



# Health Care Survey of DoD Beneficiaries

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

## March 2024

### PRIVACY ADVISORY

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

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

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

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, **xxxx-xxxx**, is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

OMB CONTROL NUMBER: XXXX-XXXX  
OMB EXPIRATION DATE: XX/XX/XXXX

### SURVEY INSTRUCTIONS

Answer all the questions by filling in the circle 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 **4 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)  
DHA, Analytics and Evaluation Division  
c/o DataStat, Inc.  
3975 Research Park Dr.  
Ann Arbor, MI 48108

### 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 survey 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 **4 Go to Question 2 on the next page**
- No **4 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 most Active Duty, TRICARE Prime Remote and TRICARE Overseas)
- TRICARE Select (previously known as TRICARE Extra or Standard (CHAMPUS))
- TRICARE Plus
- TRICARE for Life
- TRICARE Supplemental Insurance
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult Prime
- TRICARE Young Adult Select
- Uniformed Services Family Health Plan (USFHP)
- 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 or other state health insurance
- A civilian HMO (such as Kaiser)
- Other civilian health insurance (such as Blue Cross)
- 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.

Military Health Plans

- TRICARE Prime (including most Active Duty, TRICARE Prime Remote and TRICARE Overseas)
- TRICARE Select (previously known as TRICARE Extra or Standard (CHAMPUS))
- TRICARE Plus
- TRICARE Supplemental Insurance
- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult Prime
- TRICARE Young Adult Select
- Uniformed Services Family Health Plan (USFHP)
- 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 or other state health insurance
- A civilian HMO (such as Kaiser)
- Other civilian health insurance (such as Blue Cross)
- The Veterans Administration (VA)
- Government health insurance from a country other than the US
- Not sure **3 Go to Question 5**
- Did not use any health plan in the last 12 months **3 Go to Question 5**

For the remainder of this questionnaire, the term health plan refers to the plan you indicated in Question 3. The next questions ask about your experience with your health plan.

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

- Less than 6 months
- At least 6 months but less than 12 months
- At least 12 months but less than 24 months
- At least 2 years but less than 5 years
- At least 5 years but less than 10 years
- 10 or more years

5. 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 **4** *Go to Question 7*

6. In the last 12 months, how often did the written materials 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.

7. 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 **4** *Go to Question 9*

8. 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.

9. 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 **4** *Go to Question 11*
- I didn't need prescription medications in the last 12 months. **4** *Go to Question 12*

10. 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 in the

last 12 months. **4** *Go to Question 12*

11. In the last 12 months, how often was it difficult to pay for each of the following types of prescription medications you needed?

a. Medications as part of counseling or mental health treatment

- Never
- Sometimes
- Usually
- Always
- I didn't need any of these medications

b. All other medications

- Never
- Sometimes
- Usually
- Always
- I didn't need any of these medications

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

- Yes
- No **4** *Go to Question 15*

13. 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.

14. 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.

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

- Yes
- No **4 Go to Question 17**

16. 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.

17. 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 **4 Go to Question 20**
- Don't know **4 Go to Question 20**

18. 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.

19. 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.

20. 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

21. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, how likely is it that you would recommend your health plan to a friend or family member?

- 0 Not at all likely
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Extremely likely

## 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.*

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

**MARK ONLY ONE.**

- 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

23. In the last 12 months, did you have an illness, injury, or condition that needed care right away?

- Yes
- No **3 Go to Question 26**

24. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?

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

25. In the last 12 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

- 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.

26. In the last 12 months, did you make any in person, phone, or video appointments for a check up or routine care?

- Yes
- No **3 Go to Question 29**

27. In the last 12 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

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

- Yes
- No **3 Go to Question 35**

28. In the last 12 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

- 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.

29. 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 - 9
- 10 or more

30. In the last 12 months, not counting times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

- None **3 Go to Question 35**
- 1
- 2
- 3
- 4
- 5 - 9
- 10 or more

31. In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- Never
- Sometimes
- Usually
- Always

32. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?



33. In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

34. In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

35. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

- 0 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.

36. In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always
- I didn't need care, tests, or treatment in the last 12 months.

## YOUR PERSONAL DOCTOR

37. A personal doctor is the one you would talk to if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No **4** *Go to Question 46*

38. In the last 12 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- None **4** *Go to Question 45*
- 1
- 2
- 3
- 4
- 5 - 9
- 10 or more

39. 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.

40. 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.

41. 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.

42. 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.

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

- Yes
- No **4** *Go to Question 45*



44. 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

45. 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.

## GETTING HEALTH CARE FROM A SPECIALIST

*When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital*

46. **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 make any appointments to see a specialist?

- Yes
- No **4 Go to Question 50**

47. In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?

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

- Yes
- No **4 Go to Question 55**

48. How many specialists have you talked to in the last 12 months?

- None **4 Go to Question 50**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

49. We want to know your rating of the specialist you talked to 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 talk to a specialist in the last 12 months.

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Yes
- No **4 Go to Question 57**

52. In the last 12 months, how much of a problem, if any, was it to get the mental health treatment or counseling you needed through your health plan?

- A big problem
- A small problem
- Not a problem

53. In the last 12 months, did you make any appointments for counseling or mental health treatment?

54. In the last 12 months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?

- Never
- Sometimes
- Usually
- Always
- I did not make any counseling or mental health treatment appointments.

55. For each statement, please mark whether it was one of the reasons why you did not make or had difficulty making any counseling or mental health treatment appointments.

**MARK ALL THAT APPLY.**

- Was not ready to start treatment.
- Had problems getting appointments because of difficulty getting time off from work.
- Had problems with things like transportation, childcare, or getting appointments at times that worked for me.
- Was worried about what people would think or say if I got treatment.
- Concerned about the costs.
- Did not know how or where to get treatment.
- Could not find a treatment program or health care professional I wanted to go to.
- There were no openings in the treatment program or with the health care professional I wanted to go to.
- Other
- I had no difficulty making any counseling or mental health treatment appointments.

56. 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.

## 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.*

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

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

58. Is your blood pressure is too high?

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

59. When did you last have a flu shot?

- Less than 12 months ago
- 1 to 2 years ago
- More than 2 years ago
- Never had a flu shot

60. How much of the time do you think you can trust the health care system to do what is right for you or your community?

- Almost all of the time
- Most of the time
- Some of the time
- Almost none of the time

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

- Yes
- No
- Don't know

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

- Every day
- Some days
- Not at all **4 Go to Question 67**
- Don't know **4 Go to Question 67**

63. 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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

66. 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 (*Pipes include hookahs. Bidis are small, brown, hand-rolled cigarettes from India and other Southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.*)

67. Are you male or female by birth?

- Male **3 Go to Question 74**
- Female

68. 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

69. Are you under age 40?

- Yes **3 Go to Question 71**
- No

70. 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

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

- Yes, I am currently pregnant
- No, I am not currently pregnant, but have been pregnant in the past 12 months **3 Go to Question 73**
- No, I am not currently pregnant, and have not been pregnant in the past 12 months **3 Go to Question 74**

72. In what trimester is your pregnancy?

- First trimester (up to 12 weeks after 1st day of last period) **3 Go to Question 74**
- Second trimester (13th through 27th week)
- Third trimester (28th week until delivery)

73. 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

## TELEHEALTH

*Telehealth is phone call or video conference that links you to a provider at another location in order to assess, treat, and provide care to you remotely. When you answer the next questions, do not include dental visits.*

74. In the last 12 months, did you have a telehealth appointment?

- Yes
- No **3 Go to Question 78**

75. What type of telehealth care did you have?

**MARK ALL THAT APPLY.**

- Phone call
- Video conferencing
- Text/app messaging

76. What type of care did you receive during telehealth appointments in the last 12 months?

**MARK ALL THAT APPLY.**

- Preventive medical care
- Urgent care
- Medication/prescriptions
- Counseling/talk therapy

77. In general, how satisfied were you with your telehealth care?

	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied
Booking the appointment	0	0	0
Ease of use	0	0	0
Quality of audio/visual connection	0	0	0
Wait time at start of appointment	0	0	0
Communication with provider	0	0	0
Quality of care	0	0	0
Health needs met	0	0	0

78. Do you have a preference between using a telephone call, video conference, or text/app messaging for telehealth appointments?

- Prefer telephone call
- Prefer video conferencing
- Prefer text/app messaging
- No preference

*Please write in "0" if there were none.* **n** <sub>n</sub> NUMBER OF DAYS

83. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

*Please write in "0" if there were none.* **n** <sub>n</sub> NUMBER OF DAYS

79. Thinking about possible future appointment, would you prefer telehealth or in-person care for each of the following?

	Prefer telehealth care	Unsure or no preference	Prefer in-person care
Urgent Care	0	0	0
Counseling/ talk therapy	0	0	0
Medication/ prescriptions	0	0	0
Preventive medical care (e.g., routine care or annual checkups)	0	0	0

**CURRENT HEALTH**

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

- Excellent
- Very good
- Good
- Fair
- Poor

81. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

*Please write in "0" if there were none.*

**n** <sub>n</sub> NUMBER OF DAYS

82. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?



84. Has a doctor ever told you that you have or have had any of the following conditions?

**MARK ALL THAT APPLY.**

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar
- High cholesterol
- Asthma, Chronic obstructive pulmonary disease (COPD), or Emphysema
- Cancer
- Osteoporosis
- Depression or Anxiety
- An autoimmune disease (e.g. Lupus, Celiac disease, Rheumatoid arthritis)
- None of these

85. How tall are you without your shoes on?

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

**n** FEET **n n** INCHES

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

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

**ri** POUNDS

### LIVING SITUATION

87. Please select the option that best describes your current living situation.

- I live on a military installation or in military housing
- I live within 30 minutes of a military installation
- I live within 60 minutes of a military installation
- I live more than 60 minutes away from a military installation

88. Please select the option that best describes your current type of housing.

- Government-owned military housing
- Own
- Rent
- Other

89. Are you currently receiving the basic housing allowance?

- Yes
- No

90. Are you worried or concerned that in the next two months, you may not have stable housing that you own, rent, or stay in as part of a household?

- Yes
- No

91. Think about the place you live. Do you have problems with any of the following?

**MARK ALL THAT APPLY.**

- Pests such as bugs, ants or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above

### FINANCIAL SITUATION

92. What is your current work situation?

- Retired
- Employed full-time
- Employed part-time
- Unemployed, looking for work, or laid off
- Not currently looking for work

93. How confident are you that you could come up with \$400 if an unexpected expense arose within the next month?

- Not at all confident
- Not too confident
- Somewhat confident
- Very confident

94. How often has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- Often
- Sometimes
- Never

How often were these statements true for you?

95. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true

96. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true
- Sometimes true
- Never true

## ABOUT YOU

97. 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

98. What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- Asian** – Provide details below.

m Chinese    m Asian Indian    m Filipino  
m Vietnamese    m Korean    m Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

- Black or African American** – Provide details below.

m African American    m Jamaican    m Haitian  
m Nigerian    m Ethiopian    m Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- Hispanic or Latino** – Provide details below.

m Mexican    m Puerto Rican    m Salvadoran  
m Cuban    m Dominican    m Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

- Middle Eastern or North African** – Provide details below.

m Lebanese    m Iranian    m Egyptian  
m Syrian    m Iraqi    m Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

- ide

m Native Hawaiian    m Samoan    m Chamorro  
m Tongan    m Fijian    m Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

- 

m English    m German    m Irish  
m Italian    m Polish    m Scottish

Enter, for example, French, Swedish, Norwegian, etc.

99. 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

**THANK YOU**

**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.

