



# Health Care Survey of DoD Beneficiaries

**A world-wide survey of beneficiaries eligible for health care coverage through the military health system**

**October 2011**

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?

H12001

- 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?

H12002A-H12002U

**MARK ALL THAT APPLY.**

**Military Health Plans**

- A  TRICARE Prime *(including TRICARE Prime Remote and TRICARE Overseas)*
- C  TRICARE Extra or Standard (CHAMPUS)
- N  TRICARE Plus
- O  TRICARE for Life
- P  TRICARE Supplemental Insurance
- Q  TRICARE Reserve Select
- S  TRICARE Retired Reserve
- T  TRICARE Young Adult
- U  Continued Health Care Benefit Program (CHCBP) *(a COBRA-like premium-based health care program)*

**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?

H12003

**MARK ONLY ONE ANSWER.**

See Note 1

- 1  TRICARE Prime
- 3  TRICARE Extra or Standard (CHAMPUS)
- 11  TRICARE Plus
- 12  TRICARE Reserve Select
- 14  TRICARE Retired Reserve
- 15  TRICARE Young Adult
- 16  Continued Health Care Benefit Program (CHCBP) *(a COBRA-like premium-based health care program)*
- 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?

H12004

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?

- 1  Yes
- 2  No → **Go to Question 17**

S12J01

See Note 1\_J1

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

S12J02A-S12J02I

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**

S12J03

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

S12J04

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

<sup>1000</sup>  \$1000 or more

S12J05

<sup>-5</sup>  Don't know

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

S12J06

See Notes 1\_J1 and 1\_J4

11. Why haven't you used civilian coverage? S12J07A-S12J07O

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
- O  I have access to better quality care through TRICARE
- 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

S12J08

See Notes 1\_J1 and 1\_J5

13. Why haven't you used TRICARE?

MARK ALL THAT APPLY.

- A  I have a greater 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

S12J09A-S12J09L

See Notes 1\_J1 and 1\_J5

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

- 1  Yes
- 2  No → Go to Question 17

S12J10

See Notes 1\_J1 and 1\_J6

15. Which of the following are reasons you dropped civilian coverage in the past 12 months?

S12J13A-S12J13N

MARK ALL THAT APPLY.

See Notes 1\_J1 and 1\_J6

- A  You lost job
- B  Your husband/wife/parent lost job
- C  You changed jobs
- D  Your husband/wife/parent changed jobs
- E  You retired from a job
- F  Your husband/wife/parent retired from a job
- G  Moved to new location
- H  You/your husband/wife/parent are/is Select Reserves and became active
- I  You/your husband/wife/parent are/is a Reservist and returned to Select Reserve
- J  Employer changed plans
- K  Found a less expensive health plan
- L  Married, divorced, or widowed
- M  Went on Medicare
- N  Problems with health plans

16. Can you explain the MAIN reason you dropped civilian coverage in the past 12 months?

S12J14

MARK ONLY ONE ANSWER.

See Notes 1\_J1 and 1\_J6

- 1  You lost job
- 2  Your husband/wife/parent lost job
- 3  You changed jobs
- 4  Your husband/wife/parent changed jobs
- 5  You retired from a job
- 6  Your husband/wife/parent retired from a job
- 7  Moved to new location
- 8  You/your husband/wife/parent are/is Select Reserves and became active
- 9  You/your husband/wife/parent are/is a Reservist and returned to Select Reserve
- 10  Employer changed plans
- 11  Found a less expensive health plan
- 12  Married, divorced, or widowed
- 13  Went on Medicare
- 14  Problems with health plans

**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.*

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

H12005

**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

18. 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

H12006

See Note 2

→ [Go to Question 21](#)

19. 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

H12007

See Note 2

20. 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

H12008

See Note 2

21. 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 24](#)

H12009

See Note 3

22. 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?

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

H12010

See Note 3

23. 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

H12011

See Note 3

24. 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

H12012

25. 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
- 2  1
- 3  2
- 4  3
- 5  4
- 6  5 to 9
- 7  10 or more

→ [Go to Question 31](#)

H12013

See Note 4

26. 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

H12014

See Note 4

27. 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 30](#)

H12015	See Notes 4 and 5
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28. 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

H12016
See Notes 4 and 5

29. 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

H12017
See Notes 4 and 5

30. 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

H12018
See Note 4

**YOUR PERSONAL DOCTOR**

31. 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 41](#)

H12019	See Note 6
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32. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?

- 0  None → [Go to Question 39](#)
- 1  1
- 2  2
- 3  3
- 4  4
- 5  5 to 9
- 6  10 or more

H12020
See Notes 6 and 7

33. 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

H12021
See Notes 6 and 7

34. 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

H12022
See Notes 6 and 7

35. 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

H12023
See Notes 6 and 7

36. 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

H12024
See Notes 6 and 7

37. 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 39](#)

H12025
See Notes 6, 7, and 8

38. 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

H12026
See Notes 6, 7, and 8

39. 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

H12027	See Note 6
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40. Did you have the same personal doctor or nurse before you joined this health plan?

- 1  Yes → [Go to Question 42](#)
- 2  No

S12009	See Notes 6 and 8_01
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41. 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

S12010
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.*

42. 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 46](#)

H12028	See Note 9
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43. 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

H12029
See Note 9

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

- 0  None → [Go to Question 46](#)
- 1  1 specialist
- 2  2
- 3  3
- 4  4
- 5  5 or more specialists

H12030
See Notes 9 and 10

45. 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

H12031
See Notes 9 and 10

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

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

S12B01
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47. 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 50](#)

S12B02	See Note 10_B1
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48. 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

S12B03

See Note 10\_B1

49. 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

S12B04

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.*

50. 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 52](#)

H12032

See Note 11

51. 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 care, tests, or treatment through my health plan in the last 12 months

H12033

See Note 11

52. 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  Yes

2  No → [Go to Question 54](#)

H12034

See Note 12

53. 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

H12035

See Note 12

54. 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 56](#)

H12036

See Note 13

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 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

H12037

See Note 13

56. 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 58](#)

H12038

See Note 14

57. 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 prescription medications from my health plan in the last 12 months

H12039

See Note 14



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

- 1  Yes
- 2  No

H12040

See Note 15

→ [Go to Question 61](#)

59. 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

H12041

See Note 15

60. 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

H12042

See Note 15

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

- 1  Yes
- 2  No

H12043

See Note 16

→ [Go to Question 63](#)

62. 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

H12044

See Note 16

63. 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 66](#)

→ [Go to Question 66](#)

H12045

See Note 17

64. 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

H12046

See Note 17

65. 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

H12047

See Note 17

66. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- 0  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

H12048

## PREVENTIVE CARE

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

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

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

H12049

68. 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

H12050

69. When did you last have a flu shot? H12051

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

70. Have you ever smoked at least 100 cigarettes in your entire life? H12052

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

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

- 4  Every day → [Go to Question 72](#)
- 3  Some days → [Go to Question 72](#)
- 2  Not at all → [Go to Question 76](#)
- 5  Don't know → [Go to Question 76](#)

H12053

See Note 18

72. 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? H12054

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

See Note 18

73. 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

H12055

See Note 18

74. 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

H12056

See Note 18

75. On the days you smoke or use tobacco products, what type of product do you smoke or use? H12057A-H12057D

**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.*)
- See Note 18

76. Are you male or female? H12058 See Note 19A

- 1  Male → [Go to Question 83](#)
- 2  Female

77. When did you last have a Pap smear test? H12059B

- 6  Within the last 12 months
- 5  1 to 2 years ago
- 4  More than 2 but less than 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

See Notes 19A and 19B

78. Are you under age 40?

- 1  Yes → [Go to Question 80](#)
- 2  No

H12060

See Notes 19A, 19B, and 20

79. When was the last time your breasts were checked by mammography? H12061

- 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

See Notes 19A, 19B, and 20

80. Have you been pregnant in the last 12 months or are you pregnant now? H12062 See Notes 19A, 19B, and 21

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

81. In what trimester is your pregnancy?

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

H12063

See Notes 19A, 19B, and 21

82. 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

H12064

See Notes 19A, 19B, and 21

**ABOUT YOU**

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

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

H12065

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

- 1  Yes
- 2  No

H12066

85. 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

H12067

See Note 22

→ Go to Question 87

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

- 1  Yes
- 2  No

H12068

See Note 22

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

- 1  Yes
- 2  No

H12069

See Note 23

→ Go to Question 89

88. 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

H12070

See Note 23

89. Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month...

MARK "YES" OR "NO" FOR EACH.

S12B23-S12B26

	YES	NO
You had nightmares about it or thought about it when you did not want to?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
You tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
You have been constantly on guard, watchful, or easily startled?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
You felt numb or detached from others, activities, or your surroundings?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

90. How tall are you without your shoes on?

H12071F, H12071I

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
_____	_____
<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

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

H12072

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		
_____	_____	_____
<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

92. 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

93. 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

H12073A-H12073E

See Note 24

94. 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

95. 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

96. Are you currently covered by Medicare?

- 1  Yes
- 2  No → Go to Question 102
- 5  Don't know → Go to Question 102

H12074

See Note 25

97. 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

H12075

See Note 25

98. 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.*

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

H12076

See Note 25

99. 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

H12077

See Note 25

100. 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.*

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

H12078

See Note 25

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

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

H12079

See Note 25

102. 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?

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

S12011

103. 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?

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

S12014

**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:

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TMA/HPAE  
c/o Synovate Survey Processing Center  
PO Box 5030  
Chicago, IL 60680-4138