



Health Care Survey of DoD Beneficiaries

A world-wide survey of beneficiaries eligible for health care coverage through the military health system

April 2012

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 marking an "X" in 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?

H12001

- 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?

H12002A-H12002U

MARK ALL THAT APPLY.

Military Health Plans

- A ☐ TRICARE Prime, including TRICARE Prime Remote and TRICARE Overseas (For Active Duty/Mobilized Reservists this also includes sick call, troop clinics, flight medicine clinics, and health clinics)
 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?

H12003

See Note 1

MARK ONLY ONE ANSWER.

- 1 ☐ TRICARE Prime, including TRICARE Prime Remote and TRICARE Overseas (For Active Duty/Mobilized Reservists this also includes sick call, troop clinics, flight medicine clinics, and health clinics)
 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?

H12004

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?

H12005

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

H12006

See Note 2

➔ [Go to Question 9](#)

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

- 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

H12007

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?

- 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

H12008

See Note 2

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

- 1 ☐ Yes
- 2 ☐ No

H12009

See Note 3

➔ [Go to Question 12](#)

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

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

H12010

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?

- 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

H12011

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

H12012

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
- 2 ☐ 1
- 3 ☐ 2
- 4 ☐ 3
- 5 ☐ 4
- 6 ☐ 5 to 9
- 7 ☐ 10 or more

➔ [Go to Question 19](#)

H12013

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

H12014

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

H12015

See Notes 4 and 5

→ Go to Question 18

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

H12016

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

H12017

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

H12018

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

H12019

See Note 6

→ Go to Question 29

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

H12020

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

H12021

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

H12022

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

H12023

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

H12024

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 H12025 See Notes 6, 7, and 8
2 ☐ No → [Go to Question 27](#)

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 H12026
2 ☐ Sometimes
3 ☐ Usually See Notes 6, 7, and 8
4 ☐ 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?

0 ☐ 0 Worst personal doctor possible
1 ☐ 1 H12027
2 ☐ 2
3 ☐ 3 See Note 6
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 ☐ Yes → [Go to Question 30](#)
2 ☐ No S12009 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?

1 ☐ A big problem S12010
2 ☐ A small problem
3 ☐ Not a problem 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 H12028 See Note 9
2 ☐ No → [Go to Question 34](#)

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

1 ☐ Never H12029
2 ☐ Sometimes
3 ☐ Usually See Note 9
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 H12030
2 ☐ 2
3 ☐ 3 See Notes 9 and 10
4 ☐ 4
5 ☐ 5 or more specialists

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 H12031
2 ☐ 2
3 ☐ 3 See Notes 9 and 10
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

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

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

S12B01

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

- 1 ☐ Yes
 2 ☐ No

S12B02

See Note10_B1

→ [Go to Question 38](#)

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

S12B03

See Note10_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

S12B04

See Note10_B1

38. Are you currently on active duty status?

- 1 ☐ Yes
 2 ☐ No

S12U01

See Note 10_U1

→ [Go to Question 47](#)

39. Does your unit provide sick call?

- 1 ☐ Yes
 2 ☐ No

S12U02

See Notes 10_U1 and 10_U2

→ [Go to Question 42](#)

40. When you are sick or need advice about your health, do you usually go to sick call or someplace else?

- 1 ☐ Sick call
 2 ☐ Someplace else

S12U03

See Notes 10_U1 and 10_U2

→ [Go to Question 42](#)

41. When you are sick or need advice about your health and sick call is over, where do you usually go for health care?

- 1 ☐ A military facility
 2 ☐ A civilian facility
 3 ☐ I wait for sick call

S12U04

See Notes 10_U1 and 10_U2

In questions 42 through 46, think about the place where you usually get health care.

42. Do you have a choice of providers in the place where you usually get health care?

- 1 ☐ Yes
 2 ☐ No

S12U05

See Note 10_U1

43. Please indicate how strongly you agree with the following statement.

I am satisfied with the choice of providers in the place where I usually get care.

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

S12U06

See Note 10_U1

44. In the last 12 months, when you visited the place where you usually get care, did you usually see the same provider at each visit?

- 1 ☐ Yes
 2 ☐ No

S12U07

See Notes 10_U1 and 10_U3

-6 ☐ I had no visits in the last 12 months

45. In the last 12 months, when you visited the place where you usually get care, how often were the providers knowledgeable about the details of your medical history?

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

S12U08

See Notes 10_U1 and 10_U3

46. In the last 12 months, when you visited the place where you usually get care, how often were you able to get the tests or treatment you needed, or a referral for the tests or treatment you needed?

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

S12U09

See Notes 10_U1 and 10_U3

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.*

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

1 ☐ Yes H12032 See Note 11
2 ☐ No ➔ [Go to Question 49](#)

48. 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 H12033
2 ☐ Sometimes See Note 11
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't need care, tests, or treatment through my health plan in the last 12 months

49. 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 H12034 See Note 12
2 ☐ No ➔ [Go to Question 51](#)

50. 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 H12035
2 ☐ Sometimes See Note 12
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't look for information from my health plan in the last 12 months

51. 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 H12036 See Note 13
2 ☐ No ➔ [Go to Question 53](#)

52. 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 H12037
2 ☐ Sometimes See Note 13
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't need a health care service or equipment from my health plan in the last 12 months

53. 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 H12038 See Note 14
2 ☐ No ➔ [Go to Question 55](#)

54. 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 H12039
2 ☐ Sometimes See Note 14
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't need prescription medications from my health plan in the last 12 months

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

1 ☐ Yes H12040 See Note 15
2 ☐ No ➔ [Go to Question 58](#)

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

1 ☐ Never H12041
2 ☐ Sometimes See Note 15
3 ☐ Usually
4 ☐ Always
-6 ☐ I didn't call my health plan's customer service in the last 12 months

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

- 1 ☐ Never H12042
 2 ☐ Sometimes
 3 ☐ Usually See Note 15
 4 ☐ Always
 -6 ☐ I didn't call my health plan's customer service in the last 12 months

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

- 1 ☐ Yes H12043 See Note 16
 2 ☐ No ➔ [Go to Question 60](#)

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

- 1 ☐ Never H12044
 2 ☐ Sometimes
 3 ☐ Usually See Note 16
 4 ☐ Always
 -6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months

60. 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 H12045 See Note 17
 2 ☐ No ➔ [Go to Question 63](#)
 -5 ☐ Don't know ➔ [Go to Question 63](#)

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

- 1 ☐ Never H12046
 2 ☐ Sometimes
 3 ☐ Usually See Note 17
 4 ☐ Always
 -5 ☐ Don't know
 -6 ☐ No claims were sent for me in the last 12 months

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

- 1 ☐ Never H12047
 2 ☐ Sometimes See Note 17
 3 ☐ Usually
 4 ☐ Always
 -5 ☐ Don't know
 -6 ☐ No claims were sent for me in the last 12 months

63. 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 H12048
 3 ☐ 3
 4 ☐ 4
 5 ☐ 5
 6 ☐ 6
 7 ☐ 7
 8 ☐ 8
 9 ☐ 9
 10 ☐ 10 Best health plan possible

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.

64. 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 S12G18 See Note 17_G1
 2 ☐ No ➔ [Go to Question 78](#)

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

- S12G19 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

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

S12G23

See Note 17_G1

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

67. 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?

S12G27

See Note 17_G1

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

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

S12G28

See Notes 17_G1 and 17_G2

- 1 ☐ I use only TRICARE → [Go to Question 71](#)
- 2 ☐ I use both TRICARE and civilian coverage → [Go to Question 70](#)
- 3 ☐ I use only civilian coverage → [Go to Question 69](#)
- 5 ☐ Don't know → [Go to Question 70](#)

69. Why don't you use TRICARE?

S12G29A-S12G29K

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

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

S12G30

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

See Notes 17_G1 and 17_G2

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

S12G31

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

See Note 17_G1

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

1 ☐ Yes

S12G32

See Notes 17_G1 and 17_G3

2 ☐ No → [Go to Question 74](#)

-6 ☐ I do not have a personal doctor → [Go to Question 75](#)

73. Does your personal doctor accept TRICARE?

1 ☐ Yes

S12G33

2 ☐ No

See Notes 17_G1 and 17_G3

-5 ☐ Don't know

-6 ☐ I do not have a personal doctor

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

1 ☐ Never

S12G34

2 ☐ Sometimes

See Notes 17_G1 and 17_G3

3 ☐ Usually

4 ☐ Always

-6 ☐ I do not have a personal doctor

75. Since you became eligible for TRICARE due to activation, how often was it easy to get appointments with specialists?

1 ☐ Never

S12G35

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

-6 ☐ I didn't need a specialist

See Note 17_G1

76. 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 S12G40 See Notes 17_G1 and 17_G4
- 2 ☐ No → [Go to Question 78](#)

77. In the past 12 months, have you (or your sponsor) been eligible to purchase coverage under TRICARE Reserve Select?
- 1 ☐ Yes S12G41 See Notes 17_G1 and 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.

78. When did you last have a blood pressure reading?
- 3 ☐ Less than 12 months ago H12049
- 2 ☐ 1 to 2 years ago
- 1 ☐ More than 2 years ago

79. Do you know if your blood pressure is too high?
- 1 ☐ Yes, it is too high H12050
- 2 ☐ No, it is not too high
- 3 ☐ Don't know

80. 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 S12015
- 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

81. When did you last have a flu shot?
- 4 ☐ Less than 12 months ago H12051
- 3 ☐ 1-2 years ago
- 2 ☐ More than 2 years ago
- 1 ☐ Never had a flu shot

82. Have you ever smoked at least 100 cigarettes in your entire life?
- 1 ☐ Yes H12052
- 2 ☐ No
- 5 ☐ Don't know

83. Do you now smoke cigarettes or use tobacco every day, some days or not at all?
- 4 ☐ Every day → [Go to Question 84](#)
- 3 ☐ Some days → [Go to Question 84](#)
- 2 ☐ Not at all → [Go to Question 88](#)
- 5 ☐ Don't know → [Go to Question 88](#)

H12053

See Note 18

84. 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 H12054
- 2 ☐ Sometimes
- 3 ☐ Usually See Note 18
- 4 ☐ Always

85. 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 H12055
- 2 ☐ Sometimes
- 3 ☐ Usually See Note 18
- 4 ☐ Always

86. In the last 12 months, how often did your doctor or other health provider discuss or provide methods and 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 H12056
- 2 ☐ Sometimes
- 3 ☐ Usually See Note 18
- 4 ☐ Always

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

MARK ALL THAT APPLY.

- A ☐ Cigarettes H12057A-H12057D
- 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

88. Are you male or female?
- 1 ☐ Male H12058 See Note 19A_Q3
- 2 ☐ Female → [Go to Question 91](#)
89. 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?
- 1 ☐ Yes
- 2 ☐ No → [Go to Question 97](#)
- 3 ☐ Don't know/Not sure → [Go to Question 97](#)
- S12016 See Notes 19A_Q3, 19B_Q3, and 19_01
90. How long has it been since you had your last PSA test?
- 6 ☐ Less than 12 months ago → [Go to Question 97](#)
- 5 ☐ 1 to 2 years ago → [Go to Question 97](#)
- 4 ☐ More than 2 but less than 3 years ago → [Go to Question 97](#)
- 3 ☐ More than 3 but less than 5 years ago → [Go to Question 97](#)
- 2 ☐ 5 or more years ago → [Go to Question 97](#)
- 1 ☐ Never had a PSA test → [Go to Question 97](#)
- S12017 See Notes 19A_Q3, 19B_Q3, and 19_01
91. When did you last have a Pap smear test?
- 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 Pap smear test
- H12059B See Notes 19A_Q3 and 19B_Q3
92. Are you under age 40?
- 1 ☐ Yes → [Go to Question 94](#)
- 2 ☐ No
- H12060 See Notes 19A_Q3, 19B_Q3, and 20
93. 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
- H12061 See Notes 19A_Q3, 19B_Q3, and 20
94. Have you been pregnant in the last 12 months or are you pregnant now?
- 1 ☐ Yes, I am currently pregnant → [Go to Question 95](#)
- 2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 96](#)
- 3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 97](#)
- H12062 See Notes 19A_Q3, 19B_Q3, and 21

95. In what trimester is your pregnancy?
- 1 ☐ First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 97](#)
- 2 ☐ Second trimester (13th through 27th week)
- 3 ☐ Third trimester (28th week until delivery)
- H12063 See Notes 19A_Q3, 19B_Q3, and 21
96. In which trimester did you first receive prenatal care?
- 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
- H12064 See Notes 19A_Q3, 19B_Q3, and 21

ABOUT YOU

97. In general, how would you rate your overall health?
- 5 ☐ Excellent
- 4 ☐ Very good
- 3 ☐ Good
- 2 ☐ Fair
- 1 ☐ Poor
- H12065
98. Are you limited in any way in any activities because of any impairment or health problem?
- 1 ☐ Yes
- 2 ☐ No
- H12066
99. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
- 1 ☐ Yes H12067 See Note 22
- 2 ☐ No → [Go to Question 101](#)
100. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.
- 1 ☐ Yes H12068 See Note 22
- 2 ☐ No
101. Do you now need or take medicine prescribed by a doctor? Do not include birth control.
- 1 ☐ Yes H12069 See Note 23
- 2 ☐ No → [Go to Question 103](#)

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

- 1 ☐ Yes
2 ☐ No

H12070

See Note 23

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

MARK "YES" OR "NO" FOR EACH.

S12B23-S12B26

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

104. 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 |

H12071F, H12071I

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

Please give your answer in pounds.

H12072

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 |

106. 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

107. 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

H12073A-H12073E, H12073

See Note 24

108. What is your race?

(Mark ONE OR MORE races to indicate what you consider yourself to be.)

SRRACEA-SRRACEE

- 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)

109. 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

110. Are you currently covered by Medicare?

- 1 ☐ Yes
 2 ☐ No
 -5 ☐ Don't know

H12074

See Note 25

→ [Go to Question 116](#)

→ [Go to Question 116](#)

111. 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

H12075

See Note 25

112. 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

H12076

See Note 25

113. 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

H12077

See Note 25

114. 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

H12078

See Note 25

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

- 1 ☐ Yes
 2 ☐ No
 -5 ☐ Don't know

H12079

See Note 25

116. 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

S12011

117. 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

S12014

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