

**APPENDIX B**

**SURVEY FIELDING LETTERS**



*Initial Notification Letter Date (Adult Survey)*

CPT John Doe  
Street Address  
City, State (Country)

Dear CPT Doe:

Never before has there been so much discussion about health care for the military community. Health care services are changing throughout the country. The Department of Defense needs you help in gathering important information about your health care. Within the next few weeks, you will receive a questionnaire asking for your comments on your health, the availability of health care, and your satisfaction with health care services.

Without such information and without a clear understanding of what the military community wants in health care services, sensible and effective health care programs are difficult to offer. The information you provide will be used to help improve all health care programs for the entire military community. You are one of a smaller number of military beneficiaries who have been selected for this voluntary study. ***Your responses are important to us even if you do not receive your health care from the military.*** Your answers will be held in the strictest confidence, and you will not be personally identified in any reports or release of survey data.

If your address above is incorrect, please telephone the Survey Operations at 1-800-881-5307 (within the U.S.) or call collect at 1-612-493-8746 (outside the U.S.) between the hours of 9:00 AM and 7:00 PM EST to give your correct address. You also can send this letter via facsimile with your correct address to 1-612-945-7385.

Thank you in advance for participating in this important project regarding the health care of our community.

Sincerely,

(Signature of Ass't. Sec. Of Defense)

*First Wave Survey and Letter Date (Adult Survey)*

CPT John Doe  
Street Address  
City, State (Country)

Dear CPT Doe:

Nearly everyone is concerned about health care. The Department of Defense is interested in evaluating how well health care services and programs, civilian, military or otherwise have met your health care needs. Without such information and without a clear understanding of what the military community needs regarding the kinds of health care services, sensible and effective health care programs are difficult to offer. The information you provide in the enclosed survey will be used to help improve all health care programs for all military beneficiaries.

You are one of a small number of military beneficiaries who are being asked to comment on your health, the availability of health care, and your satisfaction with health care services. You have been selected for this voluntary study from a random sample of active duty members, family members of active duty, retirees, and family members of retirees.

In order that the results will truly represent the thinking of all military beneficiaries, it is important that you complete the survey, then return the survey (along with any written comments you care to make) in the enclosed postage-paid envelope within 14 days. ***Your responses are important even if you do not receive your health care from the military.***

I urge you to invest the 20-30 minutes to complete this survey to help us improve the health care of our military community. The opinions you express will represent those of other beneficiaries like you who do not have the opportunity to participate in this study. Your comments will offer the entire leadership of the Military Health System valuable information for improving the services and the health care that we provide. You may be assured of complete confidentiality. Your answers will be held in the strictest confidence, and you will not be personally identified in any reports or release of survey data.

If your address above is incorrect, please telephone the Survey Operations Center at 1-800-881-5307 (within the U.S.) or call collect at 1-612-493-8746 (outside the U.S.) between the hours of 9:00 AM and 7:00 PM EST to give your correct address. You also can send this letter via facsimile with your correct address to 1-612-945-7385.

Thank you in advance for participating in this important survey.

Sincerely,

(Signature of Ass't. Sec. Of Defense)

*Reminder Post-card Date (Adult Survey)*

CPT John Doe  
Street Address  
City, State (Country)

Dear CPT Doe:

Recently you should have received a survey from the Department of Defense inviting you to express your reactions, attitudes, and concerns about your health care. Without such information and a clear understanding of what the military community wants in health care services, sensible and effective health care programs are difficult to offer. The information you provide will be used to help improve all health care programs for the entire military community. ***Your responses are important to us even if you do not receive your health care from the military.***

If you have taken the time to return your completed survey, please accept my sincere thanks. If you have not yet had a chance to respond, we are anxious to hear from you. It would be greatly appreciated if you would take the time to complete the survey and return it in the postage-paid envelope that was provided. If you did not receive the survey or if you need another copy, please call the Project Officer at 1-800-881-5307 (within the U.S.) or call collect at 1-612-943-8746 (outside the U.S.).

We can not emphasize enough the value of your opinions and input. Thank you for taking the time to complete this important survey.

Sincerely,

(Signature of Ass't. Sec. Of Defense)

*Second Wave Survey and Letter Date (Adult Survey)*

CPT John Doe  
Street Address  
City, State (Country)

Dear CPT Doe:

During the past few weeks you may have been asked to complete a survey of great importance to the Department of Defense. Several weeks ago, we mailed to you a copy of the 1999 Health Care Survey of DoD Beneficiaries with my personal request to participate. Although your participation in the survey is strictly voluntary, we are very interested in hearing from you. The results from this survey will be used to better understand where improvements can be made in health care services for the military community.

If you have completed and returned the survey, thank you. If you have not completed the survey, please take some time—about 20-30 minutes—from your busy schedule to do so now. A duplicate survey is enclosed for your convenience. Please return the survey in the envelope provided within the next 14 days. To have your voice heard this survey must be received soon.

You were selected from a random sample of active duty members, family members, retirees, and family members of retirees. Your response will represent the opinions and attitudes of others who were not selected to participate and so your completion of the survey is appreciated. Your answers will be held in the strictest confidence, and you will not be personally identified in any reports or release of survey data.

Please take the time to express your views and concerns by completing and mailing the survey today. Thank you very much for doing so.

Sincerely,

(Signature of Ass't. Sec. Of Defense)