



January 2009



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.

YOUR PRIVACY

Your participation in this survey effort is very important. Your responses are confidential and your participation is voluntary. The number on the back of this survey is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

This is your opportunity to tell officials of your opinions and experiences with the current military health care system. It is also an opportunity to provide feedback and identify areas where improvements are needed.

The survey processing center removes all identifying information before sending the results to the Department of Defense.

Your information is grouped with others and no individual information is shared. Only group statistics will be compiled and reported. No information about you as an individual will be disclosed.

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☒ Yes → **Go to Question 42**
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If the envelope is missing, please send to:

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

SURVEY STARTS HERE

As an eligible TRICARE beneficiary, please complete this survey even if you did not receive your health care from a military facility.

Please recognize that some specific questions about TRICARE benefits may not apply to you, depending on your entitlement and particular TRICARE program.

This survey is about the health care of the person whose name appears on the cover letter. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to that person.

1. Are you the person whose name appears on the cover letter?

H09001

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

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

H09002A-H09002R

MARK ALL THAT APPLY.

Military Health Plans

- A ☐ TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)
C ☐ TRICARE Extra or Standard (CHAMPUS)
N ☐ TRICARE Plus
O ☐ TRICARE for Life
P ☐ TRICARE Supplemental Insurance
Q ☐ TRICARE Reserve Select

Other Health Plans

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

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

H09003

MARK ONLY ONE ANSWER.

See Note 1

- 1 ☐ TRICARE Prime
 3 ☐ TRICARE Extra or Standard (CHAMPUS)
 11 ☐ TRICARE Plus
 12 ☐ TRICARE Reserve Select
 4 ☐ Medicare (may include TRICARE for Life)
 5 ☐ Federal Employees Health Benefit Program (FEHBP)
 6 ☐ Medicaid
 7 ☐ A civilian HMO (such as Kaiser)
 8 ☐ Other civilian health insurance (such as Blue Cross)
 9 ☐ Uniformed Services Family Health Plan (USFHP)
 10 ☐ The Veterans Administration (VA)
 13 ☐ Government health insurance from a country other than the US
 -5 ☐ Not sure
 -6 ☐ Did not use any health plan in the last 12 months → **Go to Question 5**

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

4. How many months or years in a row have you been in this health plan?

H09004

See Note 1

- 1 ☐ Less than 6 months
 2 ☐ 6 up to 12 months
 3 ☐ 12 up to 24 months
 4 ☐ 2 up to 5 years
 5 ☐ 5 up to 10 years
 6 ☐ 10 or more years

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.

5. 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?

H09008A

- 1 ☐ Yes
 2 ☐ No → **Go to Question 8**

See Note 2_V3

6. 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 ☐ 0 Worst personal doctor or nurse possible

H09009A

- 1 ☐ 1

- 2 ☐ 2

See Note 2_V3

- 3 ☐ 3

- 4 ☐ 4

- 5 ☐ 5

- 6 ☐ 6

- 7 ☐ 7

- 8 ☐ 8

- 9 ☐ 9

- 10 ☐ 10 Best personal doctor or nurse possible

- 6 ☐ I don't have a personal doctor or nurse

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

H09010A

- 1 ☐ Yes → **Go to Question 9**

See Note 2_V3

- 2 ☐ No

8. 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?

H09011A

- 1 ☐ A big problem

See Note 2_V3

- 2 ☐ A small problem

- 3 ☐ Not a problem

GETTING HEALTH CARE FROM A SPECIALIST

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

9. **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?

H09012A

- 1 ☐ Yes

See Note 3_V3

- 2 ☐ No → **Go to Question 11**

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

H09013A

- 1 ☐ A big problem

See Note 3_V3

- 2 ☐ A small problem

- 3 ☐ Not a problem

- 6 ☐ I didn't need a specialist in the last 12 months

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

- 1 ☐ Yes
2 ☐ No

→ Go to Question 13

H09014A

See Note 4_V3

12. 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?

H09015A

See Note 4_V3

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

CALLING DOCTORS' OFFICES

13. 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?

- 1 ☐ Yes
2 ☐ No

→ Go to Question 15

H09016A

See Note 5_V3

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

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't call for help or advice during regular office hours in the last 12 months

H09017A

See Note 5_V3

YOUR HEALTH CARE IN THE LAST 12 MONTHS

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

H09005

MARK ONLY ONE ANSWER.

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

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

- 1 ☐ Yes
2 ☐ No

→ Go to Question 19

H09018A

See Note 6_V3

17. 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?

H09019A

See Note 6_V3

- 1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't need care right away for an illness, injury or condition in the last 12 months

18. 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?

H09020A

See Note 6_V3

- 1 ☐ Same day
2 ☐ 1 day
3 ☐ 2 days
4 ☐ 3 days
5 ☐ 4-7 days
6 ☐ 8-14 days
7 ☐ 15 days or longer
-6 ☐ I didn't need care right away for an illness, injury or condition in the last 12 months

19. 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?

- 1 ☐ Yes
2 ☐ No

→ Go to Question 22

H09021A

See Note 7_V3

20. 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?

H09022A

See Note 7_V3

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

21. 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?

H09023A

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

See Note 7_V3

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

H09024A

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

23. 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?

H09025A

- 1 ☐ None → [Go to Question 36](#)
2 ☐ 1
3 ☐ 2
4 ☐ 3
5 ☐ 4
6 ☐ 5 to 9
7 ☐ 10 or more

See Note 8_V3

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

H09026A

- 1 ☐ Yes
2 ☐ No → [Go to Question 26](#)

See Notes 8_V3 and 9_V3

25. 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?

H09027A

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I had no visits in the last 12 months

See Notes 8_V3 and 9_V3

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

H09028A

- 1 ☐ Yes
2 ☐ No → [Go to Question 28](#)

See Notes 8_V3 and 10_V3

27. 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?

H09029A

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I had no visits in the last 12 months

See Notes 8_V3 and 10_V3

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

H09030A

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

See Note 8_V3

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

H09031A

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

See Note 8_V3

30. 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?

H09032A

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

See Note 8_V3

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

H09033A

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

See Note 8_V3

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

H09034A

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

See Note 8_V3

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

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

H09035A

See Note 8_V3

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

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

H09036A

See Note 8_V3

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

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

H09037A

See Note 8_V3

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

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

S09B01

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

- 1 ☐ Yes
 2 ☐ No → [Go to Question 40](#)

S09B02

See Note 10A1

38. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?

- 1 ☐ A big problem
 2 ☐ A small problem
 3 ☐ Not a problem

S09B03

See Note 10A1

39. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate your treatment or counseling in the last 12 months?

- 0 ☐ 0 Worst treatment or counseling possible
 1 ☐ 1
 2 ☐ 2
 3 ☐ 3
 4 ☐ 4
 5 ☐ 5
 6 ☐ 6
 7 ☐ 7
 8 ☐ 8
 9 ☐ 9
 10 ☐ 10 Best treatment or counseling possible
 -6 ☐ I had no treatment or counseling in the last 12 months

S09B04

See Note 10A1

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.

40. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims to your health plan?

- 1 ☐ Yes
 2 ☐ No → [Go to Question 43](#)
 -5 ☐ Don't know → [Go to Question 43](#)

H09039A

See Note 11_V3

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

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

H09040A

See Note 11_V3

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

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

H09041A

See Note 11_V3

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

H09042A

1 ☐ Yes

2 ☐ No → [Go to Question 45](#)

See Note 12_V3

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

H09043A

1 ☐ A big problem

2 ☐ A small problem

3 ☐ Not a problem

-6 ☐ I didn't look for information from my health plan in the last 12 months

See Note 12_V3

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

H09044A

1 ☐ Yes

2 ☐ No → [Go to Question 47](#)

See Note 13_V3

46. 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?

H09045A

1 ☐ A big problem

2 ☐ A small problem

3 ☐ Not a problem

-6 ☐ I didn't call my health plan's customer service in the last 12 months

See Note 13_V3

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

H09046A

1 ☐ Yes

2 ☐ No → [Go to Question 49](#)

See Note 14_V3

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

H09047A

1 ☐ A big problem

2 ☐ A small problem

3 ☐ Not a problem

-6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months

See Note 14_V3

49. 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?

H09048A

0 ☐ 0 Worst health plan possible

1 ☐ 1

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 ☐ 5

6 ☐ 6

7 ☐ 7

8 ☐ 8

9 ☐ 9

10 ☐ 10 Best health plan possible

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.

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

H09048

3 ☐ Less than 12 months ago

2 ☐ 1 to 2 years ago

1 ☐ More than 2 years ago

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

H09049

1 ☐ Yes, it is too high

2 ☐ No, it is not too high

3 ☐ Don't know

52. For a blood stool test, a person uses a home kit and puts some stool on a card. The card is sent to the doctor's office or lab. Have you ever had this test using a home kit?

1 ☐ Yes

S09Q01

See Note 16A1

2 ☐ No

→ [Go to Question 54](#)

-5 ☐ Don't know → [Go to Question 54](#)

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

S09Q02

See Note 16A1

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

54. 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 ever had either of these exams?

- 1 ☐ Yes S09Q03 See Note 16A2
 2 ☐ No → [Go to Question 57](#)
 -5 ☐ Don't know → [Go to Question 57](#)

55. 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?

- S09Q04 See Note 16A2
 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

56. 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?

- S09Q05 See Note 16A2
 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

57. When did you last have a flu shot?

- 4 ☐ Less than 12 months ago H09050
 3 ☐ 1-2 years ago
 2 ☐ More than 2 years ago
 1 ☐ Never had a flu shot

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

- H09051 See Notes 15_V3
 1 ☐ Yes
 2 ☐ No → [Go to Question 64](#)
 -5 ☐ Don't know → [Go to Question 64](#)

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

- H09052 See Notes 15_V3
 4 ☐ Every day → [Go to Question 61](#)
 3 ☐ Some days → [Go to Question 61](#)
 2 ☐ Not at all → [Go to Question 60](#)
 -5 ☐ Don't know → [Go to Question 64](#)

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

- H09054A See Notes 15_V3
 3 ☐ Less than 12 months → [Go to Question 61](#)
 2 ☐ 12 months or more → [Go to Question 64](#)
 -5 ☐ Don't know → [Go to Question 64](#)

61. 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?

- H09053 See Note 15_V3
 1 ☐ None
 2 ☐ 1 visit
 3 ☐ 2 to 4 visits
 4 ☐ 5 to 9 visits
 5 ☐ 10 or more visits
 -6 ☐ I had no visits in the last 12 months

62. 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)?

- H09054 See Note 15_V3
 1 ☐ None
 2 ☐ 1 visit
 3 ☐ 2 to 4 visits
 4 ☐ 5 to 9 visits
 5 ☐ 10 or more visits
 -6 ☐ I had no visits in the last 12 months

63. 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?

- H09055 See Note 15_V3
 1 ☐ None
 2 ☐ 1 visit
 3 ☐ 2 to 4 visits
 4 ☐ 5 to 9 visits
 5 ☐ 10 or more visits
 -6 ☐ I had no visits in the last 12 months

64. Do you currently smoke any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product?

Note: 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.

- S09D03
 1 ☐ Yes
 2 ☐ No
 -5 ☐ Don't know

65. Have you ever used or tried any smokeless tobacco products such as dip, chewing tobacco, snuff or snus?

- S09D01 See Note 18A1
 1 ☐ Yes → [Go to Question 68](#)
 2 ☐ No → [Go to Question 68](#)
 -5 ☐ Don't know → [Go to Question 68](#)

66. Do you currently use smokeless tobacco products such as dip, chewing tobacco, snuff or snus every day, some days, or not at all?

- S09D02 See Note 18A1
 1 ☐ Every day
 2 ☐ Some days
 3 ☐ Not at all → [Go to Question 68](#)

67. In a typical week, how much dip, chewing tobacco, snuff or snus do you use?

S09D05

- 3 ☐ Two or more cans or pouches a week
2 ☐ One to two cans or pouches a week
1 ☐ Less than one can or pouch a week
-5 ☐ Don't know

See Note 18A1

68. If you use tobacco products other than cigarettes, including smokeless tobacco, cigars, pipes, bidis or kreteks, on how many visits in the last 12 months were you advised to quit by a doctor or other health provider in your plan?

S09D04

- 1 ☐ None
2 ☐ 1 visit
3 ☐ 2 to 4 visits
4 ☐ 5 to 9 visits
5 ☐ 10 or more visits
-6 ☐ I had no visits in the last 12 months
-7 ☐ I do not use other tobacco products

69. Are you male or female?

H09056

- 1 ☐ Male → [Go to Question 76](#)
2 ☐ Female

See Notes 19A

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

H09057

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

See Notes 19A and 19B

71. Are you under age 40?

H09058

- 1 ☐ Yes → [Go to Question 73](#)
2 ☐ No

See Notes 19A, 19B and 20

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

H09059

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

See Notes 19A, 19B and 20

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

H09060

See Notes 19A, 19B and 21

- 1 ☐ Yes, I am currently pregnant → [Go to Question 74](#)
2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 75](#)
3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 76](#)

74. In what trimester is your pregnancy?

H09061

See Notes 19A, 19B and 21

- 1 ☐ First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 76](#)
2 ☐ Second trimester (13th through 27th week)
3 ☐ Third trimester (28th week until delivery)

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

H09062

See Notes 19A, 19B and 21

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

ABOUT YOU

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

H09063

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

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

H09064

- 1 ☐ Yes
2 ☐ No

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

H09069F, H09069I

Example:

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

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

79. How much do you weigh without your shoes on? Please give your answer in pounds. H09070

Example:

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

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

80. 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

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

H090071, H09071A-H09071E

(Mark "NO" if not Spanish/Hispanic/Latino.)

See Note 24

- A ☐ No, not Spanish, Hispanic, or Latino
- B ☐ Yes, Mexican, Mexican American, Chicano
- C ☐ Yes, Puerto Rican
- D ☐ Yes, Cuban
- E ☐ Yes, other Spanish, Hispanic, or Latino

82. 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
- C ☐ American Indian or Alaska Native
- D ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- E ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

83. What is your age now?

SRAGE

- 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

84. 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. H09072

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

85. 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. H09073

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

86. 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. H09074

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

87. If you were free to choose between civilian and military facilities for all of your health care, which would you prefer? Would you say ... S09N11

- 1 ☐ All care from military facilities
- 2 ☐ All care from civilian facilities
- 3 ☐ Some care from both military and civilian facilities
- 4 ☐ Or, no preference

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

Questions about the survey?

Email: survey-dodq2@synovate.net

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/tricarecenters

Veterans: Contact the US Department of Veterans Affairs at **1-877-222-VETS**; or go to www.va.gov