

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

See Note 1

MARK ONLY ONE ANSWER.

- 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 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?

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

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?

H09006

See Note 2

- 1 Yes
- 2 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?

H09007

See Note 2

- 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

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?

H09008

See Note 2

- 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

9. 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 for your health care at a doctor's office or clinic?

H09009

See Note 3

- 1 Yes
- 2 No → [Go to Question 12](#)

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?

H09010

See Note 3

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

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

H09011

See Note 3

- 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

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

H09012

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

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

H09013

See Note 4

- 1 None → [Go to Question 19](#)
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5 to 9
- 7 10 or more

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

H09014

See Note 4

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

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

H09015

See Notes 4 and 5

- 1 Yes
- 2 No → [Go to Question 18](#)

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

H09016

See Notes 4 and 5

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

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

H09017

See Notes 4 and 5

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

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

H09018

See Note 4

- 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

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.

19. A personal doctor is the one you would see if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

H09019

See Note 6

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

20. In the last 12 months, how many times did you visit your personal doctor to get care for yourself? H09020
See Notes 6 and 7
- 0 None → [Go to Question 27](#)
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more
21. In the last 12 months, how often did your personal doctor listen carefully to you? H09021
See Notes 6 and 7
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months
22. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand? H09022
See Notes 6 and 7
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months
23. In the last 12 months, how often did your personal doctor show respect for what you had to say? H09023
See Notes 6 and 7
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months
24. In the last 12 months, how often did your personal doctor spend enough time with you? H09024
See Notes 6 and 7
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I had no visits in the last 12 months
25. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor? H09025
See Notes 6, 7, and 8
- 1 Yes
- 2 No → [Go to Question 27](#)

26. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers? H09026
See Notes 6, 7, and 8
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
27. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
- 0 0 Worst personal doctor possible
- 1 1 H09027
- 2 2 See Note 6
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best personal doctor possible
- 6 I don't have a personal doctor

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.

28. **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? H09028
See Note 9
- 1 Yes
- 2 No → [Go to Question 32](#)
29. In the last 12 months, how often was it easy to get appointments with specialists? H09029
See Note 9
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I didn't need a specialist in the last 12 months

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

- 0 None → [Go to Question 32](#) H09030
- 1 1 specialist See Notes 9 and 10
- 2 2
- 3 3
- 4 4
- 5 5 or more specialists

31. 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 H09031
See Notes 9 and 10
- 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

32. In general, how would you rate your overall mental or emotional health now? S09B01

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

33. In the last 12 months, did you need any treatment or counseling for a personal or family problem? S09B02

- 1 Yes
- 2 No → [Go to Question 36](#) See Note 10A1

34. 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? S09B03

- 1 A big problem See Note 10A1
- 2 A small problem
- 3 Not a problem

35. 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 S09B04
- 2 2
- 3 3 See Note 10A1
- 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

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.

36. In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan? H09032

- 1 Yes
- 2 No → [Go to Question 38](#) See Note 11

37. 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? H09033

- 1 Never See Note 11
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I didn't need care, tests or treatment through my health plan in the last 12 months

38. In the last 12 months, how often did the written material or the Internet provide the information you needed about how your plan works? H09034

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I didn't look for information from my health plan in the last 12 months

39. 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?

H09035
See Note 12

- 1 Yes
2 No → [Go to Question 41](#)

40. 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?

H09036
See Note 12

- 1 Never
2 Sometimes
3 Usually
4 Always
-6 I didn't need a health care service or equipment from my health plan in the last 12 months

41. 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?

H09037
See Note 13

- 1 Yes
2 No → [Go to Question 43](#)

42. 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?

H09038
See Note 13

- 1 Never
2 Sometimes
3 Usually
4 Always
-6 I didn't need prescription medications from my health plan in the last 12 months

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

H09039
See Note 14

- 1 Yes
2 No → [Go to Question 46](#)

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

H09040
See Note 14

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

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

H09041
See Note 14

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

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

H09042
See Note 15

- 1 Yes
2 No → [Go to Question 48](#)

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

H09043
See Note 15

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

48. 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?

H09044
See Note 16

- 1 Yes
2 No → [Go to Question 51](#)
-5 Don't know → [Go to Question 51](#)

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

H09045

See Note 16

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

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

H09046

See Note 16

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

51. 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?

H09047

- 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.

52. 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

53. 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

54. 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?

S09Q01

See Note 16A1

- 1 Yes
- 2 No → [Go to Question 56](#)
- 5 Don't know → [Go to Question 56](#)

55. 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

56. 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?

S09Q03

See Note 16A2

- 1 Yes
- 2 No → [Go to Question 59](#)
- 5 Don't know → [Go to Question 59](#)

57. 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

58. 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 but less than 10 years ago
- 5 10 or more years ago
- 6 Never had a colonoscopy
- 5 Don't know

59. When did you last have a flu shot?

H09050

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

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

H09051

- 1 Yes See Note 17
- 2 No → [Go to Question 65](#)
- 5 Don't know → [Go to Question 65](#)

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

H09052

- 4 Every day → [Go to Question 62](#)
- 3 Some days → [Go to Question 62](#) See Note 17
- 2 Not at all → [Go to Question 65](#)
- 5 Don't know → [Go to Question 65](#)

62. 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

- 1 None See Notes 17 and 18
- 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 was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

H09054

- 1 None See Notes 17 and 18
- 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. 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

- 1 None See Notes 17 and 18
- 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

65. 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

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

S09D01

- 1 Yes → [Go to Question 67](#)
- 2 No → [Go to Question 69](#) See Note 18A1
- 5 Don't know → [Go to Question 69](#)

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

S09D02

- 1 Every day See Note 18A1
- 2 Some days
- 3 Not at all → [Go to Question 69](#)

68. 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 See Note 18A1
- 2 One to two cans or pouches a week
- 1 Less than one can or pouch a week
- 5 Don't know

69. 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

70. Are you male or female?

H09056

- 1 Male → [Go to Question 77](#) See Note 19A
- 2 Female

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

H09057

- 5 Within the last 12 months See Notes 19A and 19B
- 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

72. Are you under age 40?

H09058

- 1 Yes → [Go to Question 74](#) See Notes 19A, 19B and 20
- 2 No

73. When was the last time your breasts were checked by mammography? H09059
- 5 Within the last 12 months See Notes 19A, 19B and 20
- 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

74. 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 75](#)
- 2 No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 76](#)
- 3 No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 77](#)

75. 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 77](#)
- 2 Second trimester (13th through 27th week)
- 3 Third trimester (28th week until delivery)

76. 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

77. In general, how would you rate your overall health now? H09063
- 5 Excellent
- 4 Very good
- 3 Good
- 2 Fair
- 1 Poor

78. Are you limited in any way in any activities because of any impairment or health problem? H09064
- 1 Yes
- 2 No

79. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? H09065
- 1 Yes See Note 22
- 2 No → [Go to Question 81](#)

80. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause. H09066
- 1 Yes See Note 22
- 2 No

81. Do you now need or take medicine prescribed by a doctor? Do not include birth control. H09067
- 1 Yes See Note 23
- 2 No → [Go to Question 83](#)

82. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause. H09068
- 1 Yes See Note 23
- 2 No

83. 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

84. 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

85. 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

86. 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

87. 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)

88. 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

89. 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

90. 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

91. 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

92. 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/tricare-servicecenters

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