



Health Care Survey of DoD Beneficiaries



We need your help!

The Department of Defense is conducting a world-wide survey of DoD health care beneficiaries aimed at understanding and improving your health care. Recently, we sent you a survey asking your opinions about the health care experiences you've had in the last 12 months. *If you have already completed this survey, please disregard this questionnaire.* If not, we hope that you will take advantage of this opportunity to participate in the survey. *Even if you do not receive health care from a military facility, please complete this survey since your views are important to us and your opinions count.* Your participation will help improve the health care offered to DoD Beneficiaries throughout the world.

Please fill this out and mail it in the enclosed postage-paid envelope. Or, you can complete the survey online by visiting www.synovate.net/q4dodsat and using your unique 6-digit password which can be found on the top of this page.

The results of this survey will be posted at <http://www.tricare.osd.mil/survey/hcsurvey/>.

Questions about the survey?

Email: surveydodq4@synovate.net

Toll-free phone (in the US, Puerto Rico and Canada):

1-877-236-2390, available 24 hours a day

Toll-free fax (in the US and Canada): 1-800-409-7681

International Toll-Free numbers:

Germany: 0 800 182 1532

Great Britain: 008 234 7139

Japan: 0053 11 30 814

South Korea: 003 0813 1286

Mexico: 001 877 238 5171

Philippines: 1 800 1116 2366

When calling or writing, please provide your name, address, and the 8-digit number above your address in the envelope.

Questions about your TRICARE coverage?

For additional information on TRICARE, or if you are not sure about your benefits, or if you don't have a primary care manager; contact the TRICARE Service Center in your region:

North: 1-877-874-2273

South: 1-800-444-5445

West: 1-888-874-9378

Outside the US: 1-888-777-8343

The website is:

www.tricare.osd.mil/tricarecenters

Veterans: Contact the US Department of Veterans Affairs at **1-877-222-VETS**; or go to www.va.gov

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 cover 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.

The survey processing center removes all identifying information before sending the results to the Department of Defense. Your information is grouped with others and no individual information is shared. If you want to see the results of past surveys, please log on to www.tricare.osd.mil/survey/hcsurvey/.

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 42**
- 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 whose name appears on the envelope. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to that person.

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
 TRICARE Reserve Select

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
 TRICARE Reserve Select
 Medicare (may include TRICARE for Life)
 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.

PRESCRIPTION MEDICINE

39. 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 59

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.

40. 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 MTF Pharmacy	B TRICARE Mail Order Pharmacy	C Network Civilian	D 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"/>

41. 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 MTF	B TRICARE Mail Order Pharmacy	C Network Civilian	D Non- Network Civilian
Written information only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal information only	<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"/>

42. 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"/>

43. 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"/>

44. 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 TRICARE Mail Order Pharmacy	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"/>

45. 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

46. 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

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

- Yes
- No → Go to Question 49

48. 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

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

- Yes
- No → Go to Question 51

50. 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"/>

51. 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 53

52. 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

53. In the last 12 months, where have you gotten information about the TRICARE mail order pharmacy? MARK ALL THAT APPLY.

- The TRICARE website
- On the internet, but not from the TRICARE website
- Mailings
- An MTF pharmacy
- Military publications or periodicals
- A friend or friends
- Another source
- I have gotten no information about the TRICARE mail order pharmacy in the last 12 months
- I know nothing about the TRICARE mail order pharmacy

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

- Yes → Go to Question 56
- No

55. In the last 90 days, why did you not use the TRICARE mail order pharmacy? MARK ALL THAT APPLY.

- I did not know I could use the mail order pharmacy
- I do not know how to use the mail order pharmacy
- The mail order pharmacy costs too much
- I do not feel comfortable getting drugs through the mail
- The mail order pharmacy does not have the medication I need
- The mail order pharmacy is too difficult to use
- The civilian pharmacy is more convenient
- I trust the civilian pharmacy more than others to fill prescriptions correctly
- I get better instructions and information at the civilian pharmacy than at other pharmacies
- The MTF pharmacy is more convenient
- I trust the MTF pharmacy more than others to fill prescriptions correctly
- I get better instructions and information at the MTF pharmacy than at other pharmacies
- I needed my prescription filled immediately
- Other reasons

→ Go to Question 59

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

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

57. 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 59

58. 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.

59. 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 62
- Don't know → Go to Question 62

60. 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.

61. 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.

62. 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 64

63. 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.

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

- Yes
- No → Go to Question 66

65. 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.

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

- Yes
- No → Go to Question 68

67. 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.

68. 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 blood pressure screening are examples of preventive care.

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

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

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

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

71. 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

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

- Yes
- No → Go to Question 78
- Don't know → Go to Question 78

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

- Every day → Go to Question 75
- Some days → Go to Question 75
- Not at all → Go to Question 74
- Don't know → Go to Question 78

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

- Less than 12 months → Go to Question 75
- 12 months or more → Go to Question 78
- Don't know → Go to Question 78

75. 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.

76. 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

77. 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

78. Are you male or female?

- Male → Go to Question 85
- Female → Go to Question 79

79. 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

80. Are you under age 40?

- Yes → Go to Question 82
- No

81. 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

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

- Yes, I am currently pregnant → Go to Question 83
- No, I am not currently pregnant, but have been pregnant in the past 12 months → Go to Question 84
- No, I am not currently pregnant, and have not been pregnant in the past 12 months → Go to Question 85

83. In what trimester is your pregnancy?

- First trimester (up to 12 weeks after 1st day of last period) → Go to Question 85
- Second trimester (13th through 27th week)
- Third trimester (28th week until delivery)

84. 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

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No

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

Example:

Height	
Feet	Inches
5	6
<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

Height	
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

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

Example:

Weight		
Pounds		
1	6	0
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 0
<input checked="" 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 checked="" 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

Weight		
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

89. 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

90. 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

91. 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)

92. 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 the envelope is missing, please send to:

Synovate
PO Box 5030
Chicago, IL 60680-4138