

Health Care Survey of DoD Beneficiaries



YOUR PRIVACY

All information that would let someone identify you or your family will be kept private. Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. You may notice a number on the last page of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

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 706, 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 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

SURVEY STARTS HERE

As an eligible TRICARE beneficiary, please complete this survey even if you did not receive your health care from a military facility.

Please recognize that some specific questions about TRICARE benefits may not apply to you, depending on your entitlement and particular TRICARE program.

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
- ☐ TRICARE Supplemental Insurance

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

Many beneficiaries who are eligible for TRICARE also have the opportunity to obtain other health insurance through their job or a family member's job, through COBRA or retirement coverage from a previous job, or from some other group. COBRA lets beneficiaries pay to keep their coverage temporarily when they leave their job.

8. Do you currently have the opportunity to obtain civilian health insurance coverage for yourself through some civilian group?

- ☐ Yes
- ☐ No → **Go to Question 18**

9. How are you offered the opportunity to obtain civilian coverage? MARK ALL THAT APPLY.

- ☐ Through my current employer
- ☐ Through COBRA from my previous employer
- ☐ Through retirement coverage from my previous employer
- ☐ Through a family member's current employer
- ☐ Through COBRA from a family member's previous employer
- ☐ Through retirement coverage from a family member's previous employer
- ☐ Through another organization
- ☐ Through a government program
- ☐ Don't know

10. Are you alone or you and others in your household now covered by a civilian policy?

- ☐ Yes, I alone
☐ Yes, Both I and one other
☐ Yes, Both I and my family
☐ No → Go to Question 13

11. For your civilian coverage, do you or your family member pay all or part of the insurance premium?

- ☐ Yes, I or my family members pay all of the premium
☐ Yes, I or my family members pay part of the premium
☐ No, coverage is available at no cost → Go to Question 13
☐ Don't know

12. How much per month do you or your family member pay for this coverage?

Please write your response in dollars on the lines provided, then check the matching box below in each column. For example, if you pay \$456 per month, you would put a "4" on the first line, a "5" on the second line and "6" on the third line, and then check the box next to the "4" in the first column, next to the "5" in the second column and next to "6" in the third column. For example:

\$	<u>4</u>	<u>5</u>	<u>6</u>
<input type="checkbox"/>	0	<input type="checkbox"/>	0
<input type="checkbox"/>	1	<input type="checkbox"/>	1
<input type="checkbox"/>	2	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	3
<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input checked="" type="checkbox"/>	5
<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	7	<input type="checkbox"/>	7
<input type="checkbox"/>	8	<input type="checkbox"/>	8
<input type="checkbox"/>	9	<input type="checkbox"/>	9

If you do not know the exact amount, please indicate the approximate amount.

\$	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/>	0	<input type="checkbox"/>	0
<input type="checkbox"/>	1	<input type="checkbox"/>	1
<input type="checkbox"/>	2	<input type="checkbox"/>	2
<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
<input type="checkbox"/>	\$1,000 or more		
<input type="checkbox"/>	Don't know		

13. Have you used civilian coverage for any of your health care in the past 12 months?

- ☐ Yes → Go to Question 15
☐ No

14. Why haven't you used civilian coverage? MARK ALL THAT APPLY.

- ☐ Civilian coverage is not available to me
☐ I have a better choice of doctors with TRICARE
☐ I do not want to pay the premium for civilian coverage
☐ I get better customer service with TRICARE
☐ Civilian benefits are poor compared to TRICARE
☐ My personal doctor is only available to me through TRICARE
☐ I want to be sure I can always use military health care
☐ I pay less for TRICARE than I would for civilian care
☐ I prefer to use military doctors
☐ I prefer military hospitals
☐ I have not needed health care
☐ Another reason

15. Have you used TRICARE for any health care (except for prescription drugs) in the past 12 months?

- ☐ Yes → Go to Question 17
☐ No

16. Why haven't you used TRICARE? MARK ALL THAT APPLY.

- ☐ I have a greater choice of doctors with my civilian plan
☐ I do not want to pay the premium for TRICARE
☐ I get better customer service with civilian plans
☐ My personal doctor is not available to me through TRICARE
☐ TRICARE benefits are poor compared to my civilian plan
☐ It is easier for me to get care through my civilian plan
☐ I pay less for civilian care than I would for TRICARE
☐ There are no military facilities near me
☐ I prefer civilian doctors
☐ I prefer civilian hospitals
☐ I have not needed health care
☐ Another reason

17. Have you dropped civilian coverage in the past 12 months?

- ☐ Yes
☐ No

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.

18. 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 21

19. 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.

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

- ☐ Yes → Go to Question 22
☐ No

21. 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.

22. 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 24

23. 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.

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

- ☐ Yes
- ☐ No → Go to Question 26

25. 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

26. 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 28

27. 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

28. 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 31

29. 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.

30. 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.

31. 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 34

32. 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.

33. 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.

34. 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

35. 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 48
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more

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

- ☐ Yes
☐ No → Go to Question 38

37. 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.

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

- ☐ Yes
☐ No → Go to Question 40

39. 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.

40. 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.

41. 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.

42. 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.

43. 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.

44. 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.

45. 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.

46. 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.

47. 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.

48. 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.

PRESCRIPTION MEDICINE

49. In the last 90 days, have you filled any prescriptions using your TRICARE benefit? A prescription means either a new prescription or a refill of an old prescription.

- ☐ Yes
- ☐ No → Go to Question 67

MHS beneficiaries may use their prescription drug coverage for drugs from an MTF-based pharmacy, for drugs by mail from the TRICARE mail order pharmacy (TMOP), or for drugs from civilian pharmacies. Beneficiaries may use civilian pharmacies in the TRICARE retail network or non-network civilian pharmacies. Network pharmacies are civilian pharmacies that sign agreements with TRICARE. At network pharmacies, beneficiaries pay only a small copay for a 30-day supply of a prescription drug. At non-network civilian pharmacies, beneficiaries may have to pay the full cost of the prescription and file claims for reimbursement. For each question, please mark the response that describes your experience with each pharmacy type.

50. In the last 90 days, have you filled any prescriptions at any of these pharmacy types? A prescription means either a new prescription or a refill of an old prescription. If you have not used a pharmacy of a particular type, please check "I have filled no prescriptions at this pharmacy type".

	A	B	C	D
	MTF	TMOP	Network Civilian	Non- Network Civilian
New prescriptions only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refills only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both new prescriptions and refills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have filled no prescriptions at this pharmacy type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. In the last 90 days, when you filled new prescriptions, what kind of information about your medications did you usually receive at each type of pharmacy?

	A	B	C	D
	MTF	TMOP	Network Civilian	Non- Network Civilian
Written information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written and verbal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No information at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have filled no new prescriptions at this pharmacy type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. How far do you have to travel from where you live to use a pharmacy of each type?

	A MTF	B Network Civilian	C Non- Network Civilian
Less than 2 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 2 but less than 5 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 5 but less than 15 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 15 but less than 40 miles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 miles or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. In the last 90 days, how often did you have to wait more than 30 minutes at the pharmacy for your prescriptions to be filled?

	A MTF	B Network Civilian	C Non- Network Civilian
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have filled no prescriptions at this pharmacy type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. We want to know your rating of the pharmacies where you filled prescriptions in the last 90 days.

Use any number from 0 to 10 where 0 is the worst pharmacy possible, and 10 is the best pharmacy. How would you rate your pharmacies now?

	A MTF	B TMOP	C Network Civilian	D Non- Network Civilian
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. In the last 90 days, why did you choose to fill your prescriptions at an MTF pharmacy? **MARK ALL THAT APPLY.**

- ☐ I was at the MTF for a medical appointment
- ☐ I was visiting the military installation for another reason
- ☐ The MTF pharmacy is conveniently located
- ☐ Prescription drugs are free at the MTF pharmacy
- ☐ I like the service at the MTF pharmacy
- ☐ My doctor recommended I use the MTF pharmacy
- ☐ I get better instructions and information at the MTF pharmacy than at other pharmacies
- ☐ I trust the MTF pharmacy more than others to fill prescriptions correctly
- ☐ Other reasons
- ☐ I have not used MTF pharmacies in the past 90 days

56. In the last 90 days, why did you choose to fill your prescriptions at a non-network pharmacy? **MARK ALL THAT APPLY.**

- ☐ I used other health insurance (not TRICARE)
- ☐ I was traveling
- ☐ The network pharmacy is not conveniently located
- ☐ I did not know how to determine if the pharmacy was in the network
- ☐ I prefer the non-network pharmacy
- ☐ I did not know there was a difference between network and non-network pharmacies
- ☐ Other reasons
- ☐ I have not used non-network pharmacies in the last 90 days

57. In the last 90 days, did you file any claims for prescriptions that you filled at non-network pharmacies?

- ☐ Yes
- ☐ No → Go to Question 59

58. In the last 90 days, what problems, if any, did you encounter with your claims? **MARK ALL THAT APPLY.**

- ☐ None
- ☐ Instructions for completing the claim form were difficult to understand
- ☐ It was difficult to obtain a claim form
- ☐ It took more than 20 days for my claim to be processed

59. In the last 90 days, have you used a network civilian pharmacy?

- ☐ Yes
- ☐ No → Go to Question 61

60. We want to know your rating of the service you received when you filled prescriptions at network civilian pharmacies in the past 90 days.

Use any number from 0 to 10 where 0 is the worst service possible, and 10 is the best service. How would you rate your prescription drug service now?

	A Claims Handling	B Customer Service Phone Line	C Information from the Pharmacist
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. In the last 90 days, have you filled any prescriptions at a civilian pharmacy for medications you have been taking or will take for a long time (at least 90 days)?

- ☐ Yes
- ☐ No → Go to Question 63

62. In the last 90 days, why did you choose to fill your long-term prescriptions at a civilian pharmacy? **MARK ALL THAT APPLY.**

- ☐ I do not know how to get drugs through the mail order pharmacy
- ☐ I do not feel comfortable getting drugs through the mail
- ☐ The civilian pharmacy is more convenient
- ☐ The mail order pharmacy does not have the medication I need
- ☐ I like the service at the civilian pharmacy
- ☐ I get better instructions and information at the civilian pharmacy than at other pharmacies
- ☐ The MTF pharmacy does not have the medication I need
- ☐ I trust the civilian pharmacy more than others to fill prescriptions correctly
- ☐ There is no MTF pharmacy nearby
- ☐ Other reasons

63. In the last 90 days, have you used the TRICARE mail order pharmacy?

- ☐ Yes
- ☐ No → Go to Question 65

64. In the last 90 days, how often did you get prescription drugs from the TRICARE mail order pharmacy within 14 days of the day your placed your order?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not order drugs from the mail-order pharmacy

65. In the last 90 days, have you tried to use the Express Scripts website to order refills? Express Scripts is the contractor that operates the TRICARE mail order pharmacy.

- ☐ Yes
- ☐ No → Go to Question 67

66. In the last 90 days, how much of a problem, if any, was it to order refills on the Express Scripts website?

- ☐ A big problem
- ☐ A small problem
- ☐ No problem
- ☐ I did not try to use the Express Scripts website

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.

67. 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 70
- ☐ Don't know → Go to Question 70

68. 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.

69. 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.

70. 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 72

71. 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.

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

- ☐ Yes
☐ No → Go to Question 74

73. 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.

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

- ☐ Yes
☐ No → Go to Question 76

75. 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.

76. 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.

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 flu shot?

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

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

- ☐ Yes
☐ No → Go to Question 86
☐ Don't know → Go to Question 86

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

- ☐ Every day → Go to Question 83
- ☐ Some days → Go to Question 83
- ☐ Not at all → Go to Question 82
- ☐ Don't know → Go to Question 86

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

- ☐ Less than 12 months → Go to Question 83
- ☐ 12 months or more → Go to Question 86
- ☐ Don't know → Go to Question 86

83. 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.

84. 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

85. 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

86. Are you male or female?

- ☐ Male → Go to Question 93
- ☐ Female → Go to Question 87

87. 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

88. Are you under age 40?

- ☐ Yes → Go to Question 90
- ☐ No

89. 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

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

- ☐ Yes, I am currently pregnant → Go to Question 91
- ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → Go to Question 92
- ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → Go to Question 93

91. In what trimester is your pregnancy?

- ☐ First trimester (up to 12 weeks after 1st day of last period) → Go to Question 93
- ☐ Second trimester (13th through 27th week)
- ☐ Third trimester (28th week until delivery)

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

- ☐ First trimester (up to 12 weeks after 1st day of last period)
- ☐ Second trimester (13th through 27th week)
- ☐ Third trimester (28th week until delivery)
- ☐ Did not receive prenatal care

ABOUT YOU

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

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

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

- ☐ Yes
- ☐ No

For questions 95 and 96, please write your response on the lines provided, then check the matching box below each column. For example in question 95 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 |

95. 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 |

96. 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 |

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

101. Which of the following best describes your current employment status?

- ☐ Active Duty
- ☐ Employed full-time (including self-employed)
- ☐ Employed part-time (including self-employed)
- ☐ Unemployed, but looking for work
- ☐ Unemployed, and not looking for work
- ☐ Student
- ☐ Permanently retired

102. What was your family's income before taxes in 2004?

(Include wages before taxes, dividends, interest, social security, pensions, alimony, net business or farm income, and any other money income received by family members age 15 or older.)

- ☐ Less than \$10,000
- ☐ \$10,000 to \$24,999
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$124,999
- ☐ \$125,000 to \$149,999
- ☐ \$150,000 and above
- ☐ Don't know

If you have any suggestions or comments that you would like to add, please neatly print your comments in question 103 on the lines provided.

103. SUGGESTIONS AND COMMENTS:

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 the envelope is missing, please send to:

Synovate
PO Box 5030
Chicago, IL 60680-4138