

Model Instance Name:

DOD TRICARE

MID: EkBkYwMF5pUhJZsslPM89w==

Date: 2004

**DOD TRICARE MODEL QUESTION LIST**

*Model questions utilize the ACSI methodology to determine scores and impacts*

| ELEMENTS (drivers of satisfaction)  | CUSTOMER SATISFACTION   | FUTURE BEHAVIORS  |
|---|---|---|
| <b>Content (1=Poor, 10=Excellent, Don't Know)</b>   | <b>Satisfaction (1=Poor, 10=Excellent)</b>                      | <b>Likelihood to Return (1=Not Very Likely, 10=Very Likely)</b>   |
| 1 Please rate the accuracy of information on this site.   | 21 What is your overall satisfaction with this site?            | 24 How likely are you to return to this site?   |
| 2 Please rate the quality of information on this site.  | 22 How well does this site meet your expectations?              | <b>Recommend (1=Not Very Likely, 10=Very Likely)</b>  |
| 3 Please rate the freshness of content on this site.  | 23 How does this site compare to your idea of an ideal website? | 25 How likely are you to recommend this site to someone else?   |
| <b>Functionality (1=Poor, 10=Excellent, Don't Know)</b>   |   | <b>Primary Resources (1=Not Very Likely, 10=Very Likely)</b>  |
| 4 Please rate the usefulness of the services provided on this site.                                     |   | 26 How likely are you to use this site as your primary resource for obtaining information from this organization? |
| 5 Please rate the convenience of the services on this site.   |   |   |
| 6 Please rate the ability to accomplish what you wanted to on this site.                                |   |   |
| <b>Look and Feel (1=Poor, 10=Excellent, Don't Know)</b>   |   |   |
| 7 Please rate the ease of reading this site.  |   |   |
| 8 Please rate the clarity of site organization.   |   |   |
| 9 Please rate the clean layout of this site.  |   |   |
| <b>Navigation (1=Poor, 10=Excellent, Don't Know)</b>  |   |   |
| 10 Please rate the degree to which the number of steps it took to get where you want is acceptable.     |   |   |
| 11 Please rate the ability to find the information you want on this site.                               |   |   |
| 12 Please rate the clarity of site map/directory.   |   |   |
| 13 Please rate the ease of navigation on this site.   |   |   |
| <b>Search (1=Poor, 10=Excellent, Don't Know)</b>  |   |   |
| 14 Please rate the usefulness of search results on this site.   |   |   |
| 15 Please rate how this site provides comprehensive search results.                                     |   |   |
| 16 Please rate the organization of search results for this site.  |   |   |
| 17 Please rate how the search feature helps you to narrow the results to find the information you want. |   |   |
| <b>Site Performance (1=Poor, 10=Excellent, Don't Know)</b>  |   |   |
| 18 Please rate the speed of loading the page on this site.  |   |   |
| 19 Please rate the consistency of speed on this site.   |   |   |
| 20 Please rate the reliability of site performance on this site.  |   |   |



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Date: 2/22/2012

~~red & strike-through~~: DELETE  
underlined & italicized: RE-ORDER  
pink: ADDITION  
blue + -->: REWORDING

**DOD TRICARE CUSTOM QUESTION LIST**

| CQID     | Skip Logic Label | Question Text   | Answer Choices<br>(limited to 50 characters)  | Skip to |
|----------|------------------|---|---|---------|
| 5923     |                  | How frequently do you visit our site?                                       | First time<br>Every 6 months or less<br>About once a month<br>About once a week<br>Daily<br>More than once a day  |         |
| MMM00067 |                  | Which of the following best describes your role in visiting our site today? | TRICARE beneficiary<br>Family, friend or caregiver of TRICARE beneficiary<br>Future TRICARE beneficiary<br>TRICARE Network Provider or Provider Staff<br>TRICARE Non-Network Provider or Provider Staff<br>Prospective TRICARE Provider or Provider Staff<br>Military Treatment Facility Clinical Staff<br>TRICARE Beneficiary Advisors and Customer Service Staff<br>All other Military Health System/TRICARE staff (including government and supporting contractors)<br>Media/Researcher<br>Other | E, F, G |
| 5929     | E                | For TRICARE beneficiaries only- which best describes your status?           | Active Duty Service Member<br>Family of Active Duty Service Member<br>Family of Deceased Active Duty Service Member<br>National Guard or Reserve Member (Activated)<br>Family of National Guard or Reserve Member (Activated)<br>National Guard or Reserve member (Non-Activated)<br>Family of National Guard or Reserve Member (Non-Activated)<br>Retired Service Member<br>Family of Retired Service Member<br>Family of Deceased Retired Service Member<br>Other Beneficiary                     |         |

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|----------|------------------|---|--|---------|
|          |                  |   | Not Applicable   |         |
| MMM00068 | F                | For TRICARE beneficiaries only: which of the following best describes your TRICARE enrollment option? | Sponsor is active duty (no premium paid)<br>Sponsor is active duty and family member has disenrolled from Prime to use TRICARE Standard<br>Sponsor is retired and we pay either \$260/individual or \$520/family per year<br>Sponsor is retired and we pay the Medicare Part B premium; TRICARE for Life<br>Sponsor is retired (and we do NOT pay either a TRICARE or Medicare Part B premium; TRICARE Standard)<br>Not applicable |         |
| 5928     | G                | For TRICARE beneficiaries only- do you receive most of your care from:                                | A military clinic or hospital<br>A civilian clinic or hospital   |         |



| Type (select from list)       | Single or Multi | Required Y/N | Special Instructions |
|-------------------------------|-----------------|--------------|----------------------|
| Drop down, select one         | Single          | Y            |                      |
| Radio button, one-up vertical | Single          | Y            |                      |
| Radio button, one-up vertical | Single          | N            |                      |

| Type (select from list)       | Single or Multi | Required Y/N | Special Instructions |
|-------------------------------|-----------------|--------------|----------------------|
| Radio button, one-up vertical | Single          | N            |                      |
| Radio button, one-up vertical | Single          | N            |                      |