Alternative survey instructions for use with a scannable form that uses bubbles rather than boxes for answer choices.

# SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by filling in the circle to the left of your answer, like this:

* + - Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

** If No, go to 3**. See the example below:

## EXAMPLE

1. Do you wear a hearing aid now?
* Yes
	+ - No **** **If No, go to 3**
1. How long have you been wearing a hearing aid?
* Less than one year
* 1 to 3 years
* More than 3 years
* I don’t wear a hearing aid
1. In the last 6 months, did you have any headaches?
	* + Yes
* No