



# Health Care Survey of DoD Beneficiaries

Child Survey 2010



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

**Routine Uses:** None

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

### YOUR PRIVACY

All information that would let someone identify you or your family will be kept private. Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. You may notice a number on the last page of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

### 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)  
 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 your child did not receive health care from a military facility.*

*Please answer the questions for the child whose name appears on the envelope. Please do not answer for any other children.*

1. Are you an adult who is responsible for the child listed on the envelope? C10001
- Percent of Responses\*  
 99.8% 1  Yes → **Go to Question 2**  
 0.2% 2  No → Please give this questionnaire to a person responsible for that child.

2. By which of the following health care plans was your child covered in the last 12 months? **MARK ALL THAT APPLY.**

C10002A-C10002L See Note 1

- Percent of Responses\*  
**Military Health Plans**  
 77.1% A  TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)  
 16.7% B  TRICARE Extra/Standard (CHAMPUS)  
 4.4% K  TRICARE Reserve Select
- Civilian Health Plans**  
 1.7% G  Federal Employees Health Benefit Program (FEHBP)  
 2.5% E  Medicaid  
 0.6% L  Other government program, like SCHIP  
 1.7% C  A civilian HMO (such as Kaiser)  
 8.0% D  Other civilian health insurance (such as Blue Cross)  
 1.2% F  Uniformed Services Family Health Plan (USFHP)  
 0.2% J  Government health insurance from a country other than the US  
 0.2% I  My child was not covered by any health plan in the last 12 months  
 2.6% H  Not sure

3. Which health plan did you use for most of your child's health care in the last 12 months? **MARK ONLY ONE.** C10003

- Military Health Plans**  
 71.8% 1  TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)  
 11.3% 3  TRICARE Extra/Standard (CHAMPUS)  
 3.4% 11  TRICARE Reserve Select
- Civilian Health Plans**  
 1.4% 5  Federal Employees Health Benefit Program (FEHBP)  
 1.1% 6  Medicaid  
 0.4% 12  Other government program, like SCHIP  
 1.4% 7  A civilian HMO (such as Kaiser)  
 6.1% 8  Other civilian health insurance (such as Blue Cross)  
 1.0% 9  Uniformed Services Family Health Plan (USFHP)  
 0.2% 10  Government health insurance from a country other than the US  
 -6  My child did not use any health plan in the last 12 months  
 1.7% -5  Not sure

*For the remainder of this questionnaire, the term "health plan" refers to the plan you marked in Question 3.*

4. In the last 12 months, how many months in a row was your child in this health plan? C10004
- 1.6% 2  Less than 2 months  
 3.5% 3  2-6 months  
 94.9% 4  7-12 months  
 -6  Not enrolled in a health plan in the last 12 months

5. In the last 12 months, what type of facility did your child go to most often for health care? Select the facility your child used most often.

Percent of Responses\*

- MARK ONLY ONE.** C10005
- 40.5%  1 A military facility – This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
- 58.6%  2 A civilian facility – This includes: Civilian doctor's office, Civilian clinic, Hospital, Civilian TRICARE contractor
- 0.9%  3 Uniformed Services Family Health Plan Facility (USFHP)
- 6 My child went to none of the listed types of facilities in the last 12 months

### YOUR CHILD'S HEALTH CARE IN THE LAST 12 MONTHS

The next questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

6. In the last 12 months, did your child have an illness, injury or condition that needed care right away in a clinic, emergency room, or doctor's office?

Percent of Responses\*

- 51.3%  1 Yes C10006
- 48.7%  2 No → [Go to Question 8](#) See Note 2

7. In the last 12 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you thought he or she needed?

- 3.0%  1 Never C10007
- 9.0%  2 Sometimes See Note 2
- 20.4%  3 Usually
- 67.6%  4 Always

8. In the last 12 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?

- 88.3%  1 Yes C10008
- 11.7%  2 No → [Go to Question 10](#) See Note 3

9. In the last 12 months, not counting times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?

- 1.8%  1 Never C10009
- 12.6%  2 Sometimes See Note 3
- 28.2%  3 Usually
- 57.4%  4 Always

10. In the last 12 months, not counting times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

Percent of Responses\*

- 8.5%  0 None → [Go to Question 12](#)
- 12.9%  1 C10010
- 20.3%  2 See Note 4
- 19.0%  3
- 15.5%  4
- 19.2%  5 5 to 9
- 4.6%  6 10 or more

11. 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 child's health care in the last 12 months?

- 0.2%  0 Worst health care possible C10011
- 0.2%  1 See Note 4
- 0.5%  2
- 0.8%  3
- 1.5%  4
- 4.2%  5
- 5.3%  6
- 13.5%  7
- 26.3%  8
- 21.8%  9
- 25.8%  10 Best health care possible

### EMERGENCY AND AFTER HOURS CARE

12. In the last 12 months, how many times did your child go to an emergency room for care?

Percent of Responses\*

- 68.5%  1 None → [Go to Question 18](#) C10012
- 18.9%  2 1 See Note 5
- 7.7%  3 2
- 3.0%  4 3
- 1.3%  5 4
- 0.5%  6 5 to 9
- 0.1%  7 10 or more

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

- 35.5%  1 Accident or injury C10013
- 63.2%  2 Some other reason See Note 5
- 1.2%  5 Don't know

14. Before going to the emergency room or calling for emergency medical assistance for your child, were you able to contact a doctor or other health professional about your child's problem?

- 33.7%  1 Yes C10014
- 61.2%  2 No → [Go to Question 16](#)
- 5.1%  5 Don't know See Notes 5, 6

15. Did the doctor or health professional tell you to take your child to the emergency room? C10015

Percent of Responses\*

72.0%  Yes → [Go to Question 17](#)

17.6%  No

10.5%  Don't know See Notes 5, 6, 7

16. Why did you decide to take your child to an emergency room instead of a doctor's office or clinic? C10016

69.5%  Other choices were closed at the time

2.9%  Other choices were too far away

0.9%  Other choices cost too much See Notes 5, 7

25.5%  Other reason

1.2%  Don't know

17. As a result of this emergency room visit, was your child admitted to the hospital for an overnight stay? C10017

5.2%  Yes

94.8%  No

0.1%  Don't know See Note 5

18. After hours care is health care when your child's usual doctor's office or clinic is closed. In the last 12 months, did your child need to visit a doctor's office or clinic for after hours care? C10018

24.1%  Yes

75.9%  No → [Go to Question 21](#)

See Note 8

19. In the last 12 months, how often was it easy to get the after hours care you thought you needed for your child? C10019

14.4%  Never

15.5%  Sometimes See Note 8

24.1%  Usually

46.0%  Always → [Go to Question 21](#)

20. Were any of the following a reason it was not easy to get the after hours care you thought you needed for your child? C10020A-C10020E

**MARK ALL THAT APPLY.** See Note 8

18.1%  A You did not know where to go for after hours care

17.7%  B You weren't sure where to find a list of doctor's offices or clinics in your child's health plan or network that are open for after hours care

7.3%  C The doctor's office or clinic that had after hours care was too far away

21.2%  D Office or clinic hours for after hours care did not meet your needs

36.3%  E Some other reason

## YOUR CHILD'S PERSONAL DOCTOR

21. A personal doctor is the one your child would see if he or she needs a checkup or gets hurt or sick. Does your child have a personal doctor? C10021

Percent of Responses\*

84.5%  Yes See Note 9

15.5%  No → [Go to Question 32](#)

22. In the last 12 months, how many times did your child visit his or her personal doctor for care? C10022

9.2%  0 None → [Go to Question 32](#)

18.8%  1 See Notes 9, 10

22.3%  2

17.5%  3

13.7%  4

16.3%  5 to 9

2.3%  10 or more

23. In the last 12 months, how often did your child's personal doctor explain things in a way that was easy to understand? C10023

0.5%  1 Never

3.7%  2 Sometimes See Notes 9, 10

20.5%  3 Usually

75.2%  4 Always

24. In the last 12 months, how often did your child's personal doctor listen carefully to you? C10024

0.7%  1 Never See Notes 9, 10

5.6%  2 Sometimes

21.4%  3 Usually

72.4%  4 Always

25. In the last 12 months, how often did your child's personal doctor show respect for what you had to say? C10025

0.7%  1 Never

4.5%  2 Sometimes

17.3%  3 Usually See Notes 9, 10

77.5%  4 Always

26. Is your child able to talk with doctors about his or her health care? C10026

68.0%  1 Yes See Notes 9, 10, 11

32.0%  2 No → [Go to Question 28](#)

27. In the last 12 months, how often did your child's doctor explain things in a way that was easy for your child to understand? C10027

0.8%  1 Never

7.0%  2 Sometimes See Notes 9, 10, 11

29.8%  3 Usually

62.5%  4 Always



28. In the last 12 months, how often did your child's personal doctor spend enough time with your child?

Percent of Responses\*

- 1.5%  1 Never C10028
- 8.1%  2 Sometimes See Notes 9, 10
- 29.2%  3 Usually
- 61.2%  4 Always

29. In the last 12 months, did your child's personal doctor talk with you about how your child is feeling, growing or behaving?

- 83.5%  1 Yes See Notes 9, 10
- 16.5%  2 No

30. 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 child's personal doctor?

- 0.2%  0 Worst personal doctor possible C10030
- 0.3%  1
- 0.4%  2 See Notes 9, 10
- 0.9%  3
- 1.3%  4
- 2.8%  5
- 3.1%  6
- 9.1%  7
- 19.7%  8
- 26.0%  9
- 36.1%  10 Best personal doctor possible

31. Did your child have the same personal doctor before he or she joined this health plan?

- 33.9%  1 Yes → [Go to Question 33](#) C10031
- 66.1%  2 No See Notes 9, 10, 12

32. Since your child joined his or her health plan, how much of a problem, if any, was it to get a personal doctor for your child you are happy with?

- 10.5%  1 A big problem C10032
- 22.3%  2 A small problem See Note 12
- 67.2%  3 Not a problem

33. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

In the last 12 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- 51.4%  1 Yes See Note 13
- 48.6%  2 No → [Go to Question 35](#)

34. In the last 12 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services?

Percent of Responses\*

- 60.1%  1 Yes C10034
- 39.9%  2 No See Note 13

35. Does your child have any medical, behavioral or other health conditions that have lasted for more than 3 months?

- 28.6%  1 Yes See Note 14
- 71.4%  2 No → [Go to Question 38](#)

36. Does your child's personal doctor understand how these medical, behavioral or other health conditions affect your child's day-to-day life?

- 88.3%  1 Yes C10036
- 11.7%  2 No See Note 14
- 6 My child does not have a personal doctor

37. Does your child's personal doctor understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life?

- 86.0%  1 Yes C10037
- 14.0%  2 No See Note 14
- 6 My child does not have a personal doctor

### GETTING HEALTH CARE FROM A SPECIALIST

*When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.*

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

Percent of Responses\*

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

- 34.7%  1 Yes C10038
- 65.3%  2 No → [Go to Question 44](#) See Note 15

39. In the last 12 months, how often was it easy to get appointments for your child with specialists?

- 7.8%  1 Never C10039
- 15.9%  2 Sometimes See Notes 15, 16
- 31.5%  3 Usually
- 44.7%  4 Always → [Go to Question 41](#)

40. Were any of the following a reason it was not easy to get an appointment for your child with a specialist? C10040A-C10040H
- Percent of Responses\** **MARK ALL THAT APPLY.** See Notes 15, 16
- 6.9% A  Your child's doctor did not think he or she needed to see a specialist
  - 17.3% B  Your child's health plan approval or authorization was delayed
  - 5.7% C  You weren't sure where to find a list of specialists in your child's health plan or network
  - 13.4% D  The specialists you had to choose from for your child were too far away
  - 14.5% E  You did not have enough specialists to choose from for your child
  - 11.4% F  The specialist you wanted did not belong to your child's health plan or network
  - 39.4% G  You could not get an appointment for your child at a time that was convenient
  - 24.3% H  Some other reason

41. How many specialists has your child seen in the last 12 months? C10041
- 8.4% 0  None → [Go to Question 44](#)
  - 59.9% 1  1 specialist See Notes 15, 17
  - 21.3% 2  2
  - 6.3% 3  3
  - 2.6% 4  4
  - 1.4% 5  5 or more specialists

42. We want to know your rating of the specialist your child 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 that specialist? C10042
- 0.5% 0  0 Worst specialist possible
  - 0.7% 1  1 See Notes 15, 17
  - 0.8% 2  2
  - 1.1% 3  3
  - 1.4% 4  4
  - 3.3% 5  5
  - 3.9% 6  6
  - 9.8% 7  7
  - 19.6% 8  8
  - 25.6% 9  9
  - 33.3% 10  10 Best specialist possible

43. In the last 12 months, was the specialist your child saw most often the same doctor as your child's personal doctor? C10043
- 6.2% 1  Yes See Notes 15, 17
  - 93.8% 2  No
  - 6  My child does not have a personal doctor

44. In general, how would you rate your child's overall mental or emotional health? C10044
- Percent of Responses\**
- 63.7% 5  Excellent
  - 24.3% 4  Very Good
  - 8.6% 3  Good
  - 2.8% 2  Fair
  - 0.7% 1  Poor

45. In the last 12 months, did you or a doctor think that your child needed to see a mental health specialist, like a family therapist, a counselor, psychologist, psychiatrist, social worker, pastoral counselor, or an Applied Behavior Analyst? C10045
- 10.4% 1  Yes
  - 89.6% 2  No

46. In the last 12 months, did your child see a mental health specialist, like a family therapist, a counselor, psychologist, psychiatrist, social worker, pastoral counselor, or an Applied Behavior Analyst? C10046
- 9.5% 1  Yes → [Go to Question 48](#)
  - 90.5% 2  No See Note 18

47. Why did your child not see a mental health specialist? C10047A-C10047O
- MARK ALL THAT APPLY.** See Note 18
- 71.2% A  You did not think that your child needed to visit a specialist
  - 4.8% B  Your child's personal doctor or nurse was able to help with the problem
  - 0.8% J  You were not sure how to find a specialist who participated in your child's health plan or network
  - 0.5% D  You did not have enough specialists to choose from for your child
  - 0.5% E  The specialists you had to choose from for your child were too far away
  - 0.5% F  The specialist you wanted did not belong to your child's health plan or network
  - 0.6% G  You could not get an appointment for your child at a time that was convenient
  - 0.3% H  The specialist you wanted was not taking new patients
  - 0.2% K  You could not find a mental health specialist
  - 0.2% L  Your child's health plan would not approve the services
  - 0.2% M  You could not find a mental health specialist who understood the effects of military deployment
  - 0.2% N  You could not find a mental health specialist that would treat your child's condition
  - 0.1% O  You could not find a specialist in a facility accessible for persons with disabilities
  - 9.4% I  Other

48. In the last 12 months, how often did your child get the care that he or she needed from a mental health specialist?

Percent of Responses\*

83.6%	1	<input type="checkbox"/>	Never	C10048
2.3%	2	<input type="checkbox"/>	Sometimes	
3.1%	3	<input type="checkbox"/>	Usually	
11.1%	4	<input type="checkbox"/>	Always	

49. In the last 12 months, how often did you use the services of a Case Manager, Care Coordinator, or Behavioral Health Case Manager to assist you in obtaining care your child needed from a mental health specialist or facility?

Percent of Responses\*

96.1%	0	<input type="checkbox"/>	None	C10049
1.4%	1	<input type="checkbox"/>	1	
0.6%	2	<input type="checkbox"/>	2	
0.3%	3	<input type="checkbox"/>	3	
0.4%	4	<input type="checkbox"/>	4	
0.6%	5	<input type="checkbox"/>	5 to 9	
0.6%	6	<input type="checkbox"/>	10 or more	

**YOUR CHILD'S HEALTH PLAN**

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

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

Percent of Responses\*

59.3%	1	<input type="checkbox"/>	Yes	C10050
40.7%	2	<input type="checkbox"/>	No	See Note 19

→ Go to Question 52

51. In the last 12 months, how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan?

Percent of Responses\*

3.3%	1	<input type="checkbox"/>	Never	C10051
11.2%	2	<input type="checkbox"/>	Sometimes	See Note 19
30.5%	3	<input type="checkbox"/>	Usually	
55.0%	4	<input type="checkbox"/>	Always	

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

Percent of Responses\*

26.4%	1	<input type="checkbox"/>	Yes	C10052
73.6%	2	<input type="checkbox"/>	No	See Note 20

→ Go to Question 54

53. In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works?

Percent of Responses\*

9.2%	1	<input type="checkbox"/>	Never	C10053
30.8%	2	<input type="checkbox"/>	Sometimes	See Note 20
40.6%	3	<input type="checkbox"/>	Usually	
19.4%	4	<input type="checkbox"/>	Always	

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

Percent of Responses\*

25.6%	1	<input type="checkbox"/>	Yes	C10054
74.4%	2	<input type="checkbox"/>	No	→ Go to Question 57

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

Percent of Responses\*

11.7%	1	<input type="checkbox"/>	Never	See Note 21
20.5%	2	<input type="checkbox"/>	Sometimes	
31.6%	3	<input type="checkbox"/>	Usually	
36.2%	4	<input type="checkbox"/>	Always	

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

Percent of Responses\*

5.5%	1	<input type="checkbox"/>	Never	C10056
9.7%	2	<input type="checkbox"/>	Sometimes	See Note 21
28.1%	3	<input type="checkbox"/>	Usually	
56.6%	4	<input type="checkbox"/>	Always	

57. In the last 12 months, did your child's health plan give you any forms to fill out?

Percent of Responses\*

27.8%	1	<input type="checkbox"/>	Yes	C10057
72.2%	2	<input type="checkbox"/>	No	→ Go to Question 59

See Note 22

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

Percent of Responses\*

4.3%	1	<input type="checkbox"/>	Never	C10058
10.9%	2	<input type="checkbox"/>	Sometimes	See Note 22
41.4%	3	<input type="checkbox"/>	Usually	
43.4%	4	<input type="checkbox"/>	Always	

59. 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 child's health plan?

Percent of Responses\*

0.5%	0	<input type="checkbox"/>	0	Worst health plan possible
0.2%	1	<input type="checkbox"/>	1	
0.8%	2	<input type="checkbox"/>	2	
0.9%	3	<input type="checkbox"/>	3	
1.5%	4	<input type="checkbox"/>	4	
5.5%	5	<input type="checkbox"/>	5	
5.0%	6	<input type="checkbox"/>	6	
13.5%	7	<input type="checkbox"/>	7	
24.9%	8	<input type="checkbox"/>	8	
22.6%	9	<input type="checkbox"/>	9	
24.5%	10	<input type="checkbox"/>	10	Best health plan possible

## PRESCRIPTION MEDICATIONS

60. In the last 12 months, did you get or refill any prescription medicines for your child?

Percent of Responses\*

67.3%  Yes  
32.7%  No → [Go to Question 65](#)

C10060

See Note 23

61. In the last 12 months, how often was it easy to get prescription medicines for your child through his or her health plan?

2.0%  Never  
5.2%  Sometimes  
20.1%  Usually  
72.8%  Always

C10061

See Note 23

62. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

52.8%  Yes  
47.2%  No

C10062

See Note 23

63. Did anyone from your child's health plan, doctor's office, or clinic provide patient education on the side effects of prescription medication?

72.1%  Yes  
27.9%  No

C10063

See Note 23

64. Did anyone from your child's health plan, doctor's office, or clinic provide information on laboratory tests or follow-up appointments related to prescription medication?

44.6%  Yes  
55.4%  No

C10064

See Note 23

65. Did anyone from your child's health plan, doctor's office, or clinic inform your child about not sharing prescription medication with others and/or not using other people's prescription medications?

44.5%  Yes  
55.5%  No

C10065

## ABOUT YOUR CHILD AND YOU

*Information in this section will be used to study how different kinds of people view our health care system. This information will not be used to identify you or your child personally.*

Percent of Responses\* 66. In general, how would you rate your child's overall health now?

58.9%  Excellent  
30.8%  Very good  
8.6%  Good  
1.5%  Fair  
0.2%  Poor

C10066

67. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

Percent of Responses\*

30.2%  Yes  
69.8%  No → [Go to Question 70](#)

C10067

See Note 24

68. Is this because of any medical, behavioral or other health condition?

81.3%  Yes  
18.7%  No → [Go to Question 70](#)

C10068

See Note 24

69. Is this a condition that has lasted or is expected to last for at least 12 months?

83.8%  Yes  
16.2%  No

C10069

See Note 24

70. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

12.6%  Yes  
87.4%  No → [Go to Question 73](#)

C10070

See Note 25

71. Is this because of any medical, behavioral or other health condition?

91.4%  Yes  
8.6%  No → [Go to Question 73](#)

C10071

See Note 25

72. Is this a condition that has lasted or is expected to last for at least 12 months?

95.6%  Yes  
4.4%  No

C10072

See Note 25

73. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

7.1%  Yes  
92.9%  No → [Go to Question 76](#)

C10073

See Note 26

74. Is this because of any medical, behavioral or other health condition?

91.8%  Yes  
8.2%  No → [Go to Question 76](#)

C10074

See Note 26

75. Is this a condition that has lasted or is expected to last for at least 12 months?

96.5%  Yes  
3.5%  No

C10075

See Note 26



76. Does your child need or get special therapy, such as physical, occupational, or speech therapy? C10076
- Percent of Responses\*
- 7.5% <sup>1</sup>  Yes
- 92.5% <sup>2</sup>  No → [Go to Question 79](#)
- See Note 27
77. Is this because of any medical, behavioral, or other health condition? C10077
- 68.5% <sup>1</sup>  Yes
- 31.5% <sup>2</sup>  No → [Go to Question 79](#)
- See Note 27
78. Is this a condition that has lasted or is expected to last for at least 12 months? C10078
- 89.4% <sup>1</sup>  Yes
- 10.6% <sup>2</sup>  No
- See Note 27
79. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling? C10079
- 11.1% <sup>1</sup>  Yes
- 88.9% <sup>2</sup>  No → [Go to Question 81](#)
- See Note 28
80. Has this problem lasted or is it expected to last for at least 12 months? C10080
- 83.2% <sup>1</sup>  Yes
- 16.8% <sup>2</sup>  No
- See Note 28
81. Does your child have a physical, emotional, developmental or intellectual disorder that requires care from a medical specialist, therapy, education, training or counseling? C10081
- 10.8% <sup>1</sup>  Yes
- 89.2% <sup>2</sup>  No → [Go to Question 86](#)
- See Note 29
82. Is your family enrolled in the Exceptional Family Member Program (EFMP)? In the Air Force, this is called Special Needs Identification and Assignment Coordination. C10082
- 24.9% <sup>1</sup>  Yes → [Go to Question 84](#)
- 75.1% <sup>2</sup>  No
- See Notes 29, 30

83. If your child is not enrolled in the Exceptional Family Member Program (EFMP), also known as the Special Needs Identification and Assignment Coordination, why not? C10083A-C10083G
- Percent of Responses\*
- MARK ALL THAT APPLY.** See Notes 29, 30
- 13.8% A  Child was not eligible for the programs
- 47.0% B  Did not know about the programs
- 3.1% C  Did not want to limit duty assignments
- 18.8% D  Did not feel my child needed the services offered by these programs
- 0.8% E  EFMP/Special Needs Identification and Assignment Coordination is not offered by the sponsor's (active duty family member's) service branch
- 6.7% F  Child does not live with the sponsor (active duty family member) and is not required to enroll
- 25.0% G  Other *Please specify:*
- 
- **ALL RESPONSES, GO TO QUESTION 85**
84. Have you ever returned to the EFMP office to update your child's status? C10084
- 52.5% <sup>1</sup>  Yes
- 47.5% <sup>2</sup>  No
- See Notes 29, 30
85. Does your child receive any services under the Program for Persons with Disabilities (PFPWD) or Extended Care Health Option (its replacement, ECHO), Individual Case Management Program for Persons with Extraordinary Conditions (ICMP-PEC), or Custodial Care Transition Policy (CCTP)? C10085A-C10085D
- MARK ALL THAT APPLY.** See Notes 29, 31
- 4.5% A  PFPWD or ECHO
- 0.4% B  ICMP-PEC
- 0.2% C  CCTP
- 95.1% D  None of these programs
86. Have you ever been told by a doctor, nurse or other health professional that your child has any of the following emotional, developmental, or behavioral problems? C10086A-C10086I
- MARK ALL THAT APPLY.**
- 3.9% A  Anxiety problems
- 8.6% B  Attention problems
- 2.1% C  Conduct problems
- 2.7% D  Depression
- 2.8% E  Developmental delay or mental retardation
- 4.3% F  Learning problems or disabilities
- 0.5% I  Self-injurious behavior
- 1.7% G  Sleep disturbance
- 8.1% H  Other

87. How tall is your child without his/her shoes on?

Percent of Responses\*  
90.6%

Directions: Write your child's height in the shaded blank boxes. Check the box next to the matching number.

Example:

Height	
Feet	Inches
4	6
<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input checked="" 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 checked="" type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
	<input type="checkbox"/> 10
	<input type="checkbox"/> 11

C10087F, C10087I

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

88. How much does your child weigh without his/her shoes on?

Percent of Responses\*  
94.4%

Directions: Write your child's weight in the shaded blank boxes. Check the box next to the matching number.

Example:

Weight		
Pounds		
0	6	0
<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 0	<input checked="" 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 checked="" type="checkbox"/> 6	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9

Weight		
Pounds		
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9

C10088

89. In the last 12 months, did your child's doctor or other health provider discuss your child's weight with you?

Percent of Responses\*

- 27.8%  1 Yes  
72.2%  2 No

C10089

90. Did you want your child's doctor or other health provider to discuss your child's weight with you?

- 26.8%  1 Yes  
73.2%  2 No

C10090A-C10090D

91. How many servings of fruits and vegetables does your child eat on an average day?

- 2.0%  1 None  
44.1%  2 One to two  
44.2%  3 Three to four  
9.6%  4 Five or more

C10091

92. In the past 7 days, how many times did your child eat fast food? Fast food is the kind of food served at the following or similar types of restaurants: McDonald's, Burger King, Wendy's, Dairy Queen, Hardee's, Jack in the Box, KFC, Popeye's, Taco Bell.

- 28.6%  1 Never  
61.3%  2 1 or 2 times  
8.5%  3 3 or 4 times  
1.1%  4 5 or 6 times  
0.4%  5 7 or more times

C10092

93. On how many of the past 7 days did your child exercise or participate in physical activity for at least 20 minutes that made him/her sweat and breathe hard such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 9.3%  1 0 days  
3.1%  2 1 day  
7.4%  3 2 days  
12.4%  4 3 days  
12.2%  5 4 days  
19.3%  6 5 days  
8.7%  7 6 days  
27.6%  8 7 days

C10093

94. On how many of the past 7 days did your child participate in physical activity for at least 30 minutes that did not make him/her sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors? C10094

- Percent of Responses\*
- 17.1%  0 days
  - 6.5%  1 day
  - 11.8%  2 days
  - 11.8%  3 days
  - 8.5%  4 days
  - 11.4%  5 days
  - 4.6%  6 days
  - 28.3%  7 days

95. In the past 7 days, how many hours did your child watch TV, including television programs, DVDs, and videos? C10095

- 4.0%  My child did not watch any TV
- 17.4%  Less than 1 hour per day
- 30.5%  1 or more hours per day but less than 2 hours per day
- 27.6%  2 or more hours per day but less than 3 hours per day
- 13.0%  3 or more hours per day but less than 4 hours per day
- 4.3%  4 or more hours per day but less than 5 hours per day
- 3.1%  5 or more hours per day

96. In the past 7 days, not including time spent watching TV, how many hours did your child spend playing video games, or using the computer? C10096

- 29.5%  My child did not play video games, or use the computer
- 29.8%  Less than 1 hour per day
- 20.2%  1 or more hours per day but less than 2 hours per day
- 11.7%  2 or more hours per day but less than 3 hours per day
- 5.4%  3 or more hours per day but less than 4 hours per day
- 1.8%  4 or more hours per day but less than 5 hours per day
- 1.8%  5 or more hours per day

97. What is your child's age?

Percent of Responses\* *Directions: Write your child's age in the shaded blank boxes. Check the box next to the matching number.*

96.1%

Example:

Age	
1	0
<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 0
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2
	<input type="checkbox"/> 3
	<input type="checkbox"/> 4
	<input type="checkbox"/> 5
	<input type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9

Age	
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2
	<input type="checkbox"/> 3
	<input type="checkbox"/> 4
	<input type="checkbox"/> 5
	<input type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9

C10097

98. Is your child male or female? C10098

Percent of Responses\*

- 51.5%  Male → [Go to Question 101](#)
- 48.5%  Female See Note 32A

99. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Has your child EVER had the HPV vaccination? C10099

- 17.9%  Yes See Notes 32A, 32B, 33
- 75.4%  No → [Go to Question 101](#)
- 0.0%  Doctor refused when asked → [Go to Question 101](#)
- 6.6%  Don't know → [Go to Question 101](#)

100. How many HPV shots did she receive? C10100

- 16.6%  1 shot
- 20.9%  2 shots See Notes 32A, 32B, 33
- 48.6%  3 shots
- 1.2%  More than 3 shots
- 12.6%  Don't know

101. Has your child received a tetanus shot in the past 10 years? C10101

- 64.5%  Yes See Note 34
- 14.9%  No → [Go to Question 104](#)
- 20.6%  Don't know → [Go to Question 104](#)

102. Was your child's most recent tetanus shot given in 2005 or later? C10102

- 63.8%  Yes See Note 34
- 13.6%  No → [Go to Question 104](#)
- 22.6%  Don't know → [Go to Question 104](#)

103. There are currently two types of tetanus shots available today for older children and teenagers. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did the doctor say your child's most recent tetanus shot included the pertussis or whooping cough vaccine?

- 37.9%  Yes (included pertussis) C10103
- 5.6%  No (did not include pertussis)
- 56.5%  Don't know See Note 34

104. During the past 12 months, has your child had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. C10104

- 60.0%  Yes
- 37.6%  No
- 2.4%  Don't know

105. If you were free to choose between civilian and military facilities for all of your child's health care, which would you prefer? Would you say...

Percent of Responses\*

- 14.9%  1 All care from military facilities  
36.1%  2 All care from civilian facilities  
48.9%  3 Some care from both military and civilian facilities

C10105

106. Is your child of Hispanic or Latino origin or descent?

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

- 85.6%  A No, not Spanish, Hispanic, or Latino  
6.9%  B Yes, Mexican, Mexican American, Chicano  
3.5%  C Yes, Puerto Rican  
0.4%  D Yes, Cuban  
4.4%  E Yes, other Spanish, Hispanic, or Latino

C10106A-C10106E, C10106 See Note 35

107. What is your child's race?

Mark ONE OR MORE races to indicate what you consider your child to be.

- 77.3%  A White  
14.6%  B Black or African-American  
2.5%  C American Indian or Alaska Native  
9.6%  D Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)  
1.4%  E Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

C10107A-C10107E

108. What is your age now?

- 5.7%  1 Under 18  
3.4%  2 18 to 24  
26.0%  3 25 to 34  
36.7%  4 35 to 44  
21.8%  5 45 to 54  
4.7%  6 55 to 64  
1.5%  7 65 to 74  
0.2%  8 75 or older

C10108

109. Are you male or female?

- 29.5%  1 Male  
70.5%  2 Female

C10109

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

Percent of Responses\*

- 0.5%  1 8th grade or less  
0.9%  2 Some high school, but did not graduate  
11.4%  3 High school graduate or GED  
42.0%  4 Some college or 2-year degree  
21.6%  5 4-year college graduate  
23.6%  6 More than 4-year college degree

C10110

111. How are you related to the policyholder?

- 33.5%  1 I am the policyholder  
59.3%  2 Spouse or partner of policyholder  
0.9%  3 Child of policyholder  
1.6%  4 Other family member  
0.1%  5 Friend  
4.6%  6 Someone else (please print):  
\_\_\_\_\_

C10111

112. How are you related to the child?

- 96.8%  1 Mother or father  
1.8%  2 Grandparent  
0.1%  3 Aunt or uncle  
0.0%  4 Older sibling  
0.2%  5 Other relative  
1.1%  6 Legal guardian

C10112

113. In the last 12 months, was a service member in your household deployed?

- 25.5%  1 Yes  
74.5%  2 No

C10113

THANK YOU

Please return your completed survey in the postage-paid envelope. If the envelope is missing, please send to:

Office of the Assistant Secretary of Defense (Health Affairs)  
c/o Synovate Survey Processing Center  
PO Box 5030  
Chicago, IL 60680-4138