



Health Care Survey of DoD Beneficiaries

October 2009



According to the Privacy Act of 1974 (5 U.S.C. §552a), 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. §1074 (Medical and Dental Care for Members and Certain Former Members, as amended by National Defense Authorization Act of 1993, Public Law 102-484, §706); 10 U.S.C. §1074f (Medical Tracking System for Members Deployed Overseas); 32 C.F.R. §199.17 (TRICARE Program); 45 C.F.R. Part 160 Subparts A and E of Part 164 (Health Insurance Portability and Accountability Act of 1996, Privacy Rule); DoD 6025.18-R (Department of Defense Health Information Privacy Regulation); DoD 6025.13-R (Military Health System Clinical Quality Assurance Program Regulation); 64 FR 22837 (DHA 08 – Health Affairs Survey Data Base, April 28, 1999); and, E.O. 9397 (as amended, November 20, 2008, for SSN collection).

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: Participation is 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?

H10001

- 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?

MARK ALL THAT APPLY.

H10002A-H10002R

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?

MARK ONLY ONE ANSWER.

- | | | | |
|----|--------------------------|--|------------|
| 1 | <input type="checkbox"/> | TRICARE Prime | H10003 |
| 3 | <input type="checkbox"/> | TRICARE Extra or Standard (CHAMPUS) | See Note 1 |
| 11 | <input type="checkbox"/> | TRICARE Plus | |
| 12 | <input type="checkbox"/> | TRICARE Reserve Select | |
| 4 | <input type="checkbox"/> | Medicare (may include TRICARE for Life) | |
| 5 | <input type="checkbox"/> | Federal Employees Health Benefit Program (FEHBP) | |
| 6 | <input type="checkbox"/> | Medicaid | |
| 7 | <input type="checkbox"/> | A civilian HMO (such as Kaiser) | |
| 8 | <input type="checkbox"/> | Other civilian health insurance (such as Blue Cross) | |
| 9 | <input type="checkbox"/> | Uniformed Services Family Health Plan (USFHP) | |
| 10 | <input type="checkbox"/> | The Veterans Administration (VA) | |
| 13 | <input type="checkbox"/> | Government health insurance from a country other than the US | |
| -5 | <input type="checkbox"/> | Not sure | |
| -6 | <input type="checkbox"/> | 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?

- | | | | |
|---|--------------------------|--------------------|------------|
| 1 | <input type="checkbox"/> | Less than 6 months | H10004 |
| 2 | <input type="checkbox"/> | 6 up to 12 months | See Note 1 |
| 3 | <input type="checkbox"/> | 12 up to 24 months | |
| 4 | <input type="checkbox"/> | 2 up to 5 years | |
| 5 | <input type="checkbox"/> | 5 up to 10 years | |
| 6 | <input type="checkbox"/> | 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?

MARK ONLY ONE ANSWER.

- | | | | |
|---|--------------------------|--|--------|
| 1 | <input type="checkbox"/> | A military facility – This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic | H10005 |
| 2 | <input type="checkbox"/> | A civilian facility – This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor | |
| 3 | <input type="checkbox"/> | Uniformed Services Family Health Plan facility (USFHP) | |
| 4 | <input type="checkbox"/> | Veterans Affairs (VA) clinic or hospital | |
| 5 | <input type="checkbox"/> | 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?

- | | | | |
|---|--------------------------|---------------------------------------|------------|
| 1 | <input type="checkbox"/> | Yes | H10006 |
| 2 | <input type="checkbox"/> | No → Go to Question 9 | See Note 2 |

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?

- | | | | |
|----|--------------------------|---|------------|
| 1 | <input type="checkbox"/> | Never | H10007 |
| 2 | <input type="checkbox"/> | Sometimes | See Note 2 |
| 3 | <input type="checkbox"/> | Usually | |
| 4 | <input type="checkbox"/> | Always | |
| -6 | <input type="checkbox"/> | 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?

- | | | | |
|----|--------------------------|---|------------|
| 1 | <input type="checkbox"/> | Same day | H10008 |
| 2 | <input type="checkbox"/> | 1 day | See Note 2 |
| 3 | <input type="checkbox"/> | 2 days | |
| 4 | <input type="checkbox"/> | 3 days | |
| 5 | <input type="checkbox"/> | 4-7 days | |
| 6 | <input type="checkbox"/> | 8-14 days | |
| 7 | <input type="checkbox"/> | 15 days or longer | |
| -6 | <input type="checkbox"/> | 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?

- | | | | |
|---|--------------------------|--|------------|
| 1 | <input type="checkbox"/> | Yes | H10009 |
| 2 | <input type="checkbox"/> | No → Go to Question 12 | See Note 3 |

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?

- | | | | |
|----|--------------------------|---|------------|
| 1 | <input type="checkbox"/> | Never | H10010 |
| 2 | <input type="checkbox"/> | Sometimes | See Note 3 |
| 3 | <input type="checkbox"/> | Usually | |
| 4 | <input type="checkbox"/> | Always | |
| -6 | <input type="checkbox"/> | 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?

- | | | | |
|----|--------------------------|---|------------|
| 1 | <input type="checkbox"/> | Same day | H10011 |
| 2 | <input type="checkbox"/> | 1 day | See Note 3 |
| 3 | <input type="checkbox"/> | 2-3 days | |
| 4 | <input type="checkbox"/> | 4-7 days | |
| 5 | <input type="checkbox"/> | 8-14 days | |
| 6 | <input type="checkbox"/> | 15-30 days | |
| 7 | <input type="checkbox"/> | 31 days or longer | |
| -6 | <input type="checkbox"/> | 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?

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

H10012

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?

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

H10013

See Note 4

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?

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

H10014

See Note 4

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?

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

H10015

See Notes 4,5

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?

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

H10016

See Notes 4,5

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?

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

H10017

See Notes 4,5

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?

- 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

H10018

See Note 4

YOUR PERSONAL DOCTOR

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?

- 1 ☐ Yes
2 ☐ No → [Go to Question 29](#)

H10019

See Note 6

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

- 0 ☐ None → [Go to Question 27](#)
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5 to 9
6 ☐ 10 or more

H10020

See Notes 6,7

21. 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

H10021

See Notes 6,7

22. 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

H10022

See Notes 6,7

23. 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

H10023

See Notes 6,7

24. 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

H10024

See Notes 6,7

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

- 1 ☐ Yes
 2 ☐ No → [Go to Question 27](#)

H10025

See Note 6,7 & 8

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?

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

H10026

See Note 6,7 & 8

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
 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

H10027

See Note 6

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

- 1 ☐ Yes → [Go to Question 30](#)
 2 ☐ No

S10009

See Note 6, 8A1

29. 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
 2 ☐ A small problem
 3 ☐ Not a problem

S10010

See Note 8A1

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.

30. 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
 2 ☐ No → [Go to Question 34](#)

H10028

See Note 9

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

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

H10029

See Note 9

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

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

H10030

See Note 9,10

33. 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
 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

H10031

See Note 9,10

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

S10B01

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

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

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 38](#)

S10B02

See Note 10A1

36. 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?

S10B03

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

See Note 10A1

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

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

S10B04

See Note 10A1

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan. By your health plan, we mean the health plan you marked in Question 3.

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

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

H10032

See Note 11

39. 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?

H10033

- 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

See Note 11

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

H10034B

See Note 11B

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 42](#)

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

H10034

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

See Note 11B

42. 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?

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 44](#)

H10035

See Note 12

43. 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?

H10036

- 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

See Note 12

44. 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?

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 46](#)

H10037

See Note 13

45. 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?

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

H10038

See Note 13

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

- 1 ☐ Yes
2 ☐ No → [Go to Question 49](#)

H10039

See Note 14

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

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

H10040

See Note 14

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

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

H10041

See Note 14

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

- 1 ☐ Yes
2 ☐ No → [Go to Question 51](#)

H10042

See Note 15

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

- 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

H10043

See Note 15

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

- 1 ☐ Yes
2 ☐ No → [Go to Question 54](#)
-5 ☐ Don't know → [Go to Question 54](#)

H10044

See Note 16

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

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

H10045

See Note 16

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

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

H10046

See Note 16

54. 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 ☐ 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

H10047

RESERVISTS

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

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

- 1 ☐ Yes
2 ☐ No → [Go to Question 71](#)

S10G18

See Note 16B1

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

- 1 ☐ Yes, I am a reservist who is currently on active duty for a contingency operation
- 2 ☐ Yes, I am a reservist who has been on active duty for a contingency operation but was deactivated in the past 12 months
- 3 ☐ No, I am a reservist but I have not been on active duty for a contingency operation in the past 12 months
- 4 ☐ No, I am not a reservist

S10G19

See Note 16B1

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

- 1 ☐ Yes, my spouse or parent is a reservist currently on active duty for a contingency operation
- 2 ☐ Yes, my reservist spouse or parent had been on active duty for a contingency operation but was deactivated in the past 12 months
- 3 ☐ No, my spouse or parent is a reservist but has not been on active duty for a contingency operation in the past 12 months
- 4 ☐ No, my spouse or parent is not a reservist

S10G23

See Note 16B1

58. Before becoming eligible for TRICARE Prime, Standard/Extra or transitional coverage due to your activation or your parent's or your spouse's activation, were you covered by civilian health insurance?

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

S10G27

See Note 16B1

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

S10G28

See Notes 16B1, 16B2

- 1 ☐ I use only TRICARE → [Go to Question 62](#)
- 2 ☐ I use both TRICARE and civilian coverage → [Go to Question 61](#)
- 3 ☐ I use only civilian coverage → [Go to Question 60](#)
- 5 ☐ Don't know → [Go to Question 61](#)

60. Why don't you use TRICARE?

S10G29A-S10G29K

MARK ALL THAT APPLY.

See Notes 16B1, 16B2

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

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

- 1 ☐ Yes, we pay all
- 3 ☐ Yes, we pay part
- 2 ☐ No, we pay nothing
- 5 ☐ Don't know

S10G30

See Notes 16B1, 16B2

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

- 1 ☐ A big problem
- 2 ☐ A small problem
- 3 ☐ Not a problem
- 6 ☐ I did not try to get information about TRICARE

S10G31

See Note 16B1

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

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 65](#)
- 6 ☐ I do not have a personal doctor → [Go to Question 66](#)

S10G32

See Notes 16B1, 16B3

64. Does your personal doctor accept TRICARE?

- 1 ☐ Yes
- 2 ☐ No
- 5 ☐ Don't know
- 6 ☐ I do not have a personal doctor

S10G33

See Notes 16B1, 16B3

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

- 1 ☐ It is now more difficult
- 2 ☐ It is now less difficult
- 3 ☐ It is about the same
- 6 ☐ I do not have a personal doctor

S10G34

See Notes 16B1, 16B3

66. Since you became eligible for TRICARE due to activation, how difficult is it to see the specialists you want to see?
- | | |
|--|---------------|
| 1 <input type="checkbox"/> It is now more difficult | S10G35 |
| 2 <input type="checkbox"/> It is now less difficult | See Note 16B1 |
| 3 <input type="checkbox"/> It is about the same | |
| -6 <input type="checkbox"/> I have not needed to see any specialists | |
67. TRICARE Reserve Select (TRS) is a premium-based TRICARE health plan available for purchase by qualified members of the Selected Reserve. Are you aware of this program?
- | | | |
|---|--------|----------------------|
| 1 <input type="checkbox"/> Yes | S10G40 | See Notes 16B1, 16B4 |
| 2 <input type="checkbox"/> No → Go to Question 71 | | |
68. In the past 12 months, have you (or your sponsor) been eligible to purchase coverage under TRICARE Reserve Select?
- | | |
|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> Yes | S10G41 |
| 2 <input type="checkbox"/> No | See Notes 16B1, 16B4 |
| 3 <input type="checkbox"/> Don't know | |
69. Effective October 1, 2007, several changes were made to the TRICARE Reserve Select eligibility rules, enrollment process, and premiums. Are you aware of any of these changes to the TRICARE Reserve Select health plan?
- | | |
|--------------------------------|----------------------|
| 1 <input type="checkbox"/> Yes | S10G42 |
| 2 <input type="checkbox"/> No | See Notes 16B1, 16B4 |
70. Since October 1, 2007, have you been enrolled in the TRICARE Reserve Select program?
- | | |
|--|--------|
| 1 <input type="checkbox"/> Yes, I/we re-enrolled in TRICARE Reserve Select | S10G43 |
| 2 <input type="checkbox"/> Yes, I/we enrolled for the first time in TRICARE Reserve Select | |
| 3 <input type="checkbox"/> No, have not enrolled | |
| -5 <input type="checkbox"/> Don't know | |
- | |
|----------------------|
| See Notes 16B1, 16B4 |
|----------------------|

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.

71. When did you last have a blood pressure reading?
- | | |
|--|--------|
| 3 <input type="checkbox"/> Less than 12 months ago | H10048 |
| 2 <input type="checkbox"/> 1 to 2 years ago | |
| 1 <input type="checkbox"/> More than 2 years ago | |
72. Do you know if your blood pressure is too high?
- | | |
|---|--------|
| 1 <input type="checkbox"/> Yes, it is too high | H10049 |
| 2 <input type="checkbox"/> No, it is not too high | |
| 3 <input type="checkbox"/> Don't know | |

73. When did you last have a flu shot?
- | | |
|--|--------|
| 4 <input type="checkbox"/> Less than 12 months ago | H10050 |
| 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 | |
74. Have you ever smoked at least 100 cigarettes in your entire life?
- | | | |
|--|--------|-------------|
| 1 <input type="checkbox"/> Yes | H10051 | See Note 17 |
| 2 <input type="checkbox"/> No → Go to Question 79 | | |
| -5 <input type="checkbox"/> Don't know → Go to Question 79 | | |
75. Do you now smoke cigarettes every day, some days or not at all?
- | | | |
|--|--------|-------------|
| 4 <input type="checkbox"/> Every day → Go to Question 76 | H10052 | See Note 17 |
| 3 <input type="checkbox"/> Some days → Go to Question 76 | | |
| 2 <input type="checkbox"/> Not at all → Go to Question 79 | | |
| -5 <input type="checkbox"/> Don't know → Go to Question 79 | | |
76. 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 | H10053 |
| 2 <input type="checkbox"/> 1 visit | |
| 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 | |
- | |
|------------------|
| See Notes 17, 18 |
|------------------|
77. 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 | H10054 |
| 2 <input type="checkbox"/> 1 visit | |
| 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 | |
- | |
|------------------|
| See Notes 17, 18 |
|------------------|
78. 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 | H10055 |
| 2 <input type="checkbox"/> 1 visit | |
| 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 | |
- | |
|------------------|
| See Notes 17, 18 |
|------------------|

79. 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.

S10D03

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

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

S10D02

- 1 ☐ Every day
2 ☐ Some days
3 ☐ Not at all

81. Are you male or female?

H10056

See Note 19A

- 1 ☐ Male → [Go to Question 88](#)
2 ☐ Female

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

H10057

See Notes 19A & 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

83. Are you under age 40?

- 1 ☐ Yes → [Go to Question 85](#)
2 ☐ No

H10058

See Notes 19A, 19B & 20

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

H10059

See Notes 19A, 19B & 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

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

- 1 ☐ Yes, I am currently pregnant → [Go to Question 86](#)
2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 87](#)
3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 88](#)

H10060

See Notes 19A, 19B, & 21

86. In what trimester is your pregnancy?

H10061

See Notes 19A, 19B, & 21

- 1 ☐ First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 88](#)
2 ☐ Second trimester (13th through 27th week)
3 ☐ Third trimester (28th week until delivery)

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

H10062

See Notes 19A, 19B, & 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

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

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

H10063

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

- 1 ☐ Yes
2 ☐ No

H10064

90. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- 1 ☐ Yes
2 ☐ No → [Go to Question 92](#)

H10065

See Note 22

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

- 1 ☐ Yes
2 ☐ No

H10066

See Note 22

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

- 1 ☐ Yes
2 ☐ No → [Go to Question 94](#)

H10067

See Note 23

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

- 1 ☐ Yes
2 ☐ No

H10068

See Note 23

94. Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month...

MARK "YES" OR "NO" TO EACH.

S10B23-S10B26

YES NO

- 1 ☐ 2 ☐ You have had nightmares about it or thought about it when you did not want to?
- 1 ☐ 2 ☐ You tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- 1 ☐ 2 ☐ You have been constantly on guard, watchful, or easily startled?
- 1 ☐ 2 ☐ You felt numb or detached from others, activities, or your surroundings?

95. How tall are you without your shoes on? H10069F, H10069I

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

Your answer:

Height	
Feet	Inches
<u> </u>	<u> </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 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

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

Please give your answer in pounds.

H10070

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

Your Answer:

Weight		
Pounds		
<u> </u>	<u> </u>	<u> </u>
<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

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

S10B22

- 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

98. 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

99. 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

H10071A- H10071E, H10071

See Note 24

100. 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

101. 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

102. 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.*

H10072

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

103. 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.*

H10073

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

104. 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.*

H10074

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

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

S10011

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

106. Using a scale of 1 to 5, with 1 being "completely dissatisfied" and 5 being "completely satisfied", how satisfied are you, overall, with the health care you received during your last visit?

S10014

- 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 (Health Affairs)
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 8-digit ID number printed in blue on the letter accompanying this survey.

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