

# Health Care Survey of DoD Beneficiaries



## SURVEY INSTRUCTIONS

Answer all the questions by checking the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this:

- ☐ Yes    **Go to Question 1**  
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within seven days. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense (Health Affairs)

c/o Survey Processing Center

PO Box 82660

Lincoln, NE 68501-2660

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According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

**Authority:** 10 U.S.C., Chapter 55, Section 572, Public Law 102-484, E.O. 9397.

**Purpose:** This survey helps health policy makers gauge beneficiary satisfaction with the current military healthcare system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

**Routine Uses:** None

**Disclosure:** Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.



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----- SURVEY STARTS HERE -----

This survey is about the health care of the person addressed in the cover letter. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to the person named in the cover letter.

1. Are you the person whose name appears on the mailing label of this envelope?
  - ☐ Yes Go to Question 2
  - ☐ No Please give this questionnaire to the person addressed on the envelope.
2. By which of the following health plans are you currently covered? MARK ALL THAT APPLY.
  - a. Military Health Plans
    - ☐ TRICARE Prime
    - ☐ TRICARE Extra or Standard (CHAMPUS)
    - ☐ TRICARE Plus
    - ☐ TRICARE for Life
  - b. Other Health Plans
    - ☐ Medicare
    - ☐ Federal Employees Health Benefit Program (FEHBP)
    - ☐ Medicaid
    - ☐ A civilian HMO (such as Kaiser)
    - ☐ Other civilian health insurance (such as Blue Cross)
    - ☐ Uniformed Services Family Health Plan (USFHP)
    - ☐ The Veterans Administration (VA)
    - ☐ Not Sure
3. Currently, are you covered by Medicare Part A? Medicare is the federal health insurance program for people aged 65 or older and for certain disabled people. Medicare Part A helps pay for inpatient hospital care.
  - ☐ Yes, I am now covered by Medicare Part A
  - ☐ No, I am not covered by Medicare Part A

4. Currently, are you covered by Medicare Part B? Medicare is the federal health insurance program for people aged 65 or older and for certain disabled people. Medicare Part B helps pay for doctor's services, outpatient hospital services, and certain other services.
  - ☐ Yes, I am now covered by Medicare Part B
  - ☐ No, I am not covered by Medicare Part B
5. Currently, are you covered by Medicare supplemental insurance? Medicare supplemental insurance, also called Medigap or MediSup, is usually obtained from private insurance companies and covers some of the costs not paid for by Medicare.
  - ☐ Yes, I am now covered by Medicare supplemental insurance
  - ☐ No, I am not covered by Medicare supplemental insurance
6. Which health plan did you use for all or most of your health care in the last 12 months? MARK ONLY ONE.
  - ☐ TRICARE Prime
  - ☐ TRICARE Extra or Standard (CHAMPUS)
  - ☐ TRICARE Plus
  - ☐ Medicare
  - ☐ Federal Employees Health Benefit Program (FEHBP)
  - ☐ Medicaid
  - ☐ A civilian HMO (such as Kaiser)
  - ☐ Other civilian health insurance (such as Blue Cross)
  - ☐ Uniformed Services Family Health Plans (USFHP)
  - ☐ The Veterans Administration (VA)
  - ☐ Not sure
  - ☐ Did not use any health plan in the last 12 months  
→ Go to Question 8

For the remainder of this questionnaire, the term health plan refers to the plan you indicated in Question 6.

7. How many months or years in a row have you been in this health plan?

- ☐ Less than 6 months
- ☐ 6 up to 12 months
- ☐ 12 up to 24 months
- ☐ 2 up to 5 years
- ☐ 5 up to 10 years
- ☐ 10 or more years

----- YOUR PERSONAL DOCTOR, OR NURSE -----

The next 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.

8. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse?

- ☐ Yes
- ☐ No → Go to Question 11

9. Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?

- ☐ 0 Worst personal doctor or nurse possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor or nurse possible
- ☐ I don't have a personal doctor or nurse.

10. Did you have the same personal doctor or nurse before you joined this health plan?

- ☐ Yes → Go to Question 12
- ☐ No

11. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem

--- GETTING HEALTH CARE FROM A SPECIALIST ---

When you answer the next questions, do not include dental visits.

12. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor or nurse think you needed to see a specialist?

- ☐ Yes
- ☐ No → Go to Question 14

13. In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't need to see a specialist in the last 12 months.

14. In the last 12 months, did you see a specialist?

- ☐ Yes
- ☐ No → Go to Question 17



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15. 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 the specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible
- ☐ I didn't see a specialist in the last 12 months.

16. In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

- ☐ Yes
- ☐ No
- ☐ I don't have a personal doctor or I didn't see a specialist in the last 12 months.

----- CALLING DOCTORS' OFFICES -----

17. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- ☐ Yes
- ☐ No → Go to Question 19

18. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't call for help or advice during regular office hours in the last 12 months.

- YOUR HEALTHCARE IN THE LAST 12 MONTHS -

19. 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
- ☐ No → Go to Question 22

20. In the last 12 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't need care right away for an illness, injury or condition in the last 12 months.

21. In the last 12 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

- ☐ Same day
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4-7 days
- ☐ 8-14 days
- ☐ 15 days or longer
- ☐ I didn't need care right away for an illness, injury or condition in the last 12 months.

22. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 12 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health care provider for health care?

- ☐ Yes
- ☐ No → Go to Question 25

23. In the last 12 months, not counting times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no appointments in the last 12 months

24. In the last 12 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

- ☐ Same day
- ☐ 1 day
- ☐ 2-3 days
- ☐ 4-7 days
- ☐ 8-14 days
- ☐ 15-30 days
- ☐ 31 days or longer
- ☐ I had no appointments in the last 12 months

25. In the last 12 months, how many times did you go to an emergency room to get care for yourself?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

26. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- ☐ None → Go to Question 39
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

27. In the last 12 months, did you or a doctor believe you needed any care, tests or treatment?

- ☐ Yes
- ☐ No → Go to Question 29

28. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I had no visits in the last 12 months.

29. In the last 12 months, did you need approval from your health plan for any care, tests or treatment?

- ☐ Yes
- ☐ No → Go to Question 31

30. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I had no visits in the last 12 months.

31. In the last 12 months, how often were you taken to the exam room within 15 minutes of your appointment?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months.

32. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months.

33. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months.



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34. In the last 12 months, how often did doctors or other health providers listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months.

35. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months.

36. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months.

37. In the last 12 months, how often did doctors or other health providers spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 12 months.

38. 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?

- ☐ 0 Worst healthcare possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best healthcare possible
- ☐ I had no visits in the last 12 months.

39. In the last 12 months, where did you go most often for your health care? MARK ONLY ONE ANSWER.

- ☐ A military facility - This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
- ☐ A civilian facility - This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor
- ☐ Uniformed Services Family Health Plan facility (USFHP)
- ☐ Veterans Affairs (VA) clinic or hospital
- ☐ I went to none of the listed types of facilities in the last 12 months.

----- REFERRALS TO SPECIALISTS -----

The following questions ask about your experiences with getting referrals to specialists through TRICARE Prime. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care. Beneficiaries enrolled in TRICARE Prime must get a referral from their primary care manager (PCM) before seeing a specialist.

40. Are you enrolled in TRICARE Prime?

- ☐ Yes
- ☐ No → Go to Question 55

**41. Are you enrolled to a military PCM or civilian PCM?**

- ☐ Military
- ☐ Civilian
- ☐ I don't have a PCM → Go to Question 55
- ☐ Don't Know → Go to Question 55

**42. In the last 12 months, have you been referred to a specialist by your PCM?**

- ☐ Yes
- ☐ No → Go to Question 55

**43. In the last 12 months, when you needed to see a specialist, how did you make an appointment? MARK ALL THAT APPLY**

- ☐ Called the appointment center
- ☐ Called an MTF
- ☐ Called the doctor's office
- ☐ Asked my PCM to make the appointment
- ☐ Other

**44. In the last 12 months, how much of a problem was it to make an appointment to see a specialist?**

- ☐ Not a problem
- ☐ A small problem
- ☐ A big problem

**45. In the last 12 months, were you referred to any civilian specialists?**

- ☐ Yes
- ☐ No → Go to Question 50

**46. In the last 12 months, what is the longest you waited for an appointment to see a civilian specialist?**

- ☐ 1 week or less
- ☐ More than 1 week but not more than 2 weeks
- ☐ More than 2 weeks but not more than 4 weeks
- ☐ More than 4 weeks

**47. In the last 12 months, what is the longest time you spent traveling (round-trip) to see a civilian specialist?**

- ☐ 1 hour or less
- ☐ More than 1 hour but not more than 2 hours
- ☐ More than 2 hours but not more than 4 hours
- ☐ More than 4 hours but not more than 8 hours
- ☐ More than 8 hours

**48. In the past 12 months, how did your PCM most often learn about the care you get from civilian specialists?**

- ☐ From my medical record
- ☐ From me
- ☐ My PCM calls or writes the specialist
- ☐ The specialist calls or writes my PCM
- ☐ My PCM does not keep track of my care from civilian specialists
- ☐ Don't Know

**49. In the past 12 months, how often did your PCM seem to know enough about the care you get from civilian specialists?**

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

**50. In the last 12 months, were you referred to a specialist at an MTF?**

- ☐ Yes
- ☐ No → Go to Question 55

**51. In the last 12 months, what is the longest you waited for an appointment to see a specialist at an MTF?**

- ☐ 1 week or less
- ☐ More than 1 week but not more than 2 weeks
- ☐ More than 2 weeks but not more than 4 weeks
- ☐ More than 4 weeks

**52. In the last 12 months, what is the longest time you spent traveling (round-trip) to see a specialist at an MTF?**

- ☐ 1 hour or less
- ☐ More than 1 hour but not more than 2 hours
- ☐ More than 2 hours but not more than 4 hours
- ☐ More than 4 hours but not more than 8 hours
- ☐ More than 8 hours



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**53. In the past 12 months, how did your PCM most often learn about the care you get from specialists at MTFs?**

- ☐ From my medical records
- ☐ From me
- ☐ My PCM calls or writes the specialist
- ☐ The specialist calls or writes my PCM
- ☐ My PCM does not keep track of my care from specialists at MTFs
- ☐ Don't know

**54. In the past 12 months, how often did your PCM seem to know enough about the care you get from specialists at MTFs?**

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

**----- TRICARE'S CIVILIAN NETWORK -----**

**The following questions ask about your experiences with the TRICARE civilian provider network.**

**TRICARE, including TRICARE Prime and Extra, is the health care system of the Department of Defense that provides care for active duty and retired military personnel and their dependents. TRICARE includes the hospitals, clinics and pharmacies of the three services, supplemented by a civilian network.**

**The TRICARE civilian provider network is made up of the doctors, clinics, hospitals and other health care providers who are part of DoD's preferred provider pool. The next six questions refer to health services you received from the civilian network.**

**55. In the past 12 months, how much of your health care did you receive from the TRICARE civilian provider network?**

- ☐ All of my healthcare
  - ☐ Most of my healthcare
  - ☐ Some of my healthcare
  - ☐ None of my healthcare
  - ☐ I did not need healthcare in the past 12 months
- Go to Question 61

**56. In the past 12 months, how much of a problem was it to get the health care you wanted from the TRICARE civilian provider network?**

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I did not try to get healthcare from the civilian network

**57. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.**

**In the past 12 months, how much of a problem was it to find a conveniently located personal doctor or nurse from the TRICARE civilian provider network?**

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I did not try to find a personal doctor from the civilian network

**58. In the past 12 months, how much of a problem was it to find a conveniently located lab or x-ray facility in the TRICARE civilian provider network?**

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I did not try to find a lab or x-ray facility in the civilian network

**59. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.**

**In the past 12 months, how much of a problem was it to find a conveniently located specialist from the TRICARE civilian provider network?**

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I did not try to find a specialist in the civilian network.

60. In the past 12 months, did you learn that a doctor whom you wanted to see had left the TRICARE civilian provider network?

- ☐ Yes
- ☐ No
- ☐ I did not want to see any network doctors

----- YOUR HEALTH PLAN -----

The next questions ask about your experience with your health plan. By your health plan, we mean the health plan you marked in Question 6.

61. 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 to your health plan?

- ☐ Yes
- ☐ No → Go to Question 65
- ☐ Don't know → Go to Question 65

62. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Don't know
- ☐ No claims were sent for me in the last 12 months.

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Don't know
- ☐ No claims were sent for me in the last 12 months.

64. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Don't know
- ☐ No claims were sent for me in the last 12 months.

65. In the last 12 months, did you look for any information about how your health plan works in written material or on the Internet?

- ☐ Yes
- ☐ No → Go to Question 67

66. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't look for information from my health plan in the last 12 months

67. In the last 12 months, did you call your health plan's customer service to get information or help?

- ☐ Yes
- ☐ No → Go to Question 69

68. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't call my health plan's customer service in the last 12 months.

69. In the last 12 months, have you called or written your health plan with a complaint or problem?

- ☐ Yes
- ☐ No → Go to Question 73



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**70. How long did it take for the health plan to resolve your complaint?**

- ☐ Same day
- ☐ 2-7 days
- ☐ 8-14 days
- ☐ 15-21 days
- ☐ More than 21 days
- ☐ I am still waiting for it to be settled.  
→ Go to Question 72
- ☐ I haven't called or written with a complaint or problem in the last 12 months.

**71. Was your complaint or problem settled to your satisfaction?**

- ☐ Yes → Go to Question 73
- ☐ No → Go to Question 72
- ☐ I haven't called or written with a complaint or problem in the last 12 months.

**72. How long have you been waiting for your health plan to resolve your complaint?**

- ☐ 1-7 days
- ☐ 8-14 days
- ☐ 15-21 days
- ☐ More than 21 days
- ☐ I haven't called or written with a complaint or problem in the last 12 months.

**73. In the last 12 months, did you have to fill out any paperwork for your health plan?**

- ☐ Yes    ☐ No → Go to Question 75

**74. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?**

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months.

**75. 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?**

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

**76. If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of health plan in the next 12 months?**

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely
- ☐ Not sure
- ☐ I am not currently enrolled in TRICARE Prime

**----- PREVENTIVE CARE -----**

**Preventive care is medical care you receive that is intended to maintain your good health or prevent a future medical problem. A physical or a cholesterol screening are examples of preventive care.**

**77. When did you last have a blood pressure reading?**

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 years ago

**78. Do you know if your blood pressure is too high?**

- ☐ Yes, it is too high
- ☐ No, it is not too high
- ☐ Don't know

**79. When did you last have a cholesterol screening, that is, a test to determine the level of cholesterol in your blood?**

- ☐ Less than 12 months ago
- ☐ 1 to 2 years ago
- ☐ More than 2 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a cholesterol screening

**80. When did you last have a flu shot?**

- ☐ Less than 12 months ago
- ☐ 1 - 2 years ago
- ☐ More than 2 years ago
- ☐ Never had a flu shot

**81. Have you ever smoked at least 100 cigarettes in your entire life?**

- ☐ Yes
- ☐ No → Go to Question 87
- ☐ Don't know → Go to Question 87

**82. Do you now smoke everyday, some days or not at all?**

- ☐ Every day → Go to Question 84
- ☐ Some days → Go to Question 84
- ☐ Not at all → Go to Question 83
- ☐ Don't know → Go to Question 87

**83. How long has it been since you quit smoking cigarettes?**

- ☐ Less than 12 months → Go to Question 84
- ☐ 12 months or more → Go to Question 87
- ☐ Don't know → Go to Question 87

**84. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?**

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 12 months.

**85. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?**

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 12 months.

**86. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?**

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 12 months.

**87. Are you male or female?**

- ☐ Male → Go to Question 88
- ☐ Female → Go to Question 89

**88. When was the last time you had a prostate gland examination or blood test for prostate disease?**

- ☐ Within the last 12 months
- ☐ 1 to 2 years ago
- ☐ More than 2 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a prostate gland examination

**Go to Question 96**

**89. When did you last have a Pap smear test?**

- ☐ Within the last 12 months
- ☐ 1 to 3 years ago
- ☐ More than 3 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a Pap smear test



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90. Are you under age 40?

- ☐ Yes → Go to Question 93
- ☐ No

91. When was the last time your breasts were checked by mammography?

- ☐ Within the last 12 months
- ☐ 1 to 2 years ago
- ☐ More than 2 years ago but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a mammogram

92. When was the last time you had a breast exam by a health care professional?

- ☐ Within the last 12 months
- ☐ 1 to 2 years ago
- ☐ More than 2 but less than 5 years ago
- ☐ 5 or more years ago
- ☐ Never had a breast exam

93. Have you been pregnant in the last 12 months or are you pregnant now?

- ☐ Yes, I am currently pregnant  
→ Go to Question 94
- ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months  
→ Go to Question 95
- ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months  
→ Go to Question 96

94. In what trimester is your pregnancy?

- ☐ First trimester
- ☐ Second trimester
- ☐ Third trimester

95. In which trimester did you first receive prenatal care?

- ☐ First trimester
- ☐ Second trimester
- ☐ Third trimester
- ☐ Did not receive prenatal care

----- ABOUT YOU -----

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

97. How tall are you without your shoes on? Write the number on the line and then fill in the bubble below.

a. Feet \_\_\_\_\_

- |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

b. Inches \_\_\_\_\_

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    | 11                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

98. How much do you weigh without your shoes on?  
Please write the number of pounds on the line below.

☐ \_\_\_\_\_ pounds

99. Are you limited in any way in any activities because of any impairment or health problem?

- ☐ Yes
- ☐ No

100. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 7  | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8  | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9  | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 |                          |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 |                          |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 |                          |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 |                          |

**101. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 7  | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8  | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9  | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 |                          |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 |                          |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 |                          |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 |                          |

**102. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?**

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 7  | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8  | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9  | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 |                          |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 |                          |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 |                          |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 |                          |

**103. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?**

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 7  | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8  | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9  | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 |                          |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 |                          |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 |                          |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 |                          |

**104. During the past 30 days, for about how many days have you felt sad, blue, or depressed?**

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 7  | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8  | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9  | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 |                          |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 |                          |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 |                          |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 |                          |

**105. During the past 30 days, for about how many days have you felt worried, tense or anxious?**

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 7  | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8  | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9  | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 |                          |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 |                          |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 |                          |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 |                          |

**106. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?**

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 7  | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8  | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9  | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 |                          |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 |                          |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 |                          |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 |                          |

**107. During the past 30 days, for about how many days have you felt very healthy and full of energy?**

- |                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 7  | <input type="radio"/> 14 | <input type="radio"/> 21 | <input type="radio"/> 28 |
| <input type="radio"/> 1 | <input type="radio"/> 8  | <input type="radio"/> 15 | <input type="radio"/> 22 | <input type="radio"/> 29 |
| <input type="radio"/> 2 | <input type="radio"/> 9  | <input type="radio"/> 16 | <input type="radio"/> 23 | <input type="radio"/> 30 |
| <input type="radio"/> 3 | <input type="radio"/> 10 | <input type="radio"/> 17 | <input type="radio"/> 24 |                          |
| <input type="radio"/> 4 | <input type="radio"/> 11 | <input type="radio"/> 18 | <input type="radio"/> 25 |                          |
| <input type="radio"/> 5 | <input type="radio"/> 12 | <input type="radio"/> 19 | <input type="radio"/> 26 |                          |
| <input type="radio"/> 6 | <input type="radio"/> 13 | <input type="radio"/> 20 | <input type="radio"/> 27 |                          |

**108. 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

**109. Are you of Hispanic or Latino origin or descent? (Mark "NO" if not Spanish/Hispanic/Latino.)**

- ☐ No, not Spanish, Hispanic, or Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish, Hispanic, or Latino



**110. What is your race? (Mark ONE OR MORE races to indicate what you consider yourself to be.)**

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

**111. What is your age now?**

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

**THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY!** Your generous contribution will greatly aid efforts to improve the health of our military community.

**Return your survey in the postage-paid envelope.** If envelope is missing, please send to: National Research Corporation, Survey Processing Center, PO BOX 82660, Lincoln, NE 68501-2660



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