



October 2008



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?

H09001

- 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?

MARK ALL THAT APPLY.

Military Health Plans

H09002A-H09002R

- 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?

H09003

See Note 1

MARK ONLY ONE ANSWER.

- 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?

H09004

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 HEALTH CARE IN THE LAST 12 MONTHS

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

H09005

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

6. 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?

H09006

See Note 2

1 ☐ Yes

2 ☐ No → [Go to Question 9](#)

7. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?

H09007

See Note 2

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

8. 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?

H09008

See Note 2

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

9. 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 for your health care at a doctor's office or clinic?

1 ☐ Yes

2 ☐ No → [Go to Question 12](#)

H09009

See Note 3

10. In the last 12 months, not counting times you needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought you needed?

H09010

See Note 3

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

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

11. 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

H09011

See Note 3

12. 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

H09012

13. 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 health care for yourself?

- 1 ☐ None → *Go to Question 19*
 2 ☐ 1
 3 ☐ 2
 4 ☐ 3
 5 ☐ 4
 6 ☐ 5 to 9
 7 ☐ 10 or more

H09013

See Note 4

14. In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always

H09014

See Note 4

15. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?

- 1 ☐ Yes
 2 ☐ No → *Go to Question 18*

H09015

See Notes 4 and 5

16. In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

- 1 ☐ Definitely yes
 2 ☐ Somewhat yes
 3 ☐ Somewhat no
 4 ☐ Definitely no

H09016

See Notes 4 and 5

17. In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?

- 1 ☐ Definitely yes
 2 ☐ Somewhat yes
 3 ☐ Somewhat no
 4 ☐ Definitely no

H09017

See Notes 4 and 5

18. 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

H09018

See Note 4

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.

19. A personal doctor is the one you would see if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- 1 ☐ Yes
 2 ☐ No → *Go to Question 28*

H09019

See Note 6

20. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?

- 0 ☐ None → [Go to Question 27](#)
 1 ☐ 1
 2 ☐ 2
 3 ☐ 3
 4 ☐ 4
 5 ☐ 5 to 9
 6 ☐ 10 or more

H09020

See Notes 6 and 7

21. In the last 12 months, how often did your personal doctor listen carefully to you?

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

H09021

See Notes 6 and 7

22. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

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

H09022

See Notes 6 and 7

23. In the last 12 months, how often did your personal doctor 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

H09023

See Notes 6 and 7

24. In the last 12 months, how often did your personal doctor spend enough time with you?

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

H09024

See Notes 6 and 7

25. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1 ☐ Yes
 2 ☐ No → [Go to Question 27](#)

H09025

See Notes 6, 7, and 8

26. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always

H09026

See Notes 6 and 8

27. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

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

H09027

See Note 6

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

28. 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 try to make any appointments to see a specialist?

- 1 ☐ Yes
 2 ☐ No → [Go to Question 32](#)

H09028

See Note 9

29. In the last 12 months, how often was it easy to get appointments with specialists?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -6 ☐ I didn't need a specialist in the last 12 months

H09029

See Note 9

30. How many specialists have you seen in the last 12 months?

- 0 ☐ None → [Go to Question 32](#)
 1 ☐ 1 specialist
 2 ☐ 2
 3 ☐ 3
 4 ☐ 4
 5 ☐ 5 or more specialists

H09030

See Notes 9 and 10

31. 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?

H09031

See Notes 9 and 10

- 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

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

S09B01

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

33. 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 36](#)

S09B02

See Note 10A1

34. 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?

S09B03

See Note 10A1

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

35. 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
 -6 ☐ I had no treatment or counseling in the last 12 months

S09B04

See Note 10A1

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.

36. In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan?

- 1 ☐ Yes
 2 ☐ No → [Go to Question 38](#)

H09032

See Note 11

37. In the last 12 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -6 ☐ I didn't need any care, tests, or treatment through my health plan in the last 12 months

H09033

See Note 11

38. In the last 12 months, how often did the written material or the Internet provide the information you needed about how your plan works?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -6 ☐ I didn't look for information from my health plan in the last 12 months

H09034

39. Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

- 1 ☐ Yes
2 ☐ No

→ [Go to Question 41](#)

H09035

See Note 12

40. In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't need a health care service or equipment from my health plan in the last 12 months

H09036

See Note 12

41. In some health plans, the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines?

- 1 ☐ Yes
2 ☐ No

→ [Go to Question 43](#)

H09037

See Note 13

42. In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medications?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't need a prescription medications from my health plan in the last 12 months

H09038

See Note 13

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

- 1 ☐ Yes
2 ☐ No

→ [Go to Question 46](#)

H09039

See Note 14

44. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't call my health plan's customer service in the last 12 months

H09040

See Note 14

45. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't call my health plan's customer service in the last 12 months

H09041

See Note 14

46. In the last 12 months, did your health plan give you any forms to fill out?

- 1 ☐ Yes
2 ☐ No

→ [Go to Question 48](#)

H09042

See Note 15

47. In the last 12 months, how often were the forms from your health plan easy to fill out?

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months

H09043

See Note 15

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

- 1 ☐ Yes
2 ☐ No
-5 ☐ Don't know

→ [Go to Question 51](#)

→ [Go to Question 51](#)

H09044

See Note 16

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

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

H09045

See Note 16

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

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

H09046

See Note 16

51. 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

H09047

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.

52. 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

H09048

53. 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

H09049

54. When did you last have a flu shot?

H09050

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

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

H09051

See Note 17

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

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

H09052

See Note 17

- 4 ☐ Every day → [Go to Question 57](#)
3 ☐ Some days → [Go to Question 57](#)
2 ☐ Not at all → [Go to Question 60](#)
-5 ☐ Don't know → [Go to Question 60](#)

57. 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?

H09053

See Notes 17 and 18

- 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

58. 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)?

H09054

See Notes 17 and 18

- 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

59. 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?

H09055

See Notes 17 and 18

- 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

60. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 1 ☐ Yes → [Go to Question 61](#)
 2 ☐ No → [Go to Question 62](#)
 -5 ☐ Don't know → [Go to Question 62](#)

S09D01

See Note 18A1

61. Do you currently use chewing tobacco or snuff everyday, some days or not at all?

- 1 ☐ Every day
 2 ☐ Some days
 3 ☐ Not at all
 -5 ☐ Don't know

S09D02

See Note 18A1

62. Do currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product?

Note: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

- 1 ☐ Yes
 2 ☐ No
 -5 ☐ Don't know

S09D03

63. If you use tobacco products other than cigarettes, on how many visits in the last 12 months were you advised to quit 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
 -7 ☐ I do not use other tobacco products

S09D04

64. Are you male or female?

- 1 ☐ Male → [Go to Question 71](#)
 2 ☐ Female

H09056

See Note 19A

65. 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

H09057

See Notes 19A and 19B

66. Are you under age 40?

- 1 ☐ Yes → [Go to Question 68](#)
 2 ☐ No

H09058

See Notes 19A, 19B, and 20

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

H09059

See Notes 19A, 19B, and 20

- 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

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

H09060

See Notes 19A, 19B, and 21

- 1 ☐ Yes, I am currently pregnant → [Go to Question 69](#)
 2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 70](#)
 3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 71](#)

69. In what trimester is your pregnancy?

- 1 ☐ First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 71](#)
 2 ☐ Second trimester (13th through 27th week)
 3 ☐ Third trimester (28th week until delivery)

H09061

See Notes 19A, 19B, and 21

70. 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

H09062

See Notes 19A, 19B, and 21

ABOUT YOU

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

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

H09063

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

- 1 ☐ Yes
 2 ☐ No

H09064

73. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- 1 ☐ Yes
2 ☐ No

→ Go to Question 75

H09065

See Note 22

74. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- 1 ☐ Yes
2 ☐ No

H09066

See Note 22

75. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- 1 ☐ Yes
2 ☐ No

→ Go to Question 77

H09067

See Note 23

76. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- 1 ☐ Yes
2 ☐ No

H09068

See Note 23

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

H09069F, H09069I

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

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

H09070

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

79. 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

80. 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

H09071, H09071A-H09071E

See Note 24

81. 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)

82. 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

83. **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.

H09072

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

84. **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.

H09073

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

85. **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.

H09074

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

86. **If you were free to choose between civilian and military facilities for all of your health care, which would you prefer? Would you say ...**

S09N11

- 1 ☐ All care from military facilities
- 2 ☐ All care from civilian facilities
- 3 ☐ Some care from both military and civilian facilities
- 4 ☐ Or, no preference

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