

# Health Care Survey of DoD Beneficiaries



## SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer. You are sometimes told to skip over 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:

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 Synovate Survey Processing Center  
**PO Box 5030**  
**Chicago, IL 60680-4138**

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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 health care 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.

**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.**

**Military Health Plans**

- TRICARE Prime
- TRICARE Extra or Standard (CHAMPUS)
- TRICARE Plus
- TRICARE for Life

**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 persons with disabilities. 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 persons with disabilities. 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 Plan (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 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 a specialist in the last 12 months.

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

- Yes
- No → Go to Question 16

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.

#### CALLING DOCTORS' OFFICES

16. 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 18

17. 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 HEALTH CARE IN THE LAST 12 MONTHS

18. 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 21

19. 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.

20. 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.

21. 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 provider for health care?

- Yes
- No → Go to Question 24

22. 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.

23. 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.

24. 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

25. 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 38
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

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

- Yes
- No → Go to Question 28

27. 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.

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

- Yes
- No → Go to Question 30

29. 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.

30. 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.

31. 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.

32. 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.
33. 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.
34. 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.
35. 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.
36. 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.

37. 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 health care possible
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10 Best health care possible
  - I had no visits in the last 12 months.
38. 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.

## CIVILIAN PROVIDERS

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 five questions refer to health services you received from the civilian network.

39. In the past 12 months, how much of your health care did you receive from the TRICARE civilian provider network?
- All of my health care
  - Most of my health care
  - Some of my health care
  - None of my health care
  - I did not need health care in the past 12 months → Go to Question 47
40. 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 health care from the civilian network.
41. 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.

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

In 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.

43. 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

The following questions ask about your experiences with civilian providers that are not part of TRICARE's network. Under TRICARE Standard, TRICARE pays part of the cost when you see civilian doctors that are not preferred providers.

44. In the last 12 months, have you tried to make an appointment with a civilian doctor who is not part of TRICARE's civilian network?

- Yes
- No → Go to Question 47

45. In the last 12 months, have you been told that a doctor you wanted to see was not seeing TRICARE patients or not seeing new TRICARE patients?

- Yes, not seeing TRICARE patients
- Yes, not seeing new TRICARE patients
- No

46. In the last 12 months, how much of a problem has it been to find doctors who will accept TRICARE?

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



## 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.

47. 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 50  
 Don't know → Go to Question 50

48. 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.

49. 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.

50. 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 52

51. 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.

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

- Yes  
 No → Go to Question 54

53. 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.

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

- Yes  
 No → Go to Question 56

55. 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.

56. 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

### 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.

57. When did you last have a blood pressure reading?

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

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

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

59. 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

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

- Yes
- No → Go to Question 66
- Don't know → Go to Question 66

61. Do you now smoke every day, some days or not at all?

- Every day → Go to Question 63
- Some days → Go to Question 63
- Not at all → Go to Question 62
- Don't know → Go to Question 66

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

- Less than 12 months → Go to Question 63
- 12 months or more → Go to Question 66
- Don't know → Go to Question 66

63. 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.

64. 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

65. 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

66. Are you male or female?
- Male → Go to Question 76
  - Female → Go to Question 67
67. 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
68. Are you under age 40?
- Yes → Go to Question 70
  - No
69. 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
70. Have you been pregnant in the last 12 months or are you pregnant now?
- Yes, I am currently pregnant → Go to Question 71
  - No, I am not currently pregnant, but have been pregnant in the past 12 months → Go to Question 72
  - No, I am not currently pregnant, and have not been pregnant in the past 12 months → Go to Question 76
71. In what trimester is your pregnancy?
- First trimester (up to 12 weeks after 1<sup>st</sup> day of last period) → Go to Question 75
  - Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)
  - Third trimester (28<sup>th</sup> week until delivery)

72. In which trimester did you first receive prenatal care?
- First trimester (up to 12 weeks after 1<sup>st</sup> day of last period) → Go to Question 75
  - Second trimester (13<sup>th</sup> through 27<sup>th</sup> week) → Go to Question 74
  - Third trimester (28<sup>th</sup> week until delivery) → Go to Question 74
  - Did not receive prenatal care → Go to Question 73
73. What is the most important reason you did not get prenatal care? PLEASE CHOOSE ONE
- Did not carry pregnancy to term
  - Did not know I was pregnant
  - Did not think I needed care
  - I moved too frequently
  - Too difficult to get an appointment
  - Personal reasons
  - Other
- Go to Question 76**
74. What is the most important reason you did not get prenatal care earlier? PLEASE CHOOSE ONE
- Did not know I was pregnant
  - Did not think I needed care
  - I was deployed or on an operational exercise
  - Could not get an appointment
  - Personal reasons
  - Other
75. What health care did you receive in your first trimester? PLEASE MARK ALL THAT APPLY
- Visit(s) with a physician
  - Visit(s) with a physician's assistant
  - Visit(s) with corpsman, medic or Independent Duty Corpsman
  - Visit(s) with a nurse practitioner or midwife
  - Visit(s) with a nurse
  - Visit(s) with alternative provider
  - Saw health care provider as part of a group with other pregnant women
  - Did not receive care in first trimester

**ABOUT YOU**

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No

For questions 78 and 79, please write your response on the lines provided, then check the matching box below each column. For example in question 78 if you are five feet and six inches tall, you would put a "5" on the first line and a "6" on the second line, and then check the box next to the "5" in the first column and check the box next to the "6" in the second column. For example:

_____ 5 _____ Feet	_____ 6 _____ Inches
<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
	<input type="checkbox"/> 10
	<input type="checkbox"/> 11

78. How tall are you without your shoes on? Please give your answer in feet and inches.

_____ Feet	_____ Inches
<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
	<input type="checkbox"/> 10
	<input type="checkbox"/> 11

79. How much do you weigh without your shoes on? Please give your answer in pounds.

_____	_____	_____ Pounds
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9

80. In the last 12 months, how often have you exercised vigorously for more than 10 minutes? Vigorous exercise is an activity like running, bicycling fast, or swimming, that causes a large increase in your heart rate and heavy sweating.
- Unable to do this activity → Go to Question 82
  - Not at all → Go to Question 82
  - Less than once a week
  - At least once a week but fewer than 3 times a week
  - At least 3 times a week but fewer than 5 times a week
  - 5 times a week or more
81. When you perform these vigorous activities, how long do you usually do them?
- Less than 20 minutes
  - 20 minutes or more
82. In last 12 months, how often have you exercised moderately for more than 10 minutes? Moderate exercise is an activity like mowing the lawn, walking, bicycling slowly, or playing golf.
- Unable to do this activity → Go to Question 84
  - Not at all → Go to Question 84
  - Less than once a week
  - At least once a week but fewer than 3 times a week
  - At least 3 times a week but fewer than 5 times a week
  - 5 times a week or more
83. When you perform these moderate activities, how long do you usually do them?
- Less than 20 minutes
  - 20 minutes or more
84. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, on how many days per week or per month did you have at least one drink of any alcoholic beverage?
- 28 to 30 days (about every day)
  - 20 to 27 days (5 or 6 days a week, average)
  - 11 to 19 days (3 or 4 days a week, average)
  - 4 to 10 days (1 or 2 days a week, average)
  - 2 to 3 days in the past 30 days
  - Once in the past 30 days
  - I didn't drink any alcoholic beverages → Go to Question 87
85. On the days when you drank, about how many drinks did you drink on average? A drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor.
- 1 drink or less
  - 2 drinks
  - 3 drinks
  - 4 or 5 drinks
  - At least 6 drinks but fewer than 12
  - 12 or more drinks
86. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?
- Never
  - 1 time
  - 2 times
  - 3 or 4 times
  - At least 5 times but fewer than 10
  - 10 or more times
87. Do you consider yourself to be overweight, underweight or about right?
- Overweight
  - Underweight
  - About right

88. Are you presently trying to lose weight?

- Yes
- No → Go to Question 90

89. Does your weight loss plan include any of the following? MARK ALL THAT APPLY

- Dieting
- Physical exercise
- Eating meal replacements, such as Slim-Fast
- Fasting for 24 hours or longer
- Going to a weight loss program such as Weight Watchers, or a program offered by a physician
- Surgery, such as gastric bypass
- Medication prescribed by a doctor
- Dietary supplements
- Liposuction
- Other, please list \_\_\_\_\_

90. On average, how many times per week do you eat meals that were prepared in a restaurant? Please include eat-in restaurants, carry-out restaurants and restaurants that deliver food to your house.

- Never
- Less than 1 time per week
- 1 or 2 times per week
- 3 or 4 times per week
- 5 or 6 times per week
- 7 or more times per week

91. On average, how many times per week do you eat fruit, not counting juice?

- Never
- Less than 1 time per week
- 1 or 2 times per week
- 3 or 4 times per week
- 5 or 6 times per week
- 7 or more times per week

92. Not counting green salads, potatoes or carrots, about how many servings of vegetables do you usually eat per day?

- None
- Less than 1 serving per day
- 1 serving per day
- 2 servings per day
- 3 servings per day
- 4 or more servings per day

93. In the last 30 days how many soft drinks did you have? A soft drink is a 12 ounce serving of soda or pop.

- 1 drink or less per month → Go to Question 95
- 2 or 3 drinks per month
- 1 or 2 drinks per week
- 3 or 4 drinks per week
- 5 or 6 drinks per week
- 1 drink per day
- 2 or 3 drinks per day
- 4 or 5 drinks per day
- 6 or more drinks per day

94. How often were these soft drinks sugar-free?

- Always or almost always
- About  $\frac{3}{4}$  of the time
- About  $\frac{1}{2}$  of the time
- About  $\frac{1}{4}$  of the time
- Never or almost never

95. In the last 30 days how often did you have milk to drink or on your cereal? Please include chocolate or flavored milk as well as cocoa made with milk.

- Never → Go to Question 97
- Less than once per week
- Once per week or more, but less than once per day
- Once per day or more

96. What type of milk did you use most often?

- Whole milk
- 2% fat milk
- 1% fat milk
- Skim, nonfat or powdered milk
- Evaporated milk, goat's milk or buttermilk
- Soy or imitation milk
- Another type of milk

97. 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

98. 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

99. 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)

100. 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

If you have any suggestions or comments that you would like to add, please neatly print your comments in question 101 on the lines provided.

101. SUGGESTIONS AND COMMENTS:

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**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS 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 the envelope is missing, please send to:

Synovate  
PO Box 5030  
Chicago, IL 60680-4138

