

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 on the back of this survey 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

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 cover letter. 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 cover letter? H08001

- 1 Yes → **Go to Question 2**
2 No → Please give this questionnaire to the person addressed on the cover letter.

2. By which of the following health plans are you currently covered? H08002A-H08002R

MARK ALL THAT APPLY.

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. Which health plan did you use for all or most of your health care in the last 12 months?

H08006

See Note 1

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 5](#)

For the remainder of this questionnaire, the term health plan refers to the plan you indicated in Question 3.

4. How many months or years in a row have you been in this health plan?

H08007

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

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.

5. 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?

H08008

See Note 2

- 1 Yes
- 2 No → [Go to Question 8](#)

6. 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

H08009

2 2

See Note 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

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

H08010

See Note 2

1 Yes → [Go to Question 9](#)

2 No

8. 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?

H08011

See Note 2

1 A big problem

2 A small problem

3 Not a problem

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

9. 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?

H08012

See Note 3

1 Yes

2 No → [Go to Question 11](#)

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

H08013

See Note 3

1 A big problem

2 A small problem

3 Not a problem

-6 I didn't need a specialist in the last 12 months

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

- 1 Yes
2 No → [Go to Question 13](#)

H08014

See Note 4

12. 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

H08015

See Note 4

CALLING DOCTORS' OFFICES

13. 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 15](#)

H08016

See Note 5

14. 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

H08017

See Note 5

YOUR HEALTH CARE IN THE LAST 12 MONTHS

15. In the last 12 months, where did you go most often for your health care?

H08038

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

16. 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 19](#)

H08018

See Note 6

17. 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

H08019

See Note 6

18. 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

H08020

See Note 6

19. 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 22](#)

H08021

See Note 7

20. 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
2 Sometimes
3 Usually
4 Always
-6 I had no appointments in the last 12 months

H08022

See Note 7

21. 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?

H08023

See Note 7

- 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

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

H08024

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

23. 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?

H08025

See Note 8

- 1 None → [Go to Question 36](#)
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5 to 9
- 7 10 or more

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

H08026

See Notes 8 and 9

- 1 Yes
- 2 No → [Go to Question 26](#)

25. 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?

H08027

See Notes 8 and 9

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

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

H08028

See Notes 8 and 10

- 1 Yes
- 2 No → [Go to Question 28](#)

27. 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?

H08029

See Notes 8 and 10

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

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

H08030

See Note 8

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

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

H08031

See Note 8

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

30. 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?

H08032

See Note 8

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

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

H08033

See Note 8

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

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

H08034

See Note 8

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

33. 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

H08035

See Note 8

34. 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

H08036

See Note 8

35. 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

H08037

See Note 8

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

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

S08B01

37. 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 53](#)

S08B02

See Note 10D1

38. 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?

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

S08B03

See Note 10D1

39. 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 your treatment or counseling in the last 12 months?

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

S08B04

See Note 10D1

40. In the last 12 months, did you need treatment or counseling right away for a personal or family problem?

- 1 Yes
- 2 No → [Go to Question 43](#)

S08B05

See Notes 10D1 and 10D2

41. In the last 12 months, when you needed treatment or counseling right away were you offered an appointment within 24 hours?

- 1 Yes → [Go to Question 43](#)
- 2 No

S08B06

See Notes 10D1 and 10D2

42. In the last 12 months, when you needed treatment or counseling right away, if you were not offered an appointment within 24 hours, how soon were you offered an appointment?

- 1 2 days
- 2 3 days
- 3 4-7 days
- 4 8-14 days
- 5 15 days or longer
- 6 I didn't need treatment or counseling right away in the last 12 months

S08B07

See Notes 10D1 and 10D2

43. In the last 12 months, not counting times you needed treatment or counseling right away, did you make any appointments for treatment or counseling?

- 1 Yes
- 2 No → [Go to Question 45](#)

S08B08

See Notes 10D1 and 10D3

44. In the last 12 months, when you made an appointment for treatment or counseling, not counting times you needed treatment or counseling right away, how soon were you offered an appointment? S08B09
- 1 7 days or fewer See Notes 10D1 and 10D3
- 2 8-14 days
- 3 15-21 days
- 4 22-30 days
- 5 31 days or longer
- 6 I didn't need treatment or counseling in the last 12 months
45. If you got treatment or counseling for personal or family problems in the last 12 months, how far did you have to travel to obtain it? S08B10
- 1 1-20 miles See Note 10D1
- 2 21-40 miles
- 3 41-60 miles
- 4 61-100 miles
- 5 More than 100 miles
46. In the last 12 months, did you call your health plan's customer service to get information or help about treatment or counseling? S08B11 See Notes 10D1 and 10D4
- 1 Yes
- 2 No → [Go to Question 48](#)
47. 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? S08B12
- 1 A big problem See Notes 10D1 and 10D4
- 2 A small problem
- 3 Not a problem
48. In the last 12 months, did you get an appointment for treatment or counseling through TRICARE (including Prime, Standard/Extra or TRICARE Reserve Select)? S08B13
- 1 Yes See Notes 10D1 and 10D5
- 2 No → [Go to Question 53](#)
49. Which of the following organizations employed the behavioral health customer service staff that helped you make an appointment for treatment or counseling? If you got help from more than one organization, please choose the one that helped you most. S08B14
- 1 Military Treatment Facility See Notes 10D1 and 10D5
- 2 Humana
- 3 Healthnet
- 4 TRIWest
- 5 Military One Source
- 6 The provider's office staff

50. Please indicate whether you agree with the following statement. The behavioral health customer service staff that helped me get treatment or counseling were helpful and addressed my concerns. S08B15
- 1 Strongly agree See Notes 10D1 and 10D5
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
51. If you had difficulty obtaining an appointment for treatment or counseling, what were the reasons you were given by customer service staff for the problems? S08B16A-S08B16F
- Please indicate all that apply.* See Notes 10D1 and 10D5
- A The provider had no appointments available
- B The available appointments were incompatible with my schedule
- C The distance and travel time to the appointment made it impossible for me to achieve care
- D There were no behavioral health providers in my area
- E The provider was not accepting TRICARE
- F I did not have difficulty obtaining an appointment
52. Which of the following would improve the service provided by behavioral health customer service staff? S08B17A-S08B17D
- Please indicate all that apply.* See Notes 10D1 and 10D5
- A Behavioral health staff should become more knowledgeable about the TRICARE behavioral health benefit
- B Behavioral health staff should become more knowledgeable about how to access TRICARE behavioral health services
- C Behavioral health staff should be more pleasant and customer service friendly
- D Add more behavioral health staff to prevent delay in services
53. In the last 12 months, did you look for any information about treatment or counseling from your health plan in written materials or on the Internet? S08B18
- 1 Yes See Note 10D6
- 2 No → [Go to Question 55](#)
54. In the last 12 months, how much of a problem, if any, was it to find or understand this information? S08B19
- 1 A big problem See Note 10D6
- 2 A small problem
- 3 Not a problem

55. What behavioral health benefits would you like more information about? S08B20A-S08B20E

Please indicate all that apply.

- A Outpatient Services
- B Inpatient Services
- C Partial Hospitalization
- D Residential Treatment Centers
- E Cost and Fees

56. What method of providing information about behavioral health benefits would be most helpful to you? S08B21

- 1 The internet
- 2 Mail
- 3 E-mail

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 3.

57. 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? H08039
See Note 11

- 1 Yes
- 2 No → [Go to Question 60](#)
- 5 Don't know → [Go to Question 60](#)

58. In the last 12 months, how often did your health plan handle your claims in a reasonable time? H08040
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

59. In the last 12 months, how often did your health plan handle your claims correctly? H08041
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

60. In the last 12 months, did you look for any information about how your health plan works in written material or on the Internet? H08042
See Note 12

- 1 Yes
- 2 No → [Go to Question 62](#)

61. In the last 12 months, how much of a problem, if any, was it to find or understand this information? H08043
See Note 12

- 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

62. In the last 12 months, did you call your health plan's customer service to get information or help? H08044
See Note 13

- 1 Yes
- 2 No → [Go to Question 64](#)

63. 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? H08045
See Note 13

- 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

64. In the last 12 months, did you have to fill out any paperwork for your health plan? H08046
See Note 14

- 1 Yes
- 2 No → [Go to Question 66](#)

65. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan? H08047
See Note 14

- 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

66. 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 | <input type="checkbox"/> | 0 | Worst health plan possible | H08048 |
| 1 | <input type="checkbox"/> | 1 | | |
| 2 | <input type="checkbox"/> | 2 | | |
| 3 | <input type="checkbox"/> | 3 | | |
| 4 | <input type="checkbox"/> | 4 | | |
| 5 | <input type="checkbox"/> | 5 | | |
| 6 | <input type="checkbox"/> | 6 | | |
| 7 | <input type="checkbox"/> | 7 | | |
| 8 | <input type="checkbox"/> | 8 | | |
| 9 | <input type="checkbox"/> | 9 | | |
| 10 | <input type="checkbox"/> | 10 | Best health plan possible | |

PREVENTIVE CARE

Preventive care is medical care you receive that is intended to maintain your good health or prevent a future medical problem. A physical or blood pressure screening are examples of preventive care.

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

- | | | | |
|---|--------------------------|-------------------------|--------|
| 3 | <input type="checkbox"/> | Less than 12 months ago | H08049 |
| 2 | <input type="checkbox"/> | 1 to 2 years ago | |
| 1 | <input type="checkbox"/> | More than 2 years ago | |

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

- | | | | |
|---|--------------------------|------------------------|--------|
| 1 | <input type="checkbox"/> | Yes, it is too high | H08050 |
| 2 | <input type="checkbox"/> | No, it is not too high | |
| 3 | <input type="checkbox"/> | Don't know | |

69. When did you last have a flu shot?

- | | | | |
|---|--------------------------|-------------------------|--------|
| 4 | <input type="checkbox"/> | Less than 12 months ago | H08051 |
| 3 | <input type="checkbox"/> | 1-2 years ago | |
| 2 | <input type="checkbox"/> | More than 2 years ago | |
| 1 | <input type="checkbox"/> | Never had a flu shot | |

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

- | | | | |
|----|--------------------------|------------|---------------------|
| 1 | <input type="checkbox"/> | Yes | H08052 |
| 2 | <input type="checkbox"/> | No | See Note 15 |
| -5 | <input type="checkbox"/> | Don't know | → Go to Question 76 |

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

- | | | | |
|----|--------------------------|------------|---------------------|
| 4 | <input type="checkbox"/> | Every day | → Go to Question 73 |
| 3 | <input type="checkbox"/> | Some days | → Go to Question 73 |
| 2 | <input type="checkbox"/> | Not at all | → Go to Question 72 |
| -5 | <input type="checkbox"/> | Don't know | → Go to Question 76 |

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

- | | | | | |
|----|--------------------------|---------------------|---------------------|-------------|
| | | | H08054 | See Note 15 |
| 3 | <input type="checkbox"/> | Less than 12 months | → Go to Question 73 | |
| 2 | <input type="checkbox"/> | 12 months or more | → Go to Question 76 | |
| -5 | <input type="checkbox"/> | Don't know | → Go to Question 76 | |

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?

- | | | | |
|----|--------------------------|---------------------------------------|---------------------|
| | | | H08055 |
| | | | See Notes 15 and 16 |
| 1 | <input type="checkbox"/> | None | |
| 2 | <input type="checkbox"/> | 1 visit | |
| 3 | <input type="checkbox"/> | 2 to 4 visits | |
| 4 | <input type="checkbox"/> | 5 to 9 visits | |
| 5 | <input type="checkbox"/> | 10 or more visits | |
| -6 | <input type="checkbox"/> | 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)?

- | | | | |
|----|--------------------------|---------------------------------------|---------------------|
| | | | H08056 |
| | | | See Notes 15 and 16 |
| 1 | <input type="checkbox"/> | None | |
| 2 | <input type="checkbox"/> | 1 visit | |
| 3 | <input type="checkbox"/> | 2 to 4 visits | |
| 4 | <input type="checkbox"/> | 5 to 9 visits | |
| 5 | <input type="checkbox"/> | 10 or more visits | |
| -6 | <input type="checkbox"/> | 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?

- | | | | |
|----|--------------------------|---------------------------------------|---------------------|
| | | | H08057 |
| | | | See Notes 15 and 16 |
| 1 | <input type="checkbox"/> | None | |
| 2 | <input type="checkbox"/> | 1 visit | |
| 3 | <input type="checkbox"/> | 2 to 4 visits | |
| 4 | <input type="checkbox"/> | 5 to 9 visits | |
| 5 | <input type="checkbox"/> | 10 or more visits | |
| -6 | <input type="checkbox"/> | I had no visits in the last 12 months | |

76. Are you male or female?

- | | | | | |
|---|--------------------------|--------|---------------------|--------------|
| | | | H08058 | See Note 17A |
| 1 | <input type="checkbox"/> | Male | → Go to Question 83 | |
| 2 | <input type="checkbox"/> | Female | | |

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

- | | | | |
|---|--------------------------|---------------------------------------|-----------------------|
| | | | H08059 |
| | | | See Notes 17A and 17B |
| 5 | <input type="checkbox"/> | Within the last 12 months | |
| 4 | <input type="checkbox"/> | 1 to 3 years ago | |
| 3 | <input type="checkbox"/> | More than 3 but less than 5 years ago | |
| 2 | <input type="checkbox"/> | 5 or more years ago | |
| 1 | <input type="checkbox"/> | Never had a Pap smear test | |

78. Are you under age 40?

- | | | | |
|---|--------------------------|-----|-----------------------------|
| 1 | <input type="checkbox"/> | Yes | → Go to Question 80 |
| 2 | <input type="checkbox"/> | No | H08060 |
| | | | See Notes 17A, 17B, and 17C |

79. When was the last time your breasts were checked by mammography? H08061 See Notes 17A, 17B, and 18

- 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

80. Have you been pregnant in the last 12 months or are you pregnant now? H08063 See Notes 17A, 17B, and 19

- 1 Yes, I am currently pregnant → [Go to Question 81](#)
- 2 No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 82](#)
- 3 No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 83](#)

81. In what trimester is your pregnancy? H08064 See Notes 17A, 17B, and 19

- 1 First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 83](#)
- 2 Second trimester (13th through 27th week)
- 3 Third trimester (28th week until delivery)

82. In which trimester did you first receive prenatal care? H08065 See Notes 17A, 17B, and 19

- 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

ABOUT YOU

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

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

H08066

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

- 1 Yes
- 2 No

H08067

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

H08068F, H080681I

Example:

Height	
Feet	Inches
5	6
<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
	<input type="checkbox"/> 10
	<input type="checkbox"/> 11

Height	
Feet	Inches
<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
	<input type="checkbox"/> 10
	<input type="checkbox"/> 11

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

H08069

Example:

Weight		
Pounds		
1	6	0
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 0
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9

Weight		
Pounds		
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9

87. 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

88. Are you of Hispanic or Latino origin or descent?

H08070A-H08070E, H08070

(Mark "NO" if not Spanish/Hispanic/Latino.)

See Note 20

- 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

89. What is your race?

SRRACEA-SRRACEE

(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)

90. 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

91. 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.

H08003

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

92. 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.

H08004

- 1 Yes, I am now covered by Medicare Part B
- 2 No, I am not covered by Medicare Part B

93. 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.

H08005

- 1 Yes, I am now covered by Medicare supplemental insurance
- 2 No, I am not covered by Medicare supplemental insurance

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: survey-dodq2@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 on 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