



Health Care Survey of DoD Beneficiaries

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

July 2012

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 marking an "X" in 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/DHCAPE
 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

Percent of Responses*
 99.7% 1 Yes → **Go to Question 2**
 0.3% 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**
- 49.9% A TRICARE Prime *(including TRICARE Prime Remote and TRICARE Overseas)*
 - 12.5% C TRICARE Extra or Standard (CHAMPUS)
 - 1.4% N TRICARE Plus
 - 27.3% O TRICARE for Life
 - 0.9% P TRICARE Supplemental Insurance
 - 2.4% Q TRICARE Reserve Select
 - 1.7% S TRICARE Retired Reserve
 - 0.5% T TRICARE Young Adult
 - 0.1% U Continued Health Care Benefit Program (CHCBP) *(a COBRA-like premium-based health care program)*

- Other Health Plans**
- 28.3% F Medicare
 - 2.3% G Federal Employees Health Benefit Program (FEHBP)
 - 1.2% H Medicaid
 - 1.7% I A civilian HMO *(such as Kaiser)*
 - 9.8% J Other civilian health insurance *(such as Blue Cross)*
 - 1.1% K Uniformed Services Family Health Plan (USFHP)
 - 6.8% M The Veterans Administration (VA)
 - 0.3% R Government health insurance from a country other than the US
 - 4.4% L Not sure

3. Which health plan did you use for all or most of your health care in the last 12 months? H12003 See Note 1

Percent of Responses* **MARK ONLY ONE ANSWER.**

- 47.1% 1 TRICARE Prime *(including TRICARE Prime Remote and TRICARE Overseas)*
- 9.0% 3 TRICARE Extra or Standard (CHAMPUS)
- 0.9% 11 TRICARE Plus
- 2.1% 12 TRICARE Reserve Select
- 1.1% 14 TRICARE Retired Reserve
- 0.4% 15 TRICARE Young Adult
- 0.0% 16 Continued Health Care Benefit Program (CHCBP) *(a COBRA-like premium-based health care program)*
- 22.5% 4 Medicare *(may include TRICARE for Life)*
- 1.7% 5 Federal Employees Health Benefit Program (FEHBP)
- 0.4% 6 Medicaid
- 1.4% 7 A civilian HMO *(such as Kaiser)*
- 6.7% 8 Other civilian health insurance *(such as Blue Cross)*
- 0.8% 9 Uniformed Services Family Health Plan (USFHP)
- 3.2% 10 The Veterans Administration (VA)
- 0.2% 13 Government health insurance from a country other than the US
- 2.6% -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

Percent of Responses* See Note 1

- 1.8% 1 Less than 6 months
- 7.1% 2 6 up to 12 months
- 9.6% 3 12 up to 24 months
- 18.9% 4 2 up to 5 years
- 19.9% 5 5 up to 10 years
- 42.7% 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? H12005

Percent of Responses* **MARK ONLY ONE ANSWER.**

- 33.9% 1 A military facility – This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
- 57.0% 2 A civilian facility – This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor
- 0.8% 3 Uniformed Services Family Health Plan facility (USFHP)
- 4.6% 4 Veterans Affairs (VA) clinic or hospital
- 3.7% 5 I went to none of the listed types of facilities in the last 12 months

*Percent of responses exclude values coded as missing or skipped, therefore denominators vary depending on number of eligible respondents per question.

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?

Percent of Responses*

43.7% 1 Yes H12006

56.3% 2 No → *Go to Question 9* See Note 2

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?

3.0% 1 Never H12007

12.5% 2 Sometimes See Note 2

22.9% 3 Usually

61.6% 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?

63.6% 1 Same day H12008

13.1% 2 1 day See Note 2

6.9% 3 2 days

3.9% 4 3 days

7.0% 5 4-7 days

2.8% 6 8-14 days

2.8% 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?

86.1% 1 Yes H12009

13.9% 2 No → *Go to Question 12* 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?

3.1% 1 Never H12010

15.6% 2 Sometimes See Note 3

30.5% 3 Usually

50.8% 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?

Percent of Responses*

11.3% 1 Same day H12011

11.1% 2 1 day

23.6% 3 2-3 days See Note 3

23.5% 4 4-7 days

16.5% 5 8-14 days

10.2% 6 15-30 days

3.7% 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?

73.2% 1 None H12012

16.6% 2 1

5.9% 3 2

2.5% 4 3

0.9% 5 4

0.9% 6 5 to 9

0.0% 7 10 or more

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?

12.2% 1 None → *Go to Question 19*

10.0% 2 1 H12013

17.7% 3 2 See Note 4

15.1% 4 3

14.8% 5 4

20.5% 6 5 to 9

9.7% 7 10 or more

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?

12.5% 1 Never H12014

29.5% 2 Sometimes See Note 4

28.9% 3 Usually

29.1% 4 Always

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?

59.4% 1 Yes H12015 See Notes 4 and 5

40.6% 2 No → *Go to Question 18*

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?

66.0% 1 Definitely yes H12016

30.4% 2 Somewhat yes

2.7% 3 Somewhat no See Notes 4 and 5

0.9% 4 Definitely no

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?

Percent of Responses*

56.4%	<input type="checkbox"/>	1	Definitely yes	H12017
32.4%	<input type="checkbox"/>	2	Somewhat yes	
6.8%	<input type="checkbox"/>	3	Somewhat no	See Notes 4 and 5
4.4%	<input type="checkbox"/>	4	Definitely no	

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?

0.6%	<input type="checkbox"/>	0	Worst health care possible	H12018
0.4%	<input type="checkbox"/>	1		
0.8%	<input type="checkbox"/>	2		
1.3%	<input type="checkbox"/>	3		
2.2%	<input type="checkbox"/>	4		
5.2%	<input type="checkbox"/>	5		
5.2%	<input type="checkbox"/>	6		
13.3%	<input type="checkbox"/>	7		
21.0%	<input type="checkbox"/>	8		
19.1%	<input type="checkbox"/>	9		
30.8%	<input type="checkbox"/>	10	Best health care possible	
	<input type="checkbox"/>	-6	I had no visits in the last 12 months	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?

Percent of Responses*

78.4%	<input type="checkbox"/>	1	Yes	H12019	See Note 6
21.6%	<input type="checkbox"/>	2	No	→ Go to Question 29	

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

8.2%	<input type="checkbox"/>	0	None	→ Go to Question 27	
16.5%	<input type="checkbox"/>	1		H12020	
24.0%	<input type="checkbox"/>	2			
16.4%	<input type="checkbox"/>	3		See Notes 6 and 7	
15.9%	<input type="checkbox"/>	4			
15.2%	<input type="checkbox"/>	5	5 to 9		
4.0%	<input type="checkbox"/>	6	10 or more		

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

1.0%	<input type="checkbox"/>	1	Never	H12021
5.7%	<input type="checkbox"/>	2	Sometimes	
18.9%	<input type="checkbox"/>	3	Usually	See Notes 6 and 7
74.3%	<input type="checkbox"/>	4	Always	
	<input type="checkbox"/>	-6	I had no visits in the last 12 months	

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

Percent of Responses*

0.8%	<input type="checkbox"/>	1	Never	H12022
4.1%	<input type="checkbox"/>	2	Sometimes	
19.0%	<input type="checkbox"/>	3	Usually	See Notes 6 and 7
76.1%	<input type="checkbox"/>	4	Always	
	<input type="checkbox"/>	-6	I had no visits in the last 12 months	

23. In the last 12 months, how often did your personal doctor show respect for what you had to say?

1.1%	<input type="checkbox"/>	1	Never	H12023
4.3%	<input type="checkbox"/>	2	Sometimes	
15.5%	<input type="checkbox"/>	3	Usually	See Notes 6 and 7
79.2%	<input type="checkbox"/>	4	Always	
	<input type="checkbox"/>	-6	I had no visits in the last 12 months	

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

1.8%	<input type="checkbox"/>	1	Never	H12024
7.2%	<input type="checkbox"/>	2	Sometimes	
26.3%	<input type="checkbox"/>	3	Usually	See Notes 6 and 7
64.7%	<input type="checkbox"/>	4	Always	
	<input type="checkbox"/>	-6	I had no visits in the last 12 months	

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

74.5%	<input type="checkbox"/>	1	Yes	H12025	See Notes 6, 7, and 8
25.5%	<input type="checkbox"/>	2	No	→ Go to Question 27	

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?

7.4%	<input type="checkbox"/>	1	Never	H12026
15.9%	<input type="checkbox"/>	2	Sometimes	
32.2%	<input type="checkbox"/>	3	Usually	See Notes 6, 7, and 8
44.6%	<input type="checkbox"/>	4	Always	

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?

0.5%	<input type="checkbox"/>	0	Worst personal doctor possible	H12027
0.2%	<input type="checkbox"/>	1		
0.8%	<input type="checkbox"/>	2		
1.4%	<input type="checkbox"/>	3		
1.1%	<input type="checkbox"/>	4		
4.5%	<input type="checkbox"/>	5		
3.7%	<input type="checkbox"/>	6		
8.4%	<input type="checkbox"/>	7		
17.1%	<input type="checkbox"/>	8		
23.1%	<input type="checkbox"/>	9		
39.1%	<input type="checkbox"/>	10	Best personal doctor possible	
	<input type="checkbox"/>	-6	I don't have a personal doctor	See Note 6

*Percent of responses exclude values coded as missing or skipped, therefore denominators vary depending on number of eligible respondents per question.

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

Percent of Responses*

- 30.9% 1 Yes → [Go to Question 30](#)
 69.1% 2 No S12009 See Notes 6 and 8_01

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?

- 11.8% 1 A big problem S12010
 23.2% 2 A small problem See Note 8_01
 65.0% 3 Not a problem

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?

Percent of Responses*

- 58.8% 1 Yes
 41.2% 2 No → [Go to Question 34](#)
H12028 See Note 9

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

- 6.5% 1 Never H12029
 14.1% 2 Sometimes See Note 9
 29.7% 3 Usually
 49.7% 4 Always
 -6 I didn't need a specialist in the last 12 months

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

- 3.8% 0 None → [Go to Question 34](#)
 41.1% 1 1 specialist
 30.0% 2 2
 15.6% 3 3
 5.9% 4 4
 3.5% 5 5 or more specialists
H12030 See Notes 9 and 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?

Percent of Responses*

- 0.4% 0 Worst specialist possible
 0.2% 1
 0.3% 2 H12031
 1.2% 3 See Notes 9 and 10
 0.9% 4
 3.7% 5
 3.5% 6
 8.4% 7
 18.1% 8
 24.1% 9
 39.0% 10 Best specialist possible
 -6 I didn't see a specialist in the last 12 months

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

- 39.5% 1 Excellent S12B01
 32.6% 2 Very good
 18.7% 3 Good
 7.4% 4 Fair
 1.8% 5 Poor

35. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

- 16.8% 1 Yes S12B02 See Note 10_B1
 83.2% 2 No → [Go to Question 38](#)

36. 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?

- 11.4% 1 A big problem S12B03
 17.7% 2 A small problem See Note 10_B1
 70.9% 3 Not a problem

37. 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?

- 2.5% 0 Worst treatment or counseling possible
 1.1% 1
 2.3% 2 S12B04
 4.2% 3 See Note 10_B1
 2.8% 4
 8.1% 5
 7.4% 6
 11.7% 7
 15.2% 8
 17.2% 9
 27.6% 10 Best treatment or counseling possible
 -6 I had no treatment or counseling in the last 12 months

*Percent of responses exclude values coded as missing or skipped, therefore denominators vary depending on number of eligible respondents per question.

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](#).

38. In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan?
- | | | | |
|-----------------------|--------------------------------|-------------------------------------|-------------|
| Percent of Responses* | 1 <input type="checkbox"/> Yes | H12032 | See Note 11 |
| 70.4% | 2 <input type="checkbox"/> No | ➔ Go to Question 40 | |
| 29.6% | | | |
39. 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?
- | | | |
|-------|--|-------------|
| 2.9% | 1 <input type="checkbox"/> Never | H12033 |
| 9.4% | 2 <input type="checkbox"/> Sometimes | See Note 11 |
| 27.3% | 3 <input type="checkbox"/> Usually | |
| 60.4% | 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 | |
40. In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?
- | | | | |
|-------|--------------------------------|-------------------------------------|-------------|
| 29.0% | 1 <input type="checkbox"/> Yes | H12034 | See Note 12 |
| 71.0% | 2 <input type="checkbox"/> No | ➔ Go to Question 42 | |
41. In the last 12 months, how often did the written material or the Internet provide the information you needed about how your plan works?
- | | | |
|-------|---|-------------|
| 5.9% | 1 <input type="checkbox"/> Never | H12035 |
| 28.3% | 2 <input type="checkbox"/> Sometimes | See Note 12 |
| 40.5% | 3 <input type="checkbox"/> Usually | |
| 25.3% | 4 <input type="checkbox"/> Always | |
| | -6 <input type="checkbox"/> I didn't look for information from my health plan in the last 12 months | |
42. 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?
- | | | | |
|-------|--------------------------------|-------------------------------------|-------------|
| 15.8% | 1 <input type="checkbox"/> Yes | H12036 | See Note 13 |
| 84.2% | 2 <input type="checkbox"/> No | ➔ Go to Question 44 | |
43. 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?
- | | | |
|-------|--|-------------|
| 21.2% | 1 <input type="checkbox"/> Never | H12037 |
| 22.9% | 2 <input type="checkbox"/> Sometimes | See Note 13 |
| 28.2% | 3 <input type="checkbox"/> Usually | |
| 27.7% | 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 | |

44. 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?
- | | | | |
|-----------------------|--------------------------------|-------------------------------------|-------------|
| Percent of Responses* | 1 <input type="checkbox"/> Yes | H12038 | See Note 14 |
| 22.4% | 2 <input type="checkbox"/> No | ➔ Go to Question 46 | |
| 77.6% | | | |
45. 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?
- | | | |
|-------|--|-------------|
| 13.3% | 1 <input type="checkbox"/> Never | H12039 |
| 18.2% | 2 <input type="checkbox"/> Sometimes | |
| 28.2% | 3 <input type="checkbox"/> Usually | See Note 14 |
| 40.2% | 4 <input type="checkbox"/> Always | |
| | -6 <input type="checkbox"/> I didn't need prescription medications from my health plan in the last 12 months | |
46. In the last 12 months, did you try to get information or help from your health plan's customer service?
- | | | | |
|-------|--------------------------------|-------------------------------------|-------------|
| 26.1% | 1 <input type="checkbox"/> Yes | H12040 | See Note 15 |
| 73.9% | 2 <input type="checkbox"/> No | ➔ Go to Question 49 | |
47. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?
- | | | |
|-------|---|-------------|
| 6.2% | 1 <input type="checkbox"/> Never | H12041 |
| 18.2% | 2 <input type="checkbox"/> Sometimes | See Note 15 |
| 28.4% | 3 <input type="checkbox"/> Usually | |
| 47.2% | 4 <input type="checkbox"/> Always | |
| | -6 <input type="checkbox"/> I didn't call my health plan's customer service in the last 12 months | |
48. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- | | | |
|-------|---|-------------|
| 1.9% | 1 <input type="checkbox"/> Never | H12042 |
| 9.7% | 2 <input type="checkbox"/> Sometimes | |
| 22.2% | 3 <input type="checkbox"/> Usually | See Note 15 |
| 66.2% | 4 <input type="checkbox"/> Always | |
| | -6 <input type="checkbox"/> I didn't call my health plan's customer service in the last 12 months | |
49. In the last 12 months, did your health plan give you any forms to fill out?
- | | | | |
|-------|--------------------------------|-------------------------------------|-------------|
| 24.6% | 1 <input type="checkbox"/> Yes | H12043 | See Note 16 |
| 75.4% | 2 <input type="checkbox"/> No | ➔ Go to Question 51 | |

*Percent of responses exclude values coded as missing or skipped, therefore denominators vary depending on number of eligible respondents per question.

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

Percent of Responses*

5.6%	1	<input type="checkbox"/>	Never	H12044
13.9%	2	<input type="checkbox"/>	Sometimes	See Note 16
40.5%	3	<input type="checkbox"/>	Usually	
40.0%	4	<input type="checkbox"/>	Always	
	-6	<input type="checkbox"/>	I didn't have any experiences with paperwork for my health plan in the last 12 months	

51. 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?

48.1%	1	<input type="checkbox"/>	Yes	H12045	See Note 17
32.9%	2	<input type="checkbox"/>	No	→ Go to Question 54	
19.0%	-5	<input type="checkbox"/>	Don't know	→ Go to Question 54	

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

2.4%	1	<input type="checkbox"/>	Never	H12046
7.0%	2	<input type="checkbox"/>	Sometimes	See Note 17
28.4%	3	<input type="checkbox"/>	Usually	
48.3%	4	<input type="checkbox"/>	Always	
13.9%	-5	<input type="checkbox"/>	Don't know	
	-6	<input type="checkbox"/>	No claims were sent for me in the last 12 months	

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

1.4%	1	<input type="checkbox"/>	Never	H12047
4.4%	2	<input type="checkbox"/>	Sometimes	See Note 17
27.8%	3	<input type="checkbox"/>	Usually	
52.6%	4	<input type="checkbox"/>	Always	
13.8%	-5	<input type="checkbox"/>	Don't know	
	-6	<input type="checkbox"/>	No claims were sent for me in the last 12 months	

54. 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?

0.5%	0	<input type="checkbox"/>	0	Worst health plan possible	
0.1%	1	<input type="checkbox"/>	1		H12048
0.7%	2	<input type="checkbox"/>	2		
1.1%	3	<input type="checkbox"/>	3		
1.8%	4	<input type="checkbox"/>	4		
6.6%	5	<input type="checkbox"/>	5		
5.8%	6	<input type="checkbox"/>	6		
12.4%	7	<input type="checkbox"/>	7		
20.9%	8	<input type="checkbox"/>	8		
19.2%	9	<input type="checkbox"/>	9		
30.9%	10	<input type="checkbox"/>	10	Best health plan possible	

PREVENTIVE CARE

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

Percent of Responses*

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

92.9%	3	<input type="checkbox"/>	Less than 12 months ago	H12049
5.2%	2	<input type="checkbox"/>	1 to 2 years ago	
1.9%	1	<input type="checkbox"/>	More than 2 years ago	

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

17.6%	1	<input type="checkbox"/>	Yes, it is too high	H12050
77.0%	2	<input type="checkbox"/>	No, it is not too high	
5.5%	3	<input type="checkbox"/>	Don't know	

57. When did you last have a flu shot?

63.6%	4	<input type="checkbox"/>	Less than 12 months ago	H12051
13.1%	3	<input type="checkbox"/>	1-2 years ago	
12.8%	2	<input type="checkbox"/>	More than 2 years ago	
10.5%	1	<input type="checkbox"/>	Never had a flu shot	

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

39.9%	1	<input type="checkbox"/>	Yes	H12052
58.2%	2	<input type="checkbox"/>	No	
2.0%	-5	<input type="checkbox"/>	Don't know	

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

10.0%	4	<input type="checkbox"/>	Every day	→ Go to Question 60	H12053
6.4%	3	<input type="checkbox"/>	Some days	→ Go to Question 60	See Note 18
83.0%	2	<input type="checkbox"/>	Not at all	→ Go to Question 64	
0.6%	-5	<input type="checkbox"/>	Don't know	→ Go to Question 64	

60. 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?

24.5%	1	<input type="checkbox"/>	Never	H12054
22.0%	2	<input type="checkbox"/>	Sometimes	See Note 18
21.8%	3	<input type="checkbox"/>	Usually	
31.7%	4	<input type="checkbox"/>	Always	

61. 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.*

48.9%	1	<input type="checkbox"/>	Never	H12055
25.9%	2	<input type="checkbox"/>	Sometimes	See Note 18
12.9%	3	<input type="checkbox"/>	Usually	
12.3%	4	<input type="checkbox"/>	Always	

*Percent of responses exclude values coded as missing or skipped, therefore denominators vary depending on number of eligible respondents per question.

62. In the last 12 months, how often did your doctor or other health provider discuss or provide methods and 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.*

Percent of Responses*

- 50.2% 1 Never
- 23.4% 2 Sometimes
- 13.8% 3 Usually
- 12.6% 4 Always

H12056

See Note 18

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

MARK ALL THAT APPLY.

- 70.7% A Cigarettes
- 18.2% B Dip, chewing tobacco, snuff or snus
- 12.7% C Cigars
- 2.7% 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.*)

H12057A-H12057D

See Note 18

64. Are you male or female?

- 49.2% 1 Male → Go to Question 71
- 50.8% 2 Female → Go to Question 65

H12058

See Note 19A

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

- 46.7% 6 Within the last 12 months
- 23.6% 5 1 to 2 years ago
- 6.8% 4 More than 2 but less than 3 years ago
- 6.6% 3 More than 3 but less than 5 years ago
- 12.4% 2 5 or more years ago
- 3.9% 1 Never had a Pap smear test

H12059B

See Notes 19A and 19B

Percent of Responses*

66. Are you under age 40?

- 34.4% 1 Yes → Go to Question 68
- 65.6% 2 No

H12060

See Notes 19A, 19B, and 20

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

- 63.8% 5 Within the last 12 months
- 19.1% 4 1 to 2 years ago
- 7.8% 3 More than 2 years ago but less than 5 years ago
- 5.6% 2 5 or more years ago
- 3.7% 1 Never had a mammogram

H12061

See Notes 19A, 19B, and 20

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

- 3.0% 1 Yes, I am currently pregnant → Go to Question 69
- 6.1% 2 No, I am not currently pregnant, but have been pregnant in the past 12 months → Go to Question 70
- 90.9% 3 No, I am not currently pregnant, and have not been pregnant in the past 12 months → Go to Question 71

H12062

See Notes 19A, 19B, and 21

69. In what trimester is your pregnancy?

- 16.7% 1 First trimester (up to 12 weeks after 1st day of last period) → Go to Question 71
- 44.9% 2 Second trimester (13th through 27th week)
- 38.4% 3 Third trimester (28th week until delivery)

H12063

See Notes 19A, 19B, and 21

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

- 87.5% 4 First trimester (up to 12 weeks after 1st day of last period)
- 7.9% 3 Second trimester (13th through 27th week)
- 0.0% 2 Third trimester (28th week until delivery)
- 4.7% 1 Did not receive prenatal care

H12064

See Notes 19A, 19B, and 21

DIET AND EXERCISE

This next question is about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned. Please think about all meals, snacks, and food consumed at home and away from home.

71. During the past 30 days, how many times per day or week did you...

S12AB01-S12AB06

	5 or more times per day	3 or 4 times per day	2 times per day	1 time per day	3 to 6 times per week	1 or 2 times per week	Rarely or Never
a. Drink 100% pure fruit juices? <i>Do not include fruit-flavored drinks with added sugar or fruit juice with added sugar. Only include 100% juice, 100% juice blends, and 100% pure juice from concentrate.</i>	2.1% 1 <input type="checkbox"/>	3.5% 2 <input type="checkbox"/>	9.7% 3 <input type="checkbox"/>	18.5% 4 <input type="checkbox"/>	13.4% 5 <input type="checkbox"/>	22.0% 6 <input type="checkbox"/>	31.0% 7 <input type="checkbox"/>
b. Eat fruit? <i>Count fresh, frozen, or canned fruit.</i>	2.9% 1 <input type="checkbox"/>	12.7% 2 <input type="checkbox"/>	22.5% 3 <input type="checkbox"/>	20.0% 4 <input type="checkbox"/>	20.1% 5 <input type="checkbox"/>	17.1% 6 <input type="checkbox"/>	4.8% 7 <input type="checkbox"/>
c. Eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils?	1.0% 1 <input type="checkbox"/>	2.1% 2 <input type="checkbox"/>	5.2% 3 <input type="checkbox"/>	11.2% 4 <input type="checkbox"/>	20.8% 5 <input type="checkbox"/>	39.6% 6 <input type="checkbox"/>	20.1% 7 <input type="checkbox"/>
d. Eat dark green vegetables, for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?	1.7% 1 <input type="checkbox"/>	4.6% 2 <input type="checkbox"/>	10.8% 3 <input type="checkbox"/>	19.3% 4 <input type="checkbox"/>	30.5% 5 <input type="checkbox"/>	25.4% 6 <input type="checkbox"/>	7.8% 7 <input type="checkbox"/>
e. Eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?	1.1% 1 <input type="checkbox"/>	2.0% 2 <input type="checkbox"/>	6.0% 3 <input type="checkbox"/>	12.2% 4 <input type="checkbox"/>	21.9% 5 <input type="checkbox"/>	37.7% 6 <input type="checkbox"/>	19.1% 7 <input type="checkbox"/>
f. Eat other vegetables, such as tomatoes, tomato juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes such as baked or mashed potatoes? <i>Do not include fried potatoes.</i>	1.8% 1 <input type="checkbox"/>	6.3% 2 <input type="checkbox"/>	16.0% 3 <input type="checkbox"/>	23.6% 4 <input type="checkbox"/>	34.5% 5 <input type="checkbox"/>	15.6% 6 <input type="checkbox"/>	2.2% 7 <input type="checkbox"/>

72. When thinking about the amount of fruits and vegetables you ate or drank during the past 30 days, how important are the following:

S12AB07-S12AB13

	Very Important	Somewhat Important	Not too Important	Not at all Important
a. Price	30.7% 1 <input type="checkbox"/>	39.1% 2 <input type="checkbox"/>	19.8% 3 <input type="checkbox"/>	10.5% 4 <input type="checkbox"/>
b. Nutrition	61.6% 1 <input type="checkbox"/>	31.6% 2 <input type="checkbox"/>	5.1% 3 <input type="checkbox"/>	1.7% 4 <input type="checkbox"/>
c. Taste	68.9% 1 <input type="checkbox"/>	27.0% 2 <input type="checkbox"/>	3.1% 3 <input type="checkbox"/>	1.1% 4 <input type="checkbox"/>
d. How easy the fruit or vegetable is to prepare	28.7% 1 <input type="checkbox"/>	41.2% 2 <input type="checkbox"/>	23.2% 3 <input type="checkbox"/>	6.9% 4 <input type="checkbox"/>
e. How well the fruit or vegetable keeps after it's bought	43.2% 1 <input type="checkbox"/>	41.7% 2 <input type="checkbox"/>	11.7% 3 <input type="checkbox"/>	3.4% 4 <input type="checkbox"/>
f. Distance or time required to reach the store	16.0% 1 <input type="checkbox"/>	27.9% 2 <input type="checkbox"/>	32.7% 3 <input type="checkbox"/>	23.3% 4 <input type="checkbox"/>
g. Other, Specify:	31.4% 1 <input type="checkbox"/>	13.3% 2 <input type="checkbox"/>	9.8% 3 <input type="checkbox"/>	45.6% 4 <input type="checkbox"/>

The next few questions are about exercise, recreation, or physical activities other than your regular job activities.

73. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Percent of Responses*

- 82.3% 1 Yes → [Go to Question 74](#)
 17.7% 2 No → [Go to Question 76](#)

S12AB14

See Note 21_AB1

74. During the past month, how often did you engage in each of the following kinds of physical activity?

- a. **Moderate Physical Activity**—Examples of moderate activities include:
- *Walking (walking to work or to the store; walking for pleasure; or walking the dog)*
 - *Heavy housework (vacuuming, scrubbing floors, or washing windows)*
 - *Weeding, raking the lawn, pushing a power lawn mower*
 - *Dancing*
 - *Recreational swimming*
 - *Bicycling on level terrain*

A person should feel some exertion but should be able to carry on a conversation comfortably during the activity.

- 6.4% 1 Every day
 19.7% 2 5 or 6 days per week
 28.8% 3 3 or 4 days per week
 15.3% 4 1 or 2 days per week
 3.9% 5 2 or 3 days per month
 0.7% 6 1 day per month
 0.3% 7 Not at all in the past month

S12AB15

See Note 21_AB1

b. **Vigorous Physical Activity**—Examples of vigorous activities include:

- *Jogging or running*
- *Aerobics or aerobic dance*
- *Aerobic walking or race walking*
- *Stair climbing*
- *Pushing a non-motorized lawn mower*
- *Swimming continuous laps*
- *Bicycling uphill*

A person should find it difficult to carry on a conversation during the activity.

Percent of Responses*

- 8.8% 1 Every day
 11.9% 2 5 or 6 days per week
 24.1% 3 3 or 4 days per week
 19.7% 4 1 or 2 days per week
 9.9% 5 2 or 3 days per month
 4.7% 6 1 day per month
 21.0% 7 Not at all in the past month

S12AB16

See Note 21_AB1

75. During the past month, how long did you engage in each of the following kinds of physical activities?

a. **Moderate Physical Activity**—Examples of moderate activities include:

- *Walking (walking to work or to the store; walking for pleasure; or walking the dog)*
- *Heavy housework (vacuuming, scrubbing floors, or washing windows)*
- *Weeding, raking the lawn, pushing a power lawn mower*
- *Dancing*
- *Recreational swimming*
- *Bicycling on level terrain*

A person should feel some exertion but should be able to carry on a conversation comfortably during the activity.

- 2.3% 1 Less than 10 minutes
 10.2% 2 10 to 20 minutes
 19.1% 3 20 to 30 minutes
 36.9% 4 30 minutes to one hour
 31.2% 5 More than one hour
 0.3% 6 Not at all in the past month

S12AB17

See Note 21_AB1

b. **Vigorous Physical Activity**—Examples of vigorous activities include:

- *Jogging or running*
- *Aerobics or aerobic dance*
- *Aerobic walking or race walking*
- *Stair climbing*
- *Pushing a non-motorized lawn mower*
- *Swimming continuous laps*
- *Bicycling uphill*

A person should find it difficult to carry on a conversation during the activity.

- 6.7% 1 Less than 10 minutes
 10.9% 2 10 to 20 minutes
 16.3% 3 20 to 30 minutes
 29.8% 4 30 minutes to one hour
 15.5% 5 More than one hour
 20.8% 6 Not at all in the past month

S12AB18

See Note 21_AB1

76. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? *Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.*

Percent of Responses*

- 6.4% 1 Every day
- 7.8% 2 5 or 6 days per week
- 21.3% 3 3 or 4 days per week
- 17.7% 4 1 or 2 days per week
- 9.1% 5 2 or 3 days per month
- 3.8% 6 1 day per month
- 33.9% 7 Not at all in the past month

S12AB19

77. On an average day, how many hours do you watch TV?

- 6 I do not watch TV on an average day
- 8.8% 1 Less than 1 hour per day
- 12.3% 2 1 hour per day
- 29.3% 3 2 hours per day
- 24.9% 4 3 hours per day
- 14.0% 5 4 hours per day
- 10.7% 6 5 or more hours per day

S12AB20

78. On an average day, how many hours do you play video or computer games or use a computer for something that is not work? *(Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)*

- 6 I do not play video or computer games or use a computer for something that is not work
- 36.0% 1 Less than 1 hour per day
- 26.4% 2 1 hour per day
- 20.6% 3 2 hours per day
- 9.0% 4 3 hours per day
- 4.1% 5 4 hours per day
- 3.9% 6 5 or more hours per day

S12AB21

79. How much do you agree or disagree with the following statements:

a. Some people are born to be fat and some thin; there is not much you can do to change this.

- 2.4% 1 Strongly agree
- 12.7% 2 Somewhat agree
- 18.5% 3 Neither agree nor disagree
- 24.7% 4 Somewhat disagree
- 41.7% 5 Strongly disagree

S12AB22

b. There is no reason for me to make changes to the things I eat.

- 7.0% 1 Strongly agree
- 15.9% 2 Somewhat agree
- 19.0% 3 Neither agree nor disagree
- 28.8% 4 Somewhat disagree
- 29.4% 5 Strongly disagree

S12AB23

80. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

-6 None

S12AB24

Example:

Days	
1	6
<input checked="" 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"/> 3
	<input type="checkbox"/> 4
	<input type="checkbox"/> 5
	<input checked="" type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9

Your answer:

Days	
<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"/> 3
	<input type="checkbox"/> 4
	<input type="checkbox"/> 5
	<input type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9

Percent of Responses* 66.9%

81. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

Example:

Time sleeping		
Hours:	Minutes:	
7	4	5
<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 checked="" type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input checked="" type="checkbox"/> 7		<input type="checkbox"/> 7
<input type="checkbox"/> 8		<input type="checkbox"/> 8
<input type="checkbox"/> 9		<input type="checkbox"/> 9
<input type="checkbox"/> 10		
<input type="checkbox"/> 11		
<input type="checkbox"/> 12		

Your answer:

Time sleeping		
Hours:	Minutes:	
<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"/> 8		<input type="checkbox"/> 8
<input type="checkbox"/> 9		<input type="checkbox"/> 9
<input type="checkbox"/> 10		
<input type="checkbox"/> 11		
<input type="checkbox"/> 12		

Percent of Responses* 96.6%

S12AB25

*Percent of responses exclude values coded as missing or skipped, therefore denominators vary depending on number of eligible respondents per question.

ABOUT YOU

Percent of Responses*

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

- 11.4% 5 Excellent
 - 37.7% 4 Very good
 - 36.3% 3 Good
 - 12.6% 2 Fair
 - 2.0% 1 Poor
- H12065

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

- 37.0% 1 Yes
 - 63.0% 2 No
- H12066

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

- 44.3% 1 Yes
 - 55.7% 2 No
- H12067 See Note 22
- [Go to Question 88](#)

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

- 84.4% 1 Yes
 - 15.6% 2 No
- H12068 See Note 22

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

- 65.4% 1 Yes
 - 34.6% 2 No
- H12069 See Note 23
- [Go to Question 88](#)

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

- 92.5% 1 Yes
 - 7.5% 2 No
- H12070 See Note 23

88. 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
a. You have had nightmares about it or thought about it when you did not want to?	12.4%	87.6%
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. You tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	13.5%	86.5%
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. You have been constantly on guard, watchful, or easily startled?	10.6%	89.4%
	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. You felt numb or detached from others, activities, or your surroundings?	11.1%	88.9%
	1 <input type="checkbox"/>	2 <input type="checkbox"/>

89. How tall are you without your shoes on?

Percent of Responses* 97.5%

Please give your answer in feet and inches.

H12071F, H12071I

Example:

Your answer:

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

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

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

Percent of Responses*

Please give your answer in pounds.

H12072

96.5%

Example:

Your answer:

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

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

91. What is the highest grade or level of school that you have completed?

Percent of Responses*

- 1.3% 1 8th grade or less
- 2.1% 2 Some high school, but did not graduate
- 23.5% 3 High school graduate or GED
- 40.7% 4 Some college or 2-year degree
- 15.8% 5 4-year college graduate
- 16.6% 6 More than 4-year college degree

SREDA

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

Percent of Responses* (Mark "NO" if not Spanish/Hispanic/Latino.)

- 87.6% A No, not Spanish, Hispanic, or Latino
- 4.3% B Yes, Mexican, Mexican American, Chicano
- 2.4% C Yes, Puerto Rican
- 0.4% D Yes, Cuban
- 3.1% E Yes, other Spanish, Hispanic, or Latino

H12073A-H12073E, H12073	See Note 24
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93. What is your race?

(Mark ONE OR MORE races to indicate what you consider yourself to be.)

- 78.9% A White
- 11.4% B Black or African American
- 2.5% C American Indian or Alaska Native
- 6.1% D Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- 1.0% E Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

SRRACEA-SRRACEE

94. What is your age now?

- 13.5% 1 18 to 24
- 16.9% 2 25 to 34
- 12.0% 3 35 to 44
- 11.4% 4 45 to 54
- 18.1% 5 55 to 64
- 15.0% 6 65 to 74
- 13.1% 7 75 or older

SRAGE

95. Are you currently covered by Medicare?

- 32.3% 1 Yes
- 60.9% 2 No → [Go to Question 101](#)
- 6.9% -5 Don't know → [Go to Question 101](#)

H12074	See Note 25
--------	-------------

96. 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.*

- 90.8% 1 Yes, I am now covered by Medicare Part A
- 9.2% 2 No, I am not covered by Medicare Part A

H12075	See Note 25
--------	-------------

97. 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.*

- 88.2% 1 Yes, I am now covered by Medicare Part B
- 11.8% 2 No, I am not covered by Medicare Part B

H12076	See Note 25
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98. 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.*

Percent of Responses*

- 4.4% 1 Yes
- 75.8% 2 No
- 19.8% -5 Don't know

H12077	See Note 25
--------	-------------

99. 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.*

- 18.3% 1 Yes, I am now covered by Medicare supplemental insurance
- 81.7% 2 No, I am not covered by Medicare supplemental insurance

H12078	See Note 25
--------	-------------

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

- 9.8% 1 Yes
- 76.6% 2 No
- 13.6% -5 Don't know

H12079	See Note 25
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101. 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?

- 5.8% 1 1 Strongly disagree
- 5.0% 2 2 Disagree
- 9.9% 3 3 Neither agree nor disagree
- 44.0% 4 4 Agree
- 35.4% 5 5 Strongly agree

S12011

102. 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?

- 3.9% 1 1 Completely dissatisfied
- 4.3% 2 2 Somewhat dissatisfied
- 7.9% 3 3 Neither satisfied nor dissatisfied
- 25.3% 4 4 Somewhat satisfied
- 58.6% 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:

Office of the Assistant Secretary of Defense (Health Affairs)
 TMA/DHCAPE
 c/o Synovate Survey Processing Center
 PO Box 5030
 Chicago, IL 60680-4138

*Percent of responses exclude values coded as missing or skipped, therefore denominators vary depending on number of eligible respondents per question.