

# **Health Care Survey of DoD Beneficiaries**



## 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 of the cover 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.

## 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 (including TRICARE Prime Remote and TRICARE Overseas)  
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

**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?**

H07007

See Note 1

- 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

## TRICARE RESERVE SELECT

8. TRICARE Reserve Select (TRS) is a premium-based TRICARE health plan available for purchase by qualified members of the Selected Reserve. In the past 12 months, have you (or your sponsor) been eligible to purchase coverage under TRICARE Reserve Select?

1 ☐ Yes S07001 See Note 1A1

2 ☐ No → [Go to Question 16](#)

-5 ☐ Don't know

9. In the past 12 months, have you been covered by TRICARE Reserve Select?

1 ☐ Yes S07002 See Notes 1A1 and 1A2

2 ☐ No → [Go to Question 16](#)

10. Reservists who join the Selected Reserve are offered TRICARE Reserve Select in different tiers with different premium costs. In what tier was your most recent coverage?

1 ☐ Tier 1 S07003 See Notes 1A1 and 1A2

2 ☐ Tier 2

3 ☐ Tier 3

-5 ☐ Don't know

11. In the past 12 months, how many months have you been covered by TRICARE Reserve Select?

\_\_\_\_\_ Insert number of months

S07004

See Notes 1A1 and 1A2

12. Was your TRICARE Reserve Select coverage family coverage or member-only?

1 ☐ Family

2 ☐ Member-only

S07005

See Notes 1A1 and 1A2

13. What was the *most* important reason you (or your sponsor) purchased coverage under TRICARE Reserve Select? **MARK ONLY ONE.**

1 ☐ I didn't have other alternatives for health insurance

2 ☐ TRS was more affordable than my alternatives

3 ☐ TRS had more generous benefits than my alternatives

4 ☐ My preferred doctors take TRICARE

5 ☐ TRICARE provides better coverage for my medical needs

6 ☐ I am pleased with the care I have received from TRICARE in the past

7 ☐ None of the above S07006

-5 ☐ Don't know See Notes 1A1 and 1A2

14. In the past 12 months, did you (or your sponsor) elect *not* to purchase TRICARE Reserve Select or drop TRICARE Reserve Select?

1 ☐ Yes S07007 See Notes 1A1, 1A2, and 1A3

2 ☐ No → [Go to Question 16](#)

15. What were the reasons you (or your sponsor) did *not* purchase coverage or *dropped* coverage under TRICARE Reserve Select? **CHECK ALL THAT APPLY.**

A ☐ Civilian health insurance was available that is more affordable than TRS

B ☐ Civilian health insurance was available with more generous benefits than TRS

C ☐ Other TRICARE health insurance was available

D ☐ My period of eligibility ended

E ☐ No other health insurance was available but I could not afford TRS

F ☐ I am not pleased with TRICARE

G ☐ My preferred doctors do not accept TRICARE

H ☐ A change in employment status that affected health insurance availability

I ☐ Don't know

S07008A - S07008I

See Notes 1A1, 1A2, and 1A3

## 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.

16. 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?

1 ☐ Yes

2 ☐ No → [Go to Question 19](#)

H07008

See Note 2

17. 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

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

1 ☐ Yes → [Go to Question 20](#)

2 ☐ No

H07010

See Note 2

19. 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.

20. 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 22](#)

H07012

See Note 3

21. 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

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

1 ☐ Yes

2 ☐ No → [Go to Question 24](#)

H07014

See Note 4

23. 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

24. 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 26](#)

H07016

See Note 5

25. 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

26. 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 29](#)

27. 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

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.

H07019

See Note 6

28. 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

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.

H07020

See Note 6

29. 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 32](#)

30. 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

2 ☐ Sometimes

See Note 7

3 ☐ Usually

4 ☐ Always

-6 ☐ I had no appointments in the last 12 months.

31. 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

2 ☐ 1 day

See Note 7

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.

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

1 ☐ None

H07024

2 ☐ 1

3 ☐ 2

4 ☐ 3

5 ☐ 4

6 ☐ 5 to 9

7 ☐ 10 or more

33. 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 46](#)

2 ☐ 1

H07025

3 ☐ 2

See Note 8

4 ☐ 3

5 ☐ 4

6 ☐ 5 to 9

7 ☐ 10 or more

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

1 ☐ Yes

H07026

See Notes 8 and 9

2 ☐ No → [Go to Question 36](#)

35. 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

H07027

2 ☐ A small problem

See Notes 8 and 9

3 ☐ Not a problem

-6 ☐ I had no visits in the last 12 months.

36. 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 38](#)

H07028

See Notes 8 and 10

37. 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



38. 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

39. 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

40. 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

41. 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

42. 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

43. 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

44. 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



45. 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

46. 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.

47. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims to your health plan?

H07039

See Note 11

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 50](#)
- 5 ☐ Don't know → [Go to Question 50](#)

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

H07040

See Note 11

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ Don't know
- 6 ☐ No claims were sent for me in the last 12 months.

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

H07041

See Note 11

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ Don't know
- 6 ☐ No claims were sent for me in the last 12 months.

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

H07042

See Note 12

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 52](#)

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

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

H07043

See Note 12

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

- 1 ☐ Yes  
 2 ☐ No

H07044

See Note 13

→ [Go to Question 54](#)

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

- 1 ☐ A big problem  
 2 ☐ A small problem  
 3 ☐ Not a problem  
 -6 ☐ I didn't call my health plan's customer service in the last 12 months.

H07045

See Note 13

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

- 1 ☐ Yes  
 2 ☐ No

H07046

See Note 14

→ [Go to Question 56](#)

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

- 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

56. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

H07048

- 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

## 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.

57. 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

S07G18

See Note 15A1

→ [Go to Question 79](#)

58. 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 59](#)
- 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 59](#)
- 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 62](#)
- 4 ☐ No, I am not a reservist  
→ [Go to Question 62](#)

S07G19

See Notes 15A1 and 15A2

59. 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

60. 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

61. 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

62. 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 63](#)
- 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 63](#)
- 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 66](#)
- 4 ☐ No, my spouse or parent is not a reservist  
→ [Go to Question 66](#)

S07G23

See Notes 15A1 and 15A3

63. 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 and 15A3

64. 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 and 15A3

65. 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 and 15A3

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

- 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

S07G27

See Note 15A1

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

- 1 ☐ I use only TRICARE → [Go to Question 70](#)  
2 ☐ I use both TRICARE and civilian coverage → [Go to Question 69](#)  
3 ☐ I use only civilian coverage → [Go to Question 68](#)  
-5 ☐ Don't know → [Go to Question 69](#)

S07G28

See Notes 15A1 and 15A4

68. 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 and 15A4

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

- 1 ☐ Yes, we pay all  
3 ☐ Yes, we pay part  
2 ☐ No, we pay nothing  
-5 ☐ Don't know

S07G30

See Notes 15A1 and 15A4

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

S07G31

See Note 15A1

- 1 ☐ A big problem  
2 ☐ A small problem  
3 ☐ Not a problem  
-6 ☐ I did not try to get information about TRICARE

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

S07G32

See Notes 15A1 and 15A5

- 1 ☐ Yes  
2 ☐ No → [Go to Question 73](#)  
-6 ☐ I do not have a personal doctor → [Go to Question 74](#)

72. Does your personal doctor accept TRICARE?

S07G33

See Notes 15A1 and 15A5

- 1 ☐ Yes  
2 ☐ No  
-5 ☐ Don't know  
-6 ☐ I do not have a personal doctor

73. 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 and 15A5

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

- 1 ☐ It is now more difficult  
 2 ☐ It is now less difficult  
 3 ☐ It is about the same  
 -6 ☐ I have not needed to see any specialists

S07G35

See Note 15A1

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

- 1 ☐ Yes  
 2 ☐ No → [Go to Question 78](#)  
 -5 ☐ Don't know → [Go to Question 78](#)

S07G36

See Notes 15A1 and 15A6

76. 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?

- 1 ☐ Yes  
 2 ☐ No → [Go to Question 78](#)  
 3 ☐ Don't know → [Go to Question 78](#)

S07G37

See Notes 15A1 and 15A6

77. 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		
	<u>9</u>	<u>5</u>			
	<input type="checkbox"/> 0	<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"/> 1
	<input type="checkbox"/> 2	<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"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4		<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 5		<input type="checkbox"/> 5	<input type="checkbox"/> 5
	<input type="checkbox"/> 6	<input type="checkbox"/> 6		<input type="checkbox"/> 6	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 7		<input type="checkbox"/> 7	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8		<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9		<input type="checkbox"/> 9	<input type="checkbox"/> 9

-5 ☐ Don't know

S07G38

See Notes 15A1 and 15A6

78. 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.

79. 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

80. 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

81. 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

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

- 1 ☐ Yes  
2 ☐ No → [Go to Question 88](#)  
-5 ☐ Don't know → [Go to Question 88](#)

H07052

See Note 16

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

- 4 ☐ Every day → [Go to Question 85](#)  
3 ☐ Some days → [Go to Question 85](#)  
2 ☐ Not at all → [Go to Question 84](#)  
-5 ☐ Don't know → [Go to Question 88](#)

H07053

See Note 16

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

- 3 ☐ Less than 12 months → [Go to Question 85](#)  
2 ☐ 12 months or more → [Go to Question 88](#)  
-5 ☐ Don't know → [Go to Question 88](#)

H07054

See Note 16

85. 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?

- 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.

H07055

See Note 16

86. 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)?

- 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

H07056

See Note 16

87. 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?

- 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

H07057

See Note 16

88. Are you male or female?

- 1 ☐ Male → [Go to Question 95](#)  
2 ☐ Female → [Go to Question 89](#)

H07058

See Note 17A

89. 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

90. Are you under age 40?

- 1 ☐ Yes → [Go to Question 92](#)  
 2 ☐ No

H07060

See Notes 17A, 17B, and 18

91. 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

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

- 1 ☐ Yes, I am currently pregnant  
 → [Go to Question 93](#)  
 2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 94](#)  
 3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 95](#)

H07063

See Notes 17A, 17B, and 19

93. In what trimester is your pregnancy?

- 1 ☐ First trimester (up to 12 weeks after 1<sup>st</sup> day of last period) → [Go to Question 95](#)  
 2 ☐ Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)  
 3 ☐ Third trimester (28<sup>th</sup> week until delivery)

H07064

See Notes 17A, 17B, and 19

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

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

H07065

See Notes 17A, 17B, and 19

## ABOUT YOU

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

H07066

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

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

H07067

- 1 ☐ Yes  
 2 ☐ No

97. 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
<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



98. 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

99. 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

100. 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

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

SRRACEA - SRRACEE

- 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)

102. What is your age now?

SRAGE

- 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

**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:

Office of the Assistant Secretary of Defense (HA)  
TMA/HPAE  
c/o Synovate  
PO Box 5030  
Chicago, IL 60680-4138