




Building Trades National Medical Screening Program

P.O. Box 900960 • Seattle, WA 98109 • 1-800-866-9663 

Name: _____

Quality Control Survey

The following questions relate to the medical screening program provided for construction and maintenance workers who worked at this DOE site. Your answers to these questions will help improve the program. Thank you for your time.

Finding Out About the Program

1. How did you find out about BTMed? (Check all that apply.)
- Your union
 - A letter to your home
 - A public announcement on radio, television or in newspaper
 - A current or past employer
 - A telephone call to your home
 - Other (please describe): _____

2. When you first heard about BTMed, was it clear that DOE wanted to provide medical screenings to workers who may have developed health problems related to their work at this DOE site?
- Yes
 - No

3. When you first heard about BTMed, did you have all the information you needed to decide if you wanted to take part? (Check the best answer.)
- Yes, I knew I wanted to take part.
 - Yes, I knew I wanted to take part but I had a few questions.
 - No, I had to get more information before I decided to take part.

4. Was written information about BTMed clear and understandable?
- Yes, it was written clearly and understandably.
 - No, it was not written clearly and understandably.

CPWR – The Center for
Construction Research
and Training

Building & Construction
Trades Department,
AFL-CIO

Duke University
Medical Center

University of Cincinnati
Medical Center

Zenith Administrators, Inc.

Serving Construction
Workers from the
following DOE sites:

Amchitka

Argonne-West

Battelle Labs – King Ave.

Battelle Labs –
West Jefferson

Brookhaven
National Laboratory

Brush Luckey

Fernald

G.E. Evendale

Hanford

Huntington Pilot Plant

INL

Kansas City Plant

Mallinckrodt

Mound

Oak Ridge

Paducah

Pinellas

Piqua

Portsmouth

Rocky Flats

Savannah River Site

Weldon Spring

Yucca Mountain

Interview About Your Work

5. How was your work history interview conducted?

- I was interviewed in person (face to face).
- I was interviewed on the telephone.
- I self-interviewed on the BTMed website (skip to question 8).
- I was not interviewed. (skip to question 8).

6. Thinking about your work history interview, please rate the following:

a. How respectfully and courteously you were treated by the interviewer:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No
Experience | Poor | Fair | Good | Very
Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b. How well the interviewer explained what the information would be used for (to decide what type of medical exam you should have):

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No
Experience | Poor | Fair | Good | Very
Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c. How clearly the interviewer asked the questions:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No
Experience | Poor | Fair | Good | Very
Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d. How clearly the interviewer listened to you:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No
Experience | Poor | Fair | Good | Very
Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

e. How well you were able to recall the details of your work at Department of Energy facilities:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No
Experience | Poor | Fair | Good | Very
Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

f. Amount of time you were given to answer the interviewer's questions:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No
Experience | Poor | Fair | Good | Very
Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Please list any comments about the interview:

Visit to the Doctor

8. Did you see a doctor as part of BTMed?

- Yes
- No (If no, skip to question 12.)

9. Were you asked to pay for the doctor appointment?

- No
- Yes (Please describe what happened.)

10. Thinking about your visit to the doctor as part of BTMed, how would you rate the following?

a. Ease of making an appointment:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | | Very |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b. Length of time you had to wait between making an appointment and the day of the visit:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | | Very |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c. Distance you had to travel to get to the doctor's office:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | | Very |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d. Length of time you had to wait from the time of your appointment until you saw the doctor:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | | Very |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

e. Courtesy and respect with which you were treated by the staff at the doctor's office:

No Experience	Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Courtesy and respect with which you were treated by the doctor:

No Experience	Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. Attention given to what you had to say:

No Experience	Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Effectiveness of the doctor in explaining things in a way that you could understand:

No Experience	Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i. Amount of time you had with the doctor and staff during your visit:

No Experience	Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j. Thoroughness of treatment you received:

No Experience	Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k. Adequacy of the medical facility:

No Experience	Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

l. Clarity of any educational materials you received with your results letter:

No Experience	Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

m. Your overall satisfaction with the doctor's appointment:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No | | | | Very | |
| Experience | Poor | Fair | Good | Good | Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Please give any comments about the doctor visit:

Getting Follow-Up From the Doctor Visit

12. Did you get a medical report in the mail after your exam?

- Yes
- No (If no, please skip to question 18.)
- I don't remember

13. How many weeks after the exam did you get the report?

- Between two and four weeks
- Between four and six weeks
- Between six and eight weeks
- More than eight weeks

14. Was the report presented in a clear, understandable way?

- Yes
- No

15. With the report, did you get a letter saying you needed more tests?

- Yes
- No

16. If the letter said you do need more tests, have you contacted a doctor to arrange for the tests you need?

Yes

No

17. Please list any comments about the medical report:

Other Questions

18. All things considered, how satisfied are you with the Building Trades National Medical Screening Program?

Completely satisfied

Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

Completely dissatisfied

19. Please list any additional comments:
