

## Pilot Medical Disclosure Decision Making Survey

### Group 1: Sleep Apnea

#### **Instructions for Input into Qualtrics:**

- Text in ***bolded italics*** indicates a new block in Qualtrics. Please use this text as the block title.
- Text appearing in *[italicized brackets]* indicates the response format or requirements. For example *[numerical two digit maximum]* refers to a numerical response format with a maximum of two characters.
- Multiple choice responses will be followed by a (number in parentheses). These numbers indicate the backend response label that will be used to quantify each multiple-choice response.
- Some items will be reverse coded – these items will be followed the label *[R]*. Please pay careful attention to the backend response labels for these items.
- A dashed line is used to indicate where a new page should begin when taking the survey.

#### **Introduction**

The OMB Control Number for this information collection is 2127-0756 (expiration date: 07/01/2027).

You are invited to take part in a research study about how pilots make decisions regarding the disclosure of health conditions to the Federal Aviation Administration (FAA). This study aims to better understand pilot experiences, concerns, and thought processes around medical disclosure. The goal is to inform efforts to reduce unnecessary barriers and burdens in the reporting process.

Participation is voluntary, and you may choose to stop at any time. The survey will take approximately 10–15 minutes to complete. Your responses are confidential.

Upon full completion of the survey, you will receive \$25 in compensation. This is contingent on finishing the survey and providing valid responses to attention check questions included to ensure data quality.

The Civil Aerospace Medical Institute (CAMI) National Airspace System Safety Research Laboratory (AAM-520) is administering this survey on behalf of the Office of Aerospace Medicine (OAM) with the assistance of a third-party contractor, Cherokee Federal. To ensure confidentiality and anonymity, only the lead researcher, Dr. Julia Beckel, and a designated third-party contractor will have access to your responses for data processing and compensation purposes. No personally identifying information will be included in any data shared outside this limited team, and all results will be reported in aggregate or de-identified form.

#### Consent to Participate

By clicking 'Next', I agree to participate in this study. Additionally, I understand and consent to the release of de-identified response and aggregate data sets for research purposes only. I understand that personally identifying information WILL NOT be included in any released data.

Further, if I choose to withdraw participation when completing the study through the online platform (e.g., Qualtrics), I can close the survey to discontinue my participation.

### **Demographics**

1. What is your age (in years)?
  - Open text *[numerical in years]*
  
2. What is your gender?
  - Male
  - Female
  - Prefer not to answer
  
3. What is your highest level of education?
  - High school or equivalent
  - Associate or undergraduate degree
  - Graduate or professional degree
  
4. What is your marital status?
  - Single (never married)
  - Married
  - Living with partner
  - Separated
  - Divorced
  - Widowed
  
5. Is flying your primary source of income?
  - Yes
  - No
  
6. What is your estimated monthly salary?
  - Less than \$7,500
  - \$7,500-\$9,999
  - \$10,000-\$12,499
  - \$12,500-\$14,999
  - \$15,000-\$19,999
  - \$20,000 or more
  
7. Approximately how many flight hours have you accumulated?
  - Less than 3,000
  - 3,000-4,999
  - 5,000-6,999
  - 7,000-8,999

- 9,000-11,999
- 12,000-14,000
- 15,000 or more

8. To what extent do you believe aeromedical classification contributes to flight safety?

- Not at all
- Some extent
- Moderate extent
- Great extent
- Very great extent

9. Have you ever been diagnosed with a physical or mental health condition that could potentially affect your FAA medical certification status?

- Yes
- No
- Prefer not to answer

10. If yes, did you disclose the diagnoses to your Aeromedical Examiner (AME)?

- Yes
- No
- Prefer not to answer

11. Have you ever had a deferred aeromedical examination or issued a special issuance?

- Yes
- No
- Prefer not to answer

12. Do you typically see the same AME for each of your aeromedical examinations?

- Yes
- No

13. Approximately how long have you been seeing the AME who performed your most recent medical examination?

- This was my first time seeing this AME.
  - Less than 1 year.
  - 1-2 years
  - 3-5 years
  - 6-10 years
  - 11-15 years
  - More than 15 years
-

**Closeness To AME** (Adapted version of the Relational Quality Scale by Venetis)

The following items ask about your relationship with your primary Aeromedical Examiner (AME). If you typically see a different AME for each aeromedical exam, think about the AME you saw during your most recent exam. Please respond with how strongly you agree or disagree with each statement.

14. I feel close to my AME.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

15. My AME's opinion is important to me.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

16. I am satisfied with the relationship I have with my AME.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

17. I trust my AME to act in my best interest.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

18. I would prefer to continue seeing my current AME.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

---

The following sections of the survey are meant to gauge your reactions to each set of questions as it relates to the condition of [insert condition].

*NOTE: One of the below definitions will be presented to respondents based on study group.*

**Depression:** Depression is a common mental health condition that can involve persistent sadness, low energy, trouble concentrating, sleep changes, and loss of interest. These symptoms may affect mood, focus, and decision-making – even when the symptoms aren't visible to others.

**Sleep Apnea:** Sleep apnea is a sleep disorder which causes interrupted breathing during sleep, often leading to poor sleep quality, daytime fatigue, difficulty concentrating, and slowed reaction time. Symptoms may not always be noticed by the person affected.

**Cardiac Disease:** Cardiac disease includes heart conditions that can cause chest pain, shortness of breath, dizziness, palpitations, or fatigue. These conditions can vary in severity and may increase risk of sudden unconsciousness.

### **Condition Specific Aero-Relevance**

Imagine you are experiencing symptoms of [insert condition]. Next, indicate how strongly you agree or disagree with the following statements.

19. Failure to report symptoms related to [insert condition] could seriously impact flight safety.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

20. Pilots who experience [insert condition] and continue flying without disclosing it may pose a safety risk.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

21. Disclosing symptoms of [insert condition] is essential for protecting passengers and crew.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

22. Reporting [insert condition] helps reduce the risk of in-flight impairment.

- Strongly disagree

- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

23.If I had [insert condition], it wouldn't really affect flight safety (*R*).

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

---

### **Likelihood of Detection**

Please continue to imagine you are experiencing symptoms related to [insert condition]. As a reminder, [insert condition description].

Next please rate how strongly you agree or disagree to the following statements.

24.It would be hard for others to recognize I was experiencing symptoms (*R*).

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

25.Those close to me would recognize that I was experiencing symptoms.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

26.I would recognize that I am experiencing symptoms.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

27.The symptoms of this condition would be noticeable to others.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree

- o Strongly Agree

28.If I didn't tell anyone, they would be unlikely to notice (R).

- o Strongly disagree
- o Disagree
- o Neither disagree nor agree
- o Agree
- o Strongly Agree

**Anticipated Response (Two sub-factors: 1) Supportive Response, 2) Anticipated Outcome)**

These sets of items ask about what you think would happen if you decided to share health information with your AME. What do you think would happen if you were to tell your AME you were experiencing issues with [insert condition]?

As a reminder, [insert condition description].

If I told my AME I was experiencing issues with [insert condition], my AME would...

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly agree</i>
29.Listen carefully to my concerns before making a decision.	o	o	o	o	o
30.Try to help me stay medically qualified if possible.	o	o	o	o	o
31.Look for ways to support my continued flying career.	o	o	o	o	o
32.Only report my condition if I had a severe case.	o	o	o	o	o

Reporting this condition to my AME would...

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly agree</i>
33.Likely result in a temporary	o	o	o	o	o

loss of flying status.

34. Have a negative impact on my flying career.	0	0	0	0	0
35. Lead to long-term restrictions.	0	0	0	0	0
36. Put future job opportunities at risk.	0	0	0	0	0

---

## Stigma

The following items ask what you believe would happen if you had a problem with [insert condition] and people at work found out about it.

As a reminder, [insert condition description].

Please rate how strongly agree with the following statements.

37. My coworkers would question my ability to perform safely as a pilot.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

38. People at work would be uncomfortable flying with me.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

39. My career options would be limited.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

40. A supervisor might treat me unfairly.

- Strongly disagree
- Disagree
- Neither disagree nor agree

- Agree
- Strongly Agree

41. A supervisor might assign me to less favorable schedules or duties.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

42. People would think I'm exaggerating or faking the problem.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

43. I would be treated differently by my coworkers.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

---

### **Perceived Financial Impact**

Please to continue to imagine you are experiencing symptoms related to [insert condition]. As a reminder, [insert condition description]

Next, please rate how strongly you agree or disagree with the following statements.

44. Disclosing this condition would cause a loss of income I cannot afford.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

45. I would worry about paying my bills if I were grounded due to this condition.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

46. Reporting this condition could lead to long-term financial hardship.

- Strongly disagree

- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

47. I would risk serious economic consequences if I disclosed this condition.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

---

### **Intent to Disclose**

This set of questions asks about what you think you would do if you were actually experiencing issues with [insert condition]. As a reminder, [insert position description]. Please mark how strongly you agree or disagree with the following statements as it relates to each condition.

48. I would discuss my symptoms with my AME during my next evaluation.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

49. I would schedule an AME appointment to tell them about my symptoms.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

50. I would wait to see if the symptoms got worse before deciding whether to tell anyone (R).

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

51. I would speak with a trusted colleague or union representative before deciding whether to report the condition.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

52. I would disclose the condition only if I believed it created an immediate risk to flight safety (R).

- Strongly disagree
  - Disagree
  - Neither disagree nor agree
  - Agree
  - Strongly Agree
- 

### **Control Measures**

For the remaining items, please mark the extent to which each of the proposed measures may help to improve aeromedical classification and the likelihood of pilots disclosing physical and mental health symptoms to their providers or AMEs. To what extent would it help if...

53. The FAA only performed reviews and made information requests related to conditions they classified as having the highest risk to operations.

- Not at all
- Slight extent
- Moderate extent
- Great extent
- Very great extent

54. Pilots received temporary medical certificates during FAA reviews which allowed them to keep flying as long as their condition(s) didn't create an imminent risk of incapacitation while on duty.

- Not at all
- Slight extent
- Moderate extent
- Great extent
- Very great extent

55. The FAA streamlined its process for condition-specific evaluations and reduced the number of reviews and information requests for grounded pilots.

- Not at all
- Slight extent
- Moderate extent
- Great extent
- Very great extent

56.The FAA was mandated to complete a review and make a final decision on pilot medical certification within 60 days of receiving requested information.

- Not at all
- Slight extent
- Moderate extent
- Great extent
- Very great extent

57.The FAA prioritized enforcing actions against pilots withholding health condition information to those at greatest level of flight risk.

- Not at all
- Slight extent
- Moderate extent
- Great extent
- Very great extent

58.The FAA offered a one-time amnesty from legal action for withholding health condition information.

- Not at all
- Slight extent
- Moderate extent
- Great extent
- Very great extent

59.MedXPress contained a required training module that described why FAA wants pilots to disclose conditions and what the benefits are for flight safety.

- Not at all
- Slight extent
- Moderate extent
- Great extent
- Very great extent

60.FAA published background information and risk assessments which led to policies on information requests and reviews for related health conditions to better communicate the risks the FAA is trying to mitigate.

- Not at all
- Slight extent
- Moderate extent
- Great extent
- Very great extent

61.Pre-flight checks included diagnostic tools to test fitness-to-fly (e.g., reaction time) to allow pilots to self-assess risk more objectively than current mechanisms.

- o Not at all
- o Slight extent
- o Moderate extent
- o Great extent
- o Very great extent

62. The AME exam included direct tests for medical conditions and risk factors for pilot incapacitation in order to catch medical conditions in the event pilots are withholding important health information.

- o Not at all
- o Slight extent
- o Moderate extent
- o Great extent
- o Very great extent

63. The knowledge standards for obtaining commercial pilot licenses included information on medical certification and disclosure requirements that emphasize pilot accountability and responsibility.

- o Not at all
- o Slight extent
- o Moderate extent
- o Great extent
- o Very great extent

64. The FAA provided clear methods for compliance with 14 CFR 61.53, the regulation that mandates self-assessment and reporting of disqualifying medical conditions and prohibits pilots from flying if they know they are experiencing a medical condition that could impair their ability to fly safely.

- o Not at all
- o Slight extent
- o Moderate extent
- o Great extent
- o Very great extent

65. The FAA created a voluntary disclosure program for pilots to disclose conditions and receive expert consultation on what to do next without automatically triggering FAA administrative actions (e.g., grounding).

- o Not at all
- o Slight extent
- o Moderate extent
- o Great extent
- o Very great extent

66. Crew Resource Management training included more material on recognizing and responding to partial or full incapacitation?

- o Not at all
  - o Slight extent
  - o Moderate extent
  - o Great extent
  - o Very great extent
- 

67. Is there anything not previously mentioned in the survey the FAA can do to reduce pilot barriers to disclosing their physical and mental health information to AMEs?

- o [Open text - 250 character maximum]