# Nurse Advice Line Survey Instrument

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Hello, I’m \_\_\_\_\_\_\_\_\_, and I’m calling from \_\_\_\_\_\_\_\_, a research company contracted by the Department of Defense to help in its efforts to improve the Military Health System Nurse Advice Line (NAL) service. May I please speak with (Rank, Mr. or Ms. and Name)?

If under 18 years of age à May I please speak with the parent/guardian of (Name)?

If yes à Continue to ELIGIBILITY VERIFICATION

If no à “*Do you know when (Rank, Mr. or Ms. and Name) will be available?”*

1. If no time is given or they don’t know à *“Thank you for your time. I will call back later.”*
2. If a time is given à *“Thank you for your time. I will call back then.”*
3. No such person àThank you and terminate the interview
4. Refused à Thank you and terminate the interview

For Interviewer Only

 Interviewer code -- Reason the sample member is not available

* Deceased
* Incapacitated
* Deployed and not available
* Temporarily unavailable, such as on vacation or on a business trip
* Relocated, new location unknown
* Incarcerated
* Refused call

The purpose of this call is to find out more about how the Military Health System Nurse Advice Line is used. We would like to know what you think; this survey will take less than 10 minutes. Answering the questions is voluntary and you may ask to skip any question you don’t want to answer and can stop at any time. Although I won’t be asking any questions about your specific health or medical problems, any information you provide is protected under the federal Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. The RCS number is HA(M)2651, expiring August 2, 2022.

Your answers will be confidential, and any identifying information will be protected by the research team, and will not be tied to your answers when the results are released. I have to caution you, however, that if you threaten to harm yourself or others, we have to notify appropriate authorities for action.

Do you agree to take this survey?

[ ]  Yes **®** [IF YES, GO TO THE NEXT QUESTION A1]

[ ]  No **®** [IF NO, END SURVEY]

**A: ELIGIBILITY VERIFICATION:**

A1. Our records show that you contacted the Nurse Advice Lineon **{DATE OF CALL}**. Is this correct?

[ ]  Yes **®** [IF YES, GO TO THE NEXT QUESTION A2]

[ ]  No **®** [IF NO, END SURVEY]

[ ]  Don’t Know/Refused **®** [IF DK/REF, END SURVEY]

A2. Was your primary care provider’s office open during this same time?

[ ]  Yes

[ ]  No

[ ]  Don’t Know

Please answer the following questions about your experience with the Nurse Advice Line on **{DATE OF CALL}**. When thinking about your answers, please only focus on your experience on this date.

**B: BEGIN SURVEY**:

B1. First, I am going to ask you a few questions about how you accessed the NAL.

B1g. How did you reach the Nurse Advice Line?

1. Phone call
2. Online text chat
3. Online video chat

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| B1h | IF ACCESSED THROUGH TEXT OR VIDEO CHAT, B1G=2,3] Did you experience any technical difficulties during your NAL chat?  |  |  |

B1i. [IF EXPERIENCED TECHNICAL DIFFICULTIES, B1H=YES] What technical difficulties did you experience during your NAL chat?

[IF ACCESSED THROUGH PHONE CALL, B1G=1]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Yes** | **No** |
| B1aa | Did the automated Voice Recognition system verify your eligibility? | [ ]  | [ ]  |
|  | If yes, move to B1c. If no, move to B1a. |  |  |
| B1a | Did you speak with a care coordinator to verify your eligibility?  | [ ]  | [ ]  |
|  | If yes, move to question B1b. If no, move to B1c  |  |  |
| B1b | Did the care coordinator transfer you to a Nurse? |  |  |
|  | If yes, move to question B1c. If no, move to B2. |  |  |
| B1c | Did the NAL Nurse provide advice about your or your family member’s health concern?  | [ ]  | [ ]  |
|  | If yes, move to question B1d. If no, move to B2. |  |  |
| B1d | Did the NAL Nurse transfer you to a care coordinator to further assist you in finding care?  | [ ]  | [ ]  |
|  | If yes, move to question B1e. If no, move to B2. |  |  |
| B1e | Did the care coordinator transfer you to your PCM clinic or MTF appointment line? | [ ]  | [ ]  |

[IF ACCESSED THROUGH TEXT OR VIDEO CHAT, B1G=2,3]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Yes** | **No** |
| B1f | Did the nurse provide you with self-care instructions? | [ ]  | [ ]  |
|  | If yes or no, move to section B2 and read questions.  |  |  |

B2. Now, I am going to read you a few statements. Please tell me if you strongly agree, agree, disagree, or strongly disagree with each statement. If you aren’t sure or the statement doesn’t apply, please let me know.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| B2h | [IF ACCESSED THROUGH PHONE CALL, B1G=1] The automated Voice Recognition system that searched for my eligibility was easy to use.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B2a | [IF SPOKE WITH CSR, B1A=YES] The care coordinator who verified my eligibility treated me in a courteous manner.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B2b | The wait time to speak with the NAL Nurse was reasonable. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B2c | [IF B1C=1 OR B1F=1] I feel the NAL nurse treated me in a professional manner. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B2d | [IF B1C=1 OR B1F=1] I feel the NAL nurse gave me useful advice. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B2e | [IF B1C=1 OR B1F=1] I followed, or plan to follow, the advice the Nurse gave me. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B2f | [IF SPOKE WITH APPOINTING CLERK, B1D=YES] I feel the person who helped coordinate further care treated me in a courteous manner. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

[IF ACCESSED THROUGH TEXT OR VIDEO CHAT, B1G=2,3]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **Not Applicable/not instructed to go to the beneficiary portal (B2K only)** |  |
| B2j | The chat functionality was an effective way to communicate with the nurse | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |
| B2k | I was able to easily access the beneficiary portal to retrieve self-care instructions and/or watch-out condition and/or sick slip  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

[ASK EVERYONE]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| L | Overall, I was satisfied with the NAL services provided. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| M | I would recommend the service to someone else. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

B3. How did you learn about the Nurse Advice Line? **(You may indicate more than one source.)**

1. The TRICARE website
2. A Military Treatment Facilities’ website
3. Tricare Region Contractor (Humana, Health Net, or United Healthcare) website
4. Overseas TRICARE Service Center
5. Military hospital health benefit advisor
6. Spouse or Family Member
7. Other military beneficiaries
8. Through social medial (Facebook, twitter, etc.)
9. Received an e-mail
10. Through print media (poster, mailer, newsletter, formal letter)
11. Through the automated message on the MTF appointment line
12. Other medical/hospital staff (doctor, nurse, social worker, etc.)
13. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

B4. Do you have any comments or suggestions for the NAL?

*The following portion of the survey applies to those individuals who our records indicate participated in the PCM On-Call Pilot. If it does not, end survey.*

B5. Our records show that you spoke with the Physician Advice Lineon **{DATE OF CALL}**. Is this correct?

[ ]  Yes **®** [IF YES, GO TO THE NEXT QUESTION B6]

[ ]  No **®** [IF NO, END SURVEY]

[ ]  Don’t Know/Refused **®** [IF DK/REF, END SURVEY]

B6. I am going to read you two statements. Tell me if you strongly agree, agree, disagree, or strongly disagree with each statement. If you aren’t sure or the statement doesn’t apply, please just say so.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Statement** | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| B6a | The Physician Advice Line was a valuable service to me.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B6b | I would use the service again.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_END OF SURVEY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_