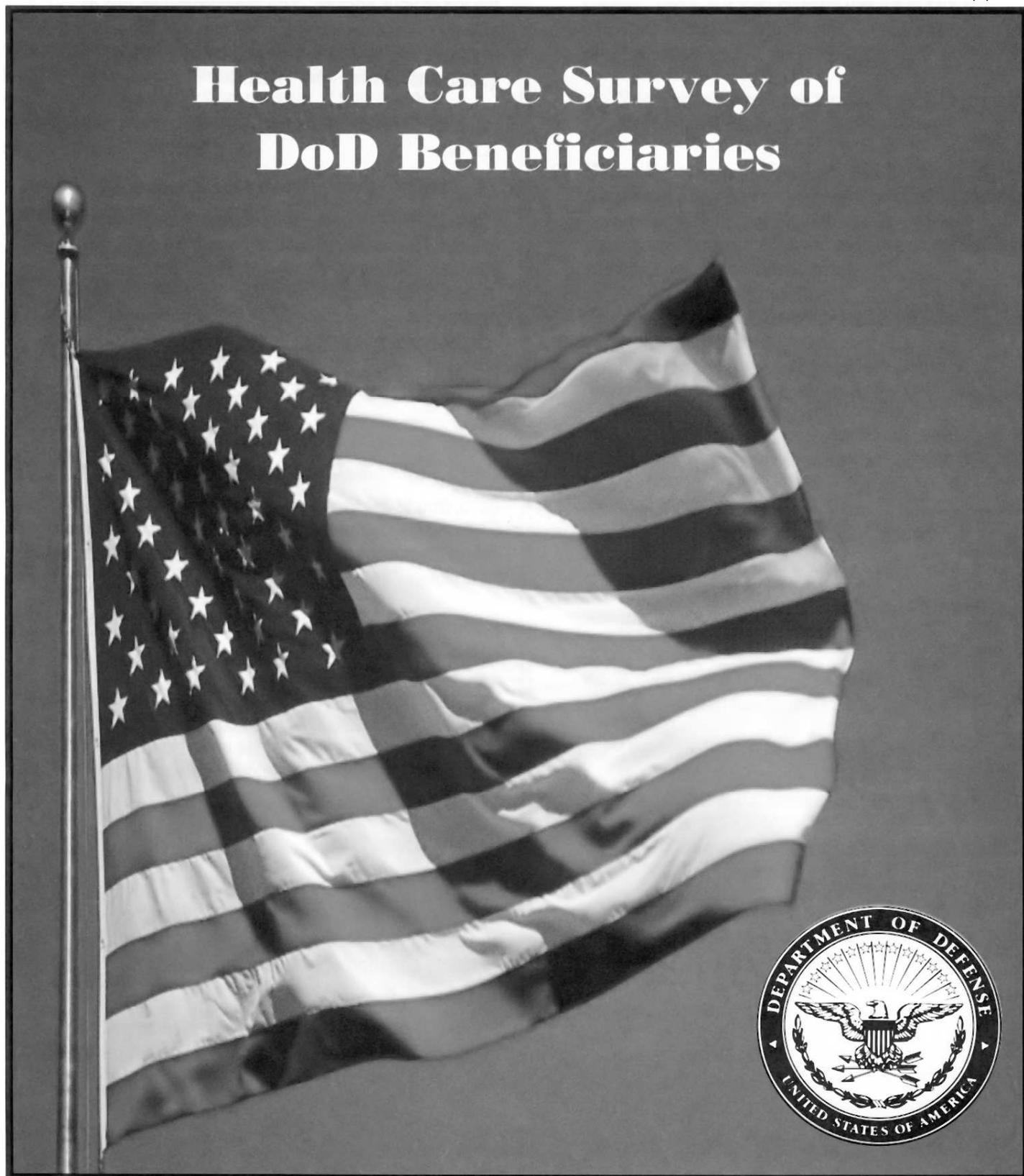


Health Care Survey of DoD Beneficiaries



According to the Privacy Act of 1974 (Public Law 93-579), 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., Chapter 55; Section 706, Public Law 102-484; E.O. 9397.

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: 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 42**
 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 mailing label of this envelope?

- 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

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. 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

4. **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

5. **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

6. **Which health plan did you use for all or most of your health care in the last 12 months? MARK ONLY ONE.**

- TRICARE Prime
- TRICARE Extra or Standard (CHAMPUS)
- TRICARE Plus
- TRICARE Reserve Select
- 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 8](#)

For the remainder of this questionnaire, the term [health plan](#) refers to the plan you indicated in Question 6.

7. **How many months or years in a row have you been in this health plan?**

- Less than 6 months
- 6 up to 12 months
- 12 up to 24 months
- 2 up to 5 years
- 5 up to 10 years
- 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.

8. **Do you currently have the opportunity to obtain civilian health insurance coverage for yourself through some civilian group?**

- Yes
- No → [Go to Question 18](#)

9. **What options do you have for obtaining civilian coverage? MARK ALL THAT APPLY.**

- Through my current employer
- Through COBRA from my previous employer
- Through retirement coverage from my previous employer
- Through a family member's current employer
- Through COBRA from a family member's previous employer
- Through retirement coverage from a family member's previous employer
- Through another organization
- Through a government program
- Don't know

10. **Are you alone now covered or are you and others in your household now covered by a civilian health insurance policy?**

- Yes, I alone am covered
- Yes, I and one other person in my household are covered
- Yes, both I and my family are covered
- No → [Go to Question 13](#)

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

- Yes, I or my family members pay all of the premium
- Yes, I or my family members pay part of the premium
- No, coverage is available at no cost → [Go to Question 13](#)
- Don't know → [Go to Question 13](#)

12. How much per month do you or your family member pay for this civilian 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 "6" in the third column.

For example:

<u>4</u>	<u>5</u>	<u>6</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 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.

Dollars per Month		
_____	_____	_____
<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 or more
- Don't know

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

- Yes → [Go to Question 15](#)
- No

14. Why haven't you used civilian coverage? MARK ALL THAT APPLY.

- Civilian coverage is not available to me
- I have a better choice of doctors with TRICARE
- My personal doctor is only available to me through TRICARE
- I prefer to use military doctors
- I prefer military hospitals
- I want to be sure I can always use military health care
- I get better customer service with TRICARE
- Civilian benefits are poor compared to TRICARE
- I do not want to pay the premium for civilian coverage
- My employer pays a bonus for not taking employee coverage
- My family member's employer pays a bonus for not taking employee coverage
- I pay less for TRICARE than I would for civilian care
- I have not needed health care
- Another reason

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

- Yes → [Go to Question 17](#)
- No

16. Why haven't you used TRICARE? MARK ALL THAT APPLY.

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

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

- Yes
- No

YOUR PERSONAL DOCTOR OR NURSE

The next 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.

18. A **personal doctor or nurse** is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse?

- Yes
- No → [Go to Question 21](#)

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

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

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

- Yes → [Go to Question 22](#)
- No

21. 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.

22. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or your doctor think you needed to see a specialist?

- Yes
- No → [Go to Question 24](#)

23. In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?

- A big problem
- A small problem
- Not a problem
- I didn't need a specialist in the last 12 months

24. In the last 12 months, did you see a specialist?

- Yes
- No → [Go to Question 26](#)

25. 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

CALLING DOCTORS' OFFICES

26. In the last 12 months, did you call a doctor's office or clinic **during regular office hours** to get help or advice **for yourself**?

- Yes
- No → [Go to Question 28](#)

27. In the last 12 months, when you called during regular office hours, how often did you **get** the help or advice you **needed**?

- Never
- Sometimes
- Usually
- Always
- I didn't call for help or advice during regular office hours in the last 12 months

YOUR HEALTH CARE IN THE LAST 12 MONTHS

28. 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 31](#)

29. In the last 12 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?

- Never
- Sometimes
- Usually
- Always
- I didn't need care right away for an illness, injury or condition in the last 12 months

30. 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

31. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 12 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?

- Yes
- No → [Go to Question 34](#)

32. In the last 12 months, not counting times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

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

33. 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

34. 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

35. 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 care for yourself?

- None → [Go to Question 48](#)
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

36. In the last 12 months, did you or a doctor believe you needed any care, tests, or treatment?

- Yes
- No → [Go to Question 38](#)

37. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?

- A big problem
- A small problem
- Not a problem
- I had no visits in the last 12 months

38. In the last 12 months, did you need approval from your health plan for any care, tests, or treatment?

- Yes
- No → [Go to Question 40](#)

39. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- A big problem
- A small problem
- Not a problem
- I had no visits in the last 12 months

40. In the last 12 months, how often were you taken to the exam room within 15 minutes of your appointment?

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

41. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

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

42. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

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

43. In the last 12 months, how often did doctors or other health providers listen carefully to you?

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

44. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

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

45. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

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

46. In the last 12 months, how often did doctors or other health providers spend enough time with you?

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

47. 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

48. 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

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → [Go to Question 53](#)

51. 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

52. 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

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 6.

53. 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 56](#)
- Don't know → [Go to Question 56](#)

54. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

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

55. 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

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

- Yes
- No → [Go to Question 58](#)

57. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

- A big problem
- A small problem
- Not a problem
- I didn't look for information from my health plan in the last 12 months

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

- Yes
- No → [Go to Question 60](#)

59. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- A big problem
- A small problem
- Not a problem
- I didn't call my health plan's customer service in the last 12 months

60. In the last 12 months, did you have to fill out any paperwork for your health plan?

- Yes
- No → [Go to Question 62](#)

61. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

- A big problem
- A small problem
- Not a problem
- I didn't have any experiences with paperwork for my health plan in the last 12 months

62. 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.

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

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

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

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

65. 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

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

- Yes
- No → [Go to Question 72](#)
- Don't know → [Go to Question 72](#)

67. Do you now smoke every day, some days or not at all?

- Every day → [Go to Question 69](#)
- Some days → [Go to Question 69](#)
- Not at all → [Go to Question 68](#)
- Don't know → [Go to Question 72](#)

68. How long has it been since you quit smoking cigarettes?

- Less than 12 months → [Go to Question 69](#)
- 12 months or more → [Go to Question 72](#)
- Don't know → [Go to Question 72](#)

69. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months

70. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months

71. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months

72. Are you male or female?

- Male → [Go to Question 79](#)
- Female

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

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

74. Are you under age 40?

- Yes → [Go to Question 76](#)
- No

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

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

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

- Yes, I am currently pregnant → [Go to Question 77](#)
- No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 78](#)
- No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 79](#)

77. In what trimester is your pregnancy?

- First trimester (up to 12 weeks after 1st day of last period) → [Go to Question 79](#)
- Second trimester (13th through 27th week)
- Third trimester (28th week until delivery)

78. 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

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → [Go to Question 85](#)

81. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- Yes
- No

82. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- Yes
- No

83. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

- Yes
- No

84. We want to know your rating of how well your health plan has done in providing the equipment, services, and help you need.

Using any number from 0 to 10, where 0 is the worst your plan could do and 10 is the best your plan could do, what number would you use to rate your health plan now?

- 0 Worst your health plan could do
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best your health plan could do

85. In the last 12 months, have you been a patient in a hospital overnight or longer?

- Yes
- No

86. Do you now have any physical or medical conditions that have lasted for at least 3 months? [Women: DO NOT include pregnancy.]

- Yes
- No → [Go to Question 89](#)

87. In the last 12 months, have you seen a doctor or other health provider more than twice for any of these conditions?

- Yes
- No

88. Have you been taking prescription medicine for at least 3 months for any of these conditions?

- Yes
- No

89. 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

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

90. 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

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

91. 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

92. 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

93. 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)

94. 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

95. Which of the following best describes your current employment status? MARK ONLY ONE.

- Active Duty
- Employed full-time (including self-employed)
- Employed part-time (including self-employed)
- Unemployed, but looking for work
- Unemployed and not looking for work
- Student
- Permanently retired

96. What was your family's income before taxes in 2006?

(Include wages before taxes; also include dividends, interest, social security, pensions, alimony, net business or farm income, and any other money income received by family members age 15 or older.)

- Less than \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 and above
- Don't know

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 (HA)
TMA/HPAE
c/o Synovate Survey Processing Center
PO Box 5030
Chicago, IL 60680-4138

Questions about the survey?

Email: hcsdb08@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 name, address, and the 8-digit number above your address on the envelope.

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/tricareservicecenters

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