



Health Care Survey of DoD Beneficiaries

April 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

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? H11002A-H11002U

MARK ALL THAT APPLY.

Military Health Plans

- A TRICARE Prime *(including TRICARE Prime Remote and TRICARE Overseas)*
- C TRICARE Extra or Standard (CHAMPUS)
- N TRICARE Plus
- O TRICARE for Life
- P TRICARE Supplemental Insurance
- Q TRICARE Reserve Select
- S TRICARE Retired Reserve
- T TRICARE Young Adult
- U Continued Health Care Benefit Program (CHCBP) *(a COBRA-like premium-based health care program)*

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
- 15 TRICARE Young Adult
- 16 Continued Health Care Benefit Program (CHCBP) (a COBRA-like premium-based health care program)

- 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

- 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?

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?

H11006

1 Yes

2 No → Go to Question 9

See Note 2

7. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?

H11007

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?

H11008

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?

H11009

1 Yes

2 No → Go to Question 12

See Note 3

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

H11010

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?

H11011

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

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

H11021

See Notes 6 and 7

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

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

H11022

See Notes 6 and 7

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

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

H11023

See Notes 6 and 7

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

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

H11024

See Notes 6 and 7

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

- 1 Yes
- 2 No

→ [Go to Question 27](#)

H11025

See Notes 6, 7 and 8

26. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

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

H11026

See Notes 6, 7 and 8

27. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 0 Worst personal doctor possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best personal doctor possible
- 6 I don't have a personal doctor

H11027

See Note 6

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

- 1 Yes
- 2 No

→ [Go to Question 30](#)

S11009

See Note 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?

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

S11010

See Note 8_01

GETTING HEALTH CARE FROM A SPECIALIST

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

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

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

- 1 Yes
- 2 No

→ [Go to Question 34](#)

H11028

See Note 9

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

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

H11029

See Note 9

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

- 0 None
- 1 1 specialist
- 2 2
- 3 3
- 4 4
- 5 5 or more specialists

→ [Go to Question 34](#)

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

H11035

See Note 12

42. Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

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

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 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

H11037

See Note 13

44. In some health plans, the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines?

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

H110038

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

H11039
See Note 14

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

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

H11040
See Note 15

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

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

H11041
See Note 15

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

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

H11042
See Note 15

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

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

H11043
See Note 16

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

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

H11044
See Note 16

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

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

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

RESERVISTS

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

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

- 1 Yes
- 2 No → [Go to Question 69](#)

S11G18
See Note 17_G1

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

S11G19

See Note 17_G1

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

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

S11G23

See Note 17_G1

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

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

S11G27

See Note 17_G1

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

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

S11G28

See Notes 17_G1 and 17_G2

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

60. Why don't you use TRICARE?

S11G29A-S11G29K

MARK ALL THAT APPLY.

See Notes 17_G1 and 17_G2

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

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

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

S11G30

See Notes 17_G1 and 17_G2

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

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

S11G31

See Note 17_G1

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

- 1 Yes S11G32 See Notes 17_G1, 17_G3
- 2 No → [Go to Question 65](#)
- 6 I do not have a personal doctor → [Go to Question 66](#)

64. Does your personal doctor accept TRICARE?

- 1 Yes S11G33 See Notes 17_G1, 17_G3
- 2 No
- 5 Don't know
- 6 I do not have a personal doctor

65. Since you became eligible for TRICARE due to activation, how often was it easy to get appointments with your personal doctor?

- 1 Never S11G34 See Notes 17_G1, 17_G3
- 2 Sometimes
- 3 Usually
- 4 Always
- 6 I do not have a personal doctor

66. Since you became eligible for TRICARE due to activation, how often was it easy to get appointments with specialists?
- 1 Never S11G35
- 2 Sometimes See Note 17_G1
- 3 Usually
- 4 Always
- 5 I didn't need a specialist

67. TRICARE Reserve Select (TRS) is a premium-based TRICARE health plan available for purchase by qualified members of the Selected Reserve. Are you aware of this program?
- 1 Yes S11G40 See Notes 17_G1, 17_G4
- 2 No → [Go to Question 69](#)

68. In the past 12 months, have you (or your sponsor) been eligible to purchase coverage under TRICARE Reserve Select?
- 1 Yes S11G41 See Notes 17_G1, 17_G4
- 2 No
- 3 Don't know

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 H11049
- 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 H11050
- 2 No, it is not too high
- 3 Don't know

71. When did you last have a cholesterol screening, that is, a test to determine the level of cholesterol in your blood?
- 5 Less than 12 months ago S11015
- 4 1 to 2 years ago
- 3 More than 2 but less than 5 years ago
- 2 5 or more years ago
- 1 Never had a cholesterol screening

72. When did you last have a flu shot?
- 4 Less than 12 months ago H11051
- 3 1-2 years ago
- 2 More than 2 years ago
- 1 Never had a flu shot

73. Have you ever smoked at least 100 cigarettes in your entire life?
- 1 Yes H11052
- 2 No
- 5 Don't know

74. Do you now smoke cigarettes or use tobacco every day, some days or not at all?
- 4 Every day → [Go to Question 75](#) H11053 See Note 18
- 3 Some days → [Go to Question 75](#)
- 2 Not at all → [Go to Question 79](#)
- 5 Don't know → [Go to Question 79](#)

75. 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 H11054
- 2 Sometimes See Note 18
- 3 Usually
- 4 Always

76. 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 H11055
- 2 Sometimes See Note 18
- 3 Usually
- 4 Always

77. 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 H11056
- 2 Sometimes See Note 18
- 3 Usually
- 4 Always

78. 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 See Note 18
- 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.)*

79. Are you male or female?
- 1 Male H11058 See Note 19A_Q3
- 2 Female → [Go to Question 82](#)

ABOUT YOU

80. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? S11016
- 1 Yes See Notes 19A_Q3, 19B_Q3 & 19_01
 2 No → [Go to Question 88](#)
 5 Don't know/not sure → [Go to Question 88](#)
81. How long has it been since you had your last PSA test? S11017
- 6 Within the last 12 months
 5 1 to 2 years ago
 4 More than 2 but less than 3 years ago
 3 More than 3 but less than 5 years ago
 2 5 or more years ago
 1 Never had a PSA test
- MEN:** [Go to Question 88](#) See Notes 19A_Q3, 19B_Q3 & 19_01
82. When did you last have a Pap smear test? H11059B
- 6 Within the last 12 months
 5 1 to 2 years ago
 4 More than 2 but less than 3 years ago
 3 More than 3 but less than 5 years ago
 2 5 or more years ago See Notes 19A_Q3 and 19B_Q3
 1 Never had a Pap smear test
83. Are you under age 40? H11060
- 1 Yes → [Go to Question 85](#)
 2 No See Notes 19A_Q3, 19B_Q3 and 20
84. When was the last time your breasts were checked by mammography? H11061
- 5 Within the last 12 months
 4 1 to 2 years ago See Notes 19A_Q3, 19B_Q3 and 20
 3 More than 2 years ago but less than 5 years ago
 2 5 or more years ago
 1 Never had a mammogram
85. Have you been pregnant in the last 12 months or are you pregnant now? H11062 See Notes 19A_Q3, 19B_Q3, 21
- 1 Yes, I am currently pregnant → [Go to Question 86](#)
 2 No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 87](#)
 3 No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 88](#)
86. In what trimester is your pregnancy? H11063
- 1 First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 88](#)
 2 Second trimester (13th through 27th week)
 3 Third trimester (28th week until delivery)
See Notes 19A_Q3, 19B_Q3, 21
87. In which trimester did you first receive prenatal care? H11064
- 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
See Notes 19A_Q3, 19B_Q3, 21

88. In general, how would you rate your overall health? H11065
- 5 Excellent
 4 Very good
 3 Good
 2 Fair
 1 Poor
89. Are you limited in any way in any activities because of any impairment or health problem? H11066
- 1 Yes
 2 No
90. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? H11067
- 1 Yes
 2 No → [Go to Question 92](#) See Note 22
91. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause. H11068
- 1 Yes
 2 No See Note 22
92. Do you now need or take medicine prescribed by a doctor? Do not include birth control. H11069
- 1 Yes
 2 No → [Go to Question 94](#) See Note 23
93. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause. H11070
- 1 Yes
 2 No See Note 23
94. Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month...

MARK "YES" OR "NO" FOR EACH.

S11B23-S11B26

YES NO

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

95. How tall are you without your shoes on?

Please give your answer in feet and inches.

H11071F, H11071I

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

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

Please give your answer in pounds.

H11072

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

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

SREDA

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

98. 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, H11073

See Note 24

99. 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

100. 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

101. Are you currently covered by Medicare?

- 1 Yes
- 2 No → Go to Question 107
- 5 Don't know → Go to Question 107

H11074

See Note 25

102. Currently, are you covered by Medicare Part A? Medicare is the federal health insurance program for people aged 65 or older and for certain persons with disabilities. Medicare Part A helps pay for inpatient hospital care.

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

H11075

See Note 25

103. Currently, are you covered by Medicare Part B? Medicare is the federal health insurance program for people aged 65 or older and for certain persons with disabilities. Medicare Part B helps pay for doctor's services, outpatient hospital services, and certain other services.

- 1 Yes, I am now covered by Medicare Part B
- 2 No, I am not covered by Medicare Part B → Go to Question 107

H11076

See Notes 25 and 26_Q3

104. 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_Q3

105. 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.*

H11078

See Notes 25 and 26_Q3

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

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

H11079

- 1 Yes
- 2 No
- 3 Don't know

See Notes 25 and 26_Q3

107. 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?

S11011

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

108. 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?

S11014

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

THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY! Your generous contribution will greatly aid efforts to improve the health of our military community.

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

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

Questions about the survey?

Email: survey-dodq2@synovate.net

Toll-free phone (in the US, Puerto Rico and Canada):
1-877-236-2390, available 24 hours a day
Toll-free fax (in the US and Canada): 1-800-409-7681

International Toll-Free numbers:

Germany: 0 800 182 1532
Great Britain: 008 234 7139
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When calling or writing, please provide your 8-digit ID number printed in blue on the letter accompanying this survey.

Questions about your TRICARE coverage?

For additional information on TRICARE, or if you are not sure about your benefits, or if you don't have a primary care manager; contact the TRICARE Service Center in your region:

North: 1-877-874-2273
South: 1-800-444-5445
West: 1-888-874-9378
Outside the US: 1-888-777-8343

The website is:

www.tricare.osd.mil/tricare-servicecenters

Veterans: Contact the US Department of Veterans Affairs at **1-877-222-VETS**; or go to www.va.gov