



# Health Care Survey of DoD Beneficiaries

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

April 2013

## PRIVACY ADVISORY

Providing information in this Survey is voluntary. There is no penalty nor will your benefits be affected if you choose not to respond, although maximum participation is encouraged so that the data will be complete and representative.

The Survey was written so that answers should not require you to provide any personally identifiable information (PII), but please be assured that any PII provided will be treated as confidential. Your responses are collected via a secure system which does not collect any information that could be used to determine your identity.

Answering the questions is voluntary; you may stop the Survey at any time.

## 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/DHCAPE  
 c/o Ipsos Survey Processing Center  
 PO Box 5030  
 Chicago IL 60680-4138

*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?

- Yes → **Go to Question 2 on the next page**  
 No → Please give this questionnaire to the person addressed on the cover letter.

12-040276-01-03

2. By which of the following health plans are you currently covered?

**MARK ALL THAT APPLY.**

**Military Health Plans**

- TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)
- TRICARE Extra or Standard (CHAMPUS)
- TRICARE Plus
- TRICARE for Life
- TRICARE Supplemental Insurance
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult
- Continued Health Care Benefit Program (CHCBP) (a COBRA-like premium-based health care program)

**Other Health Plans**

- Medicare
- Federal Employees Health Benefit Program (FEHBP)
- Medicaid
- A civilian HMO (such as Kaiser)
- Other civilian health insurance (such as Blue Cross)
- Uniformed Services Family Health Plan (USFHP)
- The Veterans Administration (VA)
- Government health insurance from a country other than the US
- Not sure

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

**MARK ONLY ONE ANSWER.**

- TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)
- TRICARE Extra or Standard (CHAMPUS)
- TRICARE Plus
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult
- Continued Health Care Benefit Program (CHCBP) (a COBRA-like premium-based health care program)
  
- Medicare (may include TRICARE for Life)
- Federal Employees Health Benefit Program (FEHBP)
- Medicaid
- A civilian HMO (such as Kaiser)
- Other civilian health insurance (such as Blue Cross)
- Uniformed Services Family Health Plan (USFHP)
- The Veterans Administration (VA)
- Government health insurance from a country other than the US
- Not sure
- 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?

- Less than 6 months
- 6 up to 12 months
- 12 up to 24 months
- 2 up to 5 years
- 5 up to 10 years
- 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?

**MARK ONLY ONE ANSWER.**

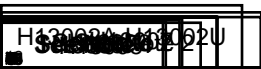
- A military facility – This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
- A civilian facility – This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor
- Uniformed Services Family Health Plan facility (USFHP)
- Veterans Affairs (VA) clinic or hospital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

6. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
- No → **Go to Question 9**

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

- Never
- Sometimes
- Usually
- Always
- 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?

- 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
- 8  I didn't need care right away for an illness, injury or condition in the last 12 months

H13008

See Note 2

9. In the last 12 months, not counting the times you needed health care right away, did you make any appointments for your health care at a doctor's office or clinic?

- 1  Yes
- 2  No → *Go to Question 12*

H13009

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?

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

H13010

See Note 3

11. In the last 12 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

- 1  Same day
- 2  1 day
- 3  2-3 days
- 4  4-7 days
- 5  8-14 days
- 6  15-30 days
- 7  31 days or longer
- 8  I had no appointments in the last 12 months

H13011

See Note 3

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

- 1  None
- 2  1
- 3  2
- 4  3
- 5  4
- 6  5 to 9
- 7  10 or more

H13012

13. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get health care for yourself?

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

H13013

See Note 4

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

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

H13014

See Note 4

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

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

H13015

See Notes 4 and 5

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

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

H13016

See Notes 4 and 5

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

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

H13017

See Notes 4 and 5

18. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

0  0 Worst health care possible

1  1

2  2

3  3

4  4

5  5

6  6

7  7

8  8

9  9

10 Best health care possible

-6  I had no visits in the last 12 months

H13018

See Note 4

19. In the last 12 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

1  Yes

2  No → [Go to Question 21](#)

S13C09

See Note 5A1

20. In the last 12 months, how much of a problem, if any, was it to get the special medical equipment you needed through your health plan?

1  A big problem

2  A small problem

3  Not a problem

-6  I didn't need any special medical equipment in the last 12 months

S13C10

See Note 5A1

21. In the last 12 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

1  Yes

2  No → [Go to Question 23](#)

S13C11

See Note 5A2

22. In the last 12 months, how much of a problem, if any, was it to get the special therapy you needed through your health plan?

1  A big problem

2  A small problem

3  Not a problem

-6  I didn't need any special therapy in the last 12 months

S13C12

See Note 5A2

23. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 12 months, did you need someone to come into your home to give you home health care or assistance?

1  Yes

2  No → [Go to Question 25](#)

S13C13

See Note 5A3

24. In the last 12 months, how much of a problem, if any, was it to get the home health care you needed through your health plan?

1  A big problem

2  A small problem

3  Not a problem

-6  I didn't need home health care or assistance in the last 12 months

S13C14

See Note 5A3

## YOUR PERSONAL DOCTOR

25. 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 35](#)

H13019

See Note 6

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

0  None → [Go to Question 33](#)

1  1

2  2

3  3

4  4

5  5 to 9

6  10 or more

H13020

See Notes 6 and 7

27. 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

H13021

See Notes 6 and 7

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

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

H13022

See Notes 6 and 7

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

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

H13023

See Notes 6 and 7

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

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

H13024

See Notes 6 and 7

31. 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 33](#)

H13025

See Notes 6, 7, and 8

32. 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

H13026

See Notes 6, 7, and 8

33. 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 Best personal doctor possible
- 6  I don't have a personal doctor

H13027

See Note 6

34. Did you have the same personal doctor before you joined this health plan?

- 1  Yes
- No

→ [Go to Question 36](#)

S13009

See Notes 6 and 8\_01

35. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor you are happy with?

- 1  A big problem
- A small problem
- Not a problem

S13010

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.*

36. 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
- No

H13028

See Note 9

→ [Go to Question 40](#)

37. 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

H13029

See Note 9

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

- 0  None → [Go to Question 40](#)
- 1  1 specialist H13030
- 2  2
- 3  3 See Notes 9 and 10
- 4  4
- 5  5 or more specialists

39. 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 H13031
- 3  3
- 4  4 See Notes 9 and 10
- 5  5
- 6  6
- 7  7
- 8  8
- 9  9
- 10 Best specialist possible
- 6  I didn't see a specialist in the last 12 months

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

- 1  Excellent S13B01
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

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

- 1  Yes S13B02
- 2  No → [Go to Question 44](#) See Note 10\_B1

42. 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 S13B03
- 2  A small problem
- 3  Not a problem See Note 10\_B1

43. 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 S13B04
- 3  3
- 4  4 See Note 10\_B1
- 5  5
- 6  6
- 7  7
- 8  8
- 9  9
- 10 Best treatment or counseling possible
- 6  I had no treatment or counseling in the last 12 months

**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.*

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

- 1  Yes H13032 See Note 11
- 2  No → [Go to Question 46](#)

45. 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 H13033
- Sometimes
- Usually
- 4  Always See Note 11
- 6  I didn't need care, tests, or treatment through my health plan in the last 12 months

46. 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 H13034 See Note 12
- 2  No → [Go to Question 48](#)



47. 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 H13035
- Sometimes See Note 12
- Usually
- 4  Always
- 6  I didn't look for information from my health plan in the last 12 months

48. 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 50](#)
- H13036

See Note 13

49. 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 H13037
- 2  Sometimes See Note 13
- 3  Usually
- 4  Always
- 6  I didn't need a health care service or equipment from my health plan in the last 12 months

50. 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 H13038 See Note 14
- 2  No → [Go to Question 52](#)

51. 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 H13039
- 2  Sometimes See Note 14
- 3  Usually
- 4  Always
- 6  I didn't need prescription medications from my health plan in the last 12 months

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

- 1  Yes
  - 2  No → [Go to Question 55](#)
- H13040

See Note 15

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

- 1  Never H13041
- 2  Sometimes See Note 15
- 3  Usually
- 4  Always
- 6  I didn't call my health plan's customer service in the last 12 months

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

- 1  Never H13042
- 2  Sometimes See Note 15
- 3  Usually
- 4  Always
- 6  I didn't call my health plan's customer service in the last 12 months

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

- 1  Yes H13043 See Note 16
- 2  No → [Go to Question 57](#)

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

- 1  Never H13044
- 2  Sometimes See Note 16
- 3  Usually
- 4  Always
- 6  I didn't have any experiences with paperwork for my health plan in the last 12 months

57. 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 H13045 See Note 17
- No → [Go to Question 60](#)
- Don't know → [Go to Question 60](#)

58. 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

H13046

See Note 17

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

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

H13047

See Note 17

60. 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 Best health plan possible

H13048

## 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.*

61. 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

H13049

62. 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

H13050

63. Are you under age 50?

- 1  Yes → [Go to Question 69](#)
- 2  No

S13Q08

See Note 17\_Q0

*The next questions are about different kinds of tests for colon cancer. Colon cancer tests include blood stool tests, colonoscopy, and sigmoidoscopy.*

64. A blood stool test is a test that you do at home using a special kit or cards provided by a doctor or other health professional to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1  Yes
- No → [Go to Question 66](#)
- 5  Don't know → [Go to Question 66](#)

S13Q01

See Notes 17\_Q0 and 17\_Q1

65. How long has it been since you had your last blood stool test using a home kit?

- 1  Less than 12 months ago
- 2  At least one year but less than 2 years ago
- 3  At least 2 years but less than 5 years ago
- 4  5 or more years ago
- 6  Never had a blood stool test
- 5  Don't know

S13Q02

See Notes 17\_Q0 and 17\_Q1

66. Sigmoidoscopy and colonoscopy are exams in which a lighted tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you had either of these exams?

- 1  Yes
- No → [Go to Question 69](#)
- 5  Don't know → [Go to Question 69](#)

S13Q03

See Notes 17\_Q0 and 17\_Q2

67. A sigmoidoscopy is limited to the lower part of the colon and is usually done without anesthesia. How long has it been since you had your last sigmoidoscopy?

- 1  Less than 12 months ago
- 2  At least one year but less than 2 years ago
- 3  At least 2 years but less than 5 years ago
- 4  5 or more years ago
- 6  Never had a sigmoidoscopy
- 5  Don't know

S13Q04

See Notes 17\_Q0 and 17\_Q2

68. For a colonoscopy the entire colon is examined and patients usually receive medication in their veins to relax them and make them feel sleepy. How long has it been since you had your last colonoscopy?

- 1  Less than 12 months ago
- 2  At least one year but less than 2 years ago
- 3  At least 2 years but less than 5 years ago
- 4  At least 5 years but less than 10 years ago
- 5  10 or more years ago
- 6  Never had a colonoscopy
- 5  Don't know

S13Q05

See Notes 17\_Q0 and 17\_Q2



69. When did you last have a flu shot?

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

H13051

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

- 1  Yes
- No
- 5  Don't know

H13052

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](#)

H13053

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?

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

H13054

See Note 18

73. In the last 12 months, how often was medication recommended or discussed by a doctor or 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

H13055

See Note 18

74. In the last 12 months, how often did your doctor or 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.*

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

H13056

See Note 18

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

**MARK ALL THAT APPLY.**

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

H13057A-H13057D

See Note 18

76. Are you male or female?

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

H13058

See Note 19A

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

- 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

H13059B

See Notes 19A and 19B

78. Are you under age 40?

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

H13060

See Notes 19A, 19B, and 20

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

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

H13061

See Notes 19A, 19B, and 20

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

- 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](#)

H13062

See Notes 19A, 19B, and 21

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)

H13063

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

H13064

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

H13065

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

- 1  Yes
- 2  No

H13066

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
- No → *Go to Question 87*

H13067

See Note 22

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

H13068

See Note 22

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

- 1  Yes
- No → *Go to Question 89*

H13069

See Note 23

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

- 1  Yes
- No

H13070

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.

S13B23-S13B26

	YES	NO
a. You have had nightmares about it or thought about it when you did not want to?	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?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. You have been constantly on guard, watchful, or easily startled?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. 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?

*Please give your answer in feet and inches. Please write one number in each box.*

*Example: 5 feet, 6 inches*

H13071F, H13071I

5	0	6
---	---	---

FEET

INCHES

*Your height:*

--	--	--

FEET

INCHES

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

*Please give your answer in pounds. Please write one number in each box.*

*Example: 152 pounds*

H13072

1	5	2
---	---	---

POUNDS

*Your weight:*

--	--	--

POUNDS

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  
 Yes, Puerto Rican  
 D  Yes, Cuban  
 E  Yes, other Spanish, Hispanic, or Latino
- H13073A-H13073E, H13073 See Note 24
94. What is your race?  
*(Mark ONE OR MORE races to indicate what you consider yourself to be.)*
- SRRACEA-SRRACEE
- A  White  
 B  Black or African American  
 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)
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  
 No → [Go to Question 102](#)  
 -5  Don't know → [Go to Question 102](#)
- H13074 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  
 No, I am not covered by Medicare Part A
- H13075 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  
 No, I am not covered by Medicare Part B
- H13076 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 H13077  
 No See Note 25  
 -5  Don't know
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.*
- H13078 See Note 25
- 1  Yes, I am now covered by Medicare supplemental insurance  
 2  No, I am not covered by Medicare supplemental insurance
101. Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?
- 1  Yes H13079 See Note 25  
 2  No  
 -5  Don't know
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?
- S13011
- 1  1 Strongly disagree  
 2  2 Disagree  
 3  3 Neither agree nor disagree  
 4  4 Agree  
 5  5 Strongly agree
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?
- S13014
- 1  1 Completely dissatisfied  
 2  2 Somewhat dissatisfied  
 3  3 Neither satisfied nor dissatisfied  
 4  4 Somewhat satisfied  
 5  5 Completely satisfied

**THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY!** Your generous contribution will greatly aid efforts to improve the health of our military community.

**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 Ipsos Survey Processing Center  
PO Box 5030  
Chicago, IL 60680-4138

### Questions about the survey?

Email: [dod.health@ipsos-research.com](mailto:dod.health@ipsos-research.com)

Toll-free phone (in the US, Puerto Rico and Canada):  
**1-877-236-2390**, available 24 hours a day  
Toll-free fax (in the US and Canada): 1-800-409-7681

#### International Toll-Free numbers:

Germany: 0 800 182 1532  
Great Britain: 008 234 7139  
Japan: 0053 11 30 814  
South Korea: 003 0813 1286  
Mexico: 001 877 238 5171  
Philippines: 1 800 1116 2366

When calling or writing, please provide your name, address, and the 8-digit number above your address on the envelope.

### Questions about your TRICARE coverage?

For additional information on TRICARE, or if you are not sure about your benefits, or if you don't have a primary care manager; contact the TRICARE Service Center in your region:

North: 1-877-874-2273  
South: 1-800-444-5445  
West: 1-888-874-9378  
Outside the US: 1-888-777-8343

The website is:

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

Veterans: Contact the US Department of Veterans Affairs at **1-877-222-VETS**; or go to [www.va.gov](http://www.va.gov)