



Health Care Survey of DoD Beneficiaries

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

January 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 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?

- Yes → [Go to Question 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.

Military Health Plans

- TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)
- TRICARE Extra or Standard (CHAMPUS)
- TRICARE Plus
- TRICARE for Life
- TRICARE Supplemental Insurance
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult
- Continued Health Care Benefit Program (CHCBP) (a COBRA-like premium-based health care program)

Other Health Plans

- Medicare
- Federal Employees Health Benefit Program (FEHBP)
- Medicaid
- A civilian HMO (such as Kaiser)
- Other civilian health insurance (such as Blue Cross)
- Uniformed Services Family Health Plan (USFHP)
- The Veterans Administration (VA)
- Government health insurance from a country other than the US
- Not sure

3. Which health plan did you use for all or most of your health care in the last 12 months?

MARK ONLY ONE ANSWER.

- TRICARE Prime
- TRICARE Extra or Standard (CHAMPUS)
- TRICARE Plus
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult
- Continued Health Care Benefit Program (CHCBP) (a COBRA-like premium-based health care program)

- Medicare (may include TRICARE for Life)
- Federal Employees Health Benefit Program (FEHBP)
- Medicaid
- A civilian HMO (such as Kaiser)
- Other civilian health insurance (such as Blue Cross)
- Uniformed Services Family Health Plan (USFHP)
- The Veterans Administration (VA)
- Government health insurance from a country other than the US

- Not sure
- 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?

- Less than 6 months → [Go to Question 5](#)
- 6 up to 12 months → [Go to Question 5](#)
- 12 up to 24 months → [Go to Question 5](#)
- 2 up to 5 years → [Go to Question 10](#)
- 5 up to 10 years → [Go to Question 10](#)
- 10 or more years → [Go to Question 10](#)

PREVIOUS HEALTH PLAN

These questions ask about the health plan you used before your current plan. The term previous health plan refers to the plan you used for most of your health care prior to the plan you indicated in Question 3.

5. Which health plan did you use for all or most of your health care BEFORE YOUR CURRENT PLAN?

MARK ONLY ONE ANSWER.

- TRICARE Prime
- TRICARE Extra or Standard (CHAMPUS)
- TRICARE Plus
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult
- Continued Health Care Benefit Program (CHCBP) *(a COBRA-like premium-based health care program)*

- Medicare *(may include TRICARE for Life)*
- Federal Employees Health Benefit Program (FEHBP)
- Medicaid
- A civilian HMO *(such as Kaiser)*
- Other civilian health insurance *(such as Blue Cross)*
- Uniformed Services Family Health Plan (USFHP)
- The Veterans Administration (VA)
- Government health insurance from a country other than the US
- Not sure
- Did not use any health plan prior to the current plan
➔ *Go to Question 10*

6. Which of the following are reasons you switched from your PREVIOUS health plan?

MARK ALL THAT APPLY.

- I lost my job
- My husband/wife/parent lost his/her job
- I changed jobs
- My husband/wife/parent changed jobs
- I retired from a job that provided coverage
- My husband/wife/parent retired from a job that provided coverage
- Moved to a new area

- I am in the Select Reserves and became active
- My husband/wife/parent is in the Select Reserves and became active
- I am a National Guard or Reserve Member separating from active duty (deactivated)
- My husband/wife/parent is a National Guard or Reserve Member separating from active duty (deactivated)

- Employer changed plans
- Employer stopped providing health coverage

- My doctor or other health care provider left the plan
- I did not like the referral requirements
- I could not get appointments as soon as I wanted
- I was dissatisfied with the plan's customer service
- Preferred new health plan, because of lower cost, better benefits or some other reason
- It was difficult to find parking at the clinic or doctor's office
- I had to travel too far to get needed care

- Married, divorced, or widowed
- Became eligible for Medicare

- Other

7. Which of these reasons is the MAIN reason you switched from your PREVIOUS health plan?

MARK ONLY ONE ANSWER.

- I lost my job
- My husband/wife/parent lost his/her job
- I changed jobs
- My husband/wife/parent changed jobs
- I retired from a job that provided coverage
- My husband/wife/parent retired from a job that provided coverage
- Moved to a new area
- I am in the Select Reserves and became active
- My husband/wife/parent are/is in the Select Reserves and became active
- I am a National Guard or Reserve Member separating from active duty (deactivated)
- My husband/wife/parent is a National Guard or Reserve Member separating from active duty (deactivated)
- Employer changed plans
- Employer stopped providing health coverage
- My doctor or other health care provider I see left the plan
- I did not like the referral requirements
- I could not get appointments as soon as I wanted
- I was dissatisfied with the plan's customer service
- Preferred new health plan, because of lower cost, better benefits or some other reason
- It was difficult to find parking at the clinic or doctor's office
- I had to travel too far to get needed care
- Married, divorced, or widowed
- Became eligible for Medicare
- Other

8. Below is a list of problems some people experience with their health insurance plan. Please mark if you experienced any of these problems with your PREVIOUS HEALTH PLAN, even if it was not a reason you switched health plans.

MARK "YES", "NO", OR "NOT APPLICABLE" FOR EACH.

	YES	NO	NOT APPLICABLE
a. I had expensive medical bills for services not covered by my insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My doctor charged me more than my insurance would pay and I had to pay the difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A doctor's office told me they do not accept my insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I had to contact my insurance company because they did not pay a bill promptly or denied payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My plan did not include the specialist I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. When you switched to your CURRENT health plan, did you need to change doctors?

- Yes, changed all doctors
- Yes, changed some doctors
- No
- Don't know

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.

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

MARK ONLY ONE ANSWER.

- A military facility – This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
- A civilian facility – This includes: Doctor's office, Clinic, Hospital, Civilian TRICARE contractor
- Uniformed Services Family Health Plan facility (USFHP)
- Veterans Affairs (VA) clinic or hospital
- I went to none of the listed types of facilities in the last 12 months

11. 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?

- Yes
- No → [Go to Question 14](#)

12. 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
- I didn't need care right away for an illness, injury or condition in the last 12 months

13. 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?

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

14. 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?

- Yes
- No → [Go to Question 17](#)

15. 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
- I had no appointments in the last 12 months

16. 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?

- Same day
- 1 day
- 2-3 days
- 4-7 days
- 8-14 days
- 15-30 days
- 31 days or longer
- I had no appointments in the last 12 months

17. 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

18. 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?

- None → [Go to Question 24](#)
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

19. 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

20. 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?

- Yes
- No → [Go to Question 23](#)

21. 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

22. 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

23. 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 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible
- I had no visits in the last 12 months

YOUR PERSONAL DOCTOR

24. 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?

- Yes
- No → [Go to Question 34](#)

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

- None → [Go to Question 32](#)
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

26. In the last 12 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

27. 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
- I had no visits in the last 12 months

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

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

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

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

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

- Yes
- No → [Go to Question 32](#)

31. 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

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

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

- Yes → [Go to Question 35](#)
- No

34. 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

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.

35. 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?

- Yes
- No → [Go to Question 39](#)

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

- Never
- Sometimes
- Usually
- Always
- I didn't need a specialist in the last 12 months

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

- None → [Go to Question 39](#)
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

38. 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 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible
- I didn't see a specialist in the last 12 months

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → [Go to Question 43](#)

41. 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

42. 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 Worst treatment or counseling possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best treatment or counseling possible
- I had no treatment or counseling in the last 12 months

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.

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

- Yes
- No → [Go to Question 45](#)

44. 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
- I didn't need care, tests, or treatment through my health plan in the last 12 months

45. In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Yes
- No → [Go to Question 47](#)

46. 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
- I didn't look for information from my health plan in the last 12 months

47. 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?

- Yes
- No → [Go to Question 49](#)

48. 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
- I didn't need a health care service or equipment from my health plan in the last 12 months

49. 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?

- Yes
- No → [Go to Question 51](#)

50. 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?

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

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

- Yes
- No → [Go to Question 54](#)

52. 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
- I didn't call my health plan's customer service in the last 12 months

53. 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
- I didn't call my health plan's customer service in the last 12 months

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

- Yes
- No → [Go to Question 56](#)

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

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

56. 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?

- Yes
- No → [Go to Question 59](#)
- Don't know → [Go to Question 59](#)

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

- Never
- Sometimes
- Usually
- Always
- Don't know
- No claims were sent for me in the last 12 months

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

- Never
- Sometimes
- Usually
- Always
- Don't know
- No claims were sent for me in the last 12 months

59. 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 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 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.

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

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

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

- Yes, it is too high
- No, it is not too high
- Don't know

62. 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

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

- Yes
- No
- Don't know

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

68. 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 (*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.*)

69. Are you male or female?

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

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

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

71. Are you under age 40?

- Yes → [Go to Question 73](#)
- No

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

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

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

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

74. In what trimester is your pregnancy?

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

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

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

ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No

78. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- Yes
- No → [Go to Question 80](#)

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

- Yes
- No

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

- Yes
- No → *Go to Question 82*

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

- Yes
- No

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

MARK "YES" OR "NO" FOR EACH.

	YES	NO
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"/>

83. How tall are you without your shoes on?

Please give your answer in feet and inches.

Example:

Height	
Feet	Inches
<u>5</u>	<u>6</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
	<input type="checkbox"/> 10
	<input type="checkbox"/> 11

Your answer:

Height	
Feet	Inches
<u> </u>	<u> </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 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

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

Please give your answer in pounds.

Example:

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

Your answer:

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

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

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

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

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

- No, not Spanish, Hispanic, or Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish, Hispanic, or Latino

87. What is your race?

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

- White
- Black or African American
- American Indian or Alaska Native
- Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

88. What is your age now?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

89. Are you currently covered by Medicare?

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

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

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

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

- Yes, I am now covered by Medicare Part B
- No, I am not covered by Medicare Part B

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

- Yes
- No
- Don't know

93. Currently, are you covered by Medicare supplemental insurance? *Medicare supplemental insurance, also called Medigap or MediSup, is usually obtained from private insurance companies and covers some of the costs not paid for by Medicare.*

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

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

- Yes
- No
- Don't know

95. Using a scale of 1 to 5, with 1 being "strongly disagree" and 5 being "strongly agree", how much do you agree with the following statement: In general, I am able to see my provider(s) when needed?

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

96. Using a scale of 1 to 5, with 1 being "completely dissatisfied" and 5 being "completely satisfied", how satisfied are you, overall, with the health care you received during your last visit?

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

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

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

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