



Health Care Survey of DoD Beneficiaries

April 2010



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?

H10003

MARK ONLY ONE ANSWER.

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

See Note 1

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?

H10004

- 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

See Note 1

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?

H10005

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?

H10006

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?

H10007

- 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

See Note 2

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?

H10008

- 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

See Note 2

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

H10009

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?

H10010

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

See Note 3

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?

H10011

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

See Note 3

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

19. In the last 12 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

- 1 ☐ Yes
2 ☐ No → [Go to Question 21](#)

S10C09

See Note 5A1

20. In the last 12 months, how much of a problem, if any, was it to get the special medical equipment you needed through your health plan?

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I didn't need to get any special medical equipment in the last 12 months

S10C10

See Note 5A1

21. In the last 12 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

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

S10C11

See Note 5A2

22. In the last 12 months, how much of a problem, if any, was it to get the special therapy you needed through your health plan?

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I didn't need any special therapy in the last 12 months

S10C12

See Note 5A2

23. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

- 1 ☐ Yes
2 ☐ No → [Go to Question 25](#)

S10C13

See Note 5A3

In the last 12 months, did you need someone to come into your home to give you home health care or assistance?

24. In the last 12 months, how much of a problem, if any, was it to get the home health care you needed through your health plan?

- 1 ☐ A big problem
 2 ☐ A small problem
 3 ☐ Not a problem
 -6 ☐ I didn't need home health care or assistance in the last 12 months

S10C14

See Note 5A3

YOUR PERSONAL DOCTOR

25. 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 42

26. Is this person a general doctor, a specialist doctor, a physician assistant, or a nurse?

- 1 ☐ General doctor (Family practice or internal medicine)
 2 ☐ Specialist doctor
 3 ☐ Physician assistant
 4 ☐ Nurse
 -6 ☐ I don't have a personal doctor or nurse

S10C01

See Note 6_q3

27. How many months or years have you been going to your personal doctor or nurse?

- 1 ☐ Less than 6 months
 2 ☐ At least 6 months but less than 1 year
 3 ☐ At least 1 year but less than 2 years
 4 ☐ At least 2 years but less than 5 years
 5 ☐ 5 years or more
 -6 ☐ I don't have a personal doctor or nurse

S10C02

See Note 6_q3

28. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- 1 ☐ Yes
 2 ☐ No

→ Go to Question 30

29. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

- 1 ☐ Yes
 2 ☐ No
 -6 ☐ I don't have any health problems or I don't have a personal doctor or nurse

S10C04

See Notes 6_q3, 6A1

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

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

H10020

See Notes 6_q3,7

→ Go to Question 40

31. 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_q3,7

32. 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_q3,7

33. 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_q3,7

34. 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_q3,7

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

- 1 ☐ Yes
 2 ☐ No

H10025

See Notes 6_q3,7 & 8

→ 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
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always

H10026

See Notes 6_q3,7 & 8

37. We want to know how you, your doctors, and other health providers make decisions about your health care.

In the last 12 months, were any decisions made about your health care?

S10C06

See Notes 6_q3, 8B1

1 ☐ Yes

2 ☐ No

→ [Go to Question 40](#)

38. In the last 12 months, how often were you involved as much as you wanted in these decisions about your health care?

1 ☐ Never

S10C07

See Notes 6_q3, 8B1

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

-6 ☐ No decisions were made about my health care in the last 12 months

39. In the last 12 months, how often was it easy to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?

1 ☐ Never

S10C08

See Notes 6_q3, 8B1

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

-6 ☐ No decisions were made about my health care in the last 12 months

40. 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_q3

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

S10009

1 ☐ Yes

→ [Go to Question 43](#)

2 ☐ No

See Notes 6_q3, 8A1

42. 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?

S10010

1 ☐ A big problem

2 ☐ A small problem

3 ☐ Not a problem

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.

43. 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

H10028

See Note 9

2 ☐ No

→ [Go to Question 48](#)

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

1 ☐ Never

H10029

2 ☐ Sometimes

See Note 9

3 ☐ Usually

4 ☐ Always

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

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

0 ☐ None

→ [Go to Question 48](#)

1 ☐ 1 specialist

H10030

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 ☐ 5 or more specialists

See Notes 9,10_q3

46. In the last 12 months, how many times did you go to specialists for care for yourself?

1 ☐ 1

S10C05

See Notes 9,10_q3

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 ☐ 5 to 9

6 ☐ 10 or more

47. 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 Notes 9,10_q3

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

S10B01

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

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

- 1 ☐ Yes
- 2 ☐ No

S10B02

See Note 10A1

➔ [Go to Question 52](#)

50. 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

See Note 10A1

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

51. 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.

52. 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

H10032

See Note 11

➔ [Go to Question 54](#)

53. 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

54. 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 56](#)

55. 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

56. 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

H10035

See Note 12

➔ [Go to Question 58](#)

57. 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

58. 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

H10037

See Note 13

➔ [Go to Question 60](#)

59. 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 H10038
 2 ☐ Sometimes
 3 ☐ Usually See Note 13
 4 ☐ Always
 6 ☐ I didn't need prescription medications from my health plan in the last 12 months

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

- 1 ☐ Yes H10039 See Note 14
 2 ☐ No → Go to Question 63

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

- 1 ☐ Never H10040
 2 ☐ Sometimes See Note 14
 3 ☐ Usually
 4 ☐ Always
 6 ☐ I didn't call my health plan's customer service in the last 12 months

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

- 1 ☐ Never H10041
 2 ☐ Sometimes
 3 ☐ Usually See Note 14
 4 ☐ Always
 6 ☐ I didn't call my health plan's customer service in the last 12 months

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

- 1 ☐ Yes H10042 See Note 15
 2 ☐ No → Go to Question 65

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

- 1 ☐ Never H10043
 2 ☐ Sometimes See Note 15
 3 ☐ Usually
 4 ☐ Always
 6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months

65. 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 H10044 See Note 16
 2 ☐ No → Go to Question 68
 5 ☐ Don't know → Go to Question 68

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

- 1 ☐ Never H10045
 2 ☐ Sometimes See Note 16
 3 ☐ Usually
 4 ☐ Always
 5 ☐ Don't know
 6 ☐ No claims were sent for me in the last 12 months

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

- 1 ☐ Never H10046
 2 ☐ Sometimes See Note 16
 3 ☐ Usually
 4 ☐ Always
 5 ☐ Don't know
 6 ☐ No claims were sent for me in the last 12 months

68. 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 H10047
 4 ☐ 4
 5 ☐ 5
 6 ☐ 6
 7 ☐ 7
 8 ☐ 8
 9 ☐ 9
 10 ☐ 10 Best health plan possible

PREVENTIVE CARE

Preventive care is medical care you receive that is intended to maintain your good health or prevent a future medical problem. A physical or blood pressure screening are examples of preventive care.

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

- 3 ☐ Less than 12 months ago H10048
 2 ☐ 1 to 2 years ago
 1 ☐ More than 2 years ago

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

- 1 ☐ Yes, it is too high H10049
 2 ☐ No, it is not too high
 3 ☐ Don't know

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

- 1 ☐ Yes S10Q01 See Note 16A1
 2 ☐ No → [Go to Question 73](#)
 -5 ☐ Don't know → [Go to Question 73](#)

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

- S10Q02 See Note 16A1
 1 ☐ Less than 12 months ago
 2 ☐ At least one year but less than 2 years ago
 3 ☐ At least 2 year but less than 5 years ago
 4 ☐ 5 or more years ago
 -6 ☐ Never had a blood stool test
 -5 ☐ Don't know

73. Sigmoidoscopy and colonoscopy are exams in which a lighted tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 ☐ Yes S10Q03 See Note 16A2
 2 ☐ No → [Go to Question 76](#)
 -5 ☐ Don't know → [Go to Question 76](#)

74. A sigmoidoscopy is limited to the lower part of the colon and is usually done without anesthesia. How long has it been since you had your last sigmoidoscopy?

- 1 ☐ Less than 12 months ago S10Q04
 2 ☐ At least one year but less than 2 years ago
 3 ☐ At least 2 year but less than 5 years ago
 4 ☐ 5 or more years ago
 -6 ☐ Never had a sigmoidoscopy
 -5 ☐ Don't know See Note 16A2

75. For a colonoscopy the entire colon is examined and patients usually receive medication in their veins to relax them and make them feel sleepy. How long has it been since you had your last colonoscopy?

- S10Q05 See Note 16A2
 1 ☐ Less than 12 months ago
 2 ☐ At least one year but less than 2 years ago
 3 ☐ At least 2 year but less than 5 years ago
 4 ☐ 5 or more years ago
 -6 ☐ Never had a colonoscopy
 -5 ☐ Don't know

76. When did you last have a flu shot?

- H10050
 4 ☐ Less than 12 months ago
 3 ☐ 1-2 years ago
 2 ☐ More than 2 years ago
 1 ☐ Never had a flu shot

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

- H10051 See Note 17
 1 ☐ Yes
 2 ☐ No → [Go to Question 82](#)
 -5 ☐ Don't know → [Go to Question 82](#)

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

- H10052 See Note 17
 4 ☐ Every day → [Go to Question 79](#)
 3 ☐ Some days → [Go to Question 79](#)
 2 ☐ Not at all → [Go to Question 82](#)
 -5 ☐ Don't know → [Go to Question 82](#)

79. 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?

- H10053
See Notes 17, 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. 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)?

- H10054
See Notes 17, 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

81. 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?

- H10055
See Notes 17, 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

82. 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
 -5 ☐ Don't know

83. 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

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

S10D05

- 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
- 3 ☐ I do not use other tobacco products

85. Are you male or female?

H10056

See Note 19A

- 1 ☐ Male → [Go to Question 92](#)
- 2 ☐ Female

86. 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

87. Are you under age 40?

H10058

- 1 ☐ Yes → [Go to Question 89](#)
- 2 ☐ No

See Notes 19A, 19B & 20

88. 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

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

H10060

See Notes 19A, 19B, & 21

- 1 ☐ Yes, I am currently pregnant → [Go to Question 90](#)
- 2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 91](#)
- 3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 92](#)

90. In what trimester is your pregnancy?

- 1 ☐ First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 92](#)
- 2 ☐ Second trimester (13th through 27th week)
- 3 ☐ Third trimester (28th week until delivery)

H10061

See Notes 19A, 19B, & 21

91. 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

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

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

H10063

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

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 96](#)

H10064

See Note 21A1

94. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- 1 ☐ Yes
- 2 ☐ No

S10C15

See Note 21A1

95. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

S10C16

- 1 ☐ Yes
- 2 ☐ No

See Note 21A1

96. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

S10C17

- 1 ☐ Yes
- 2 ☐ No

97. We want to know your rating of how well your health plan has done in providing the equipment, services, and help you need.

Using any number from 0 to 10, where 0 is the worst your plan could do and 10 is the best your plan could do, what number would you use to rate your health plan now?

0	<input type="checkbox"/>	0	Worst your health plan could do
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 your health plan could do

S10C18

98. In the last 12 months, have you been a patient in a hospital overnight or longer?

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

S10C19

99. 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	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

H10065

See Note 22

➔ Go to Question 101

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

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

H10066

See Note 22

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

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

H10067

See Note 23

➔ Go to Question 103

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

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

H10068

See Note 23

103. 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

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

H10069F, H10069I

104. 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		
<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

105. What is the highest grade or level of school that you have completed?

SREDA

- | | | |
|---|--------------------------|----------------------------------------|
| 1 | <input type="checkbox"/> | 8th grade or less |
| 2 | <input type="checkbox"/> | Some high school, but did not graduate |
| 3 | <input type="checkbox"/> | High school graduate or GED |
| 4 | <input type="checkbox"/> | Some college or 2-year degree |
| 5 | <input type="checkbox"/> | 4-year college graduate |
| 6 | <input type="checkbox"/> | More than 4-year college degree |

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

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

See Note 24

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

H10071A- H10071E, H10071

107. 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

108. 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

109. 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

110. 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

111. 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

112. 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

113. 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:

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