

11. COULD YOU PLEASE RATE THESE BENEFITS OF THE MEDICAL MONITORING PROGRAM?
 WE WILL USE THIS INFORMATION IN OUR PLANNING FOR THE FUTURE.

| (Please check one) | NOT IMPORTANT | SOMEWHAT IMPORTANT | VERY IMPORTANT |
|---|---------------|--------------------|----------------|
| Medical exam without cost | | ✓ | ✓ |
| Very thorough medical exam | | | ✓ |
| Blood, urine, and X-ray tests | | | ✓ |
| Friendly staff at Mercy-Fairfield office | | | ✓ |
| Nurse phone calls to me after exam | | | ✓ |
| Good physicians | | | ✓ |
| Letter from physician and copy of exam record and test results sent to me | | | ✓ |
| Exam record and test results sent to my physician(s) | | | |
| Other _____ | | | |