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?
 - a. Book appointments
 - b. Claims/Forms
 - c. Costs and fees
 - d. COVID-19
 - e. Dental and vision plans
 - f. Find a doctor
 - g. Health care plans
 - h. Health and wellness
 - i. Open Season/Enrollment/Eligibility
 - j. Phone number/Contact information
 - k. Prescriptions and pharmacy
 - I. Read news
 - m. Secure login
 - n. Update personal information
 - o. What TRICARE offers
 - p. Other (please specify:)
- 2. Did you find what you were looking for?
 - a. Yes
 - b. No
- 3. Did you have any difficulties while on the site? If so, please describe them. If you had no difficulties, please write N/A.
- 4. What could we do to improve your experience using TRICARE.mil? If no improvements are needed, please write N/A.

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1	2	3	4	5	
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Very dissatisfied

1

Very dissatisfied

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

3

2

Very

Satisfied

5

Very

Satisfied

4

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

1	2	3	4	5
Very				Very
dissatisfied				Satisfied

- 15. How often do you visit our site?
 - a. First time
 - b. Every six months or less
 - c. About once a month
 - d. About once a week
 - e. Daily
 - f. More than once a day
- 16. Which best describes you?
 - a. Active Duty Service Member (Includes all Uniformed Services)
 - b. Retired Service Member
 - c. National Guard or Reserve Member (Active, Reserve, or Retired)
 - d. Family of Active Duty Service Member
 - e. Family of Retired Service Member
 - f. Family of National Guard or Reserve Member
 - g. Provider (Staff included)
 - h. Government
 - i. Government Contractor
 - j. Media
 - k. Other (Please specify:)
- 17. Which plans are you using? Please select all that apply.
 - a. TRICARE Prime
 - b. TRICARE Prime Remote
 - c. TRICARE Prime Overseas
 - d. TRICARE Prime Remote Overseas
 - e. TRICARE Select
 - f. TRICARE Select Overseas
 - g. TRICARE For Life
 - h. TRICARE Reserve Select
 - i. TRICARE Retired Reserve
 - j. TRICARE Young Adult
 - k. US Family Health Plan
 - I. Active Duty Dental Plan
 - m. Tricare Dental Plan
 - n. Other/Don't know
 - o. I don't have TRICARE
- 18. Which region are you currently located in?
 - a. TRICARE East
 - b. TRICARE West
 - c. TRICARE Overseas
 - d. Don't know