



# Health Care Survey of DoD Beneficiaries

April 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 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. 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 → [Go to Question 20](#)

See Note 3A1

2 ☐ 1

3 ☐ 2

4 ☐ 3

5 ☐ 4

6 ☐ 5 to 9

7 ☐ 10 or more

13. The last time you visited an emergency room, did you go to the emergency room to treat an accident or injury or for some other health problem?

S09W01

1 ☐ Accident or injury

2 ☐ Some other reason

-5 ☐ Don't know

-6 ☐ I had no emergency room visits in the last 12 months → [Go to Question 20](#)

See Note 3A1

14. Before going to the emergency room, were you able to contact a doctor or other health professional about this problem?

S09W02

See Notes 3A1 and 3A2

1 ☐ Yes

2 ☐ No → [Go to Question 16](#)

-5 ☐ Don't know → [Go to Question 16](#)

15. Did the doctor or health professional tell you to go to the emergency room?

1 ☐ Yes → [Go to Question 20](#)

2 ☐ No

-5 ☐ Don't know

S09W03

See Notes 3A1, 3A2, and 3A3

16. Before going to the emergency room or calling for emergency medical assistance, did you try to see or call a doctor or other health professional about this problem?

1 ☐ Yes

2 ☐ No

-5 ☐ Don't know

S09W04

See Notes 3A1 and 3A3

17. At the time you went to the emergency room, were there any places other than an emergency room where you could have gone to treat this problem?

S09W05

1 ☐ Yes

2 ☐ No → [Go to Question 19](#)

-5 ☐ Don't know → [Go to Question 19](#)

See Notes 3A1, 3A3, and 3A4

18. Why did you decide to go to an emergency room instead of the alternative?

S09W06

See Notes 3A1, 3A3, and 3A4

**MARK ONLY ONE ANSWER.**

1 ☐ Other choices were closed at the time

2 ☐ Other choices were too far away

3 ☐ Other choices cost too much

4 ☐ Other reason

-5 ☐ Don't know

19. As a result of this emergency room visit, were you admitted to the hospital for an overnight stay?

S09W07

See Notes 3A1 and 3A3

1 ☐ Yes

2 ☐ No

-5 ☐ Don't know

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

1 ☐ None → [Go to Question 26](#)

2 ☐ 1

3 ☐ 2

4 ☐ 3

5 ☐ 4

6 ☐ 5 to 9

7 ☐ 10 or more

H09013

See Note 4

21. 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

22. 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 25](#)

23. 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



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

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

H09017

See Notes 4 and 5

25. 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

H09018

See Note 4

### YOUR PERSONAL DOCTOR OR NURSE

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

- 1 ☐ Yes  
2 ☐ No

→ [Go to Question 36](#)

H09019

See Note 6

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

- 0 ☐ None → [Go to Question 34](#)  
1 ☐ 1  
2 ☐ 2  
3 ☐ 3  
4 ☐ 4  
5 ☐ 5 to 9  
6 ☐ 10 or more

H09020

See Notes 6 and 7

28. In the last 12 months, how often did your personal doctor listen carefully to you?

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

H09021

See Notes 6 and 7

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

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

H09022

See Notes 6 and 7

30. In the last 12 months, how often did your personal doctor 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

H09023

See Notes 6 and 7

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

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

H09024

See Notes 6 and 7

32. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1 ☐ Yes  
2 ☐ No

H09025

See Notes 6, 7, and 8

→ [Go to Question 34](#)

33. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

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

H09026

See Notes 6, 7, and 8

34. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 ☐ 0 Worst personal doctor possible  
1 ☐ 1  
2 ☐ 2  
3 ☐ 3  
4 ☐ 4  
5 ☐ 5  
6 ☐ 6  
7 ☐ 7  
8 ☐ 8  
9 ☐ 9  
10 ☐ 10 Best personal doctor possible  
-6 ☐ I don't have a personal doctor

H09027

See Note 6

35. Did you have the same personal doctor or nurse before you joined this health plan? S09009 See Notes 6 and 8A1
- 1 ☐ Yes → [Go to Question 37](#)
- 2 ☐ No

36. 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? S09010 See Note 8A1
- 1 ☐ A big problem
- 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 or care you got when you stayed overnight in a hospital.*

37. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 12 months, did you try to make any appointments to see a specialist?

- 1 ☐ Yes H09028
- 2 ☐ No → [Go to Question 41](#) See Note 9

38. 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

39. How many specialists have you seen in the last 12 months?
- 0 ☐ None → [Go to Question 41](#)
- 1 ☐ 1 specialist H09030
- 2 ☐ 2 See Notes 9 and 10
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5 or more specialists

40. We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

- 0 ☐ 0 Worst specialist possible H09031
- 1 ☐ 1
- 2 ☐ 2 See Notes 9 and 10
- 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

41. 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

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

- 1 ☐ Yes S09B02
- 2 ☐ No → [Go to Question 45](#) See Note 10A1

43. 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 See Note 10A1

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

44. 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 S09B04
- 1 ☐ 1 See Note 10A1
- 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

## 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.*

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

H09032

See Note 11

1 ☐ Yes

2 ☐ No → [Go to Question 47](#)

46. 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

See Note 11

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

-6 ☐ I didn't need care, tests or treatment through my health plan in the last 12 months

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

H09034B

See Note 11B

1 ☐ Yes

2 ☐ No → [Go to Question 49](#)

48. 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

See Note 11B

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

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

49. 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 51](#)

50. 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

51. 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 53](#)

52. 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

53. 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 56](#)

54. 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

55. 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

56. 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 58](#)

57. 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

58. 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 61](#)

-5 ☐ Don't know → [Go to Question 61](#)

59. 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

60. 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

61. 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

*Think about your experience with your health plan. By your health plan, we mean the health plan you marked in Question 3. Please tell me how much you agree or disagree with the following statements.*

62. Your health plan cares more about saving money than about getting you the treatment you need. S09K12

1 ☐ Strongly agree

2 ☐ Agree

3 ☐ Neither agree nor disagree

4 ☐ Disagree

5 ☐ Strongly disagree

63. You feel like you need to double-check everything your health plan does. S09K13

1 ☐ Strongly agree

2 ☐ Agree

3 ☐ Neither agree nor disagree

4 ☐ Disagree

5 ☐ Strongly disagree

64. You believe your health plan will pay for everything it is supposed to, even really expensive treatments. S09K14

1 ☐ Strongly agree

2 ☐ Agree

3 ☐ Neither agree nor disagree

4 ☐ Disagree

5 ☐ Strongly disagree

65. If you have a question, you think your health plan will give you a straight answer. S09K15

1 ☐ Strongly agree

2 ☐ Agree

3 ☐ Neither agree nor disagree

4 ☐ Disagree

5 ☐ Strongly disagree

66. All in all, you have complete trust in your health plan. S09K16

1 ☐ Strongly agree

2 ☐ Agree

3 ☐ Neither agree nor disagree

4 ☐ Disagree

5 ☐ Strongly disagree

*Think about the provider you usually see when you are sick or need advice about your health. Please tell me how much you agree or disagree with the following statements.*

67. Sometimes your health care provider cares more about what is convenient for (him/her) than about your medical needs. S09K01

1 ☐ Strongly agree

2 ☐ Agree

3 ☐ Neither agree nor disagree

4 ☐ Disagree

5 ☐ Strongly disagree



68. Your health care provider is always thoughtful and thorough.

S09K02

- 1 ☐ Strongly agree
- 2 ☐ Agree
- 3 ☐ Neither agree nor disagree
- 4 ☐ Disagree
- 5 ☐ Strongly disagree

69. You completely trust your health care provider's decisions about which medical treatments are best for you.

S09K03

- 1 ☐ Strongly agree
- 2 ☐ Agree
- 3 ☐ Neither agree nor disagree
- 4 ☐ Disagree
- 5 ☐ Strongly disagree

70. Your health care provider is completely honest in telling you about all of the different treatment options available for your condition.

S09K04

- 1 ☐ Strongly agree
- 2 ☐ Agree
- 3 ☐ Neither agree nor disagree
- 4 ☐ Disagree
- 5 ☐ Strongly disagree

71. All in all, you have complete trust in your health care provider.

S09K05

- 1 ☐ Strongly agree
- 2 ☐ Agree
- 3 ☐ Neither agree nor disagree
- 4 ☐ Disagree
- 5 ☐ Strongly disagree

## 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.*

72. 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

73. 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

74. 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

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

H09051

See Note 17

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 80](#)
- 5 ☐ Don't know → [Go to Question 80](#)

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

H09052

See Note 17

- 4 ☐ Every day → [Go to Question 77](#)
- 3 ☐ Some days → [Go to Question 77](#)
- 2 ☐ Not at all → [Go to Question 80](#)
- 5 ☐ 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?

H09053

See Notes 17 and 18

- 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

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)?

H09054

See Notes 17 and 18

- 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

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?

H09055

See Notes 17 and 18

- 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

80. Are you male or female?

H09056

See Note 19A

- 1 ☐ Male → [Go to Question 87](#)
- 2 ☐ Female

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

H09057

See Notes 19A and 19B

- 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

82. Are you under age 40?

- 1 ☐ Yes → [Go to Question 84](#) H09058  
2 ☐ No See Notes 19A, 19B, and 20

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

- H09059 See Notes 19A, 19B, and 20  
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

84. 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 85](#)  
2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 86](#)  
3 ☐ 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?

- 1 ☐ First trimester (up to 12 weeks after 1<sup>st</sup> day of last period) → [Go to Question 87](#)  
2 ☐ Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)  
3 ☐ Third trimester (28<sup>th</sup> week until delivery)  
H09061 See Notes 19A, 19B, and 21

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

- 4 ☐ First trimester (up to 12 weeks after 1<sup>st</sup> day of last period)  
3 ☐ Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)  
2 ☐ Third trimester (28<sup>th</sup> week until delivery)  
1 ☐ Did not receive prenatal care  
H09062 See Notes 19A, 19B, and 21

## ABOUT YOU

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

- H09063  
5 ☐ Excellent  
4 ☐ Very good  
3 ☐ Good  
2 ☐ Fair  
1 ☐ Poor

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

- H09064  
1 ☐ Yes  
2 ☐ No

89. 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  
2 ☐ No → [Go to Question 91](#) See Note 22

90. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- H09066  
1 ☐ Yes  
2 ☐ No See Note 22

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

- H09067  
1 ☐ Yes  
2 ☐ No → [Go to Question 93](#) See Note 23

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

- H09068  
1 ☐ Yes  
2 ☐ No See Note 23

93. Have you or your spouse been deployed to a combat within the past two years?

- S09B22, S09B22A-S09B22C See Note 23A1  
1 ☐ Yes, I and/or my spouse have been deployed in the past year  
2 ☐ Yes, I and/or my spouse have been deployed within the past two years  
3 ☐ No, neither I nor my spouse has been deployed within the past two years

*In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month...*

94. You have had nightmares about it or thought about it when you did not want to?

- S09B23  
1 ☐ Yes  
2 ☐ No

95. You tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

- S09B24  
1 ☐ Yes  
2 ☐ No

96. You were constantly on guard, watchful, or easily startled?

- S09B25  
1 ☐ Yes  
2 ☐ No

97. You felt numb or detached from others, activities, or your surroundings?

- S09B26  
1 ☐ Yes  
2 ☐ No

98. How tall are you without your shoes on?

Please give your answer in feet and inches.

Example:

Height	
Feet	Inches
<u>5</u>	<u>6</u>
<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

H09069F, H09069I

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

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

Please give your answer in pounds.

Example:

Weight		
Pounds		
<u>1</u>	<u>6</u>	<u>0</u>
<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

H09070

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

100. 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

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

H090071, H09071A-H09071E

See Note 24

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

- ☐ 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

102. 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)

103. 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

104. 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

105. 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

106. 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

107. 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

108. Using a scale of 1 to 5, how much do you agree or disagree with the following statement: In general, I am able to see my provider(s) when needed?

S09011

- 1 ☐ 1 Strongly disagree
- 2 ☐ 2 Disagree
- 3 ☐ 3 Neither agree nor disagree
- 4 ☐ 4 Agree
- 5 ☐ 5 Strongly agree

109. For your last visit to a provider's office, how many days did you have to wait between making the appointment and actually seeing a provider?

S09012

See Note 24A1

- 1 ☐ Same day
- 2 ☐ 1 to 7 days
- 3 ☐ 8 to 30 days
- 4 ☐ 31 or more days
- 5 ☐ I cannot remember my most recent visit → [Go to Question 111](#)

110. Using a scale of 1 to 5, how satisfied are you with the length of time you waited for your appointment?

S09013

See Note 24A1

- 1 ☐ 1 Completely dissatisfied
- 2 ☐ 2 Somewhat dissatisfied
- 3 ☐ 3 Neither satisfied nor dissatisfied
- 4 ☐ 4 Somewhat satisfied
- 5 ☐ 5 Completely satisfied

111. Using a scale of 1 to 5, how satisfied are you, overall, with the health care you received during your last visit?

S09014

- 1 ☐ 1 Completely dissatisfied
- 2 ☐ 2 Somewhat dissatisfied
- 3 ☐ 3 Neither satisfied nor dissatisfied
- 4 ☐ 4 Somewhat satisfied
- 5 ☐ 5 Completely satisfied

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

**Return your survey in the postage-paid envelope.** If the envelope is missing, please send to:

Office of the Assistant Secretary of Defense (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](mailto: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

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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:

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South: 1-800-444-5445  
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The website is:

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

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**1-877-222-VETS**; or go to [www.va.gov](http://www.va.gov)