



Health Care Survey of DoD Beneficiaries

October 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 12**
☐ 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?

H11001

- 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.

H11002A-H11002R

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?

H11003

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?

H11004

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

Many beneficiaries who are eligible for TRICARE also have the opportunity to obtain other civilian health insurance through their job or a family member's job, through COBRA, or through retirement coverage from a previous job, or from some other group. COBRA lets beneficiaries pay to keep their coverage temporarily when they leave their job.

5. Do you currently have the opportunity to obtain civilian health insurance for yourself through some civilian group?

S11J01

See Note 1_J1

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 15](#)

6. What options do you have for obtaining civilian coverage?

MARK ALL THAT APPLY.

- A ☐ Through my current employer
- B ☐ Through COBRA from my previous employer
- C ☐ Through retirement coverage from my previous employer
- D ☐ Through a family member's current employer
- E ☐ Through COBRA from a family member's previous employer
- F ☐ Through retirement coverage from a family member's previous employer
- G ☐ Through another organization
- H ☐ Through a government program
- I ☐ Don't know

S11J02A-S11J02I

See Note 1_J1

7. Are you alone or are you and others in your household now covered by a civilian policy?

- 1 ☐ Yes, I alone
- 2 ☐ Yes, I and at least one other person in my household are covered
- 4 ☐ No → [Go to Question 10](#)

S11J03

See Notes 1_J1 and 1_J2

8. For your civilian coverage, do you or your family member pay all or part of the insurance premium?

- 1 ☐ Yes, I or my family members pay all of the premium
- 2 ☐ Yes, I or my family members pay part of the premium
- 3 ☐ No, coverage is available at no cost → [Go to Question 10](#)
- 5 ☐ Don't know

S11J04

See Notes 1_J1, 1_J2, and 1_J3

9. How much per month do you or your family member pay for this coverage?

Please write your response in dollars on the lines provided, then check the matching box below in each column. For example, if you pay \$456 per month, you would put a "4" on the first line, a "5" on the second line and "6" on the third line, and then check the box next to the "4" in the first column, next to the "5" in the second column and next to the "6" in the third column.

For example:

Dollars		
4	5	6
<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 checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

If you do not know the exact amount, please indicate the approximate amount.

Your Answer:

Dollars		
<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"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

1000 ☐ \$1000 or more

-5 ☐ Don't know

S11J05

See Notes 1_J1, 1_J2, and 1_J3

10. Have you used civilian coverage for any of your health care in the past 12 months?

1 ☐ Yes → Go to Question 12

2 ☐ No

S11J06

See Notes 1_J1 and 1_J4

11. Why haven't you used civilian coverage? S11J07A-S11J07N

MARK ALL THAT APPLY.

See Notes 1_J1 and 1_J4

- A ☐ Civilian coverage is not available to me
 B ☐ I have a better choice of doctors with TRICARE
 F ☐ My personal doctor is only available to me through TRICARE
 I ☐ I prefer to use military doctors
 J ☐ I prefer military hospitals
 G ☐ I want to be sure I can always use military health care
 D ☐ I get better customer service with TRICARE
 E ☐ Civilian benefits are poor compared to TRICARE
 C ☐ I do not want to pay the premium for civilian coverage
 M ☐ My employer pays a bonus for not taking employee coverage
 N ☐ My family member's employer pays a bonus for not taking employee coverage
 H ☐ I pay less for TRICARE than I would for civilian care
 K ☐ I have not needed health care
 L ☐ Another reason

12. Have you used TRICARE for any health care (except for prescription drugs) in the past 12 months?

1 ☐ Yes → Go to Question 14

2 ☐ No

S11J08

See Notes 1_J1 and 1_J5

13. Why haven't you used TRICARE?

MARK ALL THAT APPLY.

- A ☐ I have a better choice of doctors with my civilian plan
 D ☐ My personal doctor is not available to me through TRICARE
 I ☐ I prefer civilian doctors
 J ☐ I prefer civilian hospitals
 H ☐ There are no military facilities near me
 C ☐ I get better customer service with civilian plans
 E ☐ TRICARE benefits are poor compared to my civilian plan
 F ☐ It is easier for me to get care through my civilian plan
 B ☐ I do not want to pay the premium for TRICARE
 G ☐ I pay less for civilian care than I would for TRICARE
 K ☐ I have not needed health care
 L ☐ Another reason

S11J09A-S11J09L

See Notes 1_J1 and 1_J5

14. Have you dropped civilian coverage in the past 12 months?

1 ☐ Yes

2 ☐ No

S11J10

See Note 1_J1

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.

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

H11005

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

H11006

See Note 2

➔ [Go to Question 19](#)

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

- 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

H11007

See Note 2

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

H11008

See Note 2

19. 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 22](#)

H11009

See Note 3

20. 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?

H11010

See Note 3

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

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?

H11011

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

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

H11012

- 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 health care for yourself?

- 1 ☐ None ➔ [Go to Question 29](#)

H11013

See Note 4

- 2 ☐ 1
 3 ☐ 2
 4 ☐ 3
 5 ☐ 4
 6 ☐ 5 to 9
 7 ☐ 10 or more

24. 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?

H11014

See Note 4

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

25. 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?

H11015

See Notes 4 and 5

1 ☐ Yes

2 ☐ No → [Go to Question 28](#)

26. 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?

H11016

1 ☐ Definitely yes

2 ☐ Somewhat yes

3 ☐ Somewhat no

4 ☐ Definitely no

See Notes 4 and 5

27. 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?

H11017

1 ☐ Definitely yes

2 ☐ Somewhat yes

3 ☐ Somewhat no

4 ☐ Definitely no

See Notes 4 and 5

28. 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

H11018

See Note 4

YOUR PERSONAL DOCTOR

29. 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 39](#)

H11019

See Note 6

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

0 ☐ None → [Go to Question 37](#)

1 ☐ 1

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 ☐ 5 to 9

6 ☐ 10 or more

H11020

See Notes 6 and 7

31. 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

H11021

See Notes 6 and 7

32. 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

H11022

See Notes 6 and 7

33. 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

H11023

See Notes 6 and 7

34. 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

H11024

See Notes 6 and 7

35. 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 37](#)

H11025

See Notes 6, 7, and 8

36. 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

H11026

See Notes 6, 7, and 8

37. 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?

H11027

See Note 6

- 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

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

- 1 ☐ Yes → [Go to Question 40](#)
2 ☐ No

S11009

See Notes 6 and 8_01

39. 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

S11010

See Note 8_01

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.

40. 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 44](#)

H11028

See Note 9

41. 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

H11029

See Note 9

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

- 0 ☐ None → [Go to Question 44](#)
1 ☐ 1 specialist
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5 or more specialists

H11030

See Notes 9 and 10

43. 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

H11031

See Notes 9 and 10

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

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

S11B01

45. 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 48](#)

S11B02

See Note 10_B1

46. 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

S11B03

See Note 10_B1

47. 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 |
- S11B04
- See Note 10_B1

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.

48. 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 | H11032 | See Note 11 |
| 2 | <input type="checkbox"/> | No | ➔ Go to Question 50 | |
49. 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 | H11033 | |
| 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 | | |
50. 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 | H11034 | See Note 12 |
| 2 | <input type="checkbox"/> | No | ➔ Go to Question 52 | |
51. 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 | H11035 | |
| 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 look for information from my health plan in the last 12 months | | |

52. 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 | | |
| 2 | <input type="checkbox"/> | No | ➔ Go to Question 54 | |
- H11036

See Note 13
53. 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 | H11037 | |
| 2 | <input type="checkbox"/> | Sometimes | | |
| 3 | <input type="checkbox"/> | Usually | See Note 13 | |
| 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 | | |
54. 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 | | |
| 2 | <input type="checkbox"/> | No | ➔ Go to Question 56 | |
- H11038

See Note 14
55. 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 | H11039 | |
| 2 | <input type="checkbox"/> | Sometimes | | |
| 3 | <input type="checkbox"/> | Usually | See Note 14 | |
| 4 | <input type="checkbox"/> | Always | | |
| -6 | <input type="checkbox"/> | I didn't need prescription medications from my health plan in the last 12 months | | |
56. 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 | H11040 | See Note 15 |
| 2 | <input type="checkbox"/> | No | ➔ Go to Question 59 | |
57. 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 | H11041 | |
| 2 | <input type="checkbox"/> | Sometimes | See Note 15 | |
| 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 | | |

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

- 1 ☐ Never H11042
 2 ☐ Sometimes
 3 ☐ Usually See Note 15
 4 ☐ Always
 -6 ☐ I didn't call my health plan's customer service in the last 12 months

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

- 1 ☐ Yes H11043 See Note 16
 2 ☐ No → [Go to Question 61](#)

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

- 1 ☐ Never H11044
 2 ☐ Sometimes See Note 16
 3 ☐ Usually
 4 ☐ Always
 -6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months

61. 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 64](#)
 -5 ☐ Don't know → [Go to Question 64](#)
H11045 See Note 17

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

- 1 ☐ Never H11046
 2 ☐ Sometimes See Note 17
 3 ☐ Usually
 4 ☐ Always
 -5 ☐ Don't know
 -6 ☐ No claims were sent for me in the last 12 months

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

- 1 ☐ Never H11047
 2 ☐ Sometimes See Note 17
 3 ☐ Usually
 4 ☐ Always
 -5 ☐ Don't know
 -6 ☐ No claims were sent for me in the last 12 months

64. 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 H11048
 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.

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

- 3 ☐ Less than 12 months ago H11049
 2 ☐ 1 to 2 years ago
 1 ☐ More than 2 years ago

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

- 1 ☐ Yes, it is too high H11050
 2 ☐ No, it is not too high
 3 ☐ Don't know

67. When did you last have a flu shot?

- 4 ☐ Less than 12 months ago H11051
 3 ☐ 1-2 years ago
 2 ☐ More than 2 years ago
 1 ☐ Never had a flu shot

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

- 1 ☐ Yes H11052
 2 ☐ No
 -5 ☐ Don't know

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

- 4 ☐ Every day → [Go to Question 70](#)
 3 ☐ Some days → [Go to Question 70](#)
 2 ☐ Not at all → [Go to Question 74](#)
 -5 ☐ Don't know → [Go to Question 74](#)
H11053 See Note 18

70. In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

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

H11054

See Note 18

71. In the last 12 months, how often was medication recommended or discussed by a doctor or other health provider to assist you with quitting smoking or using tobacco? *Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.*

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

H11055

See Note 18

72. In the last 12 months, how often did your doctor or other health provider discuss or provide methods or strategies other than medication to assist you with quitting smoking or using tobacco? *Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.*

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

H11056

See Note 18

73. On the days you smoke or use tobacco products, what type of product do you smoke or use?

MARK ALL THAT APPLY.

- A ☐ Cigarettes
B ☐ Dip, chewing tobacco, snuff or snus
C ☐ Cigars
D ☐ Pipes, bidis, or kreteks (*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.*)

H11057A-H11057D

See Note 18

74. Are you male or female?

- 1 ☐ Male → [Go to Question 81](#)
2 ☐ Female

H11058

See Note 19A

75. 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

H11059

See Notes 19A and 19B

76. Are you under age 40?

- 1 ☐ Yes → [Go to Question 78](#)
2 ☐ No

H11060

See Notes 19A, 19B, and 20

77. 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

H11061

See Notes 19A, 19B, and 20

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

- 1 ☐ Yes, I am currently pregnant → [Go to Question 79](#)
2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 80](#)
3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 81](#)

H11062

See Notes 19A, 19B, and 21

79. In what trimester is your pregnancy?

- 1 ☐ First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 81](#)
2 ☐ Second trimester (13th through 27th week)
3 ☐ Third trimester (28th week until delivery)

H11063

See Notes 19A, 19B, and 21

80. 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

H11064

See Notes 19A, 19B, and 21

ABOUT YOU

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

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

H11065

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

- 1 ☐ Yes
2 ☐ No

H11066

83. 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 85](#)

H11067

See Note 22

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

- 1 ☐ Yes
2 ☐ No

H11068

See Note 22

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

- 1 ☐ Yes
2 ☐ No

H11069

See Note 23

→ Go to Question 87

86. 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

H11070

See Note 23

87. How tall are you without your shoes on?

Please give your answer in feet and inches.

Example:

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

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

H11071F, H11071I

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

Please give your answer in pounds.

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

H11072

89. 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

90. 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

H11073A-H11073E

See Note 24

91. 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

92. What is your age now?

SRAGE

- 1 ☐ 18 to 24
2 ☐ 25 to 34
3 ☐ 35 to 44
4 ☐ 45 to 54
5 ☐ 55 to 64
6 ☐ 65 to 74
7 ☐ 75 or older

93. Are you currently covered by Medicare?

- 1 ☐ Yes
2 ☐ No → Go to Question 99
-5 ☐ Don't know → Go to Question 99

H11074

See Note 25

94. 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.*

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

H11075

See Note 25

95. 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.*

H11076

See Notes 25 and 26

- 1 ☐ Yes, I am now covered by Medicare Part B
2 ☐ No, I am not covered by Medicare Part B → **Go to Question 97**

96. Medicare Advantage is the new name for Medicare Plus Choice plans. Are you enrolled in a Medicare Advantage plan? This plan is also sometimes known as Medicare Part C.

- 1 ☐ Yes
2 ☐ No
-5 ☐ Don't know

H11077

See Notes 25 and 26

97. 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.*

H11078

See Note 25

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

98. Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

- 1 ☐ Yes
2 ☐ No
-5 ☐ Don't know

H11079

See Note 25

99. 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?

S11011

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

100. 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?

S11014

- 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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PO Box 5030
Chicago, IL 60680-4138

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