

Health Care Survey of DoD Beneficiaries Child Questionnaire



YOUR PRIVACY

*All information that would let someone identify you or your family will be kept private. Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. You may notice a number on the last page of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.*

According to the Privacy Act of 1974 (Public Law 93-579), 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., Chapter 55; Section 706, Public Law 102-484; E.O. 9397.

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: 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.

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 1**

☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within seven days. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense
(Health Affairs)
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 your child did not receive your health care from a military facility.

Please answer the questions for the child whose name appears on the envelope. Please do not answer for any other children.

1. Are you an adult responsible for the child listed on the envelope?

☐ Yes → **Go to Question 2**

☐ No → Please give this questionnaire to a person responsible for that child.

2. By which of the following health care plans was your child covered in the last 12 months? **MARK ALL THAT APPLY.**

Military Health Plans

☐ TRICARE Prime

☐ TRICARE Extra or Standard (CHAMPUS)

Civilian Health Plans

☐ 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)

☐ Not sure

☐ My child was not covered by any health plan in the last 12 months

3. Which health plan did you use for all or most of your child's health care in the last 12 months? **MARK ONLY ONE.**

Military Health Plans

- ☐ TRICARE Prime
☐ TRICARE Extra or Standard (CHAMPUS)

Civilian Health Plans

- ☐ 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)
☐ Not sure
☐ My child did not use any health plan in the last 12 months

For the remainder of this questionnaire, the term health plan refers to the plan you marked in Question 3.

4. In the last 12 months, how many months in a row was your child in this health plan?

- ☐ Less than 2 months
☐ 2 - 6 months
☐ 7 - 12 months
☐ Not enrolled in a health plan in the last 12 months

5. In the last 12 months, what type of facility did your child go to most often for health care? Select the facility your child used most often.

Please mark only one answer.

- ☐ A military facility – This includes:
Military clinic
Military hospital
PRIMUS clinic
NAVCARE clinic
- ☐ A civilian facility – This includes:
Civilian doctor's office
Civilian clinic
Hospital
Civilian TRICARE contractor
- ☐ Uniformed Services Family Health Plan facility (USFHP)
- ☐ My child went to none of the listed types of facilities in the last 12 months.

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

6. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

- ☐ Yes
☐ No ➔ Go to Question 9

7. Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your child's personal doctor or nurse?
- ☐ 0 Worst personal doctor or nurse possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor or nurse possible
- ☐ My child doesn't have a personal doctor or nurse.
8. Did you have the same personal doctor or nurse before you joined this health plan?
- ☐ Yes → Go to Question 10
- ☐ No
9. 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?
- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
10. In the last 12 months, did your child's personal doctor or nurse talk with you about how your child is feeling, growing or behaving?
- ☐ Yes
- ☐ No
11. Does your child have any medical, behavioral or other health conditions that have lasted for more than 3 months?
- ☐ Yes
- ☐ No → Go to Question 14
12. Does your child's personal doctor or nurse understand how these medical, behavioral or other health conditions affect your child's day-to-day life?
- ☐ Yes
- ☐ No
13. Does your child's personal doctor or nurse understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life?
- ☐ Yes
- ☐ No
14. For members of TRICARE Prime, the primary point of contact regarding your child's health is called a primary care manager or PCM. This may be the same person as your child's personal doctor or nurse. Does your child have a TRICARE primary care manager?
- ☐ Yes → Go to Question 15
- ☐ No → Go to Question 18
- ☐ I don't know → Go to Question 18
- ☐ My child is not enrolled in TRICARE Prime → Go to Question 18
15. Do you know the name of your child's TRICARE primary care manager?
- ☐ Yes
- ☐ No
- ☐ My child doesn't have a TRICARE primary care manager → Go to Question 18

16. In the last 12 months, how much of a problem was it for your child to see his or her TRICARE primary care manager?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ My child doesn't have a TRICARE primary care manager. → Go to Question 18

17. Is your child's TRICARE Prime primary care manager (PCM) based in a military or civilian facility?

- ☐ A primary care manager based at a military facility
- ☐ A primary care manager based at a civilian facility
- ☐ Not sure
- ☐ Not a member of TRICARE Prime

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

18. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think your child needed to see a specialist?

- ☐ Yes
- ☐ No → Go to Question 20

19. In the last 12 months, how much of a problem, if any, was it to see a specialist that your child needed to see?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ My child didn't need to see a specialist in the last 12 months.

20. In the last 12 months, did your child see a specialist?

- ☐ Yes
- ☐ No → Go to Question 23

21. We want to know your rating of the specialist your child 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 your child's specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible
- ☐ My child didn't see a specialist in the last 12 months

22. In the last 12 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

- ☐ Yes
- ☐ No
- ☐ My child doesn't have a personal doctor or didn't need to see a specialist in the last 12 months.

YOUR CHILD'S HEALTH CARE IN THE LAST 12 MONTHS

23. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

☐ Yes
☐ No → Go to Question 25

24. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn't call for help or advice for my child during regular office hours in the last 12 months.

25. In the last 12 months, did your child 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 27

26. In the last 12 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child didn't need care right away for an illness, injury, or condition in the last 12 months.

27. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

In the last 12 months, not counting the times you needed health care right away, did you make any appointments for your child with a doctor or other health provider for health care?

☐ Yes
☐ No → Go to Question 29

28. In the last 12 months, not counting times you needed health care right away, how often did your child get an appointment for health care as soon as you wanted?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child didn't need an appointment in the last 12 months.

29. In the last 12 months, how many times did your child go to an emergency room?

☐ None
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more

30. In the last 12 months (not counting times your child went to an emergency room), how many times did you child go to a doctor's office or clinic?

☐ None → Go to Question 51
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more

31. In the last 12 months, did you or a doctor believe your child needed any care, tests, or treatment?

- ☐ Yes
☐ No → Go to Question 33

32. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ My child had no visits in the last 12 months.

33. In the last 12 months, did you need approval from your child's health plan for any care, tests, or treatment?

- ☐ Yes
☐ No → Go to Question 35

34. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ My child had no visits in the last 12 months.

35. In the last 12 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child had no visits in the last 12 months.

36. In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child had no visits in the last 12 months.

37. In the last 12 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child had no visits in the last 12 months.

38. In the last 12 months, how often did your child's doctors or other health providers listen carefully to you?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child had no visits in the last 12 months.

39. In the last 12 months, how often did your child's doctors or other health providers explain things in a way you could understand?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ My child had no visits in the last 12 months.

40. In the last 12 months, how often did your child's doctors or other health providers show respect for what you had to say?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
 - ☐ My child had no visits in the last 12 months.
41. Is your child able to talk with doctors about his or her health care?
- ☐ Yes
 - ☐ No → Go to Question 43
 - ☐ My child had no visits in the last 12 months.
42. In the last 12 months, how often did doctors or other health providers explain things in a way your child could understand?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
 - ☐ My child had no visits in the last 12 months or my child is not old enough to understand
43. In the last 12 months, how often did doctors or other health providers spend enough time with your child?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
 - ☐ My child had no visits in the last 12 months.
44. In the last 12 months, did you have any questions or concerns about your child's health or health care?
- ☐ Yes
 - ☐ No → Go to Question 48

45. In the last 12 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
46. In the last 12 months, how often did you get the specific information you needed from your child's doctors or other health providers?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
47. In the last 12 months, how often did you have your questions answered by your child's doctors or other health providers?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always

We want to know how you, your child's doctors and other health providers make decisions about your child's health care.

48. In the last 12 months, were any decisions made about your child's health care?
- ☐ Yes
 - ☐ No → Go to Question 50
49. When decisions were made in the last 12 months, how often did your child's doctors or other health providers involve you as much as you wanted?
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always

50. 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 child's health care in the last 12 months?

- ☐ 0 Worst health care possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health care possible
☐ My child had no visits in the last 12 months.

51. Is your child now enrolled in any kind of school or daycare?

- ☐ Yes
☐ No → Go to Question 54

52. In the last 12 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- ☐ Yes
☐ No → Go to Question 54

53. In the last 12 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- ☐ Yes
☐ No

SPECIALIZED SERVICES

54. In the last 12 months, did you get or try to get any special medical equipment or devices for your child, such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

- ☐ Yes
☐ No → Go to Question 57

55. In the last 12 months, how much of a problem, if any, was it to get special medical equipment for your child?

- ☐ A big problem
☐ A small problem
☐ Not a problem → Go to Question 57

56. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- ☐ Yes
☐ No

57. In the last 12 months, did you get or try to get special therapy for your child, such as physical, occupational, or speech therapy?

- ☐ Yes
☐ No → Go to Question 60

58. In the last 12 months, how much of a problem, if any, was it to get special therapy for your child?

- ☐ A big problem
☐ A small problem
☐ Not a problem → Go to Question 60

59. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- ☐ Yes
☐ No

60. In the last 12 months, did you get or try to get treatment or counseling for your child for an emotional, developmental or behavioral problem?

- ☐ Yes
☐ No → Go to Question 63

61. In the last 12 months, how much of a problem, if any, was it to get this treatment or counseling for your child?

- ☐ A big problem
☐ A small problem
☐ Not a problem → Go to Question 63

62. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- ☐ Yes
☐ No

63. In the last 12 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- ☐ Yes
☐ No → Go to Question 65

64. In the last 12 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services?

- ☐ Yes
☐ No

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan. By your child's health plan, we mean the plan you marked in Question 3.

65. In the last 12 months, did you look for any information about how your child's health plan works in written material or on the Internet?

- ☐ Yes
☐ No → Go to Question 67

66. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't look for information from my child's health plan in the last 12 months.

67. In the last 12 months, did you call your health plan's customer service to get information or help for your child?

- ☐ Yes
☐ No → Go to Question 69

68. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't call my child's health plan's customer service in the last 12 months.

69. In the last 12 months, did you have to fill out any paperwork for your child's health plan?

- ☐ Yes
☐ No → Go to Question 71

70. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't have any experience with paperwork for my child's health plan in the last 12 months.

71. 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 child's health plan?

- ☐ 0 Worst health plan possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health plan possible

PRESCRIPTION MEDICATIONS

72. In the last 12 months, did your child get a prescription for medicine or did you refill a prescription for your child?
- ☐ Yes
☐ No ➔ Go to Question 75
73. In the last 12 months, how much of a problem, if any, was it to get your child's prescription medicine?
- ☐ A big problem
☐ A small problem
☐ Not a problem ➔ Go to Question 75
74. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?
- ☐ Yes
☐ No

ABOUT YOUR CHILD AND YOU

Information in this section will be used to study how different kinds of people view our health care system. This information will not be used to identify you or your child personally.

75. In general, how would you rate your child's overall health now?
- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor
76. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
- ☐ Yes
☐ No ➔ Go to Question 79
77. Is this because of any medical, behavioral or other health condition?
- ☐ Yes
☐ No ➔ Go to Question 79
78. Is this a condition that has lasted or is expected to last for at least 12 months?
- ☐ Yes
☐ No
79. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?
- ☐ Yes
☐ No ➔ Go to Question 82
80. Is this because of any medical, behavioral or other health condition?
- ☐ Yes
☐ No ➔ Go to Question 82

81. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes
☐ No

82. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- ☐ Yes
☐ No → Go to Question 85

83. Is this because of any medical, behavioral or other health condition?

- ☐ Yes
☐ No → Go to Question 85

84. Is this a condition that has lasted or is expected to last at least 12 months?

- ☐ Yes
☐ No

85. Does your child need or get special therapy, such as physical, occupational or speech therapy?

- ☐ Yes
☐ No → Go to Question 88

86. Is this because of any medical, behavioral or other health condition?

- ☐ Yes
☐ No → Go to Question 88

87. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes
☐ No

88. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

- ☐ Yes
☐ No → Go to Question 90

89. Has this problem lasted or is it expected to last for at least 12 months?

- ☐ Yes
☐ No

90. Does your child receive any services under the Program for Persons with Disabilities (PFPWD) or Extended Care Health Option (its replacement, ECHO), Individual Case Management Program for Persons with Extraordinary Conditions (ICMP-PEC), or Custodial Care Transition Policy (CCTP)? MARK ALL THAT APPLY.

- ☐ PFPWD or ECHO → Go to Question 92
☐ ICMP-PEC → Go to Question 92
☐ CCTP → Go to Question 92
☐ None of these programs

91. Does your child have a physical, emotional, developmental or intellectual disorder that requires care from a medical specialist, therapy, education, training or counseling?

- ☐ Yes
☐ No → Go to Question 93

92. Is your family enrolled in the Exceptional Family Member Program (EFMP)?

- ☐ Yes
☐ No

93. How tall is your child without his/her shoes on?

Directions: Write your child's height in the shaded blank boxes. Check the box next to the matching number.

Example:

Height	
Feet	Inches
4	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 checked="" 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 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

94. How much does your child weigh without his/her shoes on?

Directions: Write your child's weight in the shaded blank boxes. Check the box next to the matching number.

Example:

Weight		
Pounds		
0	6	0
<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 0	<input checked="" 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 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

95. On how many of the past 7 days did your child exercise or participate in physical activity for at least 20 minutes that made him/her sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- ☐ 0 days
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4 days
☐ 5 days
☐ 6 days
☐ 7 days

96. On how many of the past 7 days did your child participate in physical activity for at least 30 minutes that did not make him/her sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- ☐ 0 days
☐ 1 day
☐ 2 days
☐ 3 days
☐ 4 days
☐ 5 days
☐ 6 days
☐ 7 days

97. In the past 7 days, how many hours did your child watch TV, including television programs, DVDs and videos?

- ☐ My child did not watch any TV
☐ Less than 1 hour a day
☐ 1 or more hours per day but less than 2 hours per day
☐ 2 or more hours per day but less than 3 hours per day
☐ 3 or more hours per day but less than 4 hours per day
☐ 4 or more hours per day but less than 5 hours per day
☐ 5 or more hours per day

98. In the past 7 days, not including time spent watching TV, how many hours did your child spend playing video games, or using the computer?

- ☐ My child did not play video games, or use the computer
- ☐ Less than 1 hour a day
- ☐ 1 or more hours per day but less than 2 hours per day
- ☐ 2 or more hours per day but less than 3 hours per day
- ☐ 3 or more hours per day but less than 4 hours per day
- ☐ 4 or more hours per day but less than 5 hours per day
- ☐ 5 or more hours per day

99. In the past 7 days, how many times did your child eat fast food? Fast food is the kind of food served at the following or similar types of restaurants: McDonald's, Burger King, Wendy's, Dairy Queen, Hardee's, Jack in the Box, KFC, Popeye's, Taco Bell.

- ☐ Never
- ☐ 1 or 2 times
- ☐ 3 or 4 times
- ☐ 5 or 6 times
- ☐ 7 or more times

100. When riding a car during the past 12 months, how often did your child wear a seatbelt or ride in a child safety seat?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always
- ☐ My child did not ride in a car in the last 12 months

101. When riding a bicycle during the past 12 months, how often did your child wear a helmet?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always
- ☐ My child did not ride a bicycle in the last 12 months

102. When rollerblading or riding a skateboard during the past 12 months, how often did your child wear a helmet?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always
- ☐ My child did not rollerblade or ride a skateboard in the last 12 months

103. How old is your child?

Directions: Write your child's age in the shaded blank boxes. Check the box next to the matching number.

Example:

Age	
1	0
<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 0
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
	<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

Age	
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<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

104. Is your child male or female?

- ☐ Male
- ☐ Female

105. Is your child of Hispanic or Latino origin or descent? (Mark "NO" if not Spanish/Hispanic/Latino.)

- ☐ No, not Spanish, Hispanic or Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish, Hispanic, or Latino

106. What is your child's race? (Mark ONE OR MORE races to indicate what you consider your child to be.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

107. What is your age now?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

108. Are you male or female?

- ☐ Male
- ☐ Female

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

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

110. How are you related to the policyholder?

- ☐ I am the policyholder
 - ☐ Spouse or partner of policyholder
 - ☐ Child of policyholder
 - ☐ Other family member
 - ☐ Friend
 - ☐ Someone else (please print):
-

111. How are you related to the child?

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older sibling
- ☐ Other relative
- ☐ Legal guardian

If you have any suggestions or comments that you would like to add, please neatly print your comments in question 112 on the lines provided. If you would like someone from DoD to contact you, please provide us with your name and address.

112. SUGGESTIONS AND COMMENTS:

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

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