

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
Content (1=Poor, 10=Excellent, Don't Know)	Satisfaction (1=Poor, 10=Excellent)	Likelihood to Return (1=Not Very Likely, 10=Very Likely)
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?	Recommend (1=Not Very Likely, 10=Very Likely)
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?
Functionality (1=Poor, 10=Excellent, Don't Know)		Primary Resources (1=Not Very Likely, 10=Very Likely)
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.		
Look and Feel (1=Poor, 10=Excellent, Don't Know)		
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.		
Navigation (1=Poor, 10=Excellent, Don't Know)		
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.		
Search (1=Poor, 10=Excellent, Don't Know)		
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.		
Site Performance (1=Poor, 10=Excellent, Don't Know)		
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.		

Model Instance Name:

DOD TRICARE

MID: EkBkYwMF5pUhJZsslpM89w==

Date: May 21, 2014

~~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 (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
5923		How frequently do you visit our site?	First time Every 6 months or less About once a month About once a week Daily More than once a day		Drop down, select one	Single	Y
STE0058266		Which best describes you?	Active Duty Service Member (includes all Uniformed Services) Retired Service Member National Guard or Reserve Member (Active, Reserve or Retired) Family of Active Duty Service Member Family of Retired Service Member Family of National Guard or Reserve Member Other (Provider, Staff, Government, Media, etc.)	N P Q R S T M	Radio button, one-up vertical	Single	Yes
STE0058267	M	Please specify.	Provider (Staff included) Government Government Contractor Media Other		Radio button, one-up vertical	Single	Yes
STE0058268	N	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas Other/Don't Know		Radio button, one-up vertical	Single	Yes
STE0058269	P	Which plan are you?	TRICARE Prime TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
STE0058270	Q	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Reserve Select TRICARE Retired Reserve US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
STE0058302	R	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes

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DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
STE0058303	S	Which plan are you?	TRICARE Prime TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
STE0058304	T	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Reserve Select TRICARE Retired Reserve TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
MMM00389		Did you create a profile based on your beneficiary category, where you live and which TRICARE plan you're in?	Yes No		Radio button, one-up vertical	Single	Yes
STE0058306		What were you looking for on our web site today?			Text area, no char limit		Yes
STE0058305		Did you find it?	Yes No		Radio button, one-up vertical	Single	Yes



Special Instructions

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Special Instructions
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CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
5923		How frequently do you visit our site?	First time Every 6 months or less About once a month About once a week Daily More than once a day		Drop down, select one	Single	Y
STE0058266		Which best describes you?	Active Duty Service Member (includes all Uniformed Services) Retired Service Member National Guard or Reserve Member (Active, Reserve or Retired) Family of Active Duty Service Member Family of Retired Service Member Family of National Guard or Reserve Member Other (Provider, Staff, Government, Media, etc.)	N P Q R S T M	Radio button, one-up vertical	Single	Yes
STE0058267	M	Please specify.	Provider (Staff included) Government Government Contractor Media Other		Radio button, one-up vertical	Single	Yes
STE0058268	N	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas Other/Don't Know		Radio button, one-up vertical	Single	Yes
STE0058269	P	Which plan are you?	TRICARE Prime TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
STE0058270	Q	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Reserve Select TRICARE Retired Reserve US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
STE0058302	R	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes

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DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
STE0058303	S	Which plan are you?	TRICARE Prime TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
STE0058304	T	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Reserve Select TRICARE Retired Reserve TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
MMM00389		Did you create a profile based on your beneficiary category, where you live and which TRICARE plan you're in?	Yes No		Radio button, one-up vertical	Single	Yes
STE0058306		What were you looking for on our web site today?			Text area, no char limit		YES
STE0058305		Did you find it?	Yes No		Radio button, one-up vertical	Single	Yes



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Model Instance Name:
 DOD TRICARE
 MID: EkBkYwMF5pUhJZsslpm89w==
 Date: May 15, 2014

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DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
5923		How frequently do you visit our site?	First time Every 6 months or less About once a month About once a week Daily More than once a day		Drop down, select one	Single	Y
NEW		Which best describes you?	Active Duty Service Member (includes all Uniformed Services) Retired Service Member National Guard or Reserve Member (Active, Reserve or Retired) Family of Active Duty Service Member Family of Retired Service Member Family of National Guard or Reserve Member Other (Provider, Staff, Government, Media, etc.)	N P Q R S T M	Radio button, one-up vertical	Single	Yes
NEW	M	Please specify.	Provider (Staff included) Government Government Contractor Media Other		Radio button, one-up vertical	Single	Yes
NEW	N	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas Other/Don't Know		Radio button, one-up vertical	Single	Yes
NEW	P	Which plan are you?	TRICARE Prime TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
NEW	Q	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Reserve Select TRICARE Retired Reserve US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
NEW	R	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes

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Date: May 15, 2014

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DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
NEW	S	Which plan are you?	TRICARE Prime TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
NEW	T	Which plan are you?	TRICARE Prime TRICARE Prime Remote TRICARE Prime Overseas TRICARE Prime Remote Overseas TRICARE Standard and Extra TRICARE Standard Overseas TRICARE For Life TRICARE Reserve Select TRICARE Retired Reserve TRICARE Young Adult US Family Health Plan Other/Don't Know		Radio button, one-up vertical	Single	Yes
MMM00389	2A	Did you create a profile based on your beneficiary category, where you live and which TRICARE plan you're in?	Yes No		Radio button, one-up vertical	Single	Yes
NEW		What were you looking for on our web site today?			Text area, no char limit		No
NEW		Did you find it?	Yes No		Radio button, one-up vertical	Single	Yes
MMM00067		Which of the following best describes your role in visiting our site today?	TRICARE beneficiary Family, friend or caregiver of TRICARE beneficiary Future TRICARE beneficiary TRICARE Network Provider or Provider Staff TRICARE Non-Network Provider or Provider Staff Prospective TRICARE Provider or Provider Staff Military Treatment Facility Clinical Staff TRICARE Beneficiary Advisors and Customer Service Staff All other Military Health System/TRICARE staff (including government and supporting contractors) Media/Researcher Other	E, F, 2A	Radio button, one-up vertical	Single	Y
5929	E	Which best describes your status?	Active Duty Service Member Family of Active Duty Service Member Family of Deceased Active Duty Service Member National Guard or Reserve Member (Activated) Family of National Guard or Reserve Member (Activated) National Guard or Reserve member (Non-Activated) Family of National Guard or Reserve Member (Non-Activated) Retired Service Member Family of Retired Service Member Family of Deceased Retired Service Member Other Beneficiary		Radio button, one-up vertical	Single	N

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DOD TRICARE
MID: EkBkYwMF5pUhJZsslPM89w==
Date: May 15, 2014

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DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
MMM00068	F	Which of the following best describes your TRICARE enrollment option?	Not Applicable		Radio button, one-up-vertical	Single	N
			Sponsor is active duty (no premium paid)				
			Sponsor is active duty and family member has disenrolled from Prime to use TRICARE Standard				
			Sponsor is retired and we pay either \$260/individual or \$520/family per year				
			Sponsor is retired and we pay the Medicare Part B premium; TRICARE for Life				
MMM00061		Which of the following best describes your main reason for visiting our Web site today?	Not applicable	A	Radio button, one-up-vertical	Single	Y
			Find out what's covered				
			Look up costs				
			Find a military or civilian doctor				
			Make an appointment				
			Referral				
			Find contact information				
			Find claims information				
			Find enrollment information				
			Pharmacy				
			Check eligibility				
Update personal information							
Learn about the plans / options							
Look for health/wellness information							
Other (please explain)							
MMM00062	A	Other			Text field, <100 char		



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SKIP LOGIC GROUP

Model Instance Name:
DOD TRICARE
MID: EkBkYwMF5pUhJZsslpM89w==
Date: 7/16/2012

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DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
5923		How frequently do you visit our site?	First time Every 6 months or less About once a month About once a week Daily More than once a day	
MMM00067		Which of the following best describes your role in visiting our site today?	TRICARE beneficiary Family, friend or caregiver of TRICARE beneficiary Future TRICARE beneficiary TRICARE Network Provider or Provider Staff TRICARE Non-Network Provider or Provider Staff Prospective TRICARE Provider or Provider Staff Military Treatment Facility Clinical Staff TRICARE Beneficiary Advisors and Customer Service Staff All other Military Health System/TRICARE staff (Including government and supporting contractors) Media/Researcher Other	E, F, G , 2A
5929	E	For TRICARE beneficiaries only - Which best describes your status?	Active Duty Service Member Family of Active Duty Service Member Family of Deceased Active Duty Service Member National Guard or Reserve Member (Activated) Family of National Guard or Reserve Member (Activated) National Guard or Reserve member (Non-Activated) Family of National Guard or Reserve Member (Non-Activated) Retired Service Member Family of Retired Service Member Family of Deceased Retired Service Member Other Beneficiary	

Model Instance Name:
 DOD TRICARE
 MID: EkBkYwMF5pUhJZsslpm89w==
 Date: 7/16/2012

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 blue + -->: REWORDING

DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
MMM00068	F	For TRICARE beneficiaries only: Which of the following best describes your TRICARE enrollment option?	Not Applicable	
			Sponsor is active duty (no premium paid)	
			Sponsor is active duty and family member has disenrolled from Prime to use TRICARE Standard	
			Sponsor is retired and we pay either \$260/individual or \$520/family per year	
			Sponsor is retired and we pay the Medicare Part B premium; TRICARE for Life	
			Sponsor is retired (and we do NOT pay either a TRICARE or Medicare Part B premium; TRICARE Standard)	
Not applicable				
MMM00389	2A	Did you create a profile based on your beneficiary category, where you live and which TRICARE plan you're in?	Yes	
			No	
5928	G	For TRICARE beneficiaries only- do you receive most of your care from:	A military clinic or hospital	
			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	
<i>Radio button, one-up vertical</i>	<i>Single</i>		
Radio button, one-up vertical	Single	N	

Model Instance Name:
DOD TRICARE
MID: EkBkYwMF5pUhJZsslPM89w==
Date: 6/18/2012

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DOD TRICARE CUSTOM QUESTION LIST

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

Model Instance Name:
 DOD TRICARE
 MID: EkBkYwMF5pUhJZsslpM89w==
 Date: 6/18/2012

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DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			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) Sponsor is active duty and family member has disenrolled from Prime to use TRICARE Standard Sponsor is retired and we pay either \$260/individual or \$520/family per year Sponsor is retired and we pay the Medicare Part B premium; TRICARE for Life Sponsor is retired (and we do NOT pay either a TRICARE or Medicare Part B premium; TRICARE Standard) Not applicable	
5928	G	For TRICARE beneficiaries only- do you receive most of your care from:	A military clinic or hospital 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	

Model Instance Name:
DOD TRICARE
MID: EkBkYwMF5pUhJZsslPM89w==
Date: 2/22/2012

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DOD TRICARE CUSTOM QUESTION LIST

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

Model Instance Name:

DOD TRICARE

MID: EkBkYwMF5pUhJZsslPM89w==

Date: 2/22/2012

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pink: ADDITION

blue + -->: REWORDING

DOD TRICARE CUSTOM QUESTION LIST

CQID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			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) Sponsor is active duty and family member has disenrolled from Prime to use TRICARE Standard Sponsor is retired and we pay either \$230/individual or \$460/family per year Sponsor is retired and we pay either \$260/individual or \$520/family per year Sponsor is retired and we pay the Medicare Part B premium; TRICARE for Life Sponsor is retired (and we do NOT pay either a TRICARE or Medicare Part B premium; TRICARE Standard) Not applicable	
5928	G	For TRICARE beneficiaries only- do you receive most of your care from:	A military clinic or hospital 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	

Model Instance Name:
DOD TRICARE
MID: EkBkYwMF5pUhJZsslpM89w==
Date: 10/15/2010

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DOD TRICARE CUSTOM QUESTION LIST

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

Model Instance Name:
DOD TRICARE
MID: EkBkYwMF5pUhJZsslPM89w==
Date: 10/15/2010

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DOD TRICARE CUSTOM QUESTION LIST

QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi
			Not Applicable			
MMM00068	SKIP F	For TRICARE beneficiaries only: which of the following best describes your TRICARE enrollment option?	Sponsor is active duty (no premium paid) Sponsor is active duty and family member has disenrolled from Prime to use TRICARE Standard Sponsor is retired and we pay either \$230/individual or \$460/family per year Sponsor is retired and we pay the Medicare Part B premium; TRICARE for Life Sponsor is retired (and we do NOT pay either a TRICARE or Medicare Part B premium; TRICARE Standard) Not applicable		Radio button, one-up vertical	Single
5928	SKIP G	For TRICARE beneficiaries only- do you receive most of your care from:	A military clinic or hospital A civilian clinic or hospital		Radio button, one-up vertical	Single

Required Y/N	Special Instructions
Y	
Y	
N	

Required Y/N	Special Instructions
N	
N	

Model Instance Name:
DOD TRICARE
MID: EkBkYwMF5pUhJZsslPM89w==
Date: 11/10/2008

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DOD TRICARE CUSTOM QUESTION LIST

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

Model Instance Name:
 DOD TRICARE
 MID: EkBkYwMF5pUhJZsslPM89w==
 Date: 11/10/2008

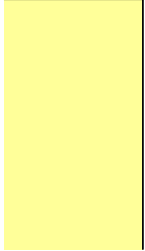
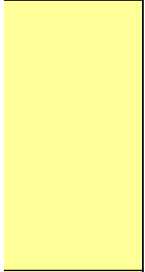
~~red & strike-through~~: DELETE
underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING

DOD TRICARE CUSTOM QUESTION LIST

QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
MMM00068	SKIP F	For TRICARE beneficiaries only: which of the following best describes your TRICARE enrollment option?	Not Applicable		Radio button, one-up vertical	Single	N
			Sponsor is active duty (no premium paid)				
			Sponsor is active duty and family member has disenrolled from Prime to use TRICARE Standard				
			Sponsor is retired and we pay either \$230/individual or \$460/family per year				
			Sponsor is retired and we pay the Medicare Part B premium; TRICARE for Life				
Sponsor is retired (and we do NOT pay either a TRICARE or Medicare Part B premium; TRICARE Standard)							
5928	SKIP G	For TRICARE beneficiaries only- do you receive most of your care from:	A military clinic or hospital A civilian clinic or hospital		Radio button, one-up vertical	Single	N



Special
Instructions



Special Instructions

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DOD TRICARE CUSTOM QUESTION LIST

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

Model Instance Name:
DOD TRICARE
MID: EkBkYwMF5pUhJZsslpm89w==
Date: 11/10/2008

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

DOD TRICARE CUSTOM QUESTION LIST

QID	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
MMM00068	SKIP F	<i>For TRICARE beneficiaries only: which of the following best describes your TRICARE enrollment option?</i>	Not Applicable Sponsor is active duty (no premium paid) Sponsor is active duty and family member has disenrolled from Prime to use TRICARE Standard Sponsor is retired and we pay either \$230/individual or \$460/family per year Sponsor is retired and we pay the Medicare Part B premium; TRICARE for Life Sponsor is retired (and we do NOT pay either a TRICARE or Medicare Part B premium; TRICARE Standard) Not applicable		Radio button, one-up vertical	Single	N
5928	SKIP G	<i>For TRICARE beneficiaries only- do you receive most of your care from:</i>	A military clinic or hospital A civilian clinic or hospital		Radio button, one-up vertical	Single	N



**Special
Instructions**

Special Instructions