

2011 SURVEY INSTRUCTIONS

- Answer all questions by placing an “X” in the box to the left of your answer.
- You are sometimes told to skip some questions. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
 - Yes → **Go to Question 1**
 - No

Synovate will not share your personal information with anyone without your approval. You may choose to answer this survey or not. Your benefits will not be affected in any way.

You may notice a number on the cover page. This number is used to let us know if you returned your survey so that we do not send you reminders.

To learn more about this survey, please call 1-888-867-9310.

HEALTH PLAN ENROLLMENT

1. Our records show that you are now in [HEALTH PLAN NAME]
Is that right?
 - Yes → Go to Question 2a
 - No → Go to Question 2
2. What is the name of your health plan?
(Please print) _____
- 2a. How many years in a row have you been in this health plan?
 - Less than 1 year
 - At least 1 year but less than 2 years
 - At least 2 years but less than 5 years
 - 5 or more years

YOUR HEALTH CARE IN THE LAST 12 MONTHS

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

3. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor’s office?
 - Yes → Go to Question 4
 - No → Go to Question 5
4. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?
 - Never
 - Sometimes
 - Usually
 - Always

5. In the last 12 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor’s office or clinic?
 - Yes → Go to Question 6
 - No → Go to Question 7
6. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed?
 - Never
 - Sometimes
 - Usually
 - Always
7. In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor’s office or clinic to get health care for yourself?
 - None → Go to Question 12a
 - 1 → Go to Question 8
 - 2 → Go to Question 8
 - 3 → Go to Question 8
 - 4 → Go to Question 8
 - 5 to 9 → Go to Question 8
 - 10 or more → Go to Question 8
8. In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?
 - Never
 - Sometimes
 - Usually
 - Always

YOUR HEALTH CARE IN THE LAST 12 MONTHS

9. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?
- Yes → Go to Question 10
 No → Go to Question 12
10. In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?
- Definitely yes
 Somewhat yes
 Somewhat no
 Definitely no
11. In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider asks which choice you thought was best for you?
- Definitely yes
 Somewhat yes
 Somewhat no
 Definitely no
12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?
- | Worst health
care possible | | | | | | | | | | | Best health
care possible |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 12a. In the last 12 months, did you need any treatment or counseling for a personal or family problem?
- Yes → Go to Question 12b
 No → Go to Question 13
- 12b. In the last 12 months, how often were you able to get the treatment or counseling you needed through your health plan?
- Never
 Sometimes
 Usually
 Always

YOUR PERSONAL DOCTOR

13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
- Yes → Go to Question 14
 No → Go to Question 22
14. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?
- None → Go to Question 21
 1 → Go to Question 14a
 2 → Go to Question 14a
 3 → Go to Question 14a
 4 → Go to Question 14a
 5 to 9 → Go to Question 14a
 10 or more → Go to Question 14a
- 14a. In the last 12 months, when you visited your doctor's office or clinic, how often were you able to see your provider and receive care and/or medical tests in a timely manner?
- Never
 Sometimes
 Usually
 Always
15. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?
- Never
 Sometimes
 Usually
 Always
16. In the last 12 months, how often did your personal doctor listen carefully to you?
- Never
 Sometimes
 Usually
 Always
17. In the last 12 months, how often did your personal doctor show respect for what you had to say?
- Never
 Sometimes
 Usually
 Always

YOUR PERSONAL DOCTOR

18. In the last 12 months, how often did your personal doctor spend enough time with you?
- Never
 Sometimes
 Usually
 Always
19. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?
- Yes → Go to Question 20
 No → Go to Question 21
20. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?
- Never
 Sometimes
 Usually
 Always
21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Worst personal doctor possible	Best personal doctor possible
0	10
<input type="checkbox"/>	<input type="checkbox"/>
1	9
<input type="checkbox"/>	<input type="checkbox"/>
2	8
<input type="checkbox"/>	<input type="checkbox"/>
3	7
<input type="checkbox"/>	<input type="checkbox"/>
4	6
<input type="checkbox"/>	<input type="checkbox"/>
5	5
<input type="checkbox"/>	<input type="checkbox"/>
6	4
<input type="checkbox"/>	<input type="checkbox"/>
7	3
<input type="checkbox"/>	<input type="checkbox"/>
8	2
<input type="checkbox"/>	<input type="checkbox"/>
9	1
<input type="checkbox"/>	<input type="checkbox"/>
10	0
<input type="checkbox"/>	<input type="checkbox"/>

GETTING HEALTH CARE FROM SPECIALISTS

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

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you try to make any appointments to see a specialist?
- Yes → Go to Question 23
 No → Go to Question 26
23. In the last 12 months, how often was it easy to get appointments with specialists?
- Never
 Sometimes
 Usually
 Always

24. How many specialists have you seen in the last 12 months?
- None → Go to Question 26
 1 specialist → Go to Question 25
 2 → Go to Question 25
 3 → Go to Question 25
 4 → Go to Question 25
 5 or more specialists → Go to Question 25
25. We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

YOUR HEALTH PLAN

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

26. In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan?
- Yes → Go to Question 27
 No → Go to Question 28
27. In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?
- Never
 Sometimes
 Usually
 Always
28. In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?
- Yes → Go to Question 29
 No → Go to Question 34
29. In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?
- Never
 Sometimes
 Usually
 Always

YOUR HEALTH PLAN

29a. How would you rate your plan's effort to provide you or your family with educational information on health and wellness issues such as smoking cessation, weight loss, and mammograms, etc.?

- Excellent
- Very Good
- Good
- Fair
- Poor

29b. Did you receive health screening or wellness reminders from your health plan?

- Yes → Go to Question 29c
- No → Go to Question 34

29c. When receiving a health screening or wellness reminder from my health plan, I am most likely to:

- Schedule an appointment
- Obtain additional information
- Share the information with family member or friend
- Ignore the reminder

29d. In the last 12 months, did you have any of the following preventive and/or health screenings? Please "X" as many as apply.

- Blood pressure
- Cholesterol
- Blood sugar
- Colon cancer
- Prostate exam
- Mammogram
- Vision exam

Questions 30 through 33 are excluded from this survey.

34. In the last 12 months, did you try to get information or help from your health plan's customer service department?

- Yes → Go to Question 35
- No → Go to Question 37

35. In the last 12 months, how often did your health plan's customer service department give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

36. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

Please state your level of agreement with the following statements about your most recent experience with a customer service representative from your health plan.

36a. The customer service representative was helpful in answering my questions.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

36b. The customer service representative resolved my issue in a timely manner.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

37. In the last 12 months, did your health plan give you any forms to fill out?

- Yes → Go to Question 38
- No → Go to Question 39

38. In the last 12 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

39. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims for your care to your health plan?

- Yes → Go to Question 40
- No → Go to Question 42
- Don't know → Go to Question 42

40. In the last 12 months, how often did your health plan handle your claims quickly?

- Never
- Sometimes
- Usually
- Always
- Don't know

41. In the last 12 months, how often did your health plan handle your claims correctly?

- Never
 Sometimes
 Usually
 Always
 Don't know

YOUR HEALTH PLAN

42. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

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

42a. In the last 12 months, did your plan's overall performance get better, stay the same, or get worse?

- Got better
 Stayed the same
 Got worse

42b. How would you rate your understanding of your health plan's referral/prior authorization and pre-certification requirements?

- Excellent
 Very Good
 Good
 Fair
 Poor

42c. Would you recommend your health plan to your family or friends?

- Definitely Yes
 Probably Yes
 Probably Not
 Definitely Not

ABOUT YOU

These next questions ask about you.

43. In general, how would you rate your overall health?

- Excellent
 Very good
 Good
 Fair
 Poor

44. Have you had a flu shot since September 1, 2010?

- Yes
 No
 Don't know

45. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day → Go to Question 46
 Some days → Go to Question 46
 Not at all → Go to Question 51
 Don't know → Go to Question 51

46. In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
 Sometimes
 Usually
 Always

47. In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
 Sometimes
 Usually
 Always

48. In the last 12 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
 Sometimes
 Usually
 Always

Questions 49 and 50 are excluded from this survey.

51. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- Yes No

52. Are you aware that you have any of the following conditions? Please "X" as many as apply

- High cholesterol
 High blood pressure
 Parent or sibling with heart attack before the age of 60
 None of these

ABOUT YOU

53. Has a doctor ever told you that you have any of the following conditions? Please "X" as many as apply.

- A heart attack
 Angina or coronary heart disease
 A stroke
 Any kind of diabetes or high blood sugar
 None of these

53a. How often do you feel tense, anxious, or depressed?

- Often
 Sometimes
 Rarely
 Never

53b. During the last 12 months, how much effect has stress had on your health?

- A lot
 Some
 Hardly any
 None

54. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? Do not include pregnancy or menopause.

- Yes → Go to Question 55
 No → Go to Question 56

55. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes No

56. Do you now need or take medicine prescribed by a doctor? Do not include birth control. Do not include medications associated with pregnancy or menopause.

- Yes → Go to Question 57
 No → Go to Question 58

57. Is this to treat a condition that has lasted for at least 3 months? Do not include medications associated with pregnancy or menopause.

- Yes No

58. What is your age?

- 18 to 24
 25 to 34
 35 to 44
 45 to 54
 55 to 64
 65 to 74
 75 or older

58a. How are you related to the policyholder?

- I am the policyholder
 Spouse or Domestic Partner
 Adult Child (18 years or older)
 Caretaker or Guardian
 Other _____

59. Are you male or female?

- Male
 Female

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

- 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

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

- Yes, Hispanic or Latino
 No, Not Hispanic or Latino

62. What is your race? Please "X" as many as apply.

- White
 Black or African-American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Other

IT'S YOUR CHOICE BENEFIT BOOKLETS

Now we have a few questions about the information provided to you through the *It's Your Choice (IYC) Decision and Reference guides* provided to employees and retirees in October 2010 for the 2011 plan year. The ETF website can be found at <http://etf.wi.gov> and the 2011 IYC benefit booklets can be found at http://etf.wi.gov/members/health_ins.htm

62a. In the last 12 months, did you (or the contract holder if you are the spouse or adult child) receive the 2011 IYC Decision and Reference guides through your employer (either as an email link or through the mail)?

- Yes → Go to Question 62b
 No → Go to Question 62c
 Don't know → Go to Question 62c

IT'S YOUR CHOICE BENEFIT BOOKLETS

- 62b. Overall, how useful is the information in the 2011 IYC benefit guides?
- Very Useful
 - Somewhat Useful
 - Not At All Useful
 - I do NOT look for information in the guide
- 62c. Have you ever used the Health Plan Report Card now published in the IYC Decision Guide when making decisions about keeping or changing health plans?
- Yes
 - No
 - Don't know
- 62d. Have you ever reviewed the Supplemental Report Cards information published on the ETF website?
- Yes → Go to Question 62e
 - No → Go to Question 62f
- 62e. Was the information in the Supplemental Report Cards helpful?
- Yes
 - No

YOUR PRESCRIPTION DRUG PLAN

These next questions ask about your experiences with Navitus Health Solutions over the last 12 months. Navitus is the company that manages your prescription drug benefit.

- 62f. Think about the person on your policy that had the most prescriptions filled in the past month. Over the past month would you say this person filled...
- Zero (0) prescriptions
 - One to two (1-2) prescriptions
 - Three to five (3-5) prescriptions
 - Six (6) or more prescriptions
- 62g. In the last 12 months, did you try to get information or help from Navitus customer service?
- Yes → Go to Question 62h
 - No → Go to Question 62j

Please state your level of agreement with the following statements about your most recent experience with a Navitus customer service representative.

- 62h. The customer service representative was helpful in answering my questions.
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
- 62i. The customer service representative resolved my issue in a timely manner.
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree

IMPROVING YOUR HEALTH

In this section, we are interested in learning more about any attempts you have made to improve your health and whether or not you found the medical care available to you had an impact on your efforts. Your responses will be used to help the Group Insurance Board (GIB) evaluate benefit design and to work with your health plan on quality improvement initiatives. Note that the GIB sets policy and oversees administration of the health insurance program. Please answer these questions for yourself only.

- 62j. In the last 12 months, did you make any of the following changes to improve your health? Please "X" as many as apply.
- Eat a healthier diet
 - Exercise
 - Reduce stress
 - Quit smoking/Using tobacco
 - Other
 - Did not make any changes
- 62k. In the last 12 months, did you complete the Health Risk Assessment (HRA) offered by your health plan?
- Yes → Go to Question 62L
 - No → Go to Question 62m
 - Plan does not offer

62L. Using any number from 0 to 10, where 0 means no influence at all and 10 means a great deal of influence, how much influence did the HRA have in helping you to make the changes to improve your health?

No Influence											A Great Deal
at All											of Influence
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>											

IMPROVING YOUR HEALTH

62m. What resources or tools would assist you in making changes to improve your health? Please "X" as many as apply

- Programs to help manage chronic illnesses or diseases.
- Incentives for participation in fitness and nutrition classes
- Discounted health insurance premiums
- Wellness Coaches
- Smoking cessation programs
- Weight management programs
- Stress management or time management programs.

62n. In the last 12 months, did a doctor, nurse, or other health care professional ask you about: Please "X" as many as apply.

- Dietary habits
- Exercise habits
- Stress management
- Smoking/Tobacco usage
- Other
- None of the above

62o. Using any number from 0 to 10, where 0 means no influence at all and 10 means a great deal of influence, how much influence did the doctors, nurse, or other health care professional have in helping you to make the changes to improve your health?

No Influence							A Great Deal				
at All							of Influence				
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>											

62p. Using any number between 0 and 10, where 0 means no influence at all, and 10 means a great deal of influence, how much influence did you receive from your health plan to assist you to make the changes to improve your health? .

No Influence							A Great Deal			
at All							of Influence			
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

62q. Body Mass Index (BMI) is a measurement of body fat based on height and weight that applies to both men and women. You can calculate your BMI by using the following formula.

Weight ÷ Height in inches ÷ Height in inches X 703.1.

For example a person that is 150 lbs and is 5'5" tall: 150 divided by 65 divided by 65 times 703.1=24.96

150 ÷ 65 = 2.308

2.308 ÷ 65 = .0355

.0355 X 703.1 = 24.96.

Or you can type in the link below into your internet browser and go to the NHLBI's (National Heart Lung & Blood Institute) BMI calculator. You will need to enter your height and weight and then click on the calculator box. It will then show your BMI.

<http://www.nhlbisupport.com/bmi/>

Which one of the following categories includes your BMI (Body Mass Index)?

- (BMI below 18.5)
- (BMI 18.5 – 24.9)
- (BMI 25.0 – 29.9)
- (BMI 30.0 – 34.9)
- (BMI 35.0 – 39.9)
- (BMI 40.0 and Above)

ASSISTANCE WITH SURVEY

63. Did someone help you complete this survey?

- Yes → **Go to Question 64**
- No → **Please return survey**

64. How did that person help you? Please "X" as many as apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way
(please print) _____

Please Return To: **Synovate**
PO BOX 5030
Chicago, IL 60680