



July 2009



## 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.*

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

**Authority:** 10 U.S.C., Chapter 55; Section 706, Public Law 102-484; E.O. 9397.

**Purpose:** This survey helps health policy makers gauge beneficiary satisfaction with the current military health care system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

**Routine Uses:** None

**Disclosure:** Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

## SURVEY INSTRUCTIONS

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

- ☒ Yes → **Go to Question 42**  
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If 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

Many beneficiaries who are eligible for TRICARE also have the opportunity to obtain other civilian health insurance through their job or a family member's job, through COBRA, or through retirement coverage from a previous job, or from some other group. COBRA lets beneficiaries pay to keep their coverage temporarily when they leave their job.

5. Do you currently have the opportunity to obtain civilian health insurance coverage for yourself through some civilian group?

S09J01

See Note 1A1

- 1 ☐ Yes  
 2 ☐ No → [Go to Question 15](#)

6. What options do you have for obtaining civilian coverage?

MARK ALL THAT APPLY.

S09J02A-S09J02I

See Note 1A1

- A ☐ Through my current employer  
 B ☐ Through COBRA from my previous employer  
 C ☐ Through retirement coverage from my previous employer  
 D ☐ Through a family member's current employer  
 E ☐ Through COBRA from a family member's previous employer  
 F ☐ Through retirement coverage from a family member's previous employer  
 G ☐ Through another organization  
 H ☐ Through a government program  
 I ☐ Don't know

7. Are you alone or are you and others in your household now covered by a civilian policy?

S09J03

See Notes 1A1 and 1A2

- 1 ☐ Yes, I alone  
 2 ☐ Yes, I and at least one other person in my household are covered  
 4 ☐ No → [Go to Question 10](#)

8. For your civilian coverage, do you or your family member pay all or part of the insurance premium?

- 1 ☐ Yes, I or my family members pay all of the premium  
 2 ☐ Yes, I or my family members pay part of the premium  
 3 ☐ No, coverage is available at no cost → [Go to Question 10](#)  
 -5 ☐ Don't know

S09J04

See Notes 1A1, 1A2, and 1A3

9. How much per month do you or your family member pay for this coverage?

Please write your response in dollars on the lines provided, then check the matching box below in each column. For example, if you pay \$456 per month, you would put a "4" on the first line, a "5" on the second line and "6" on the third line, and then check the box next to the "4" in the first column, next to the "5" in the second column and next to the "6" in the third column.

For example:

Dollars		
4	5	6
<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 checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

If you do not know the exact amount, please indicate the approximate amount.

Your Answer:

Dollars		
<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"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

1000 ☐ \$1000 or more

-5 ☐ Don't know

S09J05

See Notes 1A1, 1A2, and 1A3

10. Have you used civilian coverage for any of your health care in the past 12 months?

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

S09J06

See Notes 1A1 and 1A4

11. Why haven't you used civilian coverage?

S09J07A-S09J07N

MARK ALL THAT APPLY.

See Notes 1A1 and 1A4

- A ☐ Civilian coverage is not available to me
- B ☐ I have a better choice of doctors with TRICARE
- F ☐ My personal doctor is only available to me through TRICARE
- I ☐ I prefer to use military doctors
- J ☐ I prefer military hospitals
- G ☐ I want to be sure I can always use military health care
- D ☐ I get better customer service with TRICARE
- E ☐ Civilian benefits are poor compared to TRICARE
- C ☐ I do not want to pay the premium for civilian coverage
- M ☐ My employer pays a bonus for not taking employee coverage
- N ☐ My family member's employer pays a bonus for not taking employee coverage
- H ☐ I pay less for TRICARE than I would for civilian care
- K ☐ I have not needed health care
- L ☐ Another reason

12. Have you used TRICARE for any health care (except for prescription drugs) in the past 12 months?

- 1 ☐ Yes → [Go to Question 14](#)
- 2 ☐ No

S09J08

See Notes 1A1 and 1A5

13. Why haven't you used TRICARE?

S09J09A-S09J09L

MARK ALL THAT APPLY.

See Notes 1A1 and 1A5

- A ☐ I have a better choice of doctors with my civilian plan
- D ☐ My personal doctor is not available to me through TRICARE
- I ☐ I prefer civilian doctors
- J ☐ I prefer civilian hospitals
- H ☐ There are no military facilities near me
- C ☐ I get better customer service with civilian plans
- E ☐ TRICARE benefits are poor compared to my civilian plan
- F ☐ It is easier for me to get care through my civilian plan
- B ☐ I do not want to pay the premium for TRICARE
- G ☐ I pay less for civilian care than I would for TRICARE
- K ☐ I have not needed health care
- L ☐ Another reason

14. Have dropped civilian coverage in the past 12 months?

- 1 ☐ Yes
- 2 ☐ No

S09J10

See Note 1A1

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.*

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?

H09006

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 19](#)

See Note 2

17. 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

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

See Note 2

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?

H09008

- 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
- 8 ☐ I didn't need care right away for an illness, injury or condition in the last 12 months

See Note 2

19. 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?

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 22](#)

H09009

See Note 3

20. 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

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?

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

22. 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

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 health care for yourself?

H09013

See Note 4

- 1 ☐ None → [Go to Question 29](#)  
2 ☐ 1  
3 ☐ 2  
4 ☐ 3  
5 ☐ 4  
6 ☐ 5 to 9  
7 ☐ 10 or more

24. 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

25. 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 28](#)

26. 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

27. 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

28. 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

29. 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 39](#)



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

- 0 ☐ None → [Go to Question 37](#) H09020  
 1 ☐ 1 See Notes 6 and 7  
 2 ☐ 2  
 3 ☐ 3  
 4 ☐ 4  
 5 ☐ 5 to 9  
 6 ☐ 10 or more

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

- 1 ☐ Never H09021  
 2 ☐ Sometimes See Notes 6 and 7  
 3 ☐ Usually  
 4 ☐ Always  
 -6 ☐ I had no visits in the last 12 months

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

- 1 ☐ Never H09022  
 2 ☐ Sometimes See Notes 6 and 7  
 3 ☐ Usually  
 4 ☐ Always  
 -6 ☐ I had no visits in the last 12 months

33. In the last 12 months, how often did your personal doctor show respect for what you had to say?

- 1 ☐ Never H09023  
 2 ☐ Sometimes See Notes 6 and 7  
 3 ☐ Usually  
 4 ☐ Always  
 -6 ☐ I had no visits in the last 12 months

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

- 1 ☐ Never H09024  
 2 ☐ Sometimes See Notes 6 and 7  
 3 ☐ Usually  
 4 ☐ Always  
 -6 ☐ I had no visits in the last 12 months

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

- 1 ☐ Yes H09025 See Notes 6, 7, and 8  
 2 ☐ No → [Go to Question 37](#)

36. 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 H09026  
 2 ☐ Sometimes See Notes 6, 7, and 8  
 3 ☐ Usually  
 4 ☐ Always

37. 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 H09027  
 1 ☐ 1 See Note 6  
 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

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

- 1 ☐ Yes → [Go to Question 40](#) S09009  
 2 ☐ No See Notes 6 and 8A1

39. 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?

- 1 ☐ A big problem S09010  
 2 ☐ A small problem See Note 8A1  
 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.*

40. 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 44](#) See Note 9

41. In the last 12 months, how often was it easy to get appointments with specialists?

- 1 ☐ Never H09029  
 2 ☐ Sometimes See Note 9  
 3 ☐ Usually  
 4 ☐ Always  
 -6 ☐ I didn't need a specialist in the last 12 months

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

- 0 ☐ None → [Go to Question 44](#) H09030  
 1 ☐ 1 specialist See Notes 9 and 10  
 2 ☐ 2  
 3 ☐ 3  
 4 ☐ 4  
 5 ☐ 5 or more specialists

43. 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 See Notes 9 and 10  
 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

44. 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

45. 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 48](#) See Note 10A1

46. 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

47. 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 S09B04  
 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.*

48. 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 50](#)

49. 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

50. 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 52](#)

51. 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

52. 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 54](#)

53. 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

54. 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 56](#)

55. 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

56. 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 59](#)

57. 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

58. 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

59. 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 61](#)

60. 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

61. 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 64](#)

-5 ☐ Don't know → [Go to Question 64](#)

62. 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

63. 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



64. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

0	<input type="checkbox"/>	0	Worst health plan possible	H09047
1	<input type="checkbox"/>	1		
2	<input type="checkbox"/>	2		
3	<input type="checkbox"/>	3		
4	<input type="checkbox"/>	4		
5	<input type="checkbox"/>	5		
6	<input type="checkbox"/>	6		
7	<input type="checkbox"/>	7		
8	<input type="checkbox"/>	8		
9	<input type="checkbox"/>	9		
10	<input type="checkbox"/>	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.*

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

3	<input type="checkbox"/>	Less than 12 months ago	H09048
2	<input type="checkbox"/>	1 to 2 years ago	
1	<input type="checkbox"/>	More than 2 years ago	

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

1	<input type="checkbox"/>	Yes, it is too high	H09049
2	<input type="checkbox"/>	No, it is not too high	
3	<input type="checkbox"/>	Don't know	

67. When did you last have a flu shot?

4	<input type="checkbox"/>	Less than 12 months ago	H09050
3	<input type="checkbox"/>	1-2 years ago	
2	<input type="checkbox"/>	More than 2 years ago	
1	<input type="checkbox"/>	Never had a flu shot	

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

1	<input type="checkbox"/>	Yes	H09051
2	<input type="checkbox"/>	No	See Note 17
-5	<input type="checkbox"/>	Don't know	

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

4	<input type="checkbox"/>	Every day	H09052	See Note 17
3	<input type="checkbox"/>	Some days		
2	<input type="checkbox"/>	Not at all		
-5	<input type="checkbox"/>	Don't know		

70. 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?

1	<input type="checkbox"/>	None	H09053
2	<input type="checkbox"/>	1 visit	See Notes 17 and 18
3	<input type="checkbox"/>	2 to 4 visits	
4	<input type="checkbox"/>	5 to 9 visits	
5	<input type="checkbox"/>	10 or more visits	
-6	<input type="checkbox"/>	I had no visits in the last 12 months	

71. 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)?

1	<input type="checkbox"/>	None	H09054
2	<input type="checkbox"/>	1 visit	See Notes 17 and 18
3	<input type="checkbox"/>	2 to 4 visits	
4	<input type="checkbox"/>	5 to 9 visits	
5	<input type="checkbox"/>	10 or more visits	
-6	<input type="checkbox"/>	I had no visits in the last 12 months	

72. 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?

1	<input type="checkbox"/>	None	H09055
2	<input type="checkbox"/>	1 visit	See Notes 17 and 18
3	<input type="checkbox"/>	2 to 4 visits	
4	<input type="checkbox"/>	5 to 9 visits	
5	<input type="checkbox"/>	10 or more visits	
-6	<input type="checkbox"/>	I had no visits in the last 12 months	

73. 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.*

1	<input type="checkbox"/>	Yes	S09D03
2	<input type="checkbox"/>	No	
-5	<input type="checkbox"/>	Don't know	

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

1	<input type="checkbox"/>	Every day	S09D02
2	<input type="checkbox"/>	Some days	
3	<input type="checkbox"/>	Not at all	

75. Are you male or female?

1	<input type="checkbox"/>	Male	H09056
2	<input type="checkbox"/>	Female	See Note 19A

76. 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

77. Are you under age 40?

1 ☐ Yes → [Go to Question 79](#) H09058

2 ☐ No See Notes 19A, 19B, and 20

78. 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

79. 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 80](#)

2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 81](#)

3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 82](#)

80. In what trimester is your pregnancy? H09061 See Notes 19A, 19B, and 21

1 ☐ First trimester (up to 12 weeks after 1<sup>st</sup> day of last period) → [Go to Question 82](#)

2 ☐ Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)

3 ☐ Third trimester (28<sup>th</sup> week until delivery)

81. 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

82. In general, how would you rate your overall health now? H09063

5 ☐ Excellent

4 ☐ Very good

3 ☐ Good

2 ☐ Fair

1 ☐ Poor

83. Are you limited in any way in any activities because of any impairment or health problem? H09064

1 ☐ Yes

2 ☐ No

84. 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 See Note 22

1 ☐ Yes

2 ☐ No → [Go to Question 86](#)

85. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause. H09066 See Note 22

1 ☐ Yes

2 ☐ No

86. Do you now need or take medicine prescribed by a doctor? Do not include birth control. H09067 See Note 23

1 ☐ Yes

2 ☐ No → [Go to Question 88](#)

87. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause. H09068 See Note 23

1 ☐ Yes

2 ☐ No

88. 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"/> 8	<input type="checkbox"/> 7
<input type="checkbox"/> 9	<input type="checkbox"/> 8
<input type="checkbox"/> 10	<input type="checkbox"/> 9
<input type="checkbox"/> 11	<input type="checkbox"/> 10
<input type="checkbox"/> 12	<input type="checkbox"/> 11

**Your answer:**

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"/> 8	<input type="checkbox"/> 7
<input type="checkbox"/> 9	<input type="checkbox"/> 8
<input type="checkbox"/> 10	<input type="checkbox"/> 9
<input type="checkbox"/> 11	<input type="checkbox"/> 10
<input type="checkbox"/> 12	<input type="checkbox"/> 11

H09069F, H09069I

89. 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

**Your Answer:**

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

90. 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

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

*(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

H090071, H09071A-H09071E

See Note 24

92. What is your race?

*(Mark ONE OR MORE races to indicate what you consider yourself to be.)*

- 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)

SRRACEA-SRRACEE

93. What is your age now?

- 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

SRAGE

94. 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

95. 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

96. 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

97. Overall, how would you rate the current level of stress in your personal life?

S09Z02

- 5 ☐ Much less than usual
- 4 ☐ Less than usual
- 3 ☐ About the same as usual
- 2 ☐ More than usual
- 1 ☐ Much more than usual

*The following questions are about issues or problems that may concern you. For each of the following matters, please indicate the extent to which it is currently a concern for you.*

98. To what extent are childcare arrangements a concern?

S09Z03

- 5 ☐ Not a concern
- 4 ☐ Small extent
- 3 ☐ Moderate extent
- 2 ☐ Large extent
- 1 ☐ Very large extent

99. To what extent are your child's or children's education a concern?

S09Z04

- 5 ☐ Not a concern
- 4 ☐ Small extent
- 3 ☐ Moderate extent
- 2 ☐ Large extent
- 1 ☐ Very large extent

100. To what extent is communicating with your spouse a concern?

S09Z06

- 5 ☐ Not a concern  
4 ☐ Small extent  
3 ☐ Moderate extent  
2 ☐ Large extent  
1 ☐ Very large extent

101. To what extent are managing household expenses a concern?

S09Z07

- 5 ☐ Not a concern  
4 ☐ Small extent  
3 ☐ Moderate extent  
2 ☐ Large extent  
1 ☐ Very large extent

102. To what extent are marital problems between you and your spouse a concern?

S09Z10

- 5 ☐ Not a concern  
4 ☐ Small extent  
3 ☐ Moderate extent  
2 ☐ Large extent  
1 ☐ Very large extent

103. To what extent are your health problems a concern?

S09Z11

- 5 ☐ Not a concern  
4 ☐ Small extent  
3 ☐ Moderate extent  
2 ☐ Large extent  
1 ☐ Very large extent

104. To what extent are the health problems of a child, sibling, parent, or elderly family member a concern?

S09Z12

- 5 ☐ Not a concern  
4 ☐ Small extent  
3 ☐ Moderate extent  
2 ☐ Large extent  
1 ☐ Very large extent

105. To what extent are your job or education demands a concern?

S09Z13

- 5 ☐ Not a concern  
4 ☐ Small extent  
3 ☐ Moderate extent  
2 ☐ Large extent  
1 ☐ Very large extent

106. To what extent is major financial hardship or bankruptcy in your family a concern?

S09Z14

- 5 ☐ Not a concern  
4 ☐ Small extent  
3 ☐ Moderate extent  
2 ☐ Large extent  
1 ☐ Very large extent

107. Are you the spouse of a member of the uniformed services currently deployed to a combat zone?

S09Z01

- 1 ☐ Yes  
2 ☐ No → [Go to Question 111](#)  
See Note 24B1

108. Have you sought information about resources to spouses and families of deployed personnel?

S09Z15

- 1 ☐ Yes  
2 ☐ No → [Go to Question 111](#)  
See Notes 24B1 and 24B2

109. How helpful would you say was the information you received in coping with your spouse's deployment?

S09Z16

- 1 ☐ Very helpful  
2 ☐ Somewhat helpful  
3 ☐ Not helpful  
See Notes 24B1 and 24B2

110. How much of a problem was it for you to find information?

S09Z17

- 3 ☐ Not a problem  
2 ☐ A small problem  
1 ☐ A big problem  
See Notes 24B1 and 24B2

111. Which of the following best describes your current employment status?

S09J11

- 1 ☐ Active Duty  
2 ☐ Employed full-time (including self-employed)  
3 ☐ Employed part-time (including self-employed)  
4 ☐ Unemployed, but looking for work  
5 ☐ Unemployed, and not looking for work  
6 ☐ Student  
7 ☐ Permanently retired

112. What was your family's income before taxes in 2008?

*(Include wages before taxes, dividends, interest, social security, pensions, alimony, net business or farm income, and any other money income received by family members age 15 or older)*

S09J12

- 1 ☐ Less than \$10,000  
2 ☐ \$10,000 to \$24,999  
3 ☐ \$25,000 to \$49,999  
4 ☐ \$50,000 to \$74,999  
5 ☐ \$75,000 to \$99,999  
6 ☐ \$100,000 to \$124,999  
7 ☐ \$125,000 to \$149,999  
8 ☐ \$150,000 to \$199,999  
9 ☐ \$200,000 and above  
-5 ☐ Don't know

**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 the address on page 2 of this survey.