

Health Care Survey of DoD Beneficiaries



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.

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.

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 the envelope is missing, please send to:

Office of the Assistant Secretary of Defense (Health Affairs)
 TMA/HPAE
 c/o Synovate Survey Processing Center
 PO Box 5030
 Chicago, IL 60680-4138

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

- 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.

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

- Yes, I am now covered by Medicare Part A
- No, I am not covered by Medicare Part A

TRICARE RESERVE SELECT

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?

- 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

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?

S07001

See Note 1A1

- 1 Yes
2 No -> Go to Question 16
-5 Don't know

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

S07002

See Notes 1A1 and 1A2

- 1 Yes
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?

S07003

See Notes 1A1 and 1A2

- 1 Tier 1
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?

S07004

See Notes 1A1 and 1A2

Insert number of months

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

S07005

See Notes 1A1 and 1A2

- 1 Family
2 Member-only

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
- 5 Don't know

S07006
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
- 2 No → [Go to Question 16](#)

S07007	See Notes 1A1, 1A2, and 1A3
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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
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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 your 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 H07014 See Note 4
2 No → [Go to Question 24](#)

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?

- H07015
See Note 4
- 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

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 H07016 See Note 5
2 No → [Go to Question 26](#)

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

- H07017
See Note 5
- 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

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
2 No → [Go to Question 29](#)
- H07018 See Note 6

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?

- H07019
See Note 6
- 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

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?

- H07020
See Note 6
- 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

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
2 No → [Go to Question 32](#)
- H07021
See Note 7

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?

- H07022
See Note 7
- 1 Never
2 Sometimes
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
- 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

H07023
See Note 7

32. 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

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
- 3 2
- 4 3
- 5 4
- 6 5 to 9
- 7 10 or more

H07025
See Note 8

34. 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 36](#)

H07026
See Notes 8 and 9

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

H07027
See Notes 8 and 9

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.**

H07038

- 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

47. In general, how would you rate your overall mental or emotional health now?

S07B01

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

48. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

- 1 Yes
- 2 No → [Go to Question 51](#)

S07B02

See Note 10A1

49. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?

S07B03

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

See Note 10A1

50. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 12 months?

S07B04

See Note 10A1

- 0 Worst treatment or counseling possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best treatment or counseling possible

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.

51. 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

- Yes
- No → [Go to Question 54](#)
- Don't know → [Go to Question 54](#)

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

H07040

See Note 11

- Never
- Sometimes
- Usually
- Always
- Don't know
- No claims were sent for me in the last 12 months

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

H07041

See Note 11

- Never
- Sometimes
- Usually
- Always
- Don't know
- No claims were sent for me in the last 12 months

54. 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

- Yes
- No → [Go to Question 56](#)

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

H07043

See Note 12

- A big problem
- A small problem
- Not a problem
- I didn't look for information from my health plan in the last 12 months

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

H07044

See Note 13

- Yes
- No → [Go to Question 58](#)

57. 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?

H07045

See Note 13

- A big problem
- A small problem
- Not a problem
- I didn't call my health plan's customer service in the last 12 months

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

H07046

See Note 14

- Yes
- No → [Go to Question 60](#)

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

H07047

See Note 14

- 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

60. 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

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.

61. 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

62. 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

63. For a blood stool test, a person uses a home kit and puts some stool on a card. The card is sent to the doctor's office or lab. Have you ever had this test using a home kit?

- 1 Yes
- 2 No → [Go to Question 65](#)
- 5 Don't know → [Go to Question 65](#)

S07Q01

See Note 15B1

64. How long has it been since you had your last blood stool test using a home kit?

- 1 Less than 12 months ago
- 2 At least one year but less than 2 years ago
- 3 At least 2 years but less than 5 years ago
- 4 5 or more years ago
- 6 Never had a blood stool test
- 5 Don't know

S07Q02

See Note 15B1

65. Sigmoidoscopy and colonoscopy are exams in which a lighted tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No → [Go to Question 68](#)
- 5 Don't know → [Go to Question 68](#)

S07Q03

See Note 15B2

66. A sigmoidoscopy is limited to the lower part of the colon and is usually done without anesthesia. How long has it been since you had your last sigmoidoscopy?

- 1 Less than 12 months ago
- 2 At least one year but less than 2 years ago
- 3 At least 2 years but less than 5 years ago
- 4 5 or more years ago
- 6 Never had a sigmoidoscopy
- 5 Don't know

S07Q04

See Note 15B2

67. For a colonoscopy, the entire colon is examined and patients usually receive medication in their veins to relax them and make them feel sleepy. How long has it been since you had your last colonoscopy?

- 1 Less than 12 months ago
- 2 At least one year but less than 2 years ago
- 3 At least 2 years but less than 5 years ago
- 4 At least 5 years but less than 10 years ago
- 5 10 or more years ago
- 6 Never had a colonoscopy
- 5 Don't know

S07Q05

See Note 15B2

68. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

In the last 12 months, did your personal doctor or nurse talk to you about colon cancer, or colon cancer screening tests, which may include blood stool testing, sigmoidoscopy or colonoscopy?

- 1 Yes
- 2 No
- 6 I do not have a personal doctor or nurse

S07Q06

69. 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

70. Have you ever smoked at least 100 cigarettes in your entire life?
- 1 Yes H07052 See Note 16
- 2 No → [Go to Question 76](#)
- 5 Don't know → [Go to Question 76](#)
71. Do you now smoke every day, some days or not at all?
- 4 Every day → [Go to Question 73](#)
- 3 Some days → [Go to Question 73](#)
- 2 Not at all → [Go to Question 72](#)
- 5 Don't know → [Go to Question 76](#)
- H07053 See Note 16
72. How long has it been since you quit smoking cigarettes?
- 3 Less than 12 months → [Go to Question 73](#)
- 2 12 months or more → [Go to Question 76](#)
- 5 Don't know → [Go to Question 76](#)
- H07054 See Note 16
73. 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
- 1 None See Notes 16 and 16A1
- 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
74. 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
- 1 None See Notes 16 and 16A1
- 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
75. 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
- 1 None See Notes 16 and 16A1
- 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

76. Are you male or female?
- 1 Male → [Go to Question 77](#)
- 2 Female → [Go to Question 78](#)
- H07058 See Note 17A
77. When was the last time you had a prostate gland examination or blood test for prostate disease?
- 5 Within the last 12 months
- 4 1 to 2 years ago
- 3 More than 2 but less than 5 years ago
- 2 5 or more years ago
- 1 Never had a prostate gland examination
- [Go to Question 84](#)
- S07Q07 See Note 17A and 17A1
78. 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
79. Are you under age 40?
- 1 Yes → [Go to Question 81](#)
- 2 No
- H07060 See Notes 17A, 17B, and 18
80. 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 but less than 5 years ago
- 2 5 or more years ago
- 1 Never had a mammogram
- H07061 See Notes 17A, 17B, and 18
81. Have you been pregnant in the last 12 months or are you pregnant now?
- 1 Yes, I am currently pregnant → [Go to Question 82](#)
- 2 No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 83](#)
- 3 No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 84](#)
- H07063 See Notes 17A, 17B, and 19
82. In what trimester is your pregnancy?
- 1 First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 84](#)
- 2 Second trimester (13th through 27th week)
- 3 Third trimester (28th week until delivery)
- H07064 See Notes 17A, 17B, and 19

83. 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

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

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

H07066

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

- 1 Yes
- 2 No

H07067

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

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

H07068F, H07068I

87. 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		
<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

88. 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

89. 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

90. 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)

SRRACEA - SRRACEE

91. 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:

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

Questions about the survey?

Email: dod-surveyq3@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/tricare-servicecenters

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