

Change 2023 vs 2025	2023 Pilot Question	2023 Pilot Response Options
Terminology	Which best applies to you? (response required)	<input type="radio"/> I applied for a Class I <input type="radio"/> I applied for a Class II <input type="radio"/> I applied for a Class III <input type="radio"/> I submitted my BasicMed Comprehensive Medical Examination Checklist (CMEC) (Stop here and respond on the survey for BasicMed.) <input type="radio"/> I have never applied for a pilot medical certificate. (Stop here and return your survey. Thank You!)
SAME	How many months ago did you submit your application?	<input type="radio"/> 0-3 months <input type="radio"/> 4-6 months <input type="radio"/> 7-9 months <input type="radio"/> 10-12 months <input type="radio"/> 13 months or more
SAME	How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?	<input type="radio"/> 0-24 miles <input type="radio"/> 25-50 miles <input type="radio"/> 51-75 miles <input type="radio"/> 76-100 miles <input type="radio"/> 101 miles or more (explain below)
SAME	Reason(s) for traveling 101 miles or more for your appointment:	Open text
SAME	How many AMEs did you contact before making your exam appointment?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 or more
SAME	Is your AME your primary care doctor?	<input type="radio"/> Yes <input type="radio"/> No

Terminology	<p>What was the cost of your examination for your pilot medical certification (excluding costs for any additional testing, evaluations or referrals recommended by the AME or required by the FAA)?</p> <p> <input type="checkbox"/> Less than \$50 <input type="checkbox"/> More than \$50 but less than \$100 <input type="checkbox"/> Between \$100 and \$200 <input type="checkbox"/> More than \$200 </p>	
Terminology	<p>How did you pay for your pilot medical certification examination only (excluding any additional testing, evaluations or referrals recommended by the AME or required by the FAA)? [mark all that apply]</p> <p>- Out of Pocket</p>	Mark all that apply
Terminology	<p>How did you pay for your pilot medical certification examination only (excluding any additional testing, evaluations or referrals recommended by the AME or required by the FAA)? [mark all that apply]</p> <p>- Covered by employer</p>	Mark all that apply
Terminology	<p>How did you pay for your pilot medical certification examination only (excluding any additional testing, evaluations or referrals recommended by the AME or required by the FAA)? [mark all that apply]</p> <p>- Covered by health insurance</p>	Mark all that apply
Terminology	<p>How did you pay for your pilot medical certification examination only (excluding any additional testing, evaluations or referrals recommended by the AME or required by the FAA)? [mark all that apply]</p> <p>- Other (explain below)</p>	Mark all that apply
SAME	Other:	Open text
Terminology	<p>Did you have any additional requirements associated with your pilot medical certification examination (e.g., additional testing, evaluations, or referrals recommended by the AME or required by the FAA)?</p>	<p>Yes</p> <p>No</p>

Terminology

What was the approximate total cost for all additional requirements associated with your pilot medical certification examination (e.g., additional testing, evaluations or referrals recommended by the AME or required by the FAA)?

- ☐ Less than \$1000
- ☐ \$1000 but less than \$5000
- ☐ \$5000 but less than \$10,000
- ☐ \$10,000 but less than \$15,000
- ☐ \$15,000 but less than \$20,000
- ☐ \$20,000 but less than \$25,000
- ☐ More than \$25,000

SAME

How did you pay for any additional testing, evaluations, or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]

- Did not do additional testing due to cost

Mark all that apply

SAME

How did you pay for any additional testing, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]

- Out of Pocket

Mark all that apply

SAME

How did you pay for any additional testing, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]

- Covered by employer

Mark all that apply

SAME

How did you pay for any additional testing, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]

- Covered by health insurance

Mark all that apply

SAME

How did you pay for any additional testing, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]

- Other (explain below)

Mark all that apply

SAME

Other:

Open text

SAME	What was the basis for selecting your AME? [mark all that apply] - Referred by flight instructor or school	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Referred by airline or AME employed by airline	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Referred by pilot	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Referred by doctor or previous AME	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Performed my previous medical certification exam(s)	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Is my primary care doctor	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Makes quick certification decisions	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Licensed to perform needed service (Class I exam, special issuance, etc.)	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Handles complex cases	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Nearest location	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Earliest available appointment	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Low cost	Mark all that apply
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SAME	What was the basis for selecting your AME? [mark all that apply] - Other reason(s) (explain below)	Mark all that apply
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SAME	Other reason(s) for selecting your AME:	Open text
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SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- Valid photo ID</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- MedXPress confirmation number</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- Printout of completed Summary Sheet from MedXPress</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- List of your medications</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- Medical history details (e.g., dates of hospitalizations and medical exams)</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- Current medical tests/lab results</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- Past medical tests/lab results</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>

SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- Records from medical or mental health evaluations, hospitalizations, etc.</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- Special Issuance Authorization paperwork</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- SODA (statement of demonstrated ability) paperwork</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did the AME's office tell you to bring the following to your exam appointment?</p> <p>- Conditions AMEs Can Issue (CACI) paperwork</p>	<p>Yes</p> <p>No, but did need for exam</p> <p>No, not needed for exam</p> <p>Do not remember (Valid - not recoded out)</p> <p>Not applicable</p>
SAME	<p>Did you use MedXPress to submit your application? (response required)</p>	<p>Yes</p> <p>No (answer item 14, then skip to item 23, on page 5)</p> <p>Do not remember (answer item 14, then skip to item 23, on page 5)</p>
SAME	<p>Did you use a computer to answer FAA medical application questions?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Do not remember</p>
SAME	<p>Did your AME's office ask you to provide your MedXPress Summary Sheet before your exam appointment? (response required)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (skip to item 17, on the next page)</p> <p><input type="checkbox"/> Do not remember (skip to item 17, on the next page)</p>

SAME	Based on their receipt of your MedXPress Summary Sheet, did your AME's office ask you to bring additional documentation to your exam appointment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember (Valid - not recoded out)
SAME	Overall how satisfied were you with the performance of MedXPress?	<input type="radio"/> Very dissatisfied (explain below) <input type="radio"/> Dissatisfied (explain below) <input type="radio"/> Neither dissatisfied nor satisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied
SAME	Please explain why you were dissatisfied with the performance of MedXPress:	Open text
SAME	How did MedXPress perform compared to your expectations?	<input type="radio"/> Far below expectations (explain below) <input type="radio"/> Below expectations (explain below) <input type="radio"/> Met expectations <input type="radio"/> Above expectations <input type="radio"/> Far above expectations
SAME	Please explain why MedXPress performed below your expectations:	Open text
SAME	Overall how would you rate the performance of MedXPress?	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Good <input type="radio"/> Excellent
SAME	If you could electronically attach/upload supporting documents to your MedXPress account, would you do so?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, I would still have my AME do it

SAME Did the AME access your MedXPress form online during the exam appointment? (response required) ☐ Yes (skip to item 23, on the next page)
☐ No
☐ Do not know (skip to item 23 on the next page)
☐ Do not remember (skip to item 23 on the next page) (Valid - not recoded out)

SAME What are the reasons the AME did not access your MedXPress form online during the exam appointment? [mark all that apply] Mark all that apply
- I did not have my confirmation number

SAME What are the reasons the AME did not access your MedXPress form online during the exam appointment? [mark all that apply] Mark all that apply
- My confirmation number had expired

SAME What are the reasons the AME did not access your MedXPress form online during the exam appointment? [mark all that apply] Mark all that apply
- The AME did not require MedXPress

SAME What are the reasons the AME did not access your MedXPress form online during the exam appointment? [mark all that apply] Mark all that apply
- Other reason (explain below)

SAME Other reason the AME did not access your MedXPress form online during the exam appointment: Open text

SAME During your exam appointment, who did each of the following: (response required) [mark all that apply] - Mark all that apply
Reviewed your medical history with you
- No one

SAME During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- AME Mark all that apply

SAME During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Another physician (not the AME) Mark all that apply

SAME During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Physician's Assistant Mark all that apply

SAME During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Nurse Mark all that apply

SAME During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Other office personnel Mark all that apply

SAME During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Do not remember Mark all that apply

SAME During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Performed your physical exam
- No one Mark all that apply

SAME	During your exam appointment, who did each of the following: (response required) [mark all that apply] - Performed your physical exam - AME	Mark all that apply
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SAME	During your exam appointment, who did each of the following: (response required) [mark all that apply] - Performed your physical exam - Another physician (not the AME)	Mark all that apply
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SAME	During your exam appointment, who did each of the following: (response required) [mark all that apply] - Performed your physical exam - Physician's Assistant	Mark all that apply
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SAME	During your exam appointment, who did each of the following: (response required) [mark all that apply] - Performed your physical exam - Nurse	Mark all that apply
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SAME	During your exam appointment, who did each of the following: (response required) [mark all that apply] - Performed your physical exam - Other office personnel	Mark all that apply
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SAME	During your exam appointment, who did each of the following: (response required) [mark all that apply] - Performed your physical exam - Do not remember	Mark all that apply
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SAME	To what extent did your AME do each of the following during your exam appointment? - Obtain a comprehensive history	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
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SAME	<p>To what extent did your AME do each of the following during your exam appointment?</p> <p>- Discuss safety risk(s) of current medical condition(s)</p>	<p>Not at all Limited extent Moderate extent Considerable extent Great extent N/A</p>
SAME	<p>To what extent did your AME do each of the following during your exam appointment?</p> <p>- Explain the certification process and airman appeal rights</p>	<p>Not at all Limited extent Moderate extent Considerable extent Great extent N/A</p>
SAME	<p>To what extent did your AME do each of the following during your exam appointment?</p> <p>- Discuss safety risk of over-the-counter (OTC) medications and supplements</p>	<p>Not at all Limited extent Moderate extent Considerable extent Great extent N/A</p>
SAME	<p>To what extent did your AME do each of the following during your exam appointment?</p> <p>- Discuss mental health</p>	<p>Not at all Limited extent Moderate extent Considerable extent Great extent N/A</p>
SAME	<p>To what extent did your AME do each of the following during your exam appointment?</p> <p>- Discuss sleep patterns</p>	<p>Not at all Limited extent Moderate extent Considerable extent Great extent N/A</p>
SAME	<p>Did your AME...</p> <p>- perform a thorough medical exam?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
SAME	<p>Did your AME...</p> <p>- examine your eyes and ears with a medical device?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SAME	Did your AME... - have you remove or undo articles of clothing for the exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAME	Did your AME... - listen to your heart and lungs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAME	To what extent did your AME... - provide a professional setting for the medical exam, including cleanliness and appearance?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	To what extent did your AME... - charge appropriately for services?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	To what extent did your AME... - clearly explain your responsibilities in the medical certification process?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	To what extent did your AME... - provide you with all the information you requested?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	To what extent did your AME... - provide information you requested in a timely manner?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A

SAME	To what extent did your AME... - provide you with accurate information?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	To what extent did your AME... - treat you with courtesy and respect?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply] - Nonmedical setting (home, hangar)	Mark all that apply
SAME	Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply] - Unclean or unkempt setting	Mark all that apply
SAME	Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply] - No privacy	Mark all that apply
SAME	Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply] - Other reason(s) (explain below)	Mark all that apply
SAME	Other reason(s) for your response:	Open text

SAME	During your most recent medical certification exam, did your AME identify or alert you to any new medical condition(s) that may or may not need to be evaluated by your primary care physician? (response required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAME	Did the new health condition(s) require treatment for medical certification?	Yes <input type="checkbox"/> No
SAME	During your most recent medical certification exam, did your AME identify or alert you that a previously existing health condition(s) required treatment to obtain your medical certification? (response required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAME	Did you receive treatment for the previously existing health condition(s)?	Yes <input type="checkbox"/> No
SAME	During any previous medical certification exam, did your AME alert you to any new medical condition(s) that may or may not have required evaluation from your primary care physician? (response required)	Yes <input type="checkbox"/> No (skip to item 34)
SAME	Did the new health condition(s) require treatment for medical certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAME	During any previous medical certification exam, did your AME alert you that a previously existing health condition(s) required treatment to obtain your medical certification? (response required)	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to item 36, on the next page)

SAME

Did you receive treatment for the previously existing health condition(s)?

☐ Yes
☐ No

SAME

Overall how satisfied were you with your exam appointment? (response required)

☐ Very dissatisfied
☐ Dissatisfied
☐ Neither dissatisfied nor satisfied
☐ Satisfied
☐ Very satisfied

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- AME did not issue my certificate during the exam appointment

Mark all that apply

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- The exam was not thorough

Mark all that apply

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Not examined in a professional environment

Mark all that apply

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- AME conducted the exam at a different location than listed in the FAA directory

Mark all that apply

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- I had to remove articles of clothing

Mark all that apply

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Not treated with courtesy and respect

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Cost of the basic certification examination only

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Cost of additional items required by the AME and/or the FAA

SAME

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Other reason(s) (explain below)

SAME

Other reason(s) you were dissatisfied with your exam appointment: Open text

SAME

Overall how satisfied were you with the quality of service provided by your AME? (response required)

<input type="checkbox"/>	Very dissatisfied
<input type="checkbox"/>	Dissatisfied
<input type="checkbox"/>	Neither dissatisfied nor satisfied
<input type="checkbox"/>	Satisfied
<input type="checkbox"/>	Very satisfied

SAME

Why were you dissatisfied with the quality of AME services? [mark all that apply]
- AME did not issue my certificate during the exam appointment

Terminology Why were you dissatisfied with the quality of AME services? [mark all that apply] Mark all that apply
- AME lacked knowledge of current pilot medical certification standards

SAME Why were you dissatisfied with the quality of AME services? [mark all that apply] Mark all that apply
- Not informed of required documentation to bring to the exam

SAME Why were you dissatisfied with the quality of AME services? [mark all that apply] Mark all that apply
- Not informed of additional documentation that the FAA would require to issue my certificate

SAME Why were you dissatisfied with the quality of AME services? [mark all that apply] Mark all that apply
- Not informed of status of my application

SAME Why were you dissatisfied with the quality of AME services? [mark all that apply] Mark all that apply
- Refused to offer any assistance beyond performing the exam

SAME Why were you dissatisfied with the quality of AME services? [mark all that apply] Mark all that apply
- Other reason(s) (explain below)

SAME Other reason(s) you were dissatisfied with the quality of AME services: Open text

Terminology	Based on your most recent experience with your AME, to what extent does the FAA pilot medical certification process ensure the safety of the National Airspace System? (response required)	<input type="checkbox"/> Not at all <input type="checkbox"/> Limited extent <input type="checkbox"/> Moderate extent <input type="checkbox"/> Considerable extent (skip to item 42) <input type="checkbox"/> Great extent (skip to item 42)
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Terminology	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA pilot medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Exam is not comprehensive enough to adequately screen pilots	Mark all that apply
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Terminology	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA pilot medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Not all AMEs perform thorough exams	Mark all that apply
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Terminology	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA pilot medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Deters pilots from applying for medical certification	Mark all that apply
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Terminology	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA pilot medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Encourages pilots to be dishonest on application for medical certification	Mark all that apply
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Terminology	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA pilot medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Other reason (explain below)	Mark all that apply
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SAME

Other reason for your response:

Open text

Terminology

What are your reasons for responding
['Considerable extent' or 'Great extent'] to
the question asking to what extent the
FAA pilot medical certification process
ensures the safety of the National
Airspace System? [mark all that apply]
- Ensures pilots are medically safe to fly

Mark all that apply

Terminology

What are your reasons for responding
['Considerable extent' or 'Great extent'] to
the question asking to what extent the
FAA pilot medical certification process
ensures the safety of the National
Airspace System? [mark all that apply]
- Deters pilots from flying, if not medically
qualified

Mark all that apply

Terminology

What are your reasons for responding
['Considerable extent' or 'Great extent'] to
the question asking to what extent the
FAA pilot medical certification process
ensures the safety of the National
Airspace System? [mark all that apply]
- Other reason (explain below)

Mark all that apply

SAME

Other reason for your response:

Open text

SAME

Was your medical certificate issued on the same day as your exam appointment?
(response required)

☐ Yes (skip to item 55, on page 11)
☐ No

SAME	Which of the following best describes the processing of your application for a medical certification? (response required)	<input type="checkbox"/> The AME required additional information before issuing my certificate <input type="checkbox"/> The AME deferred my application for review to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City (skip to item 47, on the next page)
SAME	Did your AME explain to you the requirements for additional documentation to meet FAA standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not remember (Valid - not recoded out)
SAME	How long from the date of the exam did the AME tell you it would take to receive a decision regarding your medical certification?	<input type="checkbox"/> Did not say <input type="checkbox"/> 0-1 day <input type="checkbox"/> 2-10 days <input type="checkbox"/> 11-30 days <input type="checkbox"/> 31-90 days <input type="checkbox"/> 91 days or more <input type="checkbox"/> Do not remember
SAME	Which of the following best describes what happened after the AME deferred your application to the RFS or the AMCD in Oklahoma City? (response required)	<input type="checkbox"/> No additional information was requested from me before being issued my certificate <input type="checkbox"/> I had to supply additional information, and then was issued my certificate <input type="checkbox"/> I have been contacted by the FAA and my application is still under review (skip to item 49) <input type="checkbox"/> I was denied a medical certificate (skip to item 49)
SAME	How long did it actually take to receive a decision on your medical certification?	<input type="checkbox"/> 0-1 day <input type="checkbox"/> 2-10 days <input type="checkbox"/> 11-30 days <input type="checkbox"/> 31-90 days <input type="checkbox"/> 91 days or more <input type="checkbox"/> Do not remember
SAME	Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply] - Regional Medical Division/Regional Flight Surgeon (RFS) Office - No contact	Mark all that apply
SAME	Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply] - Regional Medical Division/Regional Flight Surgeon (RFS) Office - Phone	Mark all that apply

SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Regional Medical Division/Regional Flight Surgeon (RFS) Office - E-mail 	Mark all that apply
SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Regional Medical Division/Regional Flight Surgeon (RFS) Office - Postal mail 	Mark all that apply
SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Aerospace Medical Certification Division (AMCD) – Oklahoma City - No contact 	Mark all that apply
SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Aerospace Medical Certification Division (AMCD) – Oklahoma City - Phone 	Mark all that apply
SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Aerospace Medical Certification Division (AMCD) – Oklahoma City - E-mail 	Mark all that apply
SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Aerospace Medical Certification Division (AMCD) – Oklahoma City - Postal mail 	Mark all that apply
SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Office of Aerospace Medicine – Washington, DC - No contact 	Mark all that apply

SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Office of Aerospace Medicine – Washington, DC - Phone 	Mark all that apply
SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Office of Aerospace Medicine – Washington, DC - E-mail 	Mark all that apply
SAME	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Office of Aerospace Medicine – Washington, DC- Postal mail 	Mark all that apply
SAME	<p>What was the longest time that the FAA medical representative(s) told you it would take to receive a decision on your medical certificate?</p>	<input type="checkbox"/> Did not say <input type="checkbox"/> 0-1 day <input type="checkbox"/> 2-10 days <input type="checkbox"/> 11-30 days <input type="checkbox"/> 31-90 days <input type="checkbox"/> 91 days or more <input type="checkbox"/> Do not remember (Valid - not recoded out)
SAME	<p>To what extent did the FAA medical representative(s) you had contact with... - clearly explain your responsibilities in the medical certification process?</p>	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	<p>To what extent did the FAA medical representative(s) you had contact with... - provide you with all the information you requested?</p>	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	<p>To what extent did the FAA medical representative(s) you had contact with... - provide information you requested in a timely manner?</p>	Not at all Limited extent Moderate extent Considerable extent Great extent N/A

SAME	To what extent did the FAA medical representative(s) you had contact with... - provide you with accurate information?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	To what extent did the FAA medical representative(s) you had contact with... - treat you with courtesy and respect?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
SAME	Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)? (response required)	<input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither dissatisfied nor satisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied
SAME	Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply] - Denied my medical certificate	Mark all that apply
SAME	Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply] - Not treated with courtesy and respect	Mark all that apply
SAME	Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply] - Not adequately informed of requirements for additional documentation	Mark all that apply
SAME	Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply] - Failed to explain requirements for additional documentation	Mark all that apply

SAME

Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]
- Not informed of status of application

SAME

Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]
- Poor communication on where application was in the review process

SAME

Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]
- Took too long to complete the review

SAME

Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]
- Other reason(s) (explain below)

SAME

Other reason(s) you were dissatisfied with quality of services provided by the FAA medical representative(s):

Terminology

Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA pilot medical certification process ensure the safety of the National Airspace System?

☐ Not at all
☐ Limited extent
☐ Moderate extent
☐ Considerable extent
☐ Great extent

BLANK

SAME	How can the FAA make the medical certification process easier for you? [mark all that apply] - Provide a list of approved medications	Mark all that apply
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SAME	How can the FAA make the medical certification process easier for you? [mark all that apply] - Allow me to attach supporting documents in MedXPress	Mark all that apply
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SAME	How can the FAA make the medical certification process easier for you? [mark all that apply] - Improve communication (answer phones, provide email, automated phone callbacks, etc.)	Mark all that apply
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SAME	How can the FAA make the medical certification process easier for you? [mark all that apply] - Speed up review process/respond in a timely manner	Mark all that apply
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SAME	How can the FAA make the medical certification process easier for you? [mark all that apply] - Retain medical history in application/add entry field to indicate no change since last medical	Mark all that apply
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SAME	How can the FAA make the medical certification process easier for you? [mark all that apply] - Allow AME/PCP/Specialist to make medical decisions/Trust AME/PCP reports in lieu of additional tests	Mark all that apply
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SAME	How can the FAA make the medical certification process easier for you? [mark all that apply] - Provide list of requirements/tests needed up front when deferred	Mark all that apply
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SAME	How can the FAA make the medical certification process easier for you? [mark all that apply] - Other (explain below)	Mark all that apply
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SAME	Other way(s) the FAA can make the medical certification process easier:	Open text
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New Response options	What year was your most recent FAA medical certification examination?	2017 <input checked="" type="checkbox"/> 2018 2019 2020 2021 2022 2023
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Terminology	Which pilot certificate(s) do you currently hold? [mark all that apply] - Student	Mark all that apply
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Terminology	Which pilot certificate(s) do you currently hold? [mark all that apply] - Sport	Mark all that apply
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Terminology	Which pilot certificate(s) do you currently hold? [mark all that apply] - Recreational	Mark all that apply
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Terminology	Which pilot certificate(s) do you currently hold? [mark all that apply] - Private	Mark all that apply
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Terminology	Which pilot certificate(s) do you currently hold? [mark all that apply] - Commercial	Mark all that apply
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Terminology	Which pilot certificate(s) do you currently hold? [mark all that apply] - Airline Transport	Mark all that apply
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SAME	Which rating(s) do you currently hold? [mark all that apply] - Do not hold any rating	Mark all that apply
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SAME	Which rating(s) do you currently hold? [mark all that apply] - Instrument Flight Rules (IFR)	Mark all that apply
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SAME	Which rating(s) do you currently hold? [mark all that apply] - Certified Flight Instructor (CFI)	Mark all that apply
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SAME	Which rating(s) do you currently hold? [mark all that apply] - Other rating(s) (explain below)	Mark all that apply
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SAME	Other rating(s) you currently hold:	Open text
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SAME	Are you currently employed as a pilot? (response required)	<input type="checkbox"/> Not employed as a pilot (skip to item 61, on the next page) <input type="checkbox"/> Part-time pilot <input type="checkbox"/> Full-time pilot
SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 61 (Sport pilot)	Mark all that apply
SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 91 (Corporate)	Mark all that apply
SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 121 (Flag, domestic, supplemental operations)	Mark all that apply
SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)	Mark all that apply
SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 129 (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage)	Mark all that apply
SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 133 (Rotorcraft external loads)	Mark all that apply

SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 135 (Commuter/On-demand operations)	Mark all that apply
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SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 137 (Agricultural operations)	Mark all that apply
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SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 141 (Pilot schools)	Mark all that apply
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SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 142 (Training centers)	Mark all that apply
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SAME	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Other Part or Operation (explain below)	Mark all that apply
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SAME	Other Part or Operation employing you as a pilot:	Open text
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SAME	Approximately, how many total flight hours have you flown?	Open text
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SAME	Approximately, how many flight hours have you flown in the past 12 months?	<input type="radio"/> Fewer than 10 hours <input type="radio"/> 10-25 hours <input type="radio"/> 26-50 hours <input type="radio"/> 51-100 hours <input type="radio"/> More than 100 hours
Spelling	If more than 100 hours, please estimate total flight hours you have flown in the past 12 months:	<input type="text"/>
SAME	Which of the following best describes your age group:	<input type="radio"/> 16-24 <input type="radio"/> 25-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65 or older
SAME	Was your last medical certification a Special Issuance Authorization?	<input type="radio"/> Yes <input type="radio"/> No
SAME	Are you aware of Medical Reform under the FAA Extension, Safety, and Security Act of 2016, known as BasicMed? (response required)	<input type="radio"/> Yes <input type="radio"/> No (skip to item 67)
SAME	Do you plan to take advantage of BasicMed?	<input type="radio"/> Yes <input type="radio"/> No
Terminology	Which region handled your most recent application for pilot medical certification? (response required)	<input type="radio"/> Alaskan (Alaska) <input type="radio"/> Central (Iowa, Kansas, Missouri, Nebraska) <input type="radio"/> Eastern (Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, Washington DC, West Virginia) <input type="radio"/> Great Lakes (Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin) <input type="radio"/> New England (Connecticut, Maine,

Terminology	Do you have any additional feedback for the FAA, beyond what you have already provided, regarding pilot medical certification services? [mark all that apply] - Compliment	Mark all that apply
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Terminology	Do you have any additional feedback for the FAA, beyond what you have already provided, regarding pilot medical certification services? [mark all that apply] - Complaint	Mark all that apply
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Terminology	Do you have any additional feedback for the FAA, beyond what you have already provided, regarding pilot medical certification services? [mark all that apply] - Recommendation for improvement	Mark all that apply
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Terminology	Do you have any additional feedback for the FAA, beyond what you have already provided, regarding pilot medical certification services? [mark all that apply] - General comment	Mark all that apply
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Terminology	Do you have any additional feedback for the FAA, beyond what you have already provided, regarding pilot medical certification services? [mark all that apply] - Nothing more to add	Mark all that apply
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SAME	Compliment(s):	Open text
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SAME	Complaint(s):	Open text
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SAME

Recommendation for improvement(s):

Open text

SAME

General comment(s):

Open text

2023 Display logic	2025 Pilot Question	2025 Pilot Response Options
	Which best applies to you? (response required)	<input type="radio"/> I applied for a Class I <input type="radio"/> I applied for a Class II <input type="radio"/> I applied for a Class III <input type="radio"/> I submitted my BasicMed Comprehensive Medical Examination Checklist (CMEC) <input type="radio"/> I have never applied for an airman medical certificate.
	How many months ago did you submit your application?	<input type="radio"/> 0-3 months <input type="radio"/> 4-6 months <input type="radio"/> 7-9 months <input type="radio"/> 10-12 months <input type="radio"/> 13 months or more
	How many miles did you travel one way for the exam appointment with your aviation medical examiner (AME)?	<input type="radio"/> 0-24 miles <input type="radio"/> 25-50 miles <input type="radio"/> 51-75 miles <input type="radio"/> 76-100 miles <input type="radio"/> 101 miles or more (explain below)
Display if '101 miles or more' is selected on item 3	Reason(s) for traveling 101 miles or more for your appointment:	Open text
	How many AMEs did you contact before making your exam appointment?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 or more
	Is your AME your primary care doctor?	<input type="radio"/> Yes <input type="radio"/> No

What was the cost of your examination for your airman medical certification (excluding costs for any additional testing, evaluations or referrals recommended by the AME or required by the FAA)?

☐ Less than \$50
☐ More than \$50 but less than \$100
☐ Between \$100 and \$200
☐ More than \$200

How did you pay for your airman medical certification examination only (excluding any additional testing, evaluations or referrals recommended by the AME or required by the FAA)? [mark all that apply]

- Out of Pocket

How did you pay for your airman medical certification examination only (excluding any additional testing, evaluations or referrals recommended by the AME or required by the FAA)? [mark all that apply]

- Covered by employer

How did you pay for your airman medical certification examination only (excluding any additional testing, evaluations or referrals recommended by the AME or required by the FAA)? [mark all that apply]

- Covered by health insurance

How did you pay for your airman medical certification examination only (excluding any additional testing, evaluations or referrals recommended by the AME or required by the FAA)? [mark all that apply]

- Other (explain below)

Display if 'Other (explain below)' is selected on item 7

Other:

Open text

Did you have any additional requirements associated with your airman medical certification examination (e.g., additional testing, evaluations, or referrals recommended by the AME or required by the FAA)?

Yes
No

What was the approximate total cost for all additional requirements associated with your airman medical certification examination (e.g., additional testing, evaluations or referrals recommended by the AME or required by the FAA)?

☐ Less than \$1000
☐ \$1000 but less than \$5000
☐ \$5000 but less than \$10,000
☐ \$10,000 but less than \$15,000
☐ \$15,000 but less than \$20,000
☐ \$20,000 but less than \$25,000
☐ More than \$25,000

How did you pay for any additional testing, evaluations, or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]
- Did not do additional testing due to cost

Mark all that apply

How did you pay for any additional testing, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]
- Out of Pocket

Mark all that apply

How did you pay for any additional testing, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]
- Covered by employer

Mark all that apply

How did you pay for any additional testing, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]
- Covered by health insurance

Mark all that apply

How did you pay for any additional testing, evaluations or referrals recommended by the AME or required by the FAA (excluding the exam)? [mark all that apply]
- Other (explain below)

Mark all that apply

Display if 'Other (explain below)' is selected on item 10

Other:

Open text

What was the basis for selecting your AME? [mark all that apply]
- Referred by flight instructor or school

Mark all that apply

What was the basis for selecting your AME? [mark all that apply]
- Referred by airline or AME employed by airline

Mark all that apply

What was the basis for selecting your AME? [mark all that apply]
- Referred by pilot

Mark all that apply

What was the basis for selecting your AME? [mark all that apply]
- Referred by doctor or previous AME

Mark all that apply

What was the basis for selecting your AME? [mark all that apply]
- Performed my previous medical certification exam(s)

Mark all that apply

What was the basis for selecting your AME? [mark all that apply]
- Is my primary care doctor

Mark all that apply

What was the basis for selecting your AME? [mark all that apply]
- Makes quick certification decisions

Mark all that apply

	<p>What was the basis for selecting your AME? [mark all that apply]</p> <ul style="list-style-type: none"> - Licensed to perform needed service (Class I exam, special issuance, etc.) 	Mark all that apply
	<p>What was the basis for selecting your AME? [mark all that apply]</p> <ul style="list-style-type: none"> - Handles complex cases 	Mark all that apply
	<p>What was the basis for selecting your AME? [mark all that apply]</p> <ul style="list-style-type: none"> - Nearest location 	Mark all that apply
	<p>What was the basis for selecting your AME? [mark all that apply]</p> <ul style="list-style-type: none"> - Earliest available appointment 	Mark all that apply
	<p>What was the basis for selecting your AME? [mark all that apply]</p> <ul style="list-style-type: none"> - Low cost 	Mark all that apply
	<p>What was the basis for selecting your AME? [mark all that apply]</p> <ul style="list-style-type: none"> - Other reason(s) (explain below) 	Mark all that apply
Display question if 'Other reason(s) (explain below)' was selected for item 11	Other reason(s) for selecting your AME:	Open text

Did the AME's office tell you to bring the following to your exam appointment? - Valid photo ID	Yes No, but did need for exam No, not needed for exam Do not remember Not applicable
Did the AME's office tell you to bring the following to your exam appointment? - MedXPress confirmation number	Yes No, but did need for exam No, not needed for exam Do not remember Not applicable
Did the AME's office tell you to bring the following to your exam appointment? - Printout of completed Summary Sheet from MedXPress	Yes No, but did need for exam No, not needed for exam Do not remember Not applicable
Did the AME's office tell you to bring the following to your exam appointment? - List of your medications	Yes No, but did need for exam No, not needed for exam Do not remember Not applicable
Did the AME's office tell you to bring the following to your exam appointment? - Medical history details (e.g., dates of hospitalizations and medical exams)	Yes No, but did need for exam No, not needed for exam Do not remember Not applicable
Did the AME's office tell you to bring the following to your exam appointment? - Current medical tests/lab results	Yes No, but did need for exam No, not needed for exam Do not remember Not applicable
Did the AME's office tell you to bring the following to your exam appointment? - Past medical tests/lab results	Yes No, but did need for exam No, not needed for exam Do not remember Not applicable

Did the AME's office tell you to bring the following to your exam appointment?
- Records from medical or mental health evaluations, hospitalizations, etc.

Yes
No, but did need for exam
No, not needed for exam
Do not remember
Not applicable

Did the AME's office tell you to bring the following to your exam appointment?
- Special Issuance Authorization paperwork

Yes
No, but did need for exam
No, not needed for exam
Do not remember
Not applicable

Did the AME's office tell you to bring the following to your exam appointment?
- SODA (statement of demonstrated ability) paperwork

Yes
No, but did need for exam
No, not needed for exam
Do not remember
Not applicable

Did the AME's office tell you to bring the following to your exam appointment?
- Conditions AMEs Can Issue (CACI) paperwork

Yes
No, but did need for exam
No, not needed for exam
Do not remember
Not applicable

Did you use MedXPress to submit your application? (response required)

Yes
No (answer item 14, then skip to item 23, on page 5)
Do not remember (answer item 14, then skip to item 23, on page 5)

Display question if 'No' or 'Do not remember' on item 13

Did you use a computer to answer FAA medical application questions?

☐ Yes
☐ No
☐ Do not remember

Display question if 'Yes' on item 13

Did your AME's office ask you to provide your MedXPress Summary Sheet before your exam appointment? (response required)

☐ Yes
☐ No
☐ Do not remember

Display question if 'Yes' on item 15	Based on their receipt of your MedXPress Summary Sheet, did your AME's office ask you to bring additional documentation to your exam appointment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember
Display question if 'Yes' on item 13	Overall how satisfied were you with the performance of MedXPress?	<input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neither dissatisfied nor satisfied <input type="radio"/> Satisfied <input type="radio"/> Very satisfied
Display question if 'dissatisfied (explain below)' or 'very dissatisfied (explain below)' on item 17	Please explain why you were dissatisfied with the performance of MedXPress:	Open text
Display question if 'Yes' on item 13	How did MedXPress perform compared to your expectations?	<input type="radio"/> Far below expectations <input type="radio"/> Below expectations <input type="radio"/> Met expectations <input type="radio"/> Above expectations <input type="radio"/> Far above expectations
	Please explain why MedXPress performed below your expectations:	Open text
Display question if 'Yes' on item 13	Overall how would you rate the performance of MedXPress?	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Good <input type="radio"/> Excellent
Display question if 'Yes' on item 13	If you could electronically attach/upload supporting documents to your MedXPress account, would you do so?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, I would still have my AME do it

Display question if 'Yes' on item 13	Did the AME access your MedXPress form online during the exam appointment? (response required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Do not remember
Display question if 'No' on item 21	What are the reasons the AME did not access your MedXPress form online during the exam appointment? [mark all that apply] - I did not have my confirmation number	Mark all that apply
Display question if 'No' on item 21	What are the reasons the AME did not access your MedXPress form online during the exam appointment? [mark all that apply] - My confirmation number had expired	Mark all that apply
Display question if 'No' on item 21	What are the reasons the AME did not access your MedXPress form online during the exam appointment? [mark all that apply] - The AME did not require MedXPress	Mark all that apply
Display question if 'No' on item 21	What are the reasons the AME did not access your MedXPress form online during the exam appointment? [mark all that apply] - Other reason (explain below)	Mark all that apply
Display question if 'Other reason (explain later)' is selected for item 22	Other reason the AME did not access your MedXPress form online during the exam appointment:	Open text
	During your exam appointment, who did each of the following: (response required) [mark all that apply] - Reviewed your medical history with you - No one	Mark all that apply

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- AME

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Another physician (not the AME)

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Physician's Assistant

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Nurse

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Other office personnel

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Reviewed your medical history with you
- Do not remember

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Performed your physical exam
- No one

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Performed your physical exam
- AME

Mark all that apply

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Performed your physical exam
- Another physician (not the AME)

Mark all that apply

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Performed your physical exam
- Physician's Assistant

Mark all that apply

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Performed your physical exam
- Nurse

Mark all that apply

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Performed your physical exam
- Other office personnel

Mark all that apply

During your exam appointment, who did each of the following: (response required)
[mark all that apply] -
Performed your physical exam
- Do not remember

Mark all that apply

Display question if 'AME' on item 23

To what extent did your AME do each of the following during your exam appointment?
- Obtain a comprehensive history

Not at all
Limited extent
Moderate extent
Considerable extent
Great extent
N/A

Display question if 'AME' on item 23	To what extent did your AME do each of the following during your exam appointment? - Discuss safety risk(s) of current medical condition(s)	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME do each of the following during your exam appointment? - Explain the certification process and airman appeal rights	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME do each of the following during your exam appointment? - Discuss safety risk of over-the-counter (OTC) medications and supplements	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME do each of the following during your exam appointment? - Discuss mental health	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME do each of the following during your exam appointment? - Discuss sleep patterns	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' performed your physical exam on item 23	Did your AME... - perform a thorough medical exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Display question if 'AME' performed your physical exam on item 23	Did your AME... - examine your eyes and ears with a medical device?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Display question if 'AME' performed your physical exam on item 23	Did your AME... - have you remove or undo articles of clothing for the exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Display question if 'AME' performed your physical exam on item 23	Did your AME... - listen to your heart and lungs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Display question if 'AME' on item 23	To what extent did your AME... - provide a professional setting for the medical exam, including cleanliness and appearance?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME... - charge appropriately for services?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME... - clearly explain your responsibilities in the medical certification process?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME... - provide you with all the information you requested?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME... - provide information you requested in a timely manner?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A

Display question if 'AME' on item 23	To what extent did your AME... - provide you with accurate information?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'AME' on item 23	To what extent did your AME... - treat you with courtesy and respect?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'Not at all' or 'Limited extent' on item 26	Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply] - Nonmedical setting (home, hangar)	Mark all that apply
Display question if 'Not at all' or 'Limited extent' on item 26	Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply] - Unclean or unkempt setting	Mark all that apply
Display question if 'Not at all' or 'Limited extent' on item 26	Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply] - No privacy	Mark all that apply
Display question if 'Not at all' or 'Limited extent' on item 26	Indicate why you responded 'Not at all' or 'Limited' for extent AME provided a professional setting for your exam. [mark all that apply] - Other reason(s) (explain below)	Mark all that apply
Display question if 'Other reason(s) (explain below)' is selected	Other reason(s) for your response:	Open text

If 'No' is selected, skip to item 30	During your most recent medical certification exam, did your AME identify or alert you to any new medical condition(s) that may or may not need to be evaluated by your primary care physician? (response required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Display question if 'Yes' on item 28	Did the new health condition(s) require treatment for medical certification?	Yes No
if 'No' is selected, skip to item 32	During your most recent medical certification exam, did your AME identify or alert you that a previously existing health condition(s) required treatment to obtain your medical certification? (response required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Display question if 'Yes' on item 30	Did you receive treatment for the previously existing health condition(s)?	Yes No
If 'No' is selected, skip to item 34	During any previous medical certification exam, did your AME alert you to any new medical condition(s) that may or may not have required evaluation from your primary care physician? (response required)	Yes No
Display question if 'Yes' on item 32	Did the new health condition(s) require treatment for medical certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No' is selected, skip to item 36	During any previous medical certification exam, did your AME alert you that a previously existing health condition(s) required treatment to obtain your medical certification? (response required)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Display question if 'Yes' on item 34

Did you receive treatment for the previously existing health condition(s)?

☐ Yes
☐ No

If 'Neither dissatisfied nor satisfied,' 'Satisfied,' or 'Very satisfied' is selected, skip to item 38

Overall how satisfied were you with your exam appointment? (response required)

☐ Very dissatisfied
☐ Dissatisfied
☐ Neither dissatisfied nor satisfied
☐ Satisfied
☐ Very satisfied

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- AME did not issue my certificate during the exam appointment

Mark all that apply

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- The exam was not thorough

Mark all that apply

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Not examined in a professional environment

Mark all that apply

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- AME conducted the exam at a different location than listed in the FAA directory

Mark all that apply

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- I had to remove articles of clothing

Mark all that apply

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Not treated with courtesy and respect

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Cost of the basic certification examination only

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Cost of additional items required by the AME and/or the FAA

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36

Why were you dissatisfied with your exam appointment? [mark all that apply]
- Other reason(s) (explain below)

Display question if 'Other reason(s) (explain below)' is selected on item 37

Other reason(s) you were dissatisfied with your exam appointment: Open text

If 'Neither dissatisfied nor satisfied,' 'Satisfied,' or 'Very satisfied' is selected, skip to item 40

Overall how satisfied were you with the quality of service provided by your AME? (response required)

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38

Why were you dissatisfied with the quality of AME services? [mark all that apply]
- AME did not issue my certificate during the exam appointment

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38

Why were you dissatisfied with the quality of AME services? [mark all that apply]
- AME lacked knowledge of current airman medical certification standards

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38

Why were you dissatisfied with the quality of AME services? [mark all that apply]
- Not informed of required documentation to bring to the exam

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38

Why were you dissatisfied with the quality of AME services? [mark all that apply]
- Not informed of additional documentation that the FAA would require to issue my certificate

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38

Why were you dissatisfied with the quality of AME services? [mark all that apply]
- Not informed of status of my application

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38

Why were you dissatisfied with the quality of AME services? [mark all that apply]
- Refused to offer any assistance beyond performing the exam

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38

Why were you dissatisfied with the quality of AME services? [mark all that apply]
- Other reason(s) (explain below)

Display question if 'Other reason(s) (explain below)' on item 39

Other reason(s) you were dissatisfied with the quality of AME services: Open text

If 'Considerable extent' and 'Great extent' were selected, skip to item 42	Based on your most recent experience with your AME, to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System? (response required)	<input type="checkbox"/> Not at all <input type="checkbox"/> Limited extent <input type="checkbox"/> Moderate extent <input type="checkbox"/> Considerable extent <input type="checkbox"/> Great extent
Display question if 'Not at all,' 'Limited extent,' or 'Moderate extent' on item 40	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Exam is not comprehensive enough to adequately screen pilots	Mark all that apply
Display question if 'Not at all,' 'Limited extent,' or 'Moderate extent' on item 40	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Not all AMEs perform thorough exams	Mark all that apply
Display question if 'Not at all,' 'Limited extent,' or 'Moderate extent' on item 40	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Deters pilots from applying for medical certification	Mark all that apply
Display question if 'Not at all,' 'Limited extent,' or 'Moderate extent' on item 40	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Encourages pilots to be dishonest on application for medical certification	Mark all that apply
Display question if 'Not at all,' 'Limited extent,' or 'Moderate extent' on item 40	What are your reasons for responding ['Not at all', 'Limited extent', or 'Moderate extent'] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply] - Other reason (explain below)	Mark all that apply

Display question if 'Other reason(s) (explain below)' was selected for item 41

Other reason for your response:

Open text

Display question if 'Considerable extent' or 'Great extent' on item 40

What are your reasons for responding ['Considerable extent' or 'Great extent'] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply]
- Ensures pilots are medically safe to fly

Mark all that apply

Display question if 'Considerable extent' or 'Great extent' on item 40

What are your reasons for responding ['Considerable extent' or 'Great extent'] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply]
- Deters pilots from flying, if not medically qualified

Mark all that apply

Display question if 'Considerable extent' or 'Great extent' on item 40

What are your reasons for responding ['Considerable extent' or 'Great extent'] to the question asking to what extent the FAA airman medical certification process ensures the safety of the National Airspace System? [mark all that apply]
- Other reason (explain below)

Mark all that apply

Display question if 'Other reason (explain below)' is selected on item 42

Other reason for your response:

Open text

If 'Yes' is selected, skip to item 55

Was your medical certificate issued on the same day as your exam appointment? ☐ Yes ☐ No
(response required)

Display question if 'No' on item 43

Which of the following best describes the processing of your application for a medical certification? (response required)

- ☐ The AME required additional information before issuing my certificate
- ☐ The AME deferred my application for review to the Regional Flight Surgeon (RFS) or to the Aerospace Medical Certification Division (AMCD) in Oklahoma City (skip to item 47, on the next page)

Display question if 'AME required additional information' on item 44

Did your AME explain to you the requirements for additional documentation to meet FAA standards?

- ☐ Yes
- ☐ No
- ☐ Do not remember

Display question if 'AME required additional information' on item 44

How long from the date of the exam did the AME tell you it would take to receive a decision regarding your medical certification?

- ☐ Did not say
- ☐ 0-1 day
- ☐ 2-10 days
- ☐ 11-30 days
- ☐ 31-90 days
- ☐ 91 days or more
- ☐ Do not remember

Display question if 'AME deferred my application' on item 44

Which of the following best describes what happened after the AME deferred your application to the RFS or the AMCD in Oklahoma City? (response required)

- ☐ No additional information was requested from me before being issued my certificate
- ☐ I had to supply additional information, and then was issued my certificate
- ☐ I have been contacted by the FAA and my application is still under review (skip to item 49)
- ☐ I was denied a medical certificate

Display question if 'No additional information was requested' or 'I had to supply additional information' on item 47

How long did it actually take to receive a decision on your medical certification?

- ☐ 0-1 day
- ☐ 2-10 days
- ☐ 11-30 days
- ☐ 31-90 days
- ☐ 91 days or more
- ☐ Do not remember

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

Mark all that apply

-
- Regional Medical Division/Regional Flight Surgeon (RFS) Office
- No contact

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

Mark all that apply

-
- Regional Medical Division/Regional Flight Surgeon (RFS) Office
- Phone

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

-
- Regional Medical Division/Regional Flight Surgeon (RFS) Office
- E-mail

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

-
- Regional Medical Division/Regional Flight Surgeon (RFS) Office
- Postal mail

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

- Aerospace Medical Certification Division (AMCD) – Oklahoma City
- No contact

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

- Aerospace Medical Certification Division (AMCD) – Oklahoma City
- Phone

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

- Aerospace Medical Certification Division (AMCD) – Oklahoma City
- E-mail

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

- Aerospace Medical Certification Division (AMCD) – Oklahoma City
- Postal mail

Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]

- Office of Aerospace Medicine – Washington, DC
- No contact

	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Office of Aerospace Medicine – Washington, DC - Phone 	Mark all that apply
	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Office of Aerospace Medicine – Washington, DC - E-mail 	Mark all that apply
	<p>Did you have contact with a medical representative concerning issuance of your medical certificate at any of the following FAA offices? [mark all that apply]</p> <ul style="list-style-type: none"> - Office of Aerospace Medicine – Washington, DC- Postal mail 	Mark all that apply
Display question if 'contacted' phone, E-mail, or postal mail' on item 49	<p>What was the longest time that the FAA medical representative(s) told you it would take to receive a decision on your medical certificate?</p>	<input type="checkbox"/> Did not say <input type="checkbox"/> 0-1 day <input type="checkbox"/> 2-10 days <input type="checkbox"/> 11-30 days <input type="checkbox"/> 31-90 days <input type="checkbox"/> 91 days or more <input type="checkbox"/> Do not remember
Display question if 'contacted' phone, E-mail, or postal mail' on item 49	<p>To what extent did the FAA medical representative(s) you had contact with... - clearly explain your responsibilities in the medical certification process?</p>	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'contacted' phone, E-mail, or postal mail' on item 49	<p>To what extent did the FAA medical representative(s) you had contact with... - provide you with all the information you requested?</p>	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'contacted' phone, E-mail, or postal mail' on item 49	<p>To what extent did the FAA medical representative(s) you had contact with... - provide information you requested in a timely manner?</p>	Not at all Limited extent Moderate extent Considerable extent Great extent N/A

Display question if 'contacted' phone, E-mail, or postal mail' on item 49	To what extent did the FAA medical representative(s) you had contact with... - provide you with accurate information?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
Display question if 'contacted' phone, E-mail, or postal mail' on item 49	To what extent did the FAA medical representative(s) you had contact with... - treat you with courtesy and respect?	Not at all Limited extent Moderate extent Considerable extent Great extent N/A
If 'neither dissatisfied nor satisfied,' 'Satisfied,' or 'Very satisfied' are selected, skip to 54	Overall how satisfied were you with the quality of services provided by the FAA medical representative(s)? (response required)	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neither dissatisfied nor satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied
Display question if "Very dissatisfied or 'Dissatisfied on item 52	Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply] - Denied my medical certificate	Mark all that apply
Display question if "Very dissatisfied or 'Dissatisfied on item 52	Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply] - Not treated with courtesy and respect	Mark all that apply
Display question if "Very dissatisfied or 'Dissatisfied on item 52	Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply] - Not adequately informed of requirements for additional documentation	Mark all that apply
Display question if "Very dissatisfied or 'Dissatisfied on item 52	Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply] - Failed to explain requirements for additional documentation	Mark all that apply

Display question if "Very dissatisfied or 'Dissatisfied on item 52

Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]
- Not informed of status of application

Display question if "Very dissatisfied or 'Dissatisfied on item 52

Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]
- Poor communication on where application was in the review process

Display question if "Very dissatisfied or 'Dissatisfied on item 52

Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]
- Took too long to complete the review

Display question if "Very dissatisfied or 'Dissatisfied on item 52

Why were you dissatisfied with the quality of services provided by the FAA medical representative(s)? [mark all that apply]
- Other reason(s) (explain below)

Display question if 'Other reason(s) (explain below)' on item 53

Other reason(s) you were dissatisfied with quality of services provided by the FAA medical representative(s):

Based on your most recent experience with the FAA medical representative(s), to what extent does the FAA airman medical certification process ensure the safety of the National Airspace System?

☐ Not at all
☐ Limited extent
☐ Moderate extent
☐ Considerable extent
☐ Great extent

How can the FAA make the medical certification process easier for you? [mark all that apply] Mark all that apply

- Provide a list of approved medications

How can the FAA make the medical certification process easier for you? [mark all that apply] Mark all that apply

- Allow me to attach supporting documents in MedXPress

How can the FAA make the medical certification process easier for you? [mark all that apply] Mark all that apply

- Improve communication (answer phones, provide email, automated phone callbacks, etc.)

How can the FAA make the medical certification process easier for you? [mark all that apply] Mark all that apply

- Speed up review process/respond in a timely manner

How can the FAA make the medical certification process easier for you? [mark all that apply] Mark all that apply

- Retain medical history in application/add entry field to indicate no change since last medical

How can the FAA make the medical certification process easier for you? [mark all that apply] Mark all that apply

- Allow AME/PCP/Specialist to make medical decisions/Trust AME/PCP reports in lieu of additional tests

How can the FAA make the medical certification process easier for you? [mark all that apply] Mark all that apply

- Provide list of requirements/tests needed up front when deferred

Display question if 'Other (explain below)' is selected	How can the FAA make the medical certification process easier for you? [mark all that apply] - Other (explain below)	Mark all that apply
	Other way(s) the FAA can make the medical certification process easier:	Open text
	What year was your most recent FAA medical certification examination?	2019 2020 2021 2022 2023 2024 2025
	Which airman certificate(s) do you currently hold? [mark all that apply] - Student	Mark all that apply
	Which airman certificate(s) do you currently hold? [mark all that apply] - Sport	Mark all that apply
	Which airman certificate(s) do you currently hold? [mark all that apply] - Recreational	Mark all that apply
	Which airman certificate(s) do you currently hold? [mark all that apply] - Private	Mark all that apply

	<p>Which airman certificate(s) do you currently hold? [mark all that apply]</p> <ul style="list-style-type: none"> - Commercial 	<p>Mark all that apply</p>
	<p>Which airman certificate(s) do you currently hold? [mark all that apply]</p> <ul style="list-style-type: none"> - Airline Transport 	<p>Mark all that apply</p>
	<p>Which rating(s) do you currently hold? [mark all that apply]</p> <ul style="list-style-type: none"> - Do not hold any rating 	<p>Mark all that apply</p>
	<p>Which rating(s) do you currently hold? [mark all that apply]</p> <ul style="list-style-type: none"> - Instrument Flight Rules (IFR) 	<p>Mark all that apply</p>
	<p>Which rating(s) do you currently hold? [mark all that apply]</p> <ul style="list-style-type: none"> - Certified Flight Instructor (CFI) 	<p>Mark all that apply</p>
	<p>Which rating(s) do you currently hold? [mark all that apply]</p> <ul style="list-style-type: none"> - Other rating(s) (explain below) 	<p>Mark all that apply</p>
<p>Display question if 'Other rating(s) (explain below)' on item 58</p>	<p>Other rating(s) you currently hold:</p>	<p>Open text</p>

	Are you currently employed as a pilot? (response required)	<input type="checkbox"/> Not employed as a pilot (skip to item 61, on the next page) <input type="checkbox"/> Part-time pilot <input type="checkbox"/> Full-time pilot
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 61 (Sport pilot)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 91 (Corporate)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 121 (Flag, domestic, supplemental operations)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 125 (Aircraft with 20 or more seats and cargo payload of 6,000 pounds or more when common carriage is not involved)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 129 (Foreign air carrier & foreign operator of US-registered aircraft used in common carriage)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 133 (Rotorcraft external loads)	Mark all that apply

Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 135 (Commuter/On-demand operations)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 137 (Agricultural operations)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 141 (Pilot schools)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Part 142 (Training centers)	Mark all that apply
Display question if 'Part-time pilot' or 'Full-time pilot' on item 59	Is your employment as a pilot with a certificated operator conducting flights under the following? [mark all that apply] - Other Part or Operation (explain below)	Mark all that apply
Display question if 'Other Part or Operation (explain below)' on item 60	Other Part or Operation employing you as a pilot:	Open text
	Approximately, how many total flight hours have you flown?	Open text

	Approximately, how many flight hours have you flown in the past 12 months?	Fewer than 10 hours 10-25 hours 26-50 hours 51-100 hours More than 100 hours
Display if "more than 100 hours" is selected on q62	If more than 100 hours, please estimate total flight hours you have flown in the past 12 months:	Open text
	Which of the following best describes your age group:	<input type="radio"/> 16-24 <input type="radio"/> 25-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65 or older
	Was your last medical certification a Special Issuance Authorization?	Yes No
	Are you aware of Medical Reform under the FAA Extension, Safety, and Security Act of 2016, known as BasicMed? (response required)	<input type="radio"/> Yes <input type="radio"/> No (skip to item 67)
Display question if 'Yes' on item 65	Do you plan to take advantage of BasicMed?	<input type="radio"/> Yes <input type="radio"/> No
	Which region handled your most recent application for airman medical certification? (response required)	Alaskan (Alaska) <input type="radio"/> Central (Iowa, Kansas, Missouri, Nebraska) <input type="radio"/> Eastern (Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, Washington DC, West Virginia) <input type="radio"/> Great Lakes (Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota,

Do you have any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [mark all that apply]

- Compliment

Mark all that apply

Do you have any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [mark all that apply]

- Complaint

Mark all that apply

Do you have any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [mark all that apply]

- Recommendation for improvement

Mark all that apply

Do you have any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [mark all that apply]

- General comment

Mark all that apply

Do you have any additional feedback for the FAA, beyond what you have already provided, regarding airman medical certification services? [mark all that apply]

- Nothing more to add

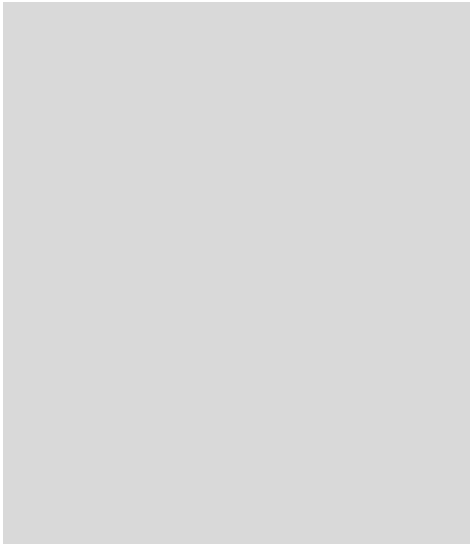
Mark all that apply

Compliment(s):

Open text

Complaint(s):

Open text



Recommendation for improvement(s): Open text

General comment(s): Open text

2025 Display logic	2025 Trend	Notes
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Route out 'I Submitted my BasicMed Comprehensive Medical Examination Checklist (CMEC)' and 'I have never applied for an airman medical certificate'	1	Route out 'I Submitted my BasicMed Comprehensive Medical Examination Checklist (CMEC)' and 'I have never applied for an airman medical certificate'
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1

1

Display if '101 miles or more' is selected on item 3	0
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1

1

1 Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

Display if 'Other (explain below)' is selected on item 7

0 Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

Display if 'Yes' is selected on item 8

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

Display if 'Yes' is selected on item 8

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

0 New 2023 item now trendable 2023-2025 if requested.

Terminology: pilot --> airman.

Display if 'Other (explain below)' is selected on item 10

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Display question if 'Other
reason(s) (explain below)' was
selected for item 11

0

1 Response option 'Do not remember' is valid - not recoded out.

1 Response option 'Do not remember' is valid - not recoded out.

1 Response option 'Do not remember' is valid - not recoded out.

1 Response option 'Do not remember' is valid - not recoded out.

1 Response option 'Do not remember' is valid - not recoded out.

1 Response option 'Do not remember' is valid - not recoded out.

1 Response option 'Do not remember' is valid - not recoded out.

1 Response option 'Do not remember' is valid - not
recoded out.

1 Response option 'Do not remember' is valid - not
recoded out.

1 Response option 'Do not remember' is valid - not
recoded out.

1 Response option 'Do not remember' is valid - not
recoded out.

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Display question if 'No' or 'Do
not remember' on item 13

1

Display question if 'Yes' on
item 13

1

Display question if 'Yes' on item 15	1 Response option 'Do not remember' is valid - not recoded out.
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Display question if 'Yes' on item 13	1
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Display question if 'dissatisfied (explain below)' or 'very dissatisfied (explain below)' on item 17	0
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Display question if 'Yes' on item 13	1
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Display question if 'dissatisfied (explain below)' or 'very dissatisfied (explain below)' on item 18	0
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Display question if 'Yes' on item 13	1
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Display question if 'Yes' on item 13	1
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Display question if 'Yes' on item 13	1 Response option 'Do not remember' is valid - not recoded out.
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Display question if 'No' on item 21	1
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Display question if 'No' on item 21	1
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Display question if 'No' on item 21	1
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Display question if 'No' on item 21	1
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Display question if 'Other reason (explain later)' is selected for item 22	0
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Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2)

1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME'
performed your physical exam
on item 23 (i.e., 23_2) 1

Display question if 'AME'
performed your physical exam
on item 23 (i.e., 23_2) 1

Display question if 'AME'
performed your physical exam
on item 23 (i.e., 23_2) 1

Display question if 'AME'
performed your physical exam
on item 23 (i.e., 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'AME' on
item 23 (i.e., 23_1 or 23_2) 1

Display question if 'Not at all'
or 'Limited extent' on item 26 1

Display question if 'Not at all'
or 'Limited extent' on item 26 1

Display question if 'Not at all'
or 'Limited extent' on item 26 1

Display question if 'Not at all'
or 'Limited extent' on item 26 1

Display question if 'Other
reason(s) (explain below)' is
selected 0

1

Display question if 'Yes' on
item 28

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Display question if 'Yes' on
item 30

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Display question if 'Yes' on
item 32

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Display question if 'Yes' on item 34	1
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Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36	1
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Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36	1
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Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36	1
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Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36	1
--	---

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 36	1
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Display question if 'Very
dissatisfied' or 'Dissatisfied' on
item 36

1

Display question if 'Very
dissatisfied' or 'Dissatisfied' on
item 36

1

Display question if 'Very
dissatisfied' or 'Dissatisfied' on
item 36

1

Display question if 'Very
dissatisfied' or 'Dissatisfied' on
item 36

1

Display question if 'Other
reason(s) (explain below)' is
selected on item 37

0

1

Display question if 'Very
dissatisfied' or 'Dissatisfied' on
item 38

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Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38	1 Terminology: pilot --> airman.
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Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38	1
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Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38	1
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Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38	1
--	---

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38	1
--	---

Display question if 'Very dissatisfied' or 'Dissatisfied' on item 38	1
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Display question if 'Other reason(s) (explain below)' on item 39	0
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1 Terminology: pilot --> airman.

Display question if 'Not at all,'
'Limited extent,' or 'Moderate
extent' on item 40

1 Terminology: pilot --> airman.

Question prompt contains piped text.

Display question if 'Not at all,'
'Limited extent,' or 'Moderate
extent' on item 40

1 Terminology: pilot --> airman.

Question prompt contains piped text.

Display question if 'Not at all,'
'Limited extent,' or 'Moderate
extent' on item 40

1 Terminology: pilot --> airman.

Question prompt contains piped text.

Display question if 'Not at all,'
'Limited extent,' or 'Moderate
extent' on item 40

1 Terminology: pilot --> airman.

Question prompt contains piped text.

Display question if 'Not at all,'
'Limited extent,' or 'Moderate
extent' on item 40

1 Terminology: pilot --> airman.

Question prompt contains piped text.

Display question if 'Other reason(s) (explain below)' was selected for item 41

0

Display question if 'Considerable extent' or 'Great extent' on item 40

1 Terminology: pilot --> airman.
Question prompt contains piped text.

Display question if 'Considerable extent' or 'Great extent' on item 40

1 Terminology: pilot --> airman.
Question prompt contains piped text.

Display question if 'Considerable extent' or 'Great extent' on item 40

1 Terminology: pilot --> airman.
Question prompt contains piped text.

Display question if 'Other reason (explain below)' is selected on item 42

0

1

Display question if 'No' on
item 43

1

Display question if 'AME
required additional
information' on item 44

1 Response option 'Do not remember' is valid - not
recorded out.

Display question if 'AME
required additional
information' on item 44

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Display question if 'AME
deferred my application' on
item 44

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Display question if 'No
additional information was
requested' or 'I had to supply
additional information' on
item 47

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Display question if 'phone',' E-mail', or 'postal mail' on item 49

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Display question if 'phone',' E-mail', or 'postal mail' on item 49

1

Display question if 'phone',' E-mail', or 'postal mail' on item 49

1

Display question if 'phone',' E-mail', or 'postal mail' on item 49

1

Display question if 'phone',' E-mail', or 'postal mail' on item 49	1
Display question if 'phone',' E-mail', or 'postal mail' on item 49	1
Display question if 'phone',' E-mail', or 'postal mail' on item 49	1
Display question if 'Very dissatisfied' or 'Dissatisfied on item 52	1 Fixed display log typo in 2023 for 2025.
Display question if 'Very dissatisfied' or 'Dissatisfied on item 52	1 Fixed display log typo in 2023 for 2025.
Display question if 'Very dissatisfied' or 'Dissatisfied on item 52	1 Fixed display log typo in 2023 for 2025.
Display question if 'Very dissatisfied' or 'Dissatisfied on item 52	1 Fixed display log typo in 2023 for 2025.

Display question if 'Very dissatisfied' or 'Dissatisfied on item 52

1 Fixed display log typo in 2023 for 2025.

Display question if 'Very dissatisfied' or 'Dissatisfied on item 52

1 Fixed display log typo in 2023 for 2025.

Display question if 'Very dissatisfied' or 'Dissatisfied on item 52

1 Fixed display log typo in 2023 for 2025.

Display question if 'Very dissatisfied' or 'Dissatisfied on item 52

1 Fixed display log typo in 2023 for 2025.

Display question if 'Other reason(s) (explain below)' on item 53

0

Display question if 'phone', 'E-mail', or 'postal mail' on item 49

1 Terminology: pilot --> airman.

Blank

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Display question if 'Other
(explain below) is selected on
item 55

0

1 Updated year response options (added latest 2
years; removed oldest 2 years)

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

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Display question if 'Other
rating(s) (explain below)' on
item 58

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Display question if 'Part-time pilot' or 'Full-time pilot' on item 59

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Display question if 'Part-time pilot' or 'Full-time pilot' on item 59

1

Display question if 'Part-time pilot' or 'Full-time pilot' on item 59

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Display question if 'Part-time pilot' or 'Full-time pilot' on item 59

1

Display question if 'Part-time pilot' or 'Full-time pilot' on item 59

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Display question if 'Part-time pilot' or 'Full-time pilot' on item 59

1

Display question if 'Part-time pilot' or 'Full-time pilot' on item 59 1

Display question if 'Part-time pilot' or 'Full-time pilot' on item 59 1

Display question if 'Part-time pilot' or 'Full-time pilot' on item 59 1

Display question if 'Part-time pilot' or 'Full-time pilot' on item 59 1

Display question if 'Part-time pilot' or 'Full-time pilot' on item 59 1

Display question if 'Other Part or Operation (explain below)' on item 60 0

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Display if 'more than 100
hours' on item 62

0 New item for 2021. Data will be available for
trending if requested.

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Display question if 'Yes' on
item 65

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1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

1 Terminology: pilot --> airman.

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