



January 2010



According to the Privacy Act of 1974 (5 U.S.C. §552a), 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. §1074 (Medical and Dental Care for Members and Certain Former Members, as amended by National Defense Authorization Act of 1993, Public Law 102-484, §706); 10 U.S.C. §1074f (Medical Tracking System for Members Deployed Overseas); 32 C.F.R. §199.17 (TRICARE Program); 45 C.F.R. Part 160 Subparts A and E of Part 164 (Health Insurance Portability and Accountability Act of 1996, Privacy Rule); DoD 6025.18-R (Department of Defense Health Information Privacy Regulation); DoD 6025.13-R (Military Health System Clinical Quality Assurance Program Regulation); 64 FR 22837 (DHA 08 – Health Affairs Survey Data Base, April 28, 1999); and, E.O. 9397 (as amended, November 20, 2008, for SSN collection).

**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:** Participation is 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?

H10001

- 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.**

H10002A-H10002R

#### 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?

H10003

**MARK ONLY ONE ANSWER.**

See Note 1

- 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?

H10004

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?

H10005

**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?

H10006

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?

H10007

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?

H10008

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. 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](#)

H10009

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 your health care at a doctor's office or clinic as soon as you thought you needed?

H10010

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?

H10011

See Note 3

- 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

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

H10012

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

H10013

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

H10014

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](#)

H10015

See Notes 4,5

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

H10016

See Notes 4,5

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

H10017

See Notes 4,5

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

H10018

See Note 4

## YOUR PERSONAL DOCTOR

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 29](#)

H10019

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

H10020

See Notes 6,7

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

H10021

See Notes 6,7

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

H10022

See Notes 6,7

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

H10023

See Notes 6,7

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

H10024

See Notes 6,7

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](#)

H10025

See Notes 6,7 & 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

H10026

See Notes 6,7 & 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

H10027

See Note 6

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

- 1 ☐ Yes → [Go to Question 30](#)  
 2 ☐ No

S10009

See Note 6, 8A1

29. 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

S10010

See Note 8A1

## 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.*

30. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors 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 34](#)

H10028

See Note 9

31. 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

H10029

See Note 9

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

- 0 ☐ None → [Go to Question 34](#)  
 1 ☐ 1 specialist  
 2 ☐ 2  
 3 ☐ 3  
 4 ☐ 4  
 5 ☐ 5 or more specialists

H10030

See Note 9,10

33. 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

H10031

See Note 9,10



# TRICARE CIVILIAN PROVIDERS (OUTSIDE OF MILITARY INSTALLATIONS)

*The following questions ask about your experiences with civilian providers while using TRICARE. TRICARE, including TRICARE Prime and Extra, is the healthcare system of the Department of Defense that provides care for active duty and retired military personnel and their dependents. TRICARE includes the hospitals, clinics, and pharmacies of the three Services, supplemented by offsite civilian providers. Some are members of TRICARE's civilian provider network, which is made up of the doctors, clinics, hospitals, and other health care providers who are part of DoD's preferred provider pool. Others accept payment from TRICARE, but are not network members.*

34. 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.

Is your personal doctor or nurse a civilian?

- 1 ☐ Yes S10V19 See Note 10B1  
 2 ☐ No  
 -6 ☐ I do not have a personal doctor or nurse

35. In the last 12 months, how much of a problem was it to find a personal doctor or nurse who would accept TRICARE?

- 1 ☐ A big problem  
 2 ☐ A small problem  
 3 ☐ Not a problem → [Go to Question 37](#)

S10V20

See Note 10B2

36. What problems did you encounter in finding a personal doctor who would accept TRICARE?

**MARK ALL THAT APPLY.**

- A ☐ Travel distance too long  
 B ☐ Communicating with doctor(s)  
 C ☐ Doctor(s) not taking new patients  
 D ☐ Doctor(s) not taking new TRICARE patients  
 E ☐ Doctor(s) not accepting TRICARE payment  
 F ☐ Could not find the specialty I wanted  
 G ☐ Did not like doctor(s)  
 H ☐ Wait for an appointment was too long  
 I ☐ Could not find information about doctors  
 J ☐ Other \_\_\_\_\_

See Note 10B2

37. The TRICARE Civilian network is made up of the doctors, clinics, hospitals, and other health care providers who are part of DoD's preferred provider pool. Is your personal doctor or nurse part of TRICARE's civilian provider network?

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

S10V22

See Note 10B1

38. In the last 12 months, how much of a problem was it to find a doctor or nurse from the TRICARE civilian provider network?

S10V06

See Note 10B3

- 1 ☐ A big problem  
 2 ☐ A small problem  
 3 ☐ Not a problem → [Go to Question 40](#)  
 -6 ☐ I did not try to find a personal doctor from the civilian network → [Go to Question 40](#)

39. What problems did you encounter in finding a personal doctor from the civilian network?

S10V11A-S10V11I

**MARK ALL THAT APPLY.**

See Note 10B3

- A ☐ Travel distance too long  
 I ☐ Doctor's location inconvenient  
 B ☐ Communicating with doctor(s)  
 C ☐ Doctor(s) not taking new patients  
 D ☐ Could not find the specialty I wanted  
 E ☐ Did not like doctor(s)  
 F ☐ Wait for an appointment was too long  
 G ☐ Could not find information about doctors  
 H ☐ Other \_\_\_\_\_

40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of healthcare.

In the past 12 months, did you see a civilian specialist?

- 1 ☐ Yes S10V23 See Note 10B4  
 2 ☐ No → [Go to Question 42](#)

41. In the past 12 months, was the civilian specialist you saw most the same as your personal doctor?

- 1 ☐ Yes S10V24 See Note 10B4  
 2 ☐ No

42. In the last 12 months, how much of a problem was it to find a specialist who would accept TRICARE?

S10V25

See Note 10B5

- 1 ☐ A big problem  
 2 ☐ A small problem  
 3 ☐ Not a problem → [Go to Question 44](#)  
 -6 ☐ I did not need to see a civilian specialist → [Go to Question 48](#)

43. What problems did you encounter in finding a specialist who would accept TRICARE?

S10V26A-S10V26J

**MARK ALL THAT APPLY.**

See Note 10B5

- A ☐ Travel distance too long  
 B ☐ Communicating with doctor(s)  
 C ☐ Doctor(s) not taking new patients  
 D ☐ Doctor(s) not taking new TRICARE patients  
 E ☐ Doctor(s) not accepting TRICARE payment  
 F ☐ Could not find the specialty I wanted  
 G ☐ Did not like doctor(s)  
 H ☐ Wait for an appointment was too long  
 I ☐ Could not find information about doctors  
 J ☐ Other \_\_\_\_\_

44. In the past 12 months, was the civilian specialist you saw most a member of TRICARE's civilian network?

- 1 ☐ Yes S10V27 See Note 10B5  
 2 ☐ No

45. What was the specialty of the civilian specialist you saw most often?

**MARK ONLY ONE ANSWER.**

- 1 ☐ Surgeon  
 2 ☐ Dermatologist (skin doctor)  
 3 ☐ Psychiatrist, psychologist, or counselor  
 4 ☐ Urologist (specialist of the urinary tract and male reproductive system)  
 5 ☐ Orthopedist (specialist of the bones, muscles, and their connected tissues)  
 6 ☐ Ear, nose, and throat  
 7 ☐ Cardiologist (heart doctor)  
 8 ☐ Rheumatologist (specialist of the joints)  
 9 ☐ Endocrinologist (thyroid, hormone, and diabetes specialist)  
 10 ☐ Oncologist (cancer specialist)  
 11 ☐ Ophthalmologist  
 12 ☐ Allergist  
 13 ☐ Obstetrician/Gynecologist  
 14 ☐ Other \_\_\_\_\_

S10V28

See Note 10B5

46. In the last 12 months, how much of a problem was it to find a specialist from the TRICARE civilian provider network?

- 1 ☐ A big problem S10V07 See Notes 10B5, 10B6  
 2 ☐ A small problem  
 3 ☐ Not a problem → [Go to Question 48](#)  
 -6 ☐ I did not need to find a specialist in the civilian network → [Go to Question 48](#)

47. What problems did you encounter in finding a network specialist?

**MARK ALL THAT APPLY.**

- A ☐ Travel distance too long  
 H ☐ Doctor's location inconvenient  
 B ☐ Communicating with doctor(s)  
 C ☐ Doctor(s) not taking new patients  
 D ☐ Did not like doctor(s)  
 E ☐ Wait for an appointment was too long  
 F ☐ Could not find information about doctors  
 G ☐ Other \_\_\_\_\_

S10V12A-S10V12H

See Notes 10B5, 10B6

48. In the last 12 months, how much of your healthcare did you receive from the TRICARE civilian provider network?

- 1 ☐ All of my healthcare S10V01  
 2 ☐ Most of my healthcare See Note 10B7  
 3 ☐ Some of my healthcare  
 4 ☐ None of my healthcare  
 -6 ☐ I did not need healthcare in the last 12 months → [Go to Question 52](#)

49. In the last 12 months, how much of a problem was it to get the healthcare you wanted from the TRICARE civilian provider network?

- 1 ☐ A big problem S10V02  
 2 ☐ A small problem See Note 10B7  
 3 ☐ Not a problem  
 -6 ☐ I did not try to get healthcare from the civilian network

50. In the last 12 months, did you learn that a doctor whom you wanted to see had left the TRICARE civilian provider network?

- 1 ☐ Yes S10V05  
 2 ☐ No See Note 10B7  
 -6 ☐ I did not want to see any network providers

51. In the last 12 months, have you been told that a doctor you wanted to see was not seeing TRICARE patients or not seeing new TRICARE patients?

- 1 ☐ Yes, not seeing TRICARE patients  
 2 ☐ Yes, not seeing new TRICARE patients  
 3 ☐ No S10V09 See Note 10B7

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

- 1 ☐ Excellent S10B01  
 2 ☐ Very good  
 3 ☐ Good  
 4 ☐ Fair  
 5 ☐ Poor

53. 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 56](#)  
S10B02 See Note 10A1

54. 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 S10B03  
 2 ☐ A small problem See Note 10A1  
 3 ☐ Not a problem

55. 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  | <input type="checkbox"/> | 0 Worst treatment or counseling possible               |
| 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 treatment or counseling possible               |
| -6 | <input type="checkbox"/> | I had no treatment or counseling in the last 12 months |
- S10B04
- 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.*

56. In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan?
- |   |                          |     |                                     |             |
|---|--------------------------|-----|-------------------------------------|-------------|
| 1 | <input type="checkbox"/> | Yes | H10032                              | See Note 11 |
| 2 | <input type="checkbox"/> | No  | → <a href="#">Go to Question 58</a> |             |
57. 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  | <input type="checkbox"/> | Never   | H10033      |
| 2  | <input type="checkbox"/> | Sometimes   | See Note 11 |
| 3  | <input type="checkbox"/> | Usually   |             |
| 4  | <input type="checkbox"/> | Always  |             |
| -6 | <input type="checkbox"/> | I didn't need care, tests or treatment through my health plan in the last 12 months |             |
58. In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?
- |   |                          |     |                                     |              |
|---|--------------------------|-----|-------------------------------------|--------------|
| 1 | <input type="checkbox"/> | Yes | H10034B                             | See Note 11B |
| 2 | <input type="checkbox"/> | No  | → <a href="#">Go to Question 60</a> |              |
59. 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  | <input type="checkbox"/> | Never   | H10034       |
| 2  | <input type="checkbox"/> | Sometimes   | See Note 11B |
| 3  | <input type="checkbox"/> | Usually   |              |
| 4  | <input type="checkbox"/> | Always  |              |
| -6 | <input type="checkbox"/> | I didn't look for information from my health plan in the last 12 months |              |

60. 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 | <input type="checkbox"/> | Yes | H10035                              | See Note 12 |
| 2 | <input type="checkbox"/> | No  | → <a href="#">Go to Question 62</a> |             |
61. 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  | <input type="checkbox"/> | Never  | H10036      |
| 2  | <input type="checkbox"/> | Sometimes  | See Note 12 |
| 3  | <input type="checkbox"/> | Usually  |             |
| 4  | <input type="checkbox"/> | Always   |             |
| -6 | <input type="checkbox"/> | I didn't need a health care service or equipment from my health plan in the last 12 months |             |
62. 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 | <input type="checkbox"/> | Yes | H10037                              | See Note 13 |
| 2 | <input type="checkbox"/> | No  | → <a href="#">Go to Question 64</a> |             |
63. 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  | <input type="checkbox"/> | Never  | H10038      |
| 2  | <input type="checkbox"/> | Sometimes  | See Note 13 |
| 3  | <input type="checkbox"/> | Usually  |             |
| 4  | <input type="checkbox"/> | Always   |             |
| -6 | <input type="checkbox"/> | I didn't need prescription medications from my health plan in the last 12 months |             |
64. In the last 12 months, did you try to get information or help from your health plan's customer service?
- |   |                          |     |                                     |             |
|---|--------------------------|-----|-------------------------------------|-------------|
| 1 | <input type="checkbox"/> | Yes | H10039                              | See Note 14 |
| 2 | <input type="checkbox"/> | No  | → <a href="#">Go to Question 67</a> |             |
65. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?
- |    |                          |   |             |
|----|--------------------------|---|-------------|
| 1  | <input type="checkbox"/> | Never   | H10040      |
| 2  | <input type="checkbox"/> | Sometimes   | See Note 14 |
| 3  | <input type="checkbox"/> | Usually   |             |
| 4  | <input type="checkbox"/> | Always  |             |
| -6 | <input type="checkbox"/> | I didn't call my health plan's customer service in the last 12 months |             |



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

- 1 ☐ Never H10041  
 2 ☐ Sometimes  
 3 ☐ Usually See Note 14  
 4 ☐ Always  
 -6 ☐ I didn't call my health plan's customer service in the last 12 months

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

- 1 ☐ Yes H10042 See Note 15  
 2 ☐ No → Go to Question 69

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

- 1 ☐ Never H10043  
 2 ☐ Sometimes See Note 15  
 3 ☐ Usually  
 4 ☐ Always  
 -6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months

69. 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 → Go to Question 72  
 -5 ☐ Don't know → Go to Question 72  
 H10044 See Note 16

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

- 1 ☐ Never H10045  
 2 ☐ Sometimes See Note 16  
 3 ☐ Usually  
 4 ☐ Always  
 -5 ☐ Don't know  
 -6 ☐ No claims were sent for me in the last 12 months

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

- 1 ☐ Never H10046  
 2 ☐ Sometimes See Note 16  
 3 ☐ Usually  
 4 ☐ Always  
 -5 ☐ Don't know  
 -6 ☐ No claims were sent for me in the last 12 months

72. 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 H10047  
 3 ☐ 3  
 4 ☐ 4  
 5 ☐ 5  
 6 ☐ 6  
 7 ☐ 7  
 8 ☐ 8  
 9 ☐ 9  
 10 ☐ 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.*

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

- 3 ☐ Less than 12 months ago H10048  
 2 ☐ 1 to 2 years ago  
 1 ☐ More than 2 years ago

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

- 1 ☐ Yes, it is too high H10049  
 2 ☐ No, it is not too high  
 3 ☐ Don't know

75. When did you last have a flu shot?

- 4 ☐ Less than 12 months ago H10050  
 3 ☐ 1-2 years ago  
 2 ☐ More than 2 years ago  
 1 ☐ Never had a flu shot

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

- 1 ☐ Yes H10051 See Note 17  
 2 ☐ No → Go to Question 81  
 -5 ☐ Don't know → Go to Question 81

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

- H10052 See Note 17  
 4 ☐ Every day → Go to Question 78  
 3 ☐ Some days → Go to Question 78  
 2 ☐ Not at all → Go to Question 81  
 -5 ☐ Don't know → Go to Question 81

78. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

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

H10053

See Notes 17, 18

79. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

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

H10054

See Notes 17, 18

80. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

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

H10055

See Notes 17, 18

81. Do you currently smoke 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

S10D03

82. Do you currently use smokeless tobacco products such as dip, chewing tobacco, snuff or snus every day, some days, or not at all?

- 1 ☐ Every day  
 2 ☐ Some days  
 3 ☐ Not at all

S10D02

83. Are you male or female?

- 1 ☐ Male  
 2 ☐ Female

H10056

See Note 19A

→ [Go to Question 90](#)

84. 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

H10057

See Notes 19A & 19B

85. Are you under age 40?

- 1 ☐ Yes  
 2 ☐ No

→ [Go to Question 87](#)

H10058

See Notes 19A, 19B & 20

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

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

H10059

See Notes 19A, 19B & 20

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

- 1 ☐ Yes, I am currently pregnant → [Go to Question 88](#)  
 2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 89](#)  
 3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 90](#)

H10060

See Notes 19A, 19B & 21

88. In what trimester is your pregnancy?

- 1 ☐ First trimester (up to 12 weeks after 1<sup>st</sup> day of last period) → [Go to Question 90](#)  
 2 ☐ Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)  
 3 ☐ Third trimester (28<sup>th</sup> week until delivery)

H10061

See Notes 19A, 19B & 21

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

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

H10062

See Notes 19A, 19B & 21

## ABOUT YOU

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

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

H10063

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

- 1 ☐ Yes  
2 ☐ No

H10064

92. 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

H10065

See Note 22

→ Go to Question 94

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

- 1 ☐ Yes  
2 ☐ No

H10066

See Note 22

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

- 1 ☐ Yes  
2 ☐ No

H10067

See Note 23

→ Go to Question 96

95. 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

H10068

See Note 23

96. How tall are you without your shoes on? H10069F, H10069I

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

Your answer:

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

97. How much do you weigh without your shoes on?

Please give your answer in pounds.

H10070

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

Your Answer:

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

98. 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

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

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

See Note 24

- 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

H10071A- H10071E, H10071

100. 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

101. 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

102. 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.*

H10072

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

103. 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.*

H10073

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

104. 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.*

H10074

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

105. Using a scale of 1 to 5, with 1 being "strongly disagree" and 5 being "strongly agree", how much do you agree with the following statement: In general, I am able to see my provider(s) when needed?

S10011

- 1 ☐ 1 Strongly disagree
- 2 ☐ 2 Disagree
- 3 ☐ 3 Neither agree nor disagree
- 4 ☐ 4 Agree
- 5 ☐ 5 Strongly agree

106. Using a scale of 1 to 5, with 1 being "completely dissatisfied" and 5 being "completely satisfied", how satisfied are you, overall, with the health care you received during your last visit?

S10014

- 1 ☐ 1 Completely dissatisfied
- 2 ☐ 2 Somewhat dissatisfied
- 3 ☐ 3 Neither satisfied nor dissatisfied
- 4 ☐ 4 Somewhat satisfied
- 5 ☐ 5 Completely satisfied

**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.

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[www.tricare.osd.mil/tricarecenters](http://www.tricare.osd.mil/tricarecenters)

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