Exceptional Family Member Program (EFMP) Pilot Program Evaluation at Travis Air Force Base Survey

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Thank you for participating in the evaluation of an Exceptional Family Member Program (EFMP) pilot program at Travis Air Force Base. A portion of the evaluation includes capturing information from EFMP families to examine the impact of the program on the health and health care of EFMP-enrolled dependents in your family. Please take time to complete this voluntary survey below. Your response will be kept confidential. Your care will not be affected by participation.

There are 60 questions in this survey.

Background

1
Please select your relation to the EFMP-enrolled dependent(s) in your family. Select all that apply. Are you the:

❗ *Check all that apply*

Please choose **all** that apply:

☐ Sponsor

☐ Primary caregiver (by primary caregiver we mean the parent or guardian living in the household who knows about the health and health care of the dependent)

☐ EFMP-enrolled dependent

☐ Other, please explain. (Do not include any personal identifiable information.)

☐ Other: [   ]

2
How many permanent changes of station (PCS's) has your family experienced since enrolling in EFMP?

❗ *Choose one of the following answers*

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

○ None, enrolled in EFMP at Travis AFB

○ 1

○ 2-3

○ 4 or more

3

How long has your family been stationed at Travis AFB?

Please write your answer(s) here:

Months

Years

CareStarter Materials and Resources

4

Did your family receive materials from CareStarter prior to your PCS to Travis AFB?

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

○ Yes

○ No

○ I don't know

5
Did receiving these materials prior to your PCS to Travis AFB enable your family to:
Select all that apply.

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

Please choose **all** that apply:

☐ Plan for locating care before you arrived at Travis AFB

☐ Identify available resources/care prior to your PCS to Travis AFB

☐ Establish appointments with providers prior to your PCS to Travis AFB

6
What materials do/did your family use from CareStarter? Select all that apply.

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

Please choose **all** that apply:

☐ CareMap

☐ CareStarter App

☐ CareStarter Website

☐ Do/did not use CareStarter materials

☐ Other. Please explain. (Do not include any personal identifiable information.)

☐ Other: _____

7 How easy or difficult was it to use the materials from CareStarter?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

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

◯ Very difficult

◯ Difficult

◯ Neither easy nor difficult

◯ Easy

◯ Very easy

8
How useful were the materials provided by CareStarter?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

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

◯ Not at all useful

◯ A little useful

◯ Useful

◯ Very useful

9
Please identify any medical or non-medical resources from the CareStarter resource list that your family has used to support the care of your EFMP-enrolled family member(s). Select all that apply.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

Please choose **all** that apply:

- [ ] Medical Resources
- [ ] Therapy Resources
- [ ] Educational Resources
- [ ] Family Support Resources
- [ ] Nutritional Resources
- [ ] Recreational Resources

10
Please rate the usefulness of the resource list from CareStarter for identifying and locating each of the resources for your EFMP-enrolled family members. If you did not use a resource from the CareStarter resource list, select "N/A, did not use this resource."

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

Please choose the appropriate response for each item:

	Not at all useful	A little useful	Useful	Very useful	N/A, did not use this resource.
Medical Resources	○	○	○	○	○
Therapy Resources	○	○	○	○	○
Educational Resources	○	○	○	○	○
Family Support Resources	○	○	○	○	○
Nutritional Resources	○	○	○	○	○
Recreational Resources	○	○	○	○	○

11
Is/are your EFMP-enrolled family members still using each of the following resources? If you never used the resource, select "N/A."

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

Please choose the appropriate response for each item:

	Yes, we are still using this resource.	No, we are no longer using this resource.	N/A, we never used this resource.
Medical Resources	○	○	○
Therapy Resources	○	○	○
Educational Resources	○	○	○
Family Support Resources	○	○	○
Nutritional Resources	○	○	○
Recreational Resources	○	○	○

12
What was most helpful/useful about the CareStarter program for your family?
Do not include any personal identifiable information.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

Please write your answer here:

13
Overall, how would you rate your satisfaction with CareStarter?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [G02Q04]' (Did your family receive materials from CareStarter prior to your PCS to Travis AFB?)

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

○ Very dissatisfied

○ Dissatisfied

○ Neither satisfied nor dissatisfied

○ Satisfied

○ Very satisfied

EFMP-Enrolled Dependents

14 Did/do you have EFMP-enrolled <u>pediatric</u> dependent(s) are in your family unit?

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

○ Yes

○ No

15

How many EFMP-enrolled <u>pediatric</u> dependents are in your family unit?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G03Q16]' (Did/do you have EFMP-enrolled pediatric dependent(s) are in your family unit?)

Please write your answer here:

16

Did/do you have EFMP-enrolled <u>adult</u> dependent(s) are in your family unit?

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

○ Yes

○ No

17
How many EFMP-enrolled <u>adult</u> dependents are in your family unit?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G01Q51]' (Did/do you have EFMP-enrolled adult dependent(s) are in your family unit?)

Please write your answer here:

[   ]

Healthcare Profiles

If you have more than one EFMP-enrolled dependent, please complete the following section based on the dependent who has the most complex care needs.

18
If you have more than one EFMP-enrolled dependent, please complete the following sections based on the dependent who has the <u>most complex care needs</u>. Is this a pediatric or adult dependent?

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

○ Pediatric dependent

○ Adult dependent

19 In general, how would you rate the health care received for your EFMP-enrolled dependent(s)?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G03Q16]' (Did/do you have EFMP-enrolled pediatric dependent(s) are in your family unit?)

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

○ Excellent

○ Very good

○ Good

○ Fair

○ Poor

○ Not sure

○ Prefer not to answer

20
Which health plan did you use for most of your EFMP-enrolled dependent's health care in the last 12 months?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G03Q16]' (Did/do you have EFMP-enrolled pediatric dependent(s) are in your family unit?)

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

◯ TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)

◯ TRICARE Select (CHAMPUS)

◯ TRICARE Reserve Select

◯ TRICARE Retired Reserve

◯ TRICARE Young Adult Prime

◯ TRICARE Young Adult Select

◯ Uniformed Services Family Health Plan (USFHP)

◯ Continued Health Care Benefit Program (CHCBP) (a COBRA-like premium-based health care program)

◯ Federal Employees Health Benefit Program (FEHBP)

◯ Medicaid

◯ A government program for children (for example, CHIP)

◯ A civilian HMO (for example, Kaiser Permanente)

◯ Other civilian health insurance (for example, Blue Cross)

◯ Government health insurance from a country other than the US

◯ My pediatric dependent was not covered by any health plan in the last 12 months

◯ Not sure

21
In the last 12 months, how many months in a row was/were your EFMP-enrolled dependent in this health plan?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G03Q16]' (Did/do you have EFMP-enrolled pediatric dependent(s) are in your family unit?)

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

○ Less than 2 months

○ 2-6 months

○ 7-12 months

○ Not enrolled in a health plan in the last 12 months

22
Is your EFMP-enrolled dependent registered in The Extended Care Health Option (ECHO)?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G03Q16]' (Did/do you have EFMP-enrolled pediatric dependent(s) are in your family unit?)

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

○ Yes

○ No

○ I don't know

Other Resources

23
Which of the following resources did you use to locate and establish care for your EFMP-enrolled dependent at Travis AFB? Select all that apply.

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G03Q16]' (Did/do you have EFMP-enrolled pediatric dependent(s) are in your family unit?)

Please choose **all** that apply:

☐ Primary Care at your previous installation

☐ Primary Care at Travis

☐ ECHO Case Manager

☐ TRICARE or HealthNet provider directory

☐ Travis EFMP Special Needs Coordinator

☐ Materials from CareStarter (e.g., CareMap, CareStarter App)

☐ None

☐ Other. Please describe. (Do not include any personal identifiable information.)

☐ Other: [   ]

24 Please rate your level of confidence with using the following resources at your **prior base** (pre-PCS):

Please choose the appropriate response for each item:

	No confidence	Little confidence	Some confidence	Confident	Highly confident	N/A; I do not use this resource
Primary Care at your previous installation	○	○	○	○	○	○
Primary Care at Travis AFB	○	○	○	○	○	○
Echo Case Manager	○	○	○	○	○	○
TRICARE or HealthNet provider directory	○	○	○	○	○	○
Materials from CareStarter (e.g., CareMap, CareStarter App)	○	○	○	○	○	○

25 Please rate your **current** level of confidence with using the following resources:

Please choose the appropriate response for each item:

	No confidence	Little confidence	Some confidence	Confident	Highly confident	N/A; I do not use this resource
Primary Care at your previous installation	○	○	○	○	○	○
Primary Care at Travis AFB	○	○	○	○	○	○
Echo Case Manager	○	○	○	○	○	○
TRICARE or HealthNet provider directory	○	○	○	○	○	○
Materials from CareStarter (e.g., CareMap, CareStarter App)	○	○	○	○	○	○

Primary Care

26
Where does your EFMP-enrolled dependent primarily obtain Primary Care services?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G03Q16]' (Did/do you have EFMP-enrolled pediatric dependent(s) are in your family unit?)

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

◯ Direct care

◯ Private sector care

◯ Do not see a Primary Care provider

27
Have you established Primary Care since PCS'ing to Travis AFB for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G03Q16]' (Did/do you have EFMP-enrolled pediatric dependent(s) are in your family unit?)

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

◯ Yes

◯ No

28
Which of the following resources helped you most to locate and establish Primary Care at Travis AFB for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G05Q24]' (Have you established Primary Care since PCS'ing to Travis AFB for your EFMP-enrolled dependent?)

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

○ Primary Care at your previous installation

○ ECHO Case Manager

○ TRICARE or HealthNet provider directory

○ Travis EFMP Special Needs Coordinator

○ Materials from CareStarter (e.g., CareMap, CareStarter App)

○ None

○ Other, Pease describe. (Do not include any personal identifiable information.)

○ Other [   ]

29 Please indicate how easy or difficult it was to get Primary Care for your dependent based on the following.

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G05Q24]' (Have you established Primary Care since PCS'ing to Travis AFB for your EFMP-enrolled dependent?)

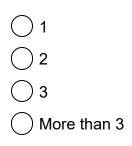Please choose the appropriate response for each item:

	Very diffcult	Somewhat difficult	Neither easy nor difficult	Somewhat easy	Very easy
Provider waitlists	○	○	○	○	○
Provider accepting patients	○	○	○	○	○
Distance	○	○	○	○	○
Needing new referral	○	○	○	○	○

30
How many providers did you contact in order to schedule a Primary Care intake appointment for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G05Q24]' (Have you established Primary Care since PCS'ing to Travis AFB for your EFMP-enrolled dependent?)

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

○ 1

○ 2

○ 3

○ More than 3

31
Were there any Primary Care providers whom your EFMP-enrolled dependent needed to see that were not included in the resource lists you used to locate care?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G05Q24]' (Have you established Primary Care since PCS'ing to Travis AFB for your EFMP-enrolled dependent?)

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

○ Yes

○ No

32
Did you have to reach out to any of the following resources for assistance locating Primary Care services at Travis AFB for your EFMP-enrolled dependent? Select all that apply.

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G05Q24]' (Have you established Primary Care since PCS'ing to Travis AFB for your EFMP-enrolled dependent?)

Please choose **all** that apply:

☐ Primary Care at your previous installation

☐ ECHO Case Manager

☐ TRICARE or HealthNet contact line

☐ Travis EFMP Special Needs Coordinator

☐ CareStarter

33 How satisfied are you with the resources you used to get Primary Care services for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [G05Q24]' (Have you established Primary Care since PCS'ing to Travis AFB for your EFMP-enrolled dependent?)

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

○ Very dissatisfied

○ Dissatisfied

○ Neither satisfied nor dissatisfied

○ Satisfied

○ Very satisfied

34
Please describe why you are dissatisfied. Do not include any personal identifiable information.

Only answer this question if the following conditions are met:
Answer was 'Dissatisfied' *or* 'Very dissatisfied' at question ' [G05Q30]' (How satisfied are you with the resources you used to get Primary Care services for your EFMP-enrolled dependent?)

Please write your answer here:

Specialty Care

If you have more than one EFMP-enrolled dependent, please continue to complete the following section based on the dependent who has the <u>most complex care needs.</u>

35
In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.

Please choose **all** that apply:

☐ Behavioral Health (e.g., anxiety-related disorders, depressive disorders)

☐ Neurodevelopmental Disorders (e.g., ADHD, autism, conduct disorders)

☐ Other

☐ Other:
[   ]

36
Where does/do your EFMP-enrolled dependent primarily obtain <u>Behavioral Health</u> Specialty Care service?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

○ Direct care

○ Private sector care

37

Have you established <u>Behavioral Health</u> Specialty Care service at Travis AFB for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

○ Yes

○ No

38

Which of the following resources helped you most to locate and establish <u>Behavioral Health</u> Specialty Care service for your dependent?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

Please choose **all** that apply:

☐ Primary Care at your previous installation

☐ Primary Care at Travis AFB

☐ ECHO Case Manager

☐ TRICARE or HealthNet provider directory

☐ Travis EFMP Special Needs Coordinator

☐ Materials from CareStarter (e.g., CareMap, CareStarter App)

☐ None

☐ Other, please describe. (Do not include any personal identifiable information.)

☐ Other:

39
How many providers did you contact in order to establish an intake appointment for <u>Behavioral Health</u> Specialty Care service for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

○ 1

○ 2

○ 3

○ More than 3

40
Were there any <u>Behavioral Health</u> Specialty Care providers whom your EFMP-enrolled dependent needed to see that were not included in the resource lists you used to locate care?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

○ Yes

○ No

41
Did you have to reach out to any of the following resources for assistance locating <u>Behavioral Health</u> Specialty Care services for your EFMP-enrolled dependent? Select all that apply.

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

Please choose **all** that apply:

- [ ] Primary Care at Travis
- [ ] ECHO Case Manager
- [ ] TRICARE or HealthNet contact line
- [ ] Travis EFMP Special Needs Coordinator
- [ ] CareStarter

42
Where does/do your EFMP-enrolled dependent primarily obtain <u>Neurodevelopmental Disorders</u> Specialty Care service?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

- ( ) Direct care
- ( ) Private sector care

43
Have you established Neurodevelopmental Disorders Specialty Care service at Travis AFB for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

◯ Yes

◯ No

44
Which of the following resources helped you most to locate and establish Neurodevelopmental Disorders Specialty Care service for your dependent?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

Please choose **all** that apply:

☐ Primary Care at your previous installation

☐ Primary Care at Travis AFB

☐ ECHO Case Manager

☐ TRICARE or HealthNet provider directory

☐ Travis EFMP Special Needs Coordinator

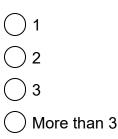☐ Materials from CareStarter (e.g., CareMap, CareStarter App)

☐ None

☐ Other, please describe. (Do not include any personal identifiable information.)

☐ Other: [   ]

45
How many providers did you contact in order to establish an intake appointment for <u>Neurodevelopmental Disorders</u> Specialty Care service for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:

Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

◯ 1

◯ 2

◯ 3

◯ More than 3

46
Were there any <u>Neurodevelopmental Disorders</u> Specialty Care providers whom your EFMP-enrolled dependent needed to see that were not included in the resource lists you used to locate care?

Only answer this question if the following conditions are met:

Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

◯ Yes

◯ No

47

Did you have to reach out to any of the following resources for assistance locating <u>Neurodevelopmental Disorders</u> Specialty Care services for your EFMP-enrolled dependent? Select all that apply.

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

Please choose **all** that apply:

- [ ] Primary Care at Travis
- [ ] ECHO Case Manager
- [ ] TRICARE or HealthNet contact line
- [ ] Travis EFMP Special Needs Coordinator
- [ ] CareStarter

48

Where does/do your EFMP-enrolled dependent primarily obtain <u>Other</u> Specialty Care service?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

- ( ) Direct care
- ( ) Private sector care

49
Have you established <u>Other</u> Specialty Care service at Travis AFB for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

◯ Yes

◯ No

50
Which of the following resources helped you most to locate and establish <u>Other</u> Specialty Care service for your dependent?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

Please choose **all** that apply:

☐ Primary Care at your previous installation

☐ Primary Care at Travis AFB

☐ ECHO Case Manager

☐ TRICARE or HealthNet provider directory

☐ Travis EFMP Special Needs Coordinator

☐ Materials from CareStarter (e.g., CareMap, CareStarter App)

☐ None

☐ Other, please describe. (Do not include any personal identifiable information.)

☐ Other: [_____]

51
How many providers did you contact in order to establish an intake appointment for <u>Other</u> Specialty Care service for your EFMP-enrolled dependent?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

◯ 1

◯ 2

◯ 3

◯ More than 3

52
Were there any <u>Other</u> Specialty Care providers whom your EFMP-enrolled dependent needed to see that were not included in the resource lists you used to locate care?

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

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

◯ Yes

◯ No

53
Did you have to reach out to any of the following resources for assistance locating Other Specialty Care services for your EFMP-enrolled dependent? Select all that apply.

Only answer this question if the following conditions are met:
Answer was at question ' [G06Q32]' (In the past 6 months, what Specialty Care services did your EFMP-enrolled dependent need? Select all that apply.)

Please choose **all** that apply:

☐ Primary Care at Travis

☐ ECHO Case Manager

☐ TRICARE or HealthNet contact line

☐ Travis EFMP Special Needs Coordinator

☐ CareStarter

Specialty Care Continued

54
Please indicate how easy or difficult it was to get Specialty Care for your dependent based on the following.

Please choose the appropriate response for each item:

	Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy
Provider waitlists	○	○	○	○	○
Providers accepting new patients	○	○	○	○	○
Distance	○	○	○	○	○
Needing new referral	○	○	○	○	○

55 How satisfied are you with the resources you used to get Specialty Care services for your EFMP-enrolled dependent received?

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

○ Very dissatisfied

○ Dissatisfied

○ Neither satisfied nor dissatisfied

○ Satisfied

○ Very Satisfied

56
Please describe why you are dissatisfied. Do not include any personal identifiable information.

Only answer this question if the following conditions are met:

Answer was 'Dissatisfied' *or* 'Very dissatisfied' at question ' [G08Q55]' (How satisfied are you with the resources you used to get Specialty Care services for your EFMP-enrolled dependent received?)

Please write your answer here:

57
Did you need to contact the Travis EFMP Office at any point to help with identifying medical resources for your EFMP Family member?

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

◯ Yes

◯ No

EFMP Process

58
How would you rate your stress level with regard to identifying and establishing care for your EFMP-enrolled dependent(s)?

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

○ Extremely stressful

○ Somewhat stressful

○ Minimally stressful

○ Not at all stressful

59
Did the resources you used help to reduce your stress?

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

○ Yes

○ No

60
Do you have suggestions for additional resources that you think would help to locate and establish care for your EFMP-enrolled dependent(s)? Do not include any personal identifiable information.

Please write your answer here:

Thank you for completing this survey.

02-16-2024 – 15:28

Submit your survey.

Thank you for completing this survey.