



Health Care Survey of DoD Beneficiaries

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

January 2013

PRIVACY ADVISORY

Providing information in this Survey is voluntary. There is no penalty nor will your benefits be affected if you choose not to respond, although maximum participation is encouraged so that the data will be as complete and representative.

The Survey was written so that answers should not require you to provide any personally identifiable information (PII), but please be assured that any PII provided will be treated as confidential. Your responses are collected via a secure system which does not collect any information that could be used to determine your identity.

Answering the questions is voluntary; you may stop the Survey at any time.

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/DHCAPE
 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?

H13001

- 1 Yes → **Go to Question 2 on the next page**
 2 No → Please give this questionnaire to the person addressed on the cover letter.

2. By which of the following health plans are you currently covered?

MARK ALL THAT APPLY.

H13002A-H13002U

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?

H13003

See Note 1

MARK ONLY ONE ANSWER.

- 1 TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)
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? H13004 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

Many beneficiaries who are eligible for TRICARE also have the opportunity to obtain other civilian health insurance through their job or a family member's job, through COBRA, or through retirement coverage from a previous job, or from some other group. COBRA lets beneficiaries pay to keep their coverage temporarily when they leave their job.

5. Do you currently have the opportunity to obtain civilian health insurance coverage for yourself through some civilian group? S13J01 See Note 1_J1

- 1 Yes
2 No -> Go to Question 17

6. What options do you have for obtaining civilian coverage?

MARK ALL THAT APPLY.

- A Through my current employer
B Through COBRA from my previous employer
C Through retirement coverage from my previous employer
D Through a family member's current employer
E Through COBRA from a family member's previous employer
F Through retirement coverage from a family member's previous employer
G Through another organization S13J02A-S13J02I
H Through a government program
I Don't know See Note 1_J1

7. Are you alone or are you and others in your household now covered by a civilian policy? S13J03 See Notes 1_J1 and 1_J2

- 1 Yes, I alone
2 Yes, I and at least one other person in my household are covered
4 No -> Go to Question 10

8. For your civilian coverage, do you or your family member pay all or part of the insurance premium? S13J04

- 1 Yes, I or my family members pay all of the premium
2 Yes, I or my family members pay part of the premium
3 No, coverage is available at no cost -> Go to Question 10
-5 Don't know

See Notes 1_J1, 1_J2, and 1_J3

9. How much per month do you or your family member pay for this coverage?

Please write your response in dollars on the lines provided, then check the matching box below in each column. For example, if you pay \$456 per month, you would put a "4" on the first line, a "5" on the second line and "6" on the third line, and then check the box next to the "4" in the first column, next to the "5" in the second column and next to the "6" in the third column.

For example:

| Dollars | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| 4 | 5 | 6 |
| <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 checked="" type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input checked="" type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |

If you do not know the exact amount, please indicate the approximate amount.

Your Answer:

| Dollars | | |
|----------------------------|----------------------------|----------------------------|
| | | |
| <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"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |

- 1000 \$1000 or more S13J05
 -5 Don't know See Notes 1_J1,1_J2, and 1_J3

10. Have you used civilian coverage for any of your health care in the past 12 months?

- 1 Yes → [Go to Question 12](#)
 2 No S13J06
See Notes 1_J1 and 1_J4

11. Why haven't you used civilian coverage?

MARK ALL THAT APPLY.

- A Civilian coverage is not available to me
- B I have a better choice of doctors with TRICARE
- F My personal doctor is only available to me through TRICARE
- I I prefer to use military doctors
- J I prefer military hospitals
- G I want to be sure I can always use military health care
- D I get better customer service with TRICARE
- E Civilian benefits are poor compared to TRICARE
- C I do not want to pay the premium for civilian coverage
- M My employer pays a bonus for not taking employee coverage
- N My family member's employer pays a bonus for not taking employee coverage
- H I pay less for TRICARE than I would for civilian care
- O I have access to better quality care through TRICARE
- K I have not needed health care S13J07A-S13J07O
- L Another reason

See Notes 1_J1 and 1_J4

12. Have you used TRICARE for any health care (except for prescription drugs) in the past 12 months?

- 1 Yes → [Go to Question 14](#)
 2 No

S13J08

See Notes 1_J1 and 1_J5

13. Why haven't you used TRICARE?

MARK ALL THAT APPLY.

- A I have a greater choice of doctors with my civilian plan
- D My personal doctor is not available to me through TRICARE
- I I prefer civilian doctors
- J I prefer civilian hospitals
- H There are no military facilities near me
- C I get better customer service with civilian plans
- E TRICARE benefits are poor compared to my civilian plan
- F It is easier for me to get care through my civilian plan
- B I do not want to pay the premium for TRICARE
- G I pay less for civilian care than I would for TRICARE
- K I have not needed health care
- L Another reason S13J09A-S13J09L

See Notes 1_J1 and 1_J5

14. Have you dropped civilian coverage in the past 12 months?

- 1 Yes
 2 No → [Go to Question 17](#)

S13J10

See Notes 1_J1 and 1_J6

15. Which of the following are reasons you dropped civilian coverage in the past 12 months?

S13J13A-S13J13N

MARK ALL THAT APPLY.

See Notes 1_J1 and 1_J6

- A You lost job
- B Your husband/wife/parent lost job
- C You changed jobs
- D Your husband/wife/parent changed jobs
- E You retired from a job
- F Your husband/wife/parent retired from a job
- G Moved to new location
- H You/your husband/wife/parent are/is Select Reserves and became active
- I You/your husband/wife/parent are/is a Reservist and returned to Select Reserve
- J Employer changed plans
- K Found a less expensive health plan
- L Married, divorced, or widowed
- M Went on Medicare
- N Problems with health plans

16. Can you explain the MAIN reason you dropped civilian coverage in the past 12 months?

S13J14

MARK ONLY ONE ANSWER.

See Notes 1_J1 and 1_J6

- 1 You lost job
- 2 Your husband/wife/parent lost job
- 3 You changed jobs
- 4 Your husband/wife/parent changed jobs
- 5 You retired from a job
- 6 Your husband/wife/parent retired from a job
- 7 Moved to new location
- 8 You/your husband/wife/parent are/is Select Reserves and became active
- 9 You/your husband/wife/parent are/is a Reservist and returned to Select Reserve
- 10 Employer changed plans
- 11 Found a less expensive health plan
- 12 Married, divorced, or widowed
- 13 Went on Medicare
- 14 Problems with health plans

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.

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

H13005

See Note 1_AC1

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 → [Go to Question 23](#)

18. In the last 12 months, have you missed a scheduled appointment with a provider at this facility?

1 Yes

S13AC01

See Notes 1_AC1 and 1_AC2

2 No

→ [Go to Question 20](#)

19. Why did you miss these appointments?

MARK ALL THAT APPLY.

- A Forgot about appointment
- B Felt better
- C Felt worse
- D Got care somewhere else
- E Scheduling conflict or other commitments
- F Difficulty getting to facility
- G Other

20. In the last 12 months, did you cancel or reschedule an appointment with a provider at this facility?

1 Yes

S13AC03

See Notes 1_AC1 and 1_AC3

2 No

→ [Go to Question 23](#)

21. In the last 12 months, about how many appointments did you cancel or reschedule at this facility?

- 1 1 to 2 appointments
- 2 3 to 5 appointments
- 3 6 or more appointments

S13AC04

See Notes 1_AC1 and 1_AC3

22. Why did you cancel or reschedule these appointments?

MARK ALL THAT APPLY.

- A Forgot about appointment
- B Felt better
- C Felt worse
- D Got care somewhere else
- E Scheduling conflict or other commitments
- F Difficulty getting to facility
- G Other

S13AC05A-S13AC05G

See Notes 1_AC1 and 1_AC3

23. 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 26](#)

H13006

See Note 2

24. 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

H13007

See Note 2

25. 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

H13008

See Note 2

26. 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 29](#)

H13009

See Note 3

27. 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

H13010

See Note 3

28. 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

H13011

See Note 3

29. 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

H13012

30. 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 36](#)
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5 to 9
- 7 10 or more

H13013

See Note 4

31. 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

H13014

See Note 4

32. 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

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| H13015 | See Notes 4 and 5 |
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→ [Go to Question 35](#)

33. 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

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| H13016 |
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| See Notes 4 and 5 |
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34. 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

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| H13017 |
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| See Notes 4 and 5 |
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35. 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

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| H13018 |
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| See Note 4 |
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YOUR PERSONAL DOCTOR

36. 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

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| H13019 | See Note 6 |
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→ [Go to Question 46](#)

37. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?

- 0 None → [Go to Question 44](#)
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more

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| H13020 |
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| See Notes 6 and 7 |
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38. 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

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| H13021 |
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| See Notes 6 and 7 |
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39. 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

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| H13022 |
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| See Notes 6 and 7 |
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40. 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

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| H13023 |
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| See Notes 6 and 7 |
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41. 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

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| H13024 |
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| See Notes 6 and 7 |
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42. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1 Yes
- 2 No

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| H13025 | See Notes 6, 7, and 8 |
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→ [Go to Question 44](#)

43. 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

H13026

See Notes 6, 7, and 8

44. 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

H13027

See Note 6

45. Did you have the same personal doctor before you joined this health plan?

- 1 Yes → [Go to Question 47](#)
- 2 No

S13009

See Notes 6 and 8_01

46. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor you are happy with?

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

S13010

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.

47. 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 51](#)

H13028

See Note 9

48. 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

H13029

See Note 9

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

- 0 None → [Go to Question 51](#)
- 1 1 specialist
- 2 2
- 3 3
- 4 4
- 5 5 or more specialists

H13030

See Notes 9 and 10

50. 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

H13031

See Notes 9 and 10

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

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

S13B01

52. 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 55](#)

S13B02

See Note 10_B1

53. 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

S13B03

See Note 10_B1

54. 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

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| S13B04 |
| 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.

55. 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 57
56. 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
57. 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 59
58. 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

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| H13032 | See Note 11 |
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| H13033 |
| See Note 11 |

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| H13034 | See Note 12 |
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| H13035 |
| See Note 12 |

59. 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 61
60. 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
61. 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 63
62. 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
63. 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 66
64. 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

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| H13036 | See Note 13 |
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| H13037 |
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| See Note 13 |
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| H13038 | See Note 14 |
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| H13039 |
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| See Note 14 |
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| H13040 | See Note 15 |
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| H13041 |
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| See Note 15 |
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65. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- 1 Never H13042
- 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

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

- 1 Yes H13043 See Note 16
- 2 No → [Go to Question 68](#)

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

- 1 Never H13044
- 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

68. 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 H13045 See Note 17
- 2 No → [Go to Question 71](#)
- 5 Don't know → [Go to Question 71](#)

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

- 1 Never H13046
- 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

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

- 1 Never H13047
- 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

71. 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 H13048
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best health plan possible

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.

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

- 3 Less than 12 months ago H13049
- 2 1 to 2 years ago
- 1 More than 2 years ago

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

- 1 Yes, it is too high H13050
- 2 No, it is not too high
- 3 Don't know

74. When did you last have a flu shot?

- 4 Less than 12 months ago H13051
- 3 1-2 years ago
- 2 More than 2 years ago
- 1 Never had a flu shot

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

- 1 Yes H13052
- 2 No
- 5 Don't know

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

- 4 Every day → [Go to Question 77](#)
- 3 Some days → [Go to Question 77](#)
- 2 Not at all → [Go to Question 81](#)
- 5 Don't know → [Go to Question 81](#)

H13053 See Note 18

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

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

| |
|-------------|
| H13054 |
| See Note 18 |

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

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

| |
|-------------|
| H13055 |
| See Note 18 |

79. 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
- 2 Sometimes
- 3 Usually
- 4 Always

| |
|-------------|
| H13056 |
| See Note 18 |

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

MARK ALL THAT APPLY.

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

| |
|-----------------|
| H13057A-H13057D |
| See Note 18 |

81. Are you male or female?

- 1 Male → [Go to Question 88](#)
- 2 Female

| | |
|--------|--------------|
| H13058 | See Note 19A |
|--------|--------------|

82. 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

| |
|-----------------------|
| H13059B |
| See Notes 19A and 19B |

83. Are you under age 40?

- 1 Yes → [Go to Question 85](#)
- 2 No

| |
|----------------------------|
| H13060 |
| See Notes 19A, 19B, and 20 |

84. 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

| | |
|--------|----------------------------|
| H13061 | See Notes 19A, 19B, and 20 |
|--------|----------------------------|

85. Have you been pregnant in the last 12 months or are you pregnant now?

- 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](#)

| | |
|--------|----------------------------|
| H13062 | See Notes 19A, 19B, and 21 |
|--------|----------------------------|

86. In what trimester is your pregnancy?

- 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)

| |
|----------------------------|
| H13063 |
| See Notes 19A, 19B, and 21 |

87. 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

| | |
|--------|----------------------------|
| H13064 | See Notes 19A, 19B, and 21 |
|--------|----------------------------|

ABOUT YOU

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

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

| |
|--------|
| H13065 |
|--------|

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

- 1 Yes
- 2 No

| |
|--------|
| H13066 |
|--------|

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?

- 1 Yes
- 2 No → [Go to Question 92](#)

| | |
|--------|-------------|
| H13067 | See Note 22 |
|--------|-------------|

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

1 Yes H13068 See Note 22

2 No

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

1 Yes H13069 See Note 23

2 No → *Go to Question 94*

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

1 Yes H13070 See Note 23

2 No

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. S13B23-S13B26

| | YES | NO |
|--|----------------------------|----------------------------|
| a. You have had nightmares about it or thought about it when you did not want to? | 1 <input type="checkbox"/> | 2 <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? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. You have been constantly on guard, watchful, or easily startled? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. You felt numb or detached from others, activities, or your surroundings? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

95. How tall are you without your shoes on?

Please give your answer in feet and inches. Please write one number in each box.

Example: 5 feet, 6 inches H13071F, H13071I

5

0 6

FEET INCHES

Your height:

FEET INCHES

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

Please give your answer in pounds. Please write one number in each box.

Example: 152 pounds H13072

1

5 2

POUNDS

Your weight:

POUNDS

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

H13073A-H13073E, H13073

See Note 24

99. 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)

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](#)

H13074

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

H13075

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

H13076

See Note 25

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

H13077

See Note 25

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.*

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

H13078

See Note 25

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

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

H13079

See Note 25

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?

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

S13011

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?

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

S13014

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/DHCAPE
c/o Synovate Survey Processing Center
PO Box 5030
Chicago, IL 60680-4138