

Health Care Survey of DoD Beneficiaries



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 42**

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 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 addressed in the cover letter. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to the person named in the cover letter.

1. Are you the person whose name appears on the mailing label of this envelope?

- Yes → Go to Question 2
 No → Please give this questionnaire to the person addressed on the envelope.

2. By which of the following health plans are you currently covered? **MARK ALL THAT APPLY.**

Military Health Plans

- TRICARE Prime
 TRICARE Extra or Standard (CHAMPUS)
 TRICARE Plus
 TRICARE for Life
 TRICARE Supplemental Insurance

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)
 Not sure

3. **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.

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

4. **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.

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

5. **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.

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

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

- TRICARE Prime
 TRICARE Extra or Standard (CHAMPUS)
 TRICARE Plus
 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)
 Not sure
 Did not use any health plan in the last 12 months → **Go to Question 8**

For the remainder of this questionnaire, the term health plan refers to the plan you indicated in Question 6.

7. 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 PERSONAL DOCTOR OR NURSE

The next 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.

8. A personal doctor or nurse is the health provider who knows you 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 personal doctor or nurse?

- Yes
- No → Go to Question 11

9. 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 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
- I don't have a personal doctor or nurse.

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

- Yes → Go to Question 12
- No

11. 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

GETTING HEALTH CARE FROM A SPECIALIST

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

12. 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 you needed to see a specialist?

- Yes
- No → Go to Question 14

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

- A big problem
- A small problem
- Not a problem
- I didn't need a specialist in the last 12 months.

14. In the last 12 months, did you see a specialist?

- Yes
- No → Go to Question 16

15. 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 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible
- I didn't see a specialist in the last 12 months

CALLING DOCTORS' OFFICES

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

- Yes
- No → Go to Question 18

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

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

YOUR HEALTH CARE IN THE LAST 12 MONTHS

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

- Yes
- No → Go to Question 21

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

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

20. In the last 12 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

- Same day
- 1 day
- 2 days
- 3 days
- 4-7 days
- 8-14 days
- 15 days or longer
- I didn't need care right away for an illness, injury or condition in the last 12 months.

21. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you 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 with a doctor or other health provider for health care?

- Yes
- No → Go to Question 24

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

- Never
- Sometimes
- Usually
- Always
- I had no appointments in the last 12 months.

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

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

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

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

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

- None → Go to Question 38
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

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

- Yes
- No → Go to Question 28

27. 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
- I had no visits in the last 12 months.

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

- Yes
- No → Go to Question 30

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

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

30. In the last 12 months, how often were you taken to the exam room within 15 minutes of your appointment?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months.

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

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months.

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

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months.

33. In the last 12 months, how often did doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months.

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

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months.

35. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months.

36. In the last 12 months, how often did doctors or other health providers spend enough time with you?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months.

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

38. 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.

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 6.

39. 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?

- Yes
- No → Go to Question 42
- Don't know → Go to Question 42

40. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

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

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

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

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

- Yes
- No → Go to Question 44

43. 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 health plan in the last 12 months.

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

- Yes
- No → Go to Question 46

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

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

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

- Yes
- No → Go to Question 48

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

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

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

RESERVISTS

The following questions concern health care coverage provided to reservists (National Guard and Reserves) and members of their immediate families. An immediate family member is a reservist's TRICARE eligible spouse or child.

49. Are you or your spouse or parent a reservist who was on active duty for more than 30 consecutive days in support of contingency operations during the past 12 months (e.g. Operation Iraqi Freedom, Noble Eagle/Enduring Freedom, Kosovo, Bosnia)?

- Yes
- No → Go to Question 71

50. Are you a reservist activated for contingency operations for more than 30 consecutive days during the past 12 months?

- Yes, I am a reservist who is currently on active duty for a contingency operation → Go to Question 51
- Yes, I am a reservist who has been on active duty for a contingency operation but was deactivated in the past 12 months → Go to Question 51
- No, I am a reservist but I have not been on active duty for a contingency operation in the past 12 months → Go to Question 54
- No, I am not a reservist → Go to Question 54

51. For which operation were you most recently activated in support of contingency operations?

- Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom
- Bosnia
- Kosovo
- Another contingency Operation

52. When were you activated for this contingency operation?

- Less than 6 months ago
- At least 6 months ago but less than 12 months ago
- Twelve months ago or more

53. How long did the initial activation orders state that this activation would last?

- Less than 6 months
- At least 6 months but less than 12 months
- Twelve months or more

54. Is your spouse or parent a reservist who was activated for contingency operations for more than 30 consecutive days during the past 12 months?

- Yes, my spouse or parent is a reservist currently on active duty for a contingency operation → Go to Question 55
- Yes, my reservist spouse or parent had been on active duty for a contingency operation but was deactivated within the past 12 months → Go to Question 55
- No, my spouse or parent is a reservist but has not been on active duty for a contingency operation within the past 12 months → Go to Question 58
- No, my spouse or parent is not a reservist → Go to Question 58

55. For which contingency operation was your reservist spouse or parent activated most recently?

- Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom
- Bosnia
- Kosovo
- Another contingency Operation

56. When was your reservist spouse or parent first activated for this operation?

- Less than 6 months ago
- At least 6 months ago but less than 12 months ago
- Twelve months ago or more
- Don't know

57. How long did the initial activation orders state that this contingency activation would last?

- Less than 6 months
- At least 6 months but less than 12 months
- Twelve months or more
- Don't know

58. Before becoming eligible for TRICARE, were you covered by civilian health insurance?

- Yes, through my own policy
- Yes, through the policy of a reservist spouse or parent
- Yes, through the policy of a non-reservist in my family
- No, I had no civilian coverage

59. Which of the following describes your current health care coverage?

- I use only TRICARE → Go to Question 62
- I use both TRICARE and civilian coverage → Go to Question 61
- I use only civilian coverage → Go to Question 60
- Don't know → Go to Question 61

60. Why don't you use TRICARE? MARK ALL THAT APPLY.

- I have a greater choice of doctors with my civilian plan
- I get better customer service with civilian plans
- My personal doctor is not available to me through TRICARE
- TRICARE benefits are poor compared to my civilian plan
- It is easier for me to get care through my civilian plan
- I pay less for civilian care than I would for TRICARE
- There are no military facilities near me
- I prefer civilian doctors
- I prefer civilian hospitals
- I am happy with my civilian plan and have no reason to change
- Another reason

61. Do you or the policy-holder now pay all or part of the premium for your civilian health insurance?

- Yes, we pay all
- Yes, we pay part
- No, we pay nothing
- Don't know

62. When you became eligible for TRICARE, how much of a problem was it to get information about your TRICARE benefits?

- A big problem
- A small problem
- Not a problem
- I did not try to get information about TRICARE

63. Is the doctor you consider your personal doctor a civilian?

- Yes
- No → Go to Question 65
- I do not have a personal doctor → Go to Question 66

64. Does your personal doctor accept TRICARE?

- Yes
- No
- Don't know
- I do not have a personal doctor

65. Since you became eligible for TRICARE, how difficult is it to see the personal doctor you want to see?

- It is now more difficult
- It is now less difficult
- It is about the same
- I do not have a personal doctor

66. Since you became eligible for TRICARE, how difficult is it to see the specialists you want to see?

- It is now more difficult
- It is now less difficult
- It is about the same
- I have not needed to see any specialists

67. Were you or a reservist in your immediate family deactivated after November 6, 2003?

- Yes
- No → Go to Question 70
- Don't know → Go to Question 70

68. Either as a reservist or a family member of a reservist, were you eligible for TRICARE coverage for any period of time immediately before the reservist reported to active duty?

- Yes
- No → Go to Question 70
- Don't know → Go to Question 70

69. How long were you eligible for this coverage?

Directions: Write the number of days in the shaded blank boxes. Check the box next to the matching number.

Example:

Eligibility		
Days		
	9	5
	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input checked="" 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 checked="" type="checkbox"/> 9	<input type="checkbox"/> 9

Eligibility		
Days		
	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<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

Don't know

70. Were you eligible for TRICARE coverage for any period of time after you or a reservist in your immediate family deactivated?

- Yes
- No
- Don't know

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 a cholesterol screening are examples of preventive care.

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

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

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

- Yes, it is too high
- No, it is not too high
- Don't know

73. When did you last have a flu shot?

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

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

- Yes
- No → Go to Question 80
- Don't know → Go to Question 80

75. Do you now smoke every day, some days or not at all?

- Every day → Go to Question 77
- Some days → Go to Question 77
- Not at all → Go to Question 76
- Don't know → Go to Question 80

76. How long has it been since you quit smoking cigarettes?

- Less than 12 months → Go to Question 77
- 12 months or more → Go to Question 80
- Don't know → Go to Question 80

77. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months.

78. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months

79. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months

80. Are you male or female?

- Male → Go to Question 87
- Female → Go to Question 81

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

- Within the last 12 months
- 1 to 3 years ago
- More than 3 but less than 5 years ago
- 5 or more years ago
- Never had a Pap smear test

82. Are you under age 40?

- Yes → Go to Question 84
- No

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

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

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

- Yes, I am currently pregnant → Go to Question 85
- No, I am not currently pregnant, but have been pregnant in the past 12 months → Go to Question 86
- No, I am not currently pregnant, and have not been pregnant in the past 12 months → Go to Question 87

85. In what trimester is your pregnancy?

- First trimester (up to 12 weeks after 1st day of last period) → Go to Question 87
- Second trimester (13th through 27th week)
- Third trimester (28th week until delivery)

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

- First trimester (up to 12 weeks after 1st day of last period)
- Second trimester (13th through 27th week)
- Third trimester (28th week until delivery)
- Did not receive prenatal care

ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No

For questions 89 and 90, please write your response on the lines provided, then check the matching box below each column. For example in question 89 if you are five feet and six inches tall, you would put a "5" on the first line and a "6" on the second line, and then check the box next to the "5" in the first column and check the box next to the "6" in the second column. For example:

 5 Feet 6 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 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 |

89. How tall are you without your shoes on? Please give your answer in feet and inches.

Example:

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

90. How much do you weigh without your shoes on? Please give your answer in pounds.

Example:

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

91. 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

92. Are you 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

93. What is your race? (Mark ONE OR MORE races to indicate what you consider yourself 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)

94. What is your age now?

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

If you have any suggestions or comments that you would like to add, please neatly print your comments in question 95 on the lines provided.

95. 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:

Synovate
PO Box 5030
Chicago, IL 60680-4138