**TRICARE.MIL Publications Page Survey**

OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 05/31/2025

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1. Which TRICARE publication are you providing feedback on?
   1. Active Duty Dental Brochure
   2. Active Duty Dental Handbook
   3. Autism Care Demonstration Fact Sheet
   4. Contact Wallet Card
   5. Costs and Fees Fact Sheet
   6. Dental Options Fact Sheet
   7. Extended Care Health Option Fact Sheet
   8. Maternity Care Brochure
   9. Mental Health and Substance Use Disorder Services Fact Sheet
   10. Qualifying Life Events Fact Sheet
   11. Retiring from Active Duty Brochure
   12. Retiring from National Guard or Reserve Brochure
   13. Tobacco Cessation Program Fact Sheet
   14. TRICARE and Medicare Turning Age 65 Brochure
   15. TRICARE and Medicare Under Age 65 Brochure
   16. TRICARE Choices for National Guard and Reserve Handbook
   17. TRICARE Choices in the United States Handbook
   18. TRICARE Dental Program Brochure
   19. TRICARE Dental Program Handbook
   20. TRICARE For Life Cost Matrix
   21. TRICARE For Life Handbook
   22. TRICARE Health Matters Newsletter
   23. TRICARE Overseas Program Handbook
   24. TRICARE Pharmacy Program Handbook
   25. TRICARE Pharmacy Program Overview Fact Sheet
   26. TRICARE Plans Overview Fact Sheet
   27. TRICARE Young Adult Program Fact Sheet
2. Did you find what you were looking for?
   1. Yes
   2. No
3. What were you looking for?
   1. Claims
   2. Contact information
   3. Costs
   4. Covered services
   5. Eligibility
   6. Enrollment
   7. How to get care
   8. Plan options
   9. Referrals
   10. Other (Please Specify:)
4. How can we improve this publication? If no improvements are needed, please write N/A.
5. On a scale of one to ten, what is your overall satisfaction with the publication?

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

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

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

1. Where did you find this publication? Please select all that apply.
   1. Another TRICARE publication
   2. Email link
   3. Google, Bing, Yahoo, or other search engines
   4. Link on the TRICARE.mil website
   5. Social media link
   6. TRICARE.mil website search
   7. Other (Please specify:)
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