don't know
46. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- ₁ Every day
₂ Some days
₃ Not at all → **If Not at all, Go to Question 50**
₄ Don't know → **If Don't know, Go to Question 50**

47. In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- _1 Never
_2 Sometimes
_3 Usually
_4 Always
48. In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
- _1 Never
_2 Sometimes
_3 Usually
_4 Always
49. In the last 12 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
- _1 Never
_2 Sometimes
_3 Usually
_4 Always
50. Do you take aspirin daily or every other day?
- _1 Yes
_2 No
_3 Don't know
51. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
- _1 Yes
_2 No
_3 Don't know
52. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
- _1 Yes
_2 No
53. Are you aware that you have any of the following conditions? Mark one or more.
- _a High cholesterol
_b High blood pressure
_c Parent or sibling with heart attack before the age of 60
54. Has a doctor ever told you that you have any of the following conditions? Mark one or more.
- _a A heart attack
_b Angina or coronary heart disease
_c A stroke
_d Any kind of diabetes or high blood sugar
55. In the last 12 months, did you get health care 3 or more times for the same condition or problem?
- _1 Yes
_2 No → **If No, Go to Question 57**
56. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.
- _1 Yes
_2 No

57. Do you now need or take medicine prescribed by a doctor? Do not include birth control.
- _1 Yes
_2 No → **If No, Go to Question 59**
58. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.
- _1 Yes
_2 No

59. What is your age?

- _1 18 to 24
_2 25 to 34
_3 35 to 44
_4 45 to 54
_5 55 to 64
_6 65 to 74
_7 75 or older

60. Are you male or female?

- _1 Male
_2 Female

61. What is the highest grade or level of school that you have completed?

- _1 8th grade or less
_2 Some high school, but did not graduate
_3 High school graduate or GED
_4 Some college or 2-year degree
_5 4-year college graduate
_6 More than 4-year college degree

62. Are you of Hispanic or Latino origin or descent?

- _1 Yes, Hispanic or Latino
_2 No, not Hispanic or Latino

63. What is your race? Mark one or more.

- _a White
_b Black or African-American
_c Asian
_d Native Hawaiian or other Pacific Islander
_e American Indian or Alaska Native
_f Other

64. Did someone help you complete this survey?

- _1 Yes → **If Yes, Go to Question 65**
_2 No → **Thank you. Please return the completed survey in the postage-paid envelope.**

65. How did that person help you? Mark one or more.

- _a Read the questions to me
_b Wrote down the answers I gave
_c Answered the questions for me
_d Translated the questions into my language
_e Helped in some other way

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
 PO Box 10810
 Herndon, VA 20172-9904

Please do not include any other correspondence.

This information collection has been approved by the U.S. Office of Management and Budget (Control Number 3206-0236) and is in compliance with the Paperwork Reduction Act of 1995. We estimate that it will take an average of 20 minutes to complete, including the time to read instructions and to gather necessary information. You may send comments about our estimate or any suggestions for minimizing respondent burden, reducing completion time or any other aspect of this information collection to the U.S. Office of Personnel Management (OPM), Reports and Forms Officer (OMB Number 3206-0236), Washington, DC 20415-7900. Your participation in this information collection is voluntary. The OMB Number, 3206-0236, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.