



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. You have been randomly selected to participate in this important study. ***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/dodq1sat 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/>.

YOUR PRIVACY

Your participation in this survey effort is very important. Your responses are confidential and your participation is voluntary. The number in the upper left hand corner is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

This is your opportunity to tell officials of your opinions and experiences with the current military health care system. It is also an opportunity to provide feedback and identify areas where improvements are needed.

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. Only group statistics will be compiled and reported. No information about you as an individual will be disclosed.

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.

Questions about the survey?

Any questions about the survey, or if you want to remove yourself from the survey mailing list, please contact us:

Email: dod-survey@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, Puerto Rico 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/tricare-servicecenters

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

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 (HA)
TMA/HPAE
c/o Synovate
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?

H07001

- 1 Yes → **Go to Question 2**
- 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.**

H07002A- H07002R

Military Health Plans

- A TRICARE Prime
- C TRICARE Extra or Standard (CHAMPUS)
- N TRICARE Plus
- O TRICARE for Life
- P TRICARE Supplemental Insurance
- Q TRICARE Reserve Select

Other Health Plans

- F Medicare
- G Federal Employees Health Benefit Program (FEHBP)
- H Medicaid
- I A civilian HMO (such as Kaiser)
- J Other civilian health insurance (such as Blue Cross)
- K Uniformed Services Family Health Plan (USFHP)
- M The Veterans Administration (VA)
- R Government health insurance from a country other than the US
- L 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.

H07003

- 1 Yes, I am now covered by Medicare Part A
- 2 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.

H07004

- 1 Yes, I am now covered by Medicare Part B
- 2 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.

H07005

- 1 Yes, I am now covered by Medicare supplemental insurance
- 2 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.**

- 1 TRICARE Prime
- 3 TRICARE Extra or Standard (CHAMPUS)
- 11 TRICARE Plus
- 12 TRICARE Reserve Select
- 4 Medicare (may include TRICARE for Life)
- 5 Federal Employees Health Benefit Program (FEHBP)
- 6 Medicaid
- 7 A civilian HMO (such as Kaiser)
- 8 Other civilian health insurance (such as Blue Cross)
- 9 Uniformed Services Family Health Plan (USFHP)
- 10 The Veterans Administration (VA)
- 13 Government health insurance from a country other than the US
- 5 Not sure
- 6 Did not use any health plan in the last 12 months → **Go to Question 8**

H07006	See Note 1
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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?

- 1 Less than 6 months
- 2 6 up to 12 months
- 3 12 up to 24 months
- 4 2 up to 5 years
- 5 5 up to 10 years
- 6 10 or more years

H07007
See Note 1

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?

H07008
See Note 2

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

H07009
See Note 2

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

- 1 Yes → **Go to Question 12**
- 2 No

H07010
See Note 2

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?

- 1 A big problem
- 2 A small problem
- 3 Not a problem

H07011
See Note 2

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?

- 1 Yes
- 2 No → Go to Question 14

H07012
See Note 3

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

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- 6 I didn't need a specialist in the last 12 months.

H07013
See Note 3

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

- 1 Yes
- 2 No → Go to Question 16

H07014
See Note 4

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

H07015
See Note 4

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?

- 1 Yes
- 2 No → Go to Question 18

H07016
See Note 5

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

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

H07017
See Note 5

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?

- 1 Yes

H07018

See Note 6

- 2 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?

- 1 Never

H07019
See Note 6
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 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?

- 1 Same day

H07020
See Note 6
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4-7 days
- 6 8-14 days
- 7 15 days or longer
- 6 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?

- 1 Yes

H07021

See Note 7

- 2 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?

- 1 Never

H07022
See Note 7
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 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?

- 1 Same day

H07023
See Note 7
- 2 1 day
- 3 2-3 days
- 4 4-7 days
- 5 8-14 days
- 6 15-30 days
- 7 31 days or longer
- 6 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?

- 1 None
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5 to 9
- 7 10 or more

H07024

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?

- 1 None → Go to Question 38
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5 to 9
- 7 10 or more

H07025

See Note 8

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

- 1 Yes
- 2 No → Go to Question 28

H07026

See Notes 8 and 9

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?

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- 6 I had no visits in the last 12 months.

H07027

See Notes 8 and 9

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

- 1 Yes
- 2 No → Go to Question 30

H07028

See Notes 8 and 10

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?

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- 6 I had no visits in the last 12 months.

H07029

See Notes 8 and 10

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months.

H07030

See Note 8

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months.

H07031

See Note 8

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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months.

H07032
See Note 8

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months.

H07033
See Note 8

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months.

H07034
See Note 8

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months.

H07035
See Note 8

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months.

H07036
See Note 8

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

H07037
See Note 8

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

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

H07038

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.

39. 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?

- 1 Yes

H07039
See Note 11
- 2 No → Go to Question 42
- 5 Don't know → Go to Question 42

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

- 1 Never

H07040
See Note 11
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Don't know
- 6 No claims were sent for me in the last 12 months.

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

- 1 Never

H07041
See Note 11
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Don't know
- 6 No claims were sent for me in the last 12 months.

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

- 1 Yes

H07042
See Note 12
- 2 No → Go to Question 44

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

- 1 A big problem

H07043
See Note 12
- 2 A small problem
- 3 Not a problem
- 6 I didn't look for information from my health plan in the last 12 months.

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

- 1 Yes

H07044

See Note 13

- 2 No → Go to Question 46

45. 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?

- 1 A big problem

H07045
See Note 13
- 2 A small problem
- 3 Not a problem
- 6 I didn't call my health plan's customer service in the last 12 months.

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

- 1 Yes

H07046
See Note 14
- 2 No → Go to Question 48

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

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

H07047
See Note 14

48. 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 0 Worst health plan possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best health plan possible

H07048

RESERVISTS

The following questions concern health care coverage provided to reservists (National Guard and Reserves) and members of their immediate families. An immediate family member is a reservist's TRICARE eligible spouse or child.

49. Are you or your spouse or parent a reservist who was on active duty for more than 30 consecutive days in support of contingency operations during the past 12 months (e.g. Operation Iraqi Freedom, Noble Eagle/Enduring Freedom, Kosovo, Bosnia)?

- 1 Yes
- 2 No → Go to Question 71

S07G18

See Note 15A1

50. Are you a reservist activated for contingency operations for more than 30 consecutive days during the past 12 months?

- 1 Yes, I am a reservist who is currently on active duty for a contingency operation → Go to Question 51
- 2 Yes, I am a reservist who has been on active duty for a contingency operation but was deactivated in the past 12 months → Go to Question 51
- 3 No, I am a reservist but I have not been on active duty for a contingency operation in the past 12 months → Go to Question 54
- 4 No, I am not a reservist → Go to Question 54

S07G19

See Notes 15A1 and 15A2

51. For which operation were you most recently activated in support of contingency operations?

- 1 Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom
- 2 Bosnia
- 3 Kosovo
- 4 Another contingency Operation

S07G20

See Notes 15A1 and 15A2

52. When were you activated for this contingency operation?

- 1 Less than 6 months ago
- 2 At least 6 months ago but less than 12 months ago
- 3 Twelve months ago or more

S07G21

See Notes 15A1 and 15A2

53. How long did the initial activation orders state that this activation would last?

- 1 Less than 6 months
- 2 At least 6 months but less than 12 months
- 3 Twelve months or more

S07G22

See Notes 15A1 and 15A2

54. Is your spouse or parent a reservist who was activated for contingency operations for more than 30 consecutive days during the past 12 months?

- 1 Yes, my spouse or parent is a reservist currently on active duty for a contingency operation → **Go to Question 55**
- 2 Yes, my reservist spouse or parent had been on active duty for a contingency operation but was deactivated within the past 12 months → **Go to Question 55**
- 3 No, my spouse or parent is a reservist but has not been on active duty for a contingency operation within the past 12 months → **Go to Question 58**
- 4 No, my spouse or parent is not a reservist → **Go to Question 58**

S07G23

See Notes 15A1 and15A3

55: For which contingency operation was your reservist spouse or parent activated most recently?

- 1 Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom
- 2 Bosnia
- 3 Kosovo
- 4 Another contingency Operation

S07G24

See Notes 15A1 and15A3

56: When was your reservist spouse or parent first activated for this operation?

- 1 Less than 6 months ago
- 2 At least 6 months ago but less than 12 months ago
- 3 Twelve months ago or more
- 5 Don't know

S07G25

See Notes 15A1 and15A3

57: How long did the initial activation orders state that this contingency activation would last?

- 1 Less than 6 months
- 2 At least 6 months but less than 12 months
- 3 Twelve months or more
- 5 Don't know

S07G26

See Notes 15A1 and15A3

58. Before becoming eligible for TRICARE, were you covered by civilian health insurance?

S07G27

See Note 15A1

- 1 Yes, through my own policy
- 2 Yes, through the policy of a reservist spouse or parent
- 3 Yes, through the policy of a non-reservist in my family
- 4 No, I had no civilian coverage

59. Which of the following describes your current health care coverage?

- 1 I use only TRICARE → **Go to Question 62**
- 2 I use both TRICARE and civilian coverage → **Go to Question 61**
- 3 I use only civilian coverage → **Go to Question 60**
- 5 Don't know → **Go to Question 61**

S07G28

See Notes 15A1 and15A4

60. Why don't you use TRICARE? MARK ALL THAT APPLY.

- A I have a greater choice of doctors with my civilian plan
- B I get better customer service with civilian plans
- C My personal doctor is not available to me through TRICARE
- D TRICARE benefits are poor compared to my civilian plan
- E It is easier for me to get care through my civilian plan
- F I pay less for civilian care than I would for TRICARE
- G There are no military facilities near me
- H I prefer civilian doctors
- I I prefer civilian hospitals
- J I am happy with my civilian plan and have no reason to change
- K Another reason

S07G29A-S07G29K

See Notes 15A1 and15A4

61. Do you or the policy-holder now pay all or part of the premium for your civilian health insurance?

- S07G30
- 1 Yes, we pay all See Notes 15A1 and15A4
- 2 Yes, we pay part
- 3 No, we pay nothing
- 5 Don't know

62. When you became eligible for TRICARE, how much of a problem was it to get information about your TRICARE benefits?

- S07G31
- 1 A big problem See Note 15A1
- 2 A small problem
- 3 Not a problem
- 6 I did not try to get information about TRICARE

63. Is the doctor you consider your personal doctor a civilian?

- S07G32
- 1 Yes See Notes 15A1 and15A5
- 2 No → Go to Question 65
- 6 I do not have a personal doctor → Go to Question 66

64. Does your personal doctor accept TRICARE?

- S07G33
- 1 Yes See Notes 15A1 and15A5
- 2 No
- 5 Don't know
- 6 I do not have a personal doctor

65. Since you became eligible for TRICARE, how difficult is it to see the personal doctor you want to see?

- 1 It is now more difficult
- 2 It is now less difficult
- 3 It is about the same
- 6 I do not have a personal doctor
- S07G34 See Notes 15A1 and15A5

66. Since you became eligible for TRICARE, how difficult is it to see the specialists you want to see?

- S07G35
- 1 It is now more difficult See Note 15A1
- 2 It is now less difficult
- 3 It is about the same
- 6 I have not needed to see any specialists

67. Were you or a reservist in your immediate family deactivated after November 6, 2003?

- S07G36
- 1 Yes See Notes 15A1 and15A6
- 2 No → Go to Question 70
- 5 Don't know → Go to Question 70

68. Either as a reservist or a family member of a reservist, were you eligible for TRICARE coverage for any period of time immediately before the reservist reported to active duty?

- S07G37
- 1 Yes See Notes 15A1 and15A6
- 2 No → Go to Question 70
- 3 Don't know → Go to Question 70

69. How long were you eligible for this coverage?

Directions: Write the number of days in the shaded blank boxes. Check the box next to the matching number.

Example:

Eligibility		Eligibility	
Days		Days	
	9	5	
<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 checked="" 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 checked="" type="checkbox"/>	9	<input type="checkbox"/>	9

-5 Don't know

S07G38

See Notes 15A1 and 15A6

70. Were you eligible for TRICARE coverage for any period of time after you or a reservist in your immediate family deactivated?

- 1 Yes
- 2 No
- 3 Don't know

S07G39
See Note 15A1

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.

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

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

H07049

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

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

H07050

73. When did you last have a flu shot?

- 4 Less than 12 months ago
- 3 1-2 years ago
- 2 More than 2 years ago
- 1 Never had a flu shot

H07051

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

- 1 Yes
- 2 No → Go to Question 80
- 5 Don't know → Go to Question 80

H07052
See Note 16

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

H07053

See Note 16

- 4 Every day → Go to Question 77
- 3 Some days → Go to Question 77
- 2 Not at all → Go to Question 76
- 5 Don't know → Go to Question 80

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

H07054

See Note 16

- 3 Less than 12 months → Go to Question 77
- 2 12 months or more → Go to Question 80
- 5 Don't know → Go to Question 80

77. 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?

H07055

See Note 16

- 1 None
- 2 1 visit
- 3 2 to 4 visits
- 4 5 to 9 visits
- 5 10 or more visits
- 6 I had no visits in the last 12 months.

78. 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)?

H07056

See Note 16

- 1 None
- 2 1 visit
- 3 2 to 4 visits
- 4 5 to 9 visits
- 5 10 or more visits
- 6 I had no visits in the last 12 months

79. 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?

H07057

See Note 16

- 1 None
- 2 1 visit
- 3 2 to 4 visits
- 4 5 to 9 visits
- 5 10 or more visits
- 6 I had no visits in the last 12 months

80. Are you male or female?

- 1 Male → Go to Question 87
- 2 Female → Go to Question 81

H07058

See Note 17A

81. When did you last have a Pap smear test?

- 5 Within the last 12 months
- 4 1 to 3 years ago
- 3 More than 3 but less than 5 years ago
- 2 5 or more years ago
- 1 Never had a Pap smear test

H07059

See Notes 17A and 17B

82. Are you under age 40?

- 1 Yes → Go to Question 84
- 2 No

H07060

See Notes 17A, 17B, and 18

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

- 5 Within the last 12 months
- 4 1 to 2 years ago
- 3 More than 2 years ago but less than 5 years ago
- 2 5 or more years ago
- 1 Never had a mammogram

H07061

See Notes 17A, 17B, and 18

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

H07063

See Notes 17A, 17B, and 19

- 1 Yes, I am currently pregnant → **Go to Question 85**
- 2 No, I am not currently pregnant, but have been pregnant in the past 12 months → **Go to Question 86**
- 3 No, I am not currently pregnant, and have not been pregnant in the past 12 months → **Go to Question 87**

85: In what trimester is your pregnancy?

- 1 First trimester (up to 12 weeks after 1st day of last period) → **Go to Question 87**
- 2 Second trimester (13th through 27th week)
- 3 Third trimester (28th week until delivery)

H07064

See Notes 17A, 17B, and 19

86: In which trimester did you first receive prenatal care?

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

H07065

See Notes 17A, 17B, and 19

ABOUT YOU

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

H07066

- 5 Excellent
- 4 Very good
- 3 Good
- 2 Fair
- 1 Poor

88: Are you limited in any way in any activities because of any impairment or health problem?

H07067

- 1 Yes
- 2 No

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

H07068F
H07068I

Example:

Height	
Feet	Inches
<u>5</u>	<u>6</u>
<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
<u> </u>	<u> </u>
<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

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

H07069

Example:

Weight		
Pounds		
<u>1</u>	<u>6</u>	<u>0</u>
<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		
<u> </u>	<u> </u>	<u> </u>
<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

91. What is the highest grade or level of school that you have completed?

SREDA

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

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

- A No, not Spanish, Hispanic, or Latino
- B Yes, Mexican, Mexican American, Chicano
- C Yes, Puerto Rican
- D Yes, Cuban
- E Yes, other Spanish, Hispanic, or Latino

H07070, H07070A- H07070E

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

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

SRACEA-SRACEE

94: What is your age now?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

SRAGE

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:

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TMA/HPAE
c/o Synovate
PO Box 5030
Chicago, IL 60680-4138