



# Health Care Survey of DoD Beneficiaries

January 2011



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 12**  
☐ 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?

H11001

- 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.**

H11002A-H11002S

#### 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  
S ☐ TRICARE Retired Reserve

#### 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?

H11003

**MARK ONLY ONE ANSWER.**

See Note 1

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

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

4. How many months or years in a row have you been in this health plan?

H11004

See Note 1

- 1 ☐ Less than 6 months  
 2 ☐ 6 up to 12 months  
 3 ☐ 12 up to 24 months  
 4 ☐ 2 up to 5 years  
 5 ☐ 5 up to 10 years  
 6 ☐ 10 or more years

## YOUR HEALTH CARE IN THE LAST 12 MONTHS

*These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.*

5. In the last 12 months, where did you go most often for your health care?

H11005

**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?

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

H11006

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?

H11007

See Note 2

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always  
 -6 ☐ I didn't need care right away for an illness, injury or condition in the last 12 months

8. In the last 12 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

H11008

See Note 2

- 1 ☐ Same day  
 2 ☐ 1 day  
 3 ☐ 2 days  
 4 ☐ 3 days  
 5 ☐ 4-7 days  
 6 ☐ 8-14 days  
 7 ☐ 15 days or longer  
 -6 ☐ I didn't need care right away for an illness, injury or condition in the last 12 months

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

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

H11009

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?

H11010

See Note 3

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

11. In the last 12 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

- 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

H11011

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

H11012

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

H11013

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

H11014

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](#)

H11015

See Notes 4 and 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

H11016

See Notes 4 and 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

H11017

See Notes 4 and 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

H11018

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](#)

H11019

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

H11020

See Notes 6 and 7

21. In the last 12 months, how often did your personal doctor listen carefully to you?
- |   |                   |
|---|-------------------|
| 1 <input type="checkbox"/> Never                                  | H11021            |
| 2 <input type="checkbox"/> Sometimes                              | See Notes 6 and 7 |
| 3 <input type="checkbox"/> Usually                                |                   |
| 4 <input type="checkbox"/> Always                                 |                   |
| -6 <input type="checkbox"/> I had no visits in the last 12 months |                   |
22. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?
- |   |                   |
|---|-------------------|
| 1 <input type="checkbox"/> Never                                  | H11022            |
| 2 <input type="checkbox"/> Sometimes                              | See Notes 6 and 7 |
| 3 <input type="checkbox"/> Usually                                |                   |
| 4 <input type="checkbox"/> Always                                 |                   |
| -6 <input type="checkbox"/> I had no visits in the last 12 months |                   |
23. In the last 12 months, how often did your personal doctor show respect for what you had to say?
- |   |                   |
|---|-------------------|
| 1 <input type="checkbox"/> Never                                  | H11023            |
| 2 <input type="checkbox"/> Sometimes                              | See Notes 6 and 7 |
| 3 <input type="checkbox"/> Usually                                |                   |
| 4 <input type="checkbox"/> Always                                 |                   |
| -6 <input type="checkbox"/> I had no visits in the last 12 months |                   |
24. In the last 12 months, how often did your personal doctor spend enough time with you?
- |   |                   |
|---|-------------------|
| 1 <input type="checkbox"/> Never                                  | H11024            |
| 2 <input type="checkbox"/> Sometimes                              | See Notes 6 and 7 |
| 3 <input type="checkbox"/> Usually                                |                   |
| 4 <input type="checkbox"/> Always                                 |                   |
| -6 <input type="checkbox"/> I had no visits in the last 12 months |                   |
25. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?
- |                                |                                     |        |                       |
|--------------------------------|-------------------------------------|--------|-----------------------|
| 1 <input type="checkbox"/> Yes | → <a href="#">Go to Question 27</a> | H11025 | See Notes 6, 7, and 8 |
| 2 <input type="checkbox"/> No  |                                     |        |                       |
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 <input type="checkbox"/> Never     | H11026                |
| 2 <input type="checkbox"/> Sometimes | See Notes 6, 7, and 8 |
| 3 <input type="checkbox"/> Usually   |                       |
| 4 <input type="checkbox"/> Always    |                       |

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?
- |        |            |
|--------|------------|
| H11027 | See Note 6 |
|--------|------------|
- 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
28. Did you have the same personal doctor or nurse before you joined this health plan?
- |                                |                                     |
|--------------------------------|-------------------------------------|
| 1 <input type="checkbox"/> Yes | → <a href="#">Go to Question 30</a> |
| 2 <input type="checkbox"/> No  | S11009                              |
|                                | See Notes 6 and 8_01                |
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?
- |               |
|---------------|
| S11010        |
| See Note 8_01 |
- 1 ☐ A big problem  
2 ☐ A small problem  
3 ☐ Not a problem

### GETTING HEALTH CARE FROM A SPECIALIST

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

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 <input type="checkbox"/> Yes | → <a href="#">Go to Question 34</a> |
| 2 <input type="checkbox"/> No  |                                     |
- |        |            |
|--------|------------|
| H11028 | See Note 9 |
|--------|------------|
31. In the last 12 months, how often was it easy to get appointments with specialists?
- |            |
|------------|
| H11029     |
| See Note 9 |
- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always  
-6 ☐ I didn't need a specialist in the last 12 months

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

H11030

See Notes 9 and 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

H11031

See Notes 9 and 10

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

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

S11B01

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](#)

S11B02

See Note 10\_B1

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?

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

S11B03

See Note 10\_B1

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

S11B04

See Note 10\_B1

## 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](#)

H11032

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?

- 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

H11033

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?

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

H11034

See Note 12

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?
- |   |             |
|---|-------------|
| 1 <input type="checkbox"/> Never  | H11035      |
| 2 <input type="checkbox"/> Sometimes  | See Note 12 |
| 3 <input type="checkbox"/> Usually  |             |
| 4 <input type="checkbox"/> Always   |             |
| -6 <input type="checkbox"/> I didn't look for information from my health plan in the last 12 months |             |
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 <input type="checkbox"/> Yes | → <a href="#">Go to Question 44</a> |
| 2 <input type="checkbox"/> No  |                                     |
|                                | H11036                              |
|                                | See Note 13                         |
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?
- |  |             |
|--|-------------|
| 1 <input type="checkbox"/> Never   | H11037      |
| 2 <input type="checkbox"/> Sometimes   | See Note 13 |
| 3 <input type="checkbox"/> Usually   |             |
| 4 <input type="checkbox"/> Always  |             |
| -6 <input type="checkbox"/> I didn't need a health care service or equipment from my health plan in the last 12 months |             |
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 <input type="checkbox"/> Yes | → <a href="#">Go to Question 46</a> |
| 2 <input type="checkbox"/> No  |                                     |
|                                | H11038                              |
|                                | See Note 14                         |
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 <input type="checkbox"/> Never   | H11039      |
| 2 <input type="checkbox"/> Sometimes   | See Note 14 |
| 3 <input type="checkbox"/> Usually   |             |
| 4 <input type="checkbox"/> Always  |             |
| -6 <input type="checkbox"/> I didn't need prescription medications from my health plan in the last 12 months |             |

46. In the last 12 months, did you try to get information or help from your health plan's customer service?
- |                                |                                     |             |
|--------------------------------|-------------------------------------|-------------|
| 1 <input type="checkbox"/> Yes | H11040                              | See Note 15 |
| 2 <input type="checkbox"/> No  | → <a href="#">Go to Question 49</a> |             |
47. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?
- |   |             |
|---|-------------|
| 1 <input type="checkbox"/> Never  | H11041      |
| 2 <input type="checkbox"/> Sometimes  | See Note 15 |
| 3 <input type="checkbox"/> Usually  |             |
| 4 <input type="checkbox"/> Always   |             |
| -6 <input type="checkbox"/> I didn't call my health plan's customer service in the last 12 months |             |
48. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- |   |             |
|---|-------------|
| 1 <input type="checkbox"/> Never  | H11042      |
| 2 <input type="checkbox"/> Sometimes  | See Note 15 |
| 3 <input type="checkbox"/> Usually  |             |
| 4 <input type="checkbox"/> Always   |             |
| -6 <input type="checkbox"/> I didn't call my health plan's customer service in the last 12 months |             |
49. In the last 12 months, did your health plan give you any forms to fill out?
- |                                |                                     |             |
|--------------------------------|-------------------------------------|-------------|
| 1 <input type="checkbox"/> Yes | H11043                              | See Note 16 |
| 2 <input type="checkbox"/> No  | → <a href="#">Go to Question 51</a> |             |
50. In the last 12 months, how often were the forms from your health plan easy to fill out?
- |   |             |
|---|-------------|
| 1 <input type="checkbox"/> Never  | H11044      |
| 2 <input type="checkbox"/> Sometimes  | See Note 16 |
| 3 <input type="checkbox"/> Usually  |             |
| 4 <input type="checkbox"/> Always   |             |
| -6 <input type="checkbox"/> I didn't have any experiences with paperwork for my health plan in the last 12 months |             |
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 <input type="checkbox"/> Yes         | → <a href="#">Go to Question 54</a> |
| 2 <input type="checkbox"/> No          |                                     |
| -5 <input type="checkbox"/> Don't know |                                     |
|  | H11045                              |
|  | See Note 17                         |

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

H11046

See Note 17

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

H11047

See Note 17

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

H11048

## 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.*

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

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

H11049

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

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

H11050

57. 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  
 2 ☐ No → [Go to Question 59](#)  
 -5 ☐ Don't know → [Go to Question 59](#)

S11Q01

See Note 17\_Q1

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

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

S11Q02

See Note 17\_Q1

59. 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 had either of these exams?

- 1 ☐ Yes  
 2 ☐ No → [Go to Question 62](#)  
 -5 ☐ Don't know → [Go to Question 62](#)

S11Q03

See Note 17\_Q2

60. 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  
 2 ☐ At least one year but less than 2 years ago  
 3 ☐ At least 2 years but less than 5 years ago  
 4 ☐ 5 or more years ago  
 -6 ☐ Never had a sigmoidoscopy  
 -5 ☐ Don't know

S11Q04

See Note 17\_Q2

61. 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?

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

S11Q05

See Note 17\_Q2

62. When did you last have a flu shot?

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

H11051

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

- 1 ☐ Yes
- 2 ☐ No
- 5 ☐ Don't know

H11052

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

- 4 ☐ Every day → [Go to Question 65](#)
- 3 ☐ Some days → [Go to Question 65](#)
- 2 ☐ Not at all → [Go to Question 69](#)
- 5 ☐ Don't know → [Go to Question 69](#)

H11053

See Note 18

65. In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

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

H11054

See Note 18

66. In the last 12 months, how often was medication recommended or discussed by a doctor or other health provider to assist you with quitting smoking or using tobacco? *Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.*

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

H11055

See Note 18

67. In the last 12 months, how often did your doctor or other health provider discuss or provide methods or strategies other than medication to assist you with quitting smoking or using tobacco? *Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.*

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

H11056

See Note 18

68. On the days you smoke or use tobacco products, what type of product do you smoke or use?

H11057A-H11057D

**MARK ALL THAT APPLY.**

- A ☐ Cigarettes
- B ☐ Dip, chewing tobacco, snuff or snus
- C ☐ Cigars
- D ☐ Pipes, bidis, or kreteks (*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.*)

See Note 18

69. Are you male or female?

- 1 ☐ Male → [Go to Question 76](#)
- 2 ☐ Female

H11058

See Note 19A

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

H11059

- 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

See Notes 19A and 19B

71. Are you under age 40?

- 1 ☐ Yes → [Go to Question 73](#)
- 2 ☐ No

H11060

See Notes 19A, 19B, and 20

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

- 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

H11061

See Notes 19A, 19B, and 20

73. Have you been pregnant in the last 12 months or are you pregnant now? H11062 See Notes 19A,19B, and 21

- 1 ☐ Yes, I am currently pregnant → [Go to Question 74](#)  
 2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 75](#)  
 3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 76](#)

74. In what trimester is your pregnancy?

- 1 ☐ First trimester (up to 12 weeks after 1<sup>st</sup> day of last period) → [Go to Question 76](#)  
 2 ☐ Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)  
 3 ☐ Third trimester (28<sup>th</sup> week until delivery)

H11063 See Notes 19A,19B, and 21

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

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

H11064 See Notes 19A,19B, and 21

## ABOUT YOU

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

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

H11065

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

- 1 ☐ Yes  
 2 ☐ No

H11066

78. 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 80](#)

H11067

See Note 22

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

- 1 ☐ Yes  
 2 ☐ No

H11068

See Note 22

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

- 1 ☐ Yes  
 2 ☐ No → [Go to Question 82](#)

H11069

See Note 23

81. 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

H11070

See Note 23

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

**MARK "YES" OR "NO" FOR EACH.**

- |   | YES                        | NO                         |
|---|----------------------------|----------------------------|
| You had nightmares about it or thought about it when you did not want to?                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| You tried hard not to think about it or went out of your way to avoid situations that reminded you of it? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| You have been constantly on guard, watchful, or easily startled?  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| You felt numb or detached from others, activities, or your surroundings?                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

S11B23-S11B26

83. 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

H11071F, H11071I

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

*Please give your answer in pounds.*

**Example:**

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

**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

H11072

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

- 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

SREDA

86. 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

H11073A-H11073E

See Note 24

87. 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

88. 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

89. Are you currently covered by Medicare?

- 1 ☐ Yes
- 2 ☐ No → [Go to Question 95](#)
- 5 ☐ Don't know → [Go to Question 95](#)

H11074

See Note 25

90. 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.*

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

H11075

See Note 25

91. 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.*

- 1 ☐ Yes, I am now covered by Medicare Part B
- 2 ☐ No, I am not covered by Medicare Part B → [Go to Question 93](#)

H11076

See Notes 25 and 26

92. Medicare Advantage is the new name for Medicare Plus Choice plans. Are you enrolled in a Medicare Advantage plan? *This plan is also sometimes known as Medicare Part C.*

- 1 ☐ Yes
- 2 ☐ No
- 5 ☐ Don't know

H11077

See Notes 25 and 26

93. 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.*

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

H11078

See Note 25

94. Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

- 1 ☐ Yes  
2 ☐ No  
-5 ☐ Don't know

H11079

See Note 25

95. 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?

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

S11011

96. 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?

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

S11014

**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](mailto:survey-dodq2@synovate.net)

Toll-free phone (in the US, Puerto Rico and Canada):

**1-877-236-2390**, available 24 hours a day

Toll-free fax (in the US and Canada): 1-800-409-7681

#### 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](http://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](http://www.va.gov)