**TRICARE.MIL Website Survey**

OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 05/31/2025

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-0553, is estimated to average 15 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. 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.

1. What were you looking for today?
	1. Book appointments
	2. Claims/Forms
	3. Costs and fees
	4. COVID-19
	5. Dental and vision plans
	6. Find a doctor
	7. Health care plans
	8. Health and wellness
	9. Open Season/Enrollment/Eligibility
	10. Phone number/Contact information
	11. Prescriptions and pharmacy
	12. Read news
	13. Secure login
	14. Update personal information
	15. What TRICARE offers

 p. Other (please specify:)

1. Did you find what you were looking for?
	1. Yes
	2. No
2. Did you have any difficulties while on the site? If so, please describe them. If you had no difficulties, please write N/A.
3. What could we do to improve your experience using TRICARE.mil? If no improvements are needed, please write N/A.
4. On a scale of one to five where one is poor and five is excellent, please rate TRICARE.mil on **visual appeal of the site**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Poor | 2 | 3 | 4 | 5Excellent |

1. On a scale of one to ten where one is poor and ten is excellent, please rate TRICARE.mil on **readability of pages on the site**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Poor | 2 | 3 | 4 | 5Excellent |

1. On a scale of one to ten where one is poor and ten is excellent, please rate TRICARE.mil on **how quickly pages load on the site**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Poor | 2 | 3 | 4 | 5Excellent |

1. On a scale of one to ten where one is poor and ten is excellent, please rate TRICARE.mil on **how well the site menu and navigation is organized**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Poor | 2 | 3 | 4 | 5Excellent |

1. On a scale of one to ten where one is poor and ten is excellent, please rate TRICARE.mil on **ability to narrow choices to find the information you are looking for on this site**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Poor | 2 | 3 | 4 | 5Excellent |

1. On a scale of one to ten where one is poor and ten is excellent, please rate TRICARE.mil on **thoroughness of information provided on this site**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Poor | 2 | 3 | 4 | 5Excellent |

1. On a scale of one to ten where one is poor and ten is excellent, please rate TRICARE.mil on **how understandable this site's information is**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Poor | 2 | 3 | 4 | 5Excellent |

1. On a scale of one to five, what is your overall satisfaction with this site?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Very dissatisfied | 2 | 3 | 4 | 5Very Satisfied |

1. On a scale of one to ten, how likely are you to return to this site?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Very dissatisfied | 2 | 3 | 4 | 5Very Satisfied |

1. On a scale of one to ten, how likely are you to recommend this site to someone else?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Very dissatisfied | 2 | 3 | 4 | 5Very Satisfied |

1. How often do you visit our site?
	1. First time
	2. Every six months or less
	3. About once a month
	4. About once a week
	5. Daily
	6. More than once a day
2. Which best describes you?
3. Active Duty Service Member (Includes all Uniformed Services)
4. Retired Service Member
5. National Guard or Reserve Member (Active, Reserve, or Retired)
6. Family of Active Duty Service Member
7. Family of Retired Service Member
8. Family of National Guard or Reserve Member
	1. Provider (Staff included)
	2. Government
	3. Government Contractor
	4. Media
	5. Other (Please specify:)
9. Which plans are you using? Please select all that apply.
10. TRICARE Prime
11. TRICARE Prime Remote
12. TRICARE Prime Overseas
13. TRICARE Prime Remote Overseas
14. TRICARE Select
15. TRICARE Select Overseas
16. TRICARE For Life
17. TRICARE Reserve Select
18. TRICARE Retired Reserve
19. TRICARE Young Adult
20. US Family Health Plan
21. Active Duty Dental Plan
22. Tricare Dental Plan
23. Other/Don't know
24. I don’t have TRICARE
25. Which region are you currently located in?
	1. TRICARE East
	2. TRICARE West
	3. TRICARE Overseas
	4. Don't know