



Health Care Survey of DoD Beneficiaries

July 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?

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?

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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> I didn't need care right away for an illness, injury or condition in the last 12 months			

H11007 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

H11008

See Note 2

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

1 Yes 2 No → [Go to Question 12](#)

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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> I had no appointments in the last 12 months			

H11010 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

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?

None	1	2	3	4	5 to 9	10 or more
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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?

Definitely yes	Somewhat yes	Somewhat no	Definitely no
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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?

Definitely yes	Somewhat yes	Somewhat no	Definitely no
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 your health care in the last 12 months?

0 1 2 3 4 5 6 7 8 9 10

Worst health care possible

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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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 1 2 3 4 5 6 7 8 9 10

Worst personal doctor possible

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 → [Go to Question 30](#) 2 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?

A big problem	A small problem	Not a problem
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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. H11028 See Note 9

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

- 1 Yes 2 No → [Go to Question 34](#)

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

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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 → [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 1 2 3 4 5 6 7 8 9 10

Worst specialist possible 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**?

Excellent	Very good	Good	Fair	Poor
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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?

A big problem	A small problem	Not a problem
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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 1 2 3 4 5 6 7 8 9 10

Worst treatment or counseling possible

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 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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 medicines?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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

H11045 See Note 17

2 No

→ [Go to Question 54](#)

-5 Don't know

→ [Go to Question 54](#)

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

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
-6 <input type="checkbox"/> 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 1 2 3 4 5 6 7 8 9 10

Worst health plan possible

Best health plan possible

-6 I had no visits in the last 12 months

H11048

REFERRALS TO SPECIALISTS

The following questions ask about your experiences getting referrals to specialists. *Specialists* are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. Beneficiaries enrolled in TRICARE Prime must get a referral before seeing a specialist, while other health plans may have different requirements.

55. Does the plan you use for all or most of your health care require you to get a referral from a doctor in order to see a specialist?

1 Yes 2 No → [Go to Question 57](#)

S11R01

See Note 17_R1

56. In the last 12 months, did a doctor refer you to a specialist?

1 Yes 2 No

S11R02

See Note 17_R1

57. In the last 12 months, how did you select the specialist(s) you saw?

S11R03A-S11R03E

MARK ALL THAT APPLY.

See Note 17_R2

- A I did not see a specialist in the last 12 months → [Go to Question 70](#)
- B My doctor told me what specialist to see
- C I received a suggestion from a friend or relative
- D I picked the specialist from a list supplied by TRICARE or my health plan
- E I picked the specialist on my own

58. In the last 12 months, when you needed to see a specialist, how did you make an appointment?

S11R04A-S11R04G

MARK ALL THAT APPLY.

See Note 17_R2

- A Contacted the appointment line or referral desk
- B Called an MTF
- C Called my personal doctor's office
- D Called the specialist's office
- E Asked my personal doctor to make the appointment
- F My personal doctor made the appointment for me
- G Other

59. In the past 12 months, how much of a problem, if any, was it to understand the process you needed to follow to see a specialist?

A big problem	A small problem	Not a problem
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

S11R05

See Note 17_R2

60. In the past 12 months, were you referred to any civilian specialists?

1 Yes 2 No → [Go to Question 65](#)

S11R06

See Notes 17_R2 and 17_R3

61. How much of a problem, if any, was your wait time to see a civilian specialist?

A big problem	A small problem	Not a problem
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

S11R07

See Notes 17_R2 and 17_R3

62. In the last 12 months, what is the longest time you spent traveling (round-trip) to see a civilian specialist?

Less than ½ hour	½ hour to less than 1 hour	1 hour to less than 2 hours	2 hours to less than 4 hours	4 hours to less than 8 hours	8 hours or more
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

S11R08

See Notes 17_R2 and 17_R3

63. In the last 12 months, did you travel more than 100 miles (one way) to see a civilian specialist?

1 Yes 2 No

S11R09

See Notes 17_R2 and 17_R3

64. In the last 12 months, how often did you doctor seem informed and up-to-date about the care you got from these civilian specialists?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

S11R10

See Notes 17_R2 and 17_R3

65. In the last 12 months, were you referred to a specialist at an MTF?

1 Yes 2 No → [Go to Question 70](#)

S11R11

See Notes 17_R2 and 17_R4

66. How much of a problem, if any, was your wait time to see a specialist at an MTF?

A big problem	A small problem	Not a problem
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

S11R12

See Notes 17_R2 and 17_R4

67. In the last 12 months, what is the longest time you spent traveling (round-trip) to see a specialist at an MTF?

Less than ½ hour	½ hour to less than 1 hour	1 hour to less than 2 hours	2 hours to less than 4 hours	4 hours to less than 8 hours	8 hours or more
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

S11R13

See Notes 17_R2 and 17_R4

68. In the last 12 months, did you travel more than 100 miles (one way) to see a specialist at an MTF?

1 Yes 2 No

S11R14

See Notes 17_R2 and 17_R4

69. In the last 12 months, how often did your doctor seem informed and up-to-date about the care you got from these specialists at an MTF?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

S11R15

See Notes 17_R2 and 17_R4

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.

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

Less than 12 months ago	1 to 2 years ago	More than 2 years ago
3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

H11049

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

Yes, it is too high	No, it is not too high	Don't know
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

H11050

72. When did you last have a flu shot?

Less than 12 months ago	1-2 years ago	More than 2 years ago	Never had a flu shot
4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

H11051

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

1 Yes
2 No
5 Don't know

H11052

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

4 Every day → [Go to Question 75](#)
3 Some days → [Go to Question 75](#)
2 Not at all → [Go to Question 79](#)
5 Don't know → [Go to Question 79](#)

H11053

See Note 18

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?

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

H11054

See Note 18

76. In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

H11055

See Note 18

77. In the last 12 months, how often did your doctor or 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.*

Never	Sometimes	Usually	Always
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

H11056

See Note 18

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

MARK ALL THAT APPLY.

Cigarettes	Dip, chewing tobacco, snuff or snus	Cigars	Pipes, bidis, or kreteks
A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

(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.)

H11057A-H11057D

See Note 18

79. Are you male or female?

1 Male → [Go to Question 86](#) 2 Female

H11058

See Note 19A

80. 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 years ago but less than 3 years ago
3 More than 3 years ago but less than 5 years ago
2 5 or more years ago
1 Never had a Pap smear test

H11059B

See Notes 19A and 19B

81. Are you under age 40?

1 Yes → [Go to Question 83](#) 2 No

H11060

See Notes 19A, 19B and 20

82. When was the last time your breasts were checked by mammography? H11061 See Notes 19A, 19B and 20

- 5 Within the last 12 months
- 4 1 to 2 years ago
- 3 More than 2 years ago but less than 5 years ago
- 2 5 or more years ago
- 1 Never had a mammogram

83. 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 84](#)
- 2 No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 85](#)
- 3 No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 86](#)

84. In what trimester is your pregnancy? H11063 See Notes 19A, 19B and 21

- 1 First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 86](#)
- 2 Second trimester (13th through 27th week)
- 3 Third trimester (28th week until delivery)

85. In which trimester did you first receive prenatal care? H11064 See Notes 19A, 19B and 21

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

ABOUT YOU

86. In general, how would you rate your overall health? H11065

Excellent	Very good	Good	Fair	Poor
5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

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

- 1 Yes 2 No H11066

88. 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 90](#)

H11067

See Note 22

89. 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

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

- 1 Yes 2 No → [Go to Question 92](#) H11069 See Note 23

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

- 1 Yes 2 No H11070 See Note 23

92. 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 <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"/>

93. How tall are you without your shoes on?

Please give your answer in feet and inches.

H11071F, H11071I, H11071FN, H11071IN

Example:

Your answer:

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

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

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

Please give your answer in pounds.

H11072 H11072N

Example:

Weight		
Pounds		
1	6	0
<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

95. 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

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

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

H11073A-H11073E

See Note 24

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

97. 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)

98. What is your age now?

SRAGE

- 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

99. Are you currently covered by Medicare?

- 1 Yes
- 2 No → Go to Question 105
- 5 Don't know → Go to Question 105

H11074

See Note 25

100. 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.*

H11075

See Note 25

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

101. 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.*

H11076

See Notes 25 and 26_Q3

- 1 Yes, I am now covered by Medicare Part B
- 2 No, I am not covered by Medicare Part B → Go to Question 105

102. Medicare Advantage is the new name of 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

103. 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

104. 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 Notes 25 and 26_Q3

105. 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

106. Using a scale of 1 to 5, with 1 being "completely dissatisfied" and 5 being "completely satisfied", how satisfied, 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

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

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

