APPENDIX A

ANNOTATED QUESTIONNAIRE

RCS: DD-HA(A) 1942
Expires: 04/15/97

1997 Health Care Survey of DoD Beneficiaries

FORM A

UNITED HEALTHCARE
SURVEY PROCESSING ACTIVITY
c/o DATA RECOGNITION CORPORATION
5900 BAKER ROAD
MINNETONKA, MN 55345-5967

UHC Survey No. 97-0008

DO NOT WRITE IN THIS AREA

Privacy Notice

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: The Federal Government may collect the information requested in the 1997 Health Care Survey of DoD Beneficiaries under the authority of Public Law 102-484 (10 USC 1071 note), Section 724 of the FY 1993 Defense Authorization Act.

Principal Purpose: This survey is being conducted to help policy makers learn more about the military health care system. Information from the survey will be used to assist in the formulation of policies that may be needed to improve the military health care system. In addition, the survey information will be used by military medical treatment facility commanders to evaluate the services provided. This survey will be conducted on an annual basis.

Disclosure: Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. However, maximum participation is essential to ensure that the data are complete and representative. Your survey questionnaire will be treated as confidential. Any identifiable information will be used only by persons involved in the survey. Only group statistics will be reported in findings from this project.

Routine Uses: An annual report to Congress will be prepared using the survey data. Other reports will be provided to the Office of the Assistant Secretary of Defense (Health Affairs), each military service and to military medical treatment facility commanders. Some findings may be reported in manuscripts presented at conferences, symposia, scientific meetings, and professional journals.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Please use a No. 2 pencil.

- Make heavy black marks that fill the circle for your answer.
- Please do not make stray marks of any kind.

INCORRECT MARKS ✓ ✗ ◒ ◑

CORRECT MARK ○ ○ ● ○

- Unless otherwise specified in the instructions for a question, only one answer should be marked.

Example:

How long has this child lived in his or her current local area?

- ● Less than 6 months
- ○ 6-12 months
- ○ 1-3 years
- ○ More than 3 years

If your answer is "Less than 6 months," then mark just one circle as shown above.

- Sometimes you will be asked to enter a number in a row of boxes. When this occurs, you should write the requested information in the row of boxes and blacken the corresponding circles under the numbers you wrote.

Example:

- What age were you on your last birthday?
- Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.
- Fill in the unused boxes with zeros.
- Then, mark the matching circle below each box.

Age

2	6
0	0
1	1
●	2
3	3
4	4
5	5
6	●
7	7
8	8
9	9

I: Your Health and Daily Activities

1. In general, would you say your health is:

5 ○ Excellent
4 ○ Very Good
3 ○ Good
2 ○ Fair
1 ○ Poor

H9701

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

3 ○ Yes, limited a lot
2 ○ Yes, limited a little
1 ○ No, not limited at all

H9702A

b. Climbing several flights of stairs

3 ○ Yes, limited a lot
2 ○ Yes, limited a little
1 ○ No, not limited at all

H9702B

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Accomplished less than you would like

1 ○ Yes
2 ○ No

H9703A

b. Were limited in the kind of work or other activities

1 ○ Yes
2 ○ No

H9703B

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would like

1 ○ Yes
2 ○ No

H9704A

b. Didn't do work or other activities as carefully as usual

1 ○ Yes
2 ○ No

H9704B

5. During the past 4 weeks, how much did pain interfere with your normal work (including work both outside the home and housework)?

1 ○ Not at all
2 ○ A little bit
3 ○ Moderately
4 ○ Quite a bit
5 ○ Extremely

H9705

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

a. have you felt calm and peaceful?

6 ○ All of the time
5 ○ Most of the time
4 ○ A good bit of the time
3 ○ Some of the time
2 ○ A little of the time
1 ○ None of the time

H9706A

b. did you have a lot of energy?

6 ○ All of the time
5 ○ Most of the time
4 ○ A good bit of the time
3 ○ Some of the time
2 ○ A little of the time
1 ○ None of the time

H9706B

c. have you felt downhearted and blue?

6 ○ All of the time
5 ○ Most of the time
4 ○ A good bit of the time
3 ○ Some of the time
2 ○ A little of the time
1 ○ None of the time

H9706C

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

6 ○ All of the time
5 ○ Most of the time
4 ○ A good bit of the time
3 ○ Some of the time
2 ○ A little of the time
1 ○ None of the time

H9707

8. Compared to one year ago, how would you rate your health in general now?

H9708

5 Much better now than one year ago
4 Somewhat better now than one year ago
3 About the same
2 Somewhat worse now than one year ago
1 Much worse now than one year ago

9. During the past 12 months, how many days did you miss from work (including work at home and child care responsibilities) due to your own illness or injury?

H9709

1 None
2 1-2 days
3 3-4 days
4 5-6 days
5 7-10 days
6 11-20 days
7 21-30 days
8 31 days or more

II. Preventive Health Care and Health Habits

10. When did you LAST visit a doctor for any reason?

H9710

6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a visit to a doctor

11. *NOT* counting when you were sick or pregnant, when was the LAST TIME you had a general medical or physical examination or checkup?

H9711

6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a general physical or checkup

12. When did you LAST have a blood pressure reading?

H9712

6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a blood pressure reading

13. When did you LAST have a cholesterol screening, (that is, a test to determine the level of cholesterol in your blood)?

H9713

6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a cholesterol screening

14. When did you LAST have an immunization or flu shot?

H9714

6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had an immunization or flu shot

15. In the past 12 months, has a doctor or other health care provider given you advice or informaton on ways to stay healthy through diet, exercise, or other lifestyle changes?

H9715

1 Yes
2 No

16. When was the last time you had a general dental examination or checkup?

H9716

6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a dental checkup

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

H9717

1 Yes
2 No ⇨ Go to question 20

H9717_R SEE NOTE 1

18. Do you now smoke every day, some days or not at all?

H9718

3 Every day ⇨ Go to question 20
2 Some days ⇨ Go to question 20
1 Not at all

H9718_R

19. How long has it been since you quit smoking cigarettes?

H9719

6 ○ Within the past 12 months
5 ○ 1 to 2 years ago ⇨ Go to question 21
4 ○ More than 2 but less than 3 years ago ⇨ Go to question 21
3 ○ 3 years to less than 5 years ago ⇨ Go to question 21
2 ○ 5 or more years ago ⇨ Go to question 21
1 ○ Don't know ⇨ Go to question 21

H9719_R

20. During the past 12 months, did you receive advice or help on how to quit smoking from a doctor or other health care professional?

1 ○ Yes
2 ○ No

H9720 H9720_R

21. During the past 12 months, have you used chewing tobacco, snuff or other smokeless tobacco?

1 ○ Yes
2 ○ No

H9721

22. Are you a male or female?

1 ○ Male
2 ○ Female ⇨ Go to question 24

SRSEX

XSEXA SEE NOTE 2 PART A

III: For Men Only

23. When was the LAST time you had a prostate gland examination or blood test for prostate disease?

6 ○ Within the past 12 months
5 ○ 1 to 2 years ago
4 ○ More than 2 but less than 3 years ago
3 ○ 3 years to less than 5 years ago
2 ○ 5 or more years ago
1 ○ Never had a prostate gland examination

⇨ Please go to question 30.

H9723

H9723_R SEE NOTE 2 PART B

III: For Women Only

24. When did you LAST have a routine female examination with a Pap smear?

6 ○ Within the past 12 months
5 ○ 1 to 2 years ago
4 ○ More than 2 but less than 3 years ago
3 ○ 3 years to less than 5 years ago
2 ○ 5 or more years ago
1 ○ Never had a routine female exam with Pap smear

H9724

H9724_R SEE NOTE 2 PART C

25. Do you know how to examine your breasts for lumps?

1 ○ Yes
2 ○ No ⇨ Go to question 26

H9725 H9725_R

a. How did you learn about breast self-examination? Mark all that apply.

A ○ From a physician
B ○ From a nurse
C ○ From some other health care provider
D ○ Learned in a class or meeting
E ○ From a book or pamphlet
F ○ From some other source

H9725AA - H9725AF

1 = marked
2 = not marked

H9725AA_R - H9725AF_R SEE NOTE 3

b. When did you last do a breast self-examination?

7 ○ Within the past month
6 ○ 2 to 3 months ago
5 ○ 4 to 6 months ago
4 ○ 7 to 11 months ago
3 ○ A year ago
2 ○ More than a year ago
1 ○ Never

H9725B H9725B_R

26. When was the LAST time your breasts were checked by mammography or other X-ray-like procedure?

6 ○ Within the past 12 months
5 ○ 1 to 2 years ago
4 ○ More than 2 but less than 3 years ago
3 ○ 3 years to less than 5 years ago
2 ○ 5 or more years ago
1 ○ Never had a mammography

H9726 H9726_R

27. When was the LAST time a doctor or other health care professional checked your breasts for lumps (other than with a mammography or X-ray-like procedure)?

6 ○ Within the past 12 months
5 ○ 1 to 2 years ago
4 ○ More than 2 but less than 3 years ago
3 ○ 3 years to less than 5 years ago
2 ○ 5 or more years ago
1 ○ Never have been checked for lumps

H9727 H9727_R

28. Have you been pregnant in the PAST 12 MONTHS or are you pregnant NOW?

1 ○ Yes, I am pregnant now or have been pregnant in the past 12 months
2 ○ No ⇨ Go to question 30

H9728

H9728_R SEE NOTE 4

29. When did you FIRST begin receiving care for the pregnancy from a doctor or other health care professional?

H9729

H9729_R

7 During first 3 months
6 During second 3 months
5 During final 3 months
4 No care yet; I am now less than 3 months pregnant
3 No care yet; I am now between 3 and 6 months pregnant
2 No care yet; I am now more than 6 months pregnant
1 No care before I delivered

IV. Place of Medical Care and Health Insurance Coverage

30. Is there a particular place you usually go to when you, yourself, are sick or need advice about your health?

H9730

1 Yes
2 No ⇨ Go to question 32

H9730_R SEE NOTE 5

31. What type of place do you usually go to when you are sick or need health advice? MARK ONLY ONE ANSWER.

H9731

1 A military clinic or hospital (including sick call)
2 A civilian place, such as a private doctor's office or DoD contractor
3 A PRIMUS or NAVCARE Clinic
4 A Uniformed Services Treatment Facility (USTF)
5 A Veterans Affairs (VA) clinic or hospital
6 Some other type of place

32. In the past 12 months, did you go to a hospital emergency room for your own health care?

H9732

1 Yes
2 No ⇨ Go to question 34

H9732_R SEE NOTE 6

33. In the past 12 months, did you ever go to a hospital emergency room because you could not obtain an appointment at the place you usually go?

H9733

1 Yes
2 No

34. Are you, yourself, now covered by CHAMPUS/TRICARE?

H9734

(CHAMPUS/TRICARE is the medical program for active duty members, qualified family members, non-Medicare eligible retirees and their family members, and survivors of all uniformed services)

1 Yes, I am covered by CHAMPUS/TRICARE
2 No, I am not covered by CHAMPUS/TRICARE

35. Are you, yourself, now covered by CHAMPUS Supplemental insurance?

H9735

(This is medical insurance you usually get through military or retiree associations. It helps pay the balance due after standard CHAMPUS pays its share of medical fees.)

1 Yes, I am covered by CHAMPUS Supplemental insurance
2 No, I am not covered by CHAMPUS Supplemental insurance

36. Are you, yourself, now covered by MEDICARE, Part A?

H9736

(Medicare is a federal health insurance program for people 65 or older and certain disabled people. Part A helps pay for inpatient hospital care.)

1 Yes, I am covered by Medicare, Part A
2 No, I am not covered by Medicare, Part A
⇨ Go to question 39

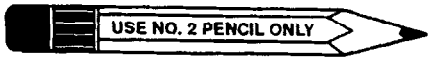
H9736_R SEE NOTE 7

37. Are you, yourself, now covered by MEDICARE, Part B?

H9737 H9737_R

(Medicare is a federal health insurance program for people 65 or older and certain disabled people. Part B helps pay for doctors' services, outpatient hospital services and certain other services.)

1 Yes, I am covered by Medicare, Part B
2 No, I am not covered by Medicare, Part B
⇨ Go to question 39



38. Are you, yourself, now enrolled with a managed care organization (HMO). H9738

(A managed care organization identifies a physician that you go to first for all of your health care needs, and, if necessary, refers you to other providers. As an enrollee, you will usually pay nothing or only a small fee (such as $12 per visit) for any health care you need.

3 Yes, I am enrolled in the program TRICARE SENIOR at a military treatment facility.
2 Yes, I am enrolled with a civilian managed care organization.
1 No, I am not enrolled with a managed care organization

H9738_R

39. Are you, yourself, now covered by MEDICARE supplemental insurance? H9739

(Medicare supplemental insurance, also called Medigap or MedSup, is usually obtained from private insurance companies and covers the sum of the costs not paid for by Medicare.)

1 Yes, I am covered by Medicare supplemental insurance
2 No, I am not covered by Medicare supplemental insurance

40. Are you, yourself, now covered by PRIVATE medical insurance or an HMO such as Blue Cross, Prudential, or Kaiser?

(Please do NOT include CHAMPUS or CHAMPUS/ Medicare supplemental policies)

1 Yes
2 No ⇨ Go to question 42

H9740

H9740_R SEE NOTE 8

41. Who pays the premium for your PRIVATE medical insurance? MARK ALL THAT APPLY.

(The premium is the amount you pay to purchase the policy. It does not include your share of the cost of services you receive, called copayments and deductibles.)

H9741A - H9741D

A Myself or my family
B My present or former employer
C My spouse's present or former employer
D Some other person or company

1 = marked
2 = not marked

V: Medical Care at Military Facilities

For questions in this section, "MILITARY facility" includes ONLY military hospitals or clinics and PRIMUS or NAVCARE facilities. It does not include care at USTFs, VA hospitals and clinics, or TRICARE civilian network providers. "MILITARY provider" includes doctors and other health care professionals who work at military/ PRIMUS/NAVCARE facilities.

42. In the past 12 months, was there a time when you wanted to get health care at a MILITARY facility but could not get care?

1 ○ Yes
2 ○ No

H9742

43. Did you, yourself, receive <u>any</u> health care from a MILITARY facility or provider in the past 12 months?

1 ○ Yes
2 ○ No ⇨ Go to question 53

H9743

H9743_R SEE NOTE 9

44. Did you stay overnight or longer as a patient in a MILITARY hospital in the past 12 months?

1 ○ Yes
2 ○ No ⇨ Go to question 46

H9744

H9744_R SEE NOTE 10

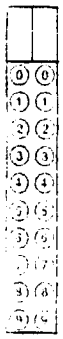
45. How many nights did you stay in a MILITARY hospital as a patient in the past 12 months?

H9745

Nights

(If more than 99 nights, mark "99")

00-99



← Write the number in the boxes.

← Then, mark the matching bubble below each box.

46. How many outpatient visits did you make to a MILITARY facility or provider in the past 12 months?

H9746

Visits

(If more than 99 visits, mark "99")

00 - 99

← Write the number in the boxes.

← Then, mark the matching bubble below each box.

47. In the past 12 months, how many telephone calls did you or a family member USUALLY make to get an appointment with a MILITARY provider for YOU?

H9747

2 1 to 2 calls
3 3 to 5 calls
4 6 to 9 calls
5 10 or more calls
1 Have not made telephone calls for appointments in past 12 months

48. In the past 12 months, how long did you USUALLY wait in the office or waiting room to see a MILITARY provider?

H9748

1 Less than 10 minutes
2 10 minutes to less than 15 minutes
3 15 minutes to less than 30 minutes
4 30 minutes to an hour
5 More than 1 hour

49. In the past 12 months, how long did it USUALLY take you to travel to the MILITARY facility where you had your visit(s)?

H9749

1 Less than 10 minutes
2 10 minutes to less than 15 minutes
3 15 minutes to less than 30 minutes
4 30 minutes to an hour
5 More than 1 hour

50. How long did you USUALLY wait between the day you made an appointment for care and the day you actually saw a MILITARY provider?

When going for:	1 Same Day	2 1-3 Days	3 4-7 Days	4 8-14 Days	5 15-30 Days	6 31-60 Days	7 More Than 60 Days	-6 Does Not Apply
a. Routine care (like a checkup) H9750A								
b. Minor illness or injury (like treatment for a sore throat) H9750B								
c. Chronic or on-going condition H9750C								
d. Urgent care (like a broken arm or shortness of breath) H9750D								

51. How much do you agree or disagree with the following statements about the health care you received at MILITARY facilities?

a. I am satisfied with the health care that I receive at military facilities.

H9751A

1 Strongly disagree
2 Disagree
3 Neither agree nor disagree
4 Agree
5 Strongly Agree

b. I would recommend military health care to my family or friends who need care.

H9751B

1 Strongly disagree
2 Disagree
3 Neither agree nor disagree
4 Agree
5 Strongly Agree

52. Please rate the following aspects of the health care you received at MILITARY facilities in the past 12 months. (If a question does not apply to you, mark Not Applicable.)

H9752A -H9752GG

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	-6 Not Applicable
a. Convenience of location of treatment	○	○	○	○	○	○
b. Convenience of hours	○	○	○	○	○	○
c. Access to health care whenever you need it	○	○	○	○	○	○
d. Access to a specialist if you need one	○	○	○	○	○	○
e. Access to hospital care if you need it	○	○	○	○	○	○
f. Access to medical care in an emergency	○	○	○	○	○	○
g. Ease of making appointments for health care by phone	○	○	○	○	○	○
h. Length of time you wait at office to see the provider	○	○	○	○	○	○
i. Length of time you wait between making an appointment for routine care and the day of your visit	○	○	○	○	○	○
j. Availability of health care information or advice by phone	○	○	○	○	○	○
k. Services available for getting prescriptions filled	○	○	○	○	○	○
l. Thoroughness of examination	○	○	○	○	○	○
m. Ability to diagnose my health care problems	○	○	○	○	○	○
n. Skill of health care providers	○	○	○	○	○	○
o. Thoroughness of treatment	○	○	○	○	○	○
p. The outcomes of your health care (how much you are helped)	○	○	○	○	○	○
q. Overall quality of health care	○	○	○	○	○	○
r. Provider's explanation of health care procedures	○	○	○	○	○	○
s. Provider's explanation of medical tests	○	○	○	○	○	○
t. Attention provider gives to what you have to say	○	○	○	○	○	○
u. Advice provider gives you about ways to avoid illness and stay healthy	○	○	○	○	○	○
v. Courtesy shown to you by administrative staff (e.g., receptionists)	○	○	○	○	○	○
w. Courtesy shown to you by health care providers	○	○	○	○	○	○
x. Provider's concern for you as a person	○	○	○	○	○	○
y. Provider's concern for your privacy	○	○	○	○	○	○

52. continued . . . H9752A -H9752GG continued

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	-6 Not Applicable
z. Reassurance and support offered to you by health care providers	○	○	○	○	○	○
aa. Amount of time with health care providers during a visit	○	○	○	○	○	○
bb. Ability to choose health care providers	○	○	○	○	○	○
cc. Ease of seeing the provider of your choice	○	○	○	○	○	○
dd. Health care providers' personal interest in the outcome of your problem	○	○	○	○	○	○
ee. Protection you have against financial hardship due to medical expenses	○	○	○	○	○	○
ff. Help with arrangements to get the health care you need without financial problems	○	○	○	○	○	○
gg. Ease of parking	○	○	○	○	○	○

53. During the past 12 months, did YOU have any prescriptions that were written by a CIVILIAN PROVIDER but which were filled or refilled at a MILITARY Pharmacy?

1 ○ Yes
2 ○ No ⇨ Go to question 55
3 ○ Don't know ⇨ Go to question 55

H9753 H9753_R SEE NOTE 11

54. If YES, how many prescriptions in the past 12 months did you have that were written by a CIVILIAN provider but were filled at a MILITARY pharmacy? Please include refills.

1 ○ 1 to 6 prescriptions/refills
2 ○ 7 to 12 prescriptions/refills
3 ○ 13 to 24 prescriptions/refills
4 ○ 25 to 36 prescriptions/refills
5 ○ 37 to 48 prescriptions/refills
6 ○ 49 to 60 prescriptions/refills
7 ○ More than 60 prescriptions/refills

H9754

55. Did you get MOST of your medical care from a military facility in the past 12 months?

1 ○ Yes ⇨ Go to question 57
2 ○ No

H9755 H9755_R SEE NOTE 12

56. Which of the following explains why you did NOT get most of your medical care at a military facility in the past 12 months? MARK ALL THAT APPLY

A ○ I never try to get care at a military facility
B ○ I didn't need any medical care over the past 12 months
C ○ The military facility is too far away
D ○ It is too difficult to get an appointment at a military facility
E ○ I cannot see the same provider on each visit
F ○ The military facility I used has been closed
G ○ The services I needed were not available
H ○ I can get better care from civilian providers
I ○ I am not eligible for care in military facilities
J ○ There are no appointments available for beneficiaries like me
K ○ It is difficult to find a parking place at the MTF
L ○ Some other reason

H9756A - H9756L

1 = marked

2 = not marked

VI: Medical Care at Civilian Facilities

For questions in this section, "CIVILIAN facility" includes a civilian doctor's office, civilian hospital or clinic, a VA hospital or clinic, a USTF or a TRICARE civilian network provider. "CIVILIAN provider" includes doctors and other health care professionals who work at civilian facilities.

57. In the past 12 months, was there a time when you wanted to get health care at a CIVILIAN facility but could not get care?

1 Yes
2 No

H9757

58. Did you, yourself, receive any health care from a CIVILIAN facility or provider in the past 12 months?

1 Yes
2 No ⇨ Go to question 70

H9758

H9758_R SEE NOTE 13

59. Did you stay overnight or longer as a patient in a CIVILIAN hospital in the past 12 months?

1 Yes
2 No ⇨ Go to question 61

H9759

H9759_R SEE NOTE 14

60. How many nights did you stay in a CIVILIAN hospital as a patient in the past 12 months?

H9760

Nights

(If more than 99 nights, mark "99")

← Write the number in the boxes.

← Then, mark the matching bubble below each box.

00 - 99

61. How many outpatient visits did you make to a CIVILIAN facility or provider in the past 12 months?

H9761

Visits

(If more than 99 visits, mark "99")

← Write the number in the boxes.

← Then, mark the matching bubble below each box.

00 - 99

62. In the past 12 months, how many telephone calls did you or a family member USUALLY make to get an appointment with a CIVILIAN provider for YOU?

2 1 to 2 calls
3 3 to 5 calls
4 6 to 9 calls
5 10 or more calls
1 Did not make telephone calls for appointments in past 12 months

H9762

63. In the past 12 months, how long did you USUALLY wait in the office or waiting room to see the CIVILIAN provider?

1 Less than 10 minutes
2 10 minutes to less than 15 minutes
3 15 minutes to less than 30 minutes
4 30 minutes to an hour
5 More than 1 hour

H9763

64. In the past 12 months, how long did it USUALLY take you to travel to the CIVILIAN facility where you had your visit(s)?

1 Less than 10 minutes
2 10 minutes to less than 15 minutes
3 15 minutes to less than 30 minutes
4 30 minutes to an hour
5 More than 1 hour

H9764

65. How long did you USUALLY wait between the day you made an appointment for care and the day you actually saw a CIVILIAN provider?

H9765A - H9765D

When going for:	1 Same Day	2 1-3 Days	3 4-7 Days	4 8-14 Days	5 15-30 Days	6 31-60 Days	7 More Than 60 Days	-6 Does Not Apply
a. Routine care (like a checkup)	○	○	○	○	○	○	○	○
b. Minor illness or injury (like treatment for a sore throat)	○	○	○	○	○	○	○	○
c. Chronic or on-going condition	○	○	○	○	○	○	○	○
d. Urgent care (like a broken arm or shortness of breath)	○	○	○	○	○	○	○	○

66. How much do you agree or disagree with the following statements about the health care you received at CIVILIAN facilities?

a. I am satisfied with the health care that I received at civilian facilities.

H9766A

1 ○ Strongly disagree
2 ○ Disagree
3 ○ Neither agree nor disagree
4 ○ Agree
5 ○ Strongly agree

b. I would recommend civilian health care to my family or friends who need care.

H9766B

1 ○ Strongly disagree
2 ○ Disagree
3 ○ Neither agree nor disagree
4 ○ Agree
5 ○ Strongly agree

67. Please rate the following aspects of the health care you received from CIVILIAN providers (including VA, USTFs and TRICARE civilian network providers) in the past 12 months. (If a question does not apply to you, mark Not Applicable.)

H9767A - H9767GG

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	-6 Not Applicable
a. Convenience of location of treatment	○	○	○	○	○	○
b. Convenience of hours	○	○	○	○	○	○
c. Access to health care whenever you need it	○	○	○	○	○	○
d. Access to a specialist if you need one	○	○	○	○	○	○
e. Access to hospital care if you need it	○	○	○	○	○	○
f. Access to medical care in an emergency	○	○	○	○	○	○
g. Ease of making appointments for health care by phone	○	○	○	○	○	○
h. Length of time you wait at office to see the provider	○	○	○	○	○	○
i. Length of time you wait between making an appointment for routine care and the day of your visit	○	○	○	○	○	○

67. continued . . .

H9767A -H9767GG
continued

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	-6 Not Applicable
j. Availability of health care information or advice by phone	O	O	O	O	O	O
k. Services available for getting prescriptions filled	O	O	O	O	O	O
l. Thoroughness of examination	O	O	O	O	O	O
m. Ability to diagnose my health care problems	O	O	O	O	O	O
n. Skill of health care providers	O	O	O	O	O	O
o. Thoroughness of treatment	O	O	O	O	O	O
p. The outcomes of your health care (how much you are helped)	O	O	O	O	O	O
q. Overall quality of health care	O	O	O	O	O	O
r. Provider's explanation of health care procedures	O	O	O	O	O	O
s. Provider's explanation of medical tests	O	O	O	O	O	O
t. Attention provider gives to what you have to say	O	O	O	O	O	O
u. Advice provider gives you about ways to avoid illness and stay healthy	O	O	O	O	O	O
v. Courtesy shown to you by administrative staff (e.g., receptionists)	O	O	O	O	O	O
w. Courtesy shown to you by health care providers	O	O	O	O	O	O
x. Provider's concern for you as a person	O	O	O	O	O	O
y. Provider's concern for your privacy	O	O	O	O	O	O
z. Reassurance and support offered to you by health care providers	O	O	O	O	O	O
aa. Amount of time with health care providers during a visit	O	O	O	O	O	O
bb. Ability to choose health care providers	O	O	O	O	O	O
cc. Ease of seeing the provider of your choice	O	O	O	O	O	O
dd. Health care providers' personal interest in the outcome of your problem	O	O	O	O	O	O
ee. Protection you have against financial hardship due to medical expenses	O	O	O	O	O	O
ff. Help with arrangements to get the health care you need without financial problems	O	O	O	O	O	O
gg. Ease of parking	O	O	O	O	O	O

68. Did you use CHAMPUS (TRICARE Standard) in the past 12 months to pay for any of your care from CIVILIAN facilities or providers?

1 ○ Yes
2 ○ No ⇨ Go to question 70

H9768 H9768_R SEE NOTE 15

69. How satisfied are you with each of the following aspects of your CHAMPUS (TRICARE Standard) benefit?

H9769A - H9769G

	1 Very Dis-satisfied	2 Dis-satisfied	3 Neither Satisfied Nor Dissatisfied	4 Satisfied	5 Very Satisfied
a. Provider's willingness to submit claims	○	○	○	○	○
b. Claims processing procedures	○	○	○	○	○
c. Time it takes to solve claims problems	○	○	○	○	○
d. Time waiting for payment	○	○	○	○	○
e. Amount of deductible	○	○	○	○	○
f. Amount of copayment	○	○	○	○	○
g. Services and procedures covered	○	○	○	○	○

VII: TRICARE

70. Did you hear or read anything about TRICARE before filling out this survey?

1 ○ Yes
2 ○ No

H9770

71. How much do you know about TRICARE?

1 ○ Nothing ⇨ Go to question 84
2 ○ A little
3 ○ Something
4 ○ A great deal

H9771 H9771_R SEE NOTE 16

72. How have you learned about TRICARE? MARK ALL THAT APPLY.

H9772A - H9772K

A ○ I attended a presentation about TRICARE
B ○ I read an information package mailed to my home
C ○ I talked to a MILITARY doctor or medical provider about TRICARE
D ○ I talked to a CIVILIAN doctor or medical provider about TRICARE
E ○ I called the TRICARE information number
F ○ I read about TRICARE in the base newspaper
G ○ I read about TRICARE in my city, town or regional newspaper
H ○ I talked to my friends and neighbors about TRICARE
I ○ I visited the TRICARE Service Center
J ○ I heard about TRICARE on commercial radio or TV
K ○ Some other source

1 = marked

2 = not marked

73. How strongly do you agree or disagree with the following statements about TRICARE Prime?

H9773A -H9773O	1 Strongly Disagree	2 Dis-agree	3 Neither Agree Nor Disagree	4 Agree	5 Strongly Agree
a. I have clear information on TRICARE Prime enrollment procedures	○	○	○	○	○
b. TRICARE Prime will improve my access to care	○	○	○	○	○
c. I am confused about my costs under TRICARE Prime	○	○	○	○	○
d. I will have better preventive care with TRICARE Prime	○	○	○	○	○
e. TRICARE Prime will make it harder for me to see a specialist	○	○	○	○	○
f. Under TRICARE Prime I can see the same provider on each visit	○	○	○	○	○
g. I know exactly how to make an appointment under TRICARE Prime.	○	○	○	○	○
h. TRICARE Prime will make it easier to get phone advice.	○	○	○	○	○
i. I will have to use more of my own money for health care under TRICARE Prime.	○	○	○	○	○
j. I know how to use the TRICARE Prime Health Care Finder.	○	○	○	○	○
k. I am satisfied with the promptness of payment for my bills from civilian providers.	○	○	○	○	○
l. I am satisfied with my choice of providers under TRICARE Prime.	○	○	○	○	○
m. The quality of my health care has improved under TRICARE Prime.	○	○	○	○	○
n. I need more information about TRICARE Prime.	○	○	○	○	○
o. I understand the differences among TRICARE Prime, Extra and Standard.	○	○	○	○	○

74. Has TRICARE had any effect on your decision whether or not to be covered by CHAMPUS or Medicare supplemental insurance?

(CHAMPUS or Medicare supplemental insurance helps pay the balance due after CHAMPUS or Medicare pays its share of medical fees. You usually obtain CHAMPUS supplemental through military or retiree associations. You usually obtain Medicare supplemental insurance from private insurance companies.)

1 ○ No, TRICARE has had no effect on my decision whether or not to be covered by supplemental insurance.
2 ○ Yes, I have added supplemental insurance because of TRICARE.
3 ○ Yes, I have dropped supplemental insurance because of TRICARE.

H9774

75. Has TRICARE had any effect on your decision whether or not to be covered by other private insurance such as Blue Cross or Prudential or an HMO such as Kaiser? (Please do not include Medicare Part B, CHAMPUS or Medicare supplemental insurance.)

H9775

1 No, TRICARE has had no effect on my decision whether or not to be covered by private medical insurance or an HMO.
2 Yes, I have added private insurance coverage because of TRICARE.
3 Yes, I have dropped private insurance coverage because of TRICARE.

76. Are you, yourself, currently enrolled in TRICARE Prime? *(PRIME is the HMO-like option available under TRICARE.)*

H9776

1 Yes, I'm enrolled in Prime
2 No, I'm not enrolled in Prime ⇨ Go to question 83
3 I don't know if I am enrolled ⇨ Go to question 83

H9776_R SEE NOTE 17

77. Where did you usually receive health care before you enrolled in TRICARE Prime? MARK ONLY ONE ANSWER.

H9777

1 A military clinic or hospital (including sick call)
2 A civilian place, such as a private doctor's office
3 A PRIMUS or NAVCARE Clinic
4 A Uniformed Services Treatment Facility (USTF)
5 A Veterans Affairs (VA) clinic or hospital
6 Some other type of place

78. How long have you been enrolled in TRICARE Prime?

H9778

1 Less than 6 months
2 At least 6 months, but less than 1 year
3 At least 1 year, but less than 2 years
4 At least 2 years, but less than 5 years
5 5 years or more

79. As a member of TRICARE Prime, do you have a MILITARY or a CIVILIAN primary care manager?

1 I have a MILITARY primary care manager
2 I have a CIVILIAN primary care manager

H9779

80. Did you have the opportunity to choose your primary care manager?

H9780

1 Yes, I chose my primary care manager
2 No, I did not choose my primary care manager

81. Since enrolling in TRICARE Prime, have you, yourself, received any medical care from your primary care manager?

1 Yes
2 No

H9781

82. How much do you agree or disagree with the following statements about the health care you received under TRICARE Prime?

a. I am satisfied with the health care that I receive under TRICARE Prime.

1 Strongly disagree
2 Disagree
3 Neither agree nor disagree
4 Agree
5 Strongly agree

H9782A

b. I would recommend TRICARE Prime to my family or friends who need care.

1 Strongly disagree
2 Disagree
3 Neither agree nor disagree
4 Agree
5 Strongly agree

H9782B

83. How likely are you to be enrolled in TRICARE Prime in the next 12 months?

1 Very unlikely
2 Unlikely
3 Neither likely nor unlikely
4 Likely
5 Very likely

H9783

VIII: Dental Care

84. Where do you usually go to get dental care?

1 ○ MILITARY dentist or dental clinic
2 ○ CIVILIAN dentist or dental clinic

H9784

85. In the past 12 months, did you see a dentist or receive care at a dental clinic?

1 ○ Yes
2 ○ No ⇨ Go to question 88

H9785 H9785_R SEE NOTE 18

STOP: Read these instructions before you continue: Please answer questions 86 and 87 about the type of dental care you use MOST.

86. Please indicate how many times you visited that type of dentist or dental clinic for your own dental care over the past 12 months.

1 ○ No visits ⇨ Go to question 88
2 ○ 1 visit
3 ○ 2 visits
4 ○ 3 visits
5 ○ 4 visits
6 ○ 5 or more visits

H9786 H9786_R

87. Thinking about your own dental care over the past 12 months, how would you rate the following?

H9787A - H9787E H9787A_R - H9787E_R

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	-6 Not Applicable
a. Access to dental care when you needed it	○	○	○	○	○	○
b. Ease of making a dental appointment	○	○	○	○	○	○
c. Skill of the dental health care providers	○	○	○	○	○	○
d. Quality of your dental health care	○	○	○	○	○	○
e. Your dental care overall	○	○	○	○	○	○

88. Are you, YOURSELF, enrolled in the TRICARE Active Duty Family Member Dental Plan?

1 ○ Yes
2 ○ No

H9788

IX: Facts About You

Information in this section will be used to study how different kinds of people view our health care system. This information will NOT be used to identify you personally.

89. How long have you lived in your current local area?

H9789

1 ○ Less than 6 months
2 ○ 6 months to less than 1 year
3 ○ 1-3 years
4 ○ More than 3 years

90. What was your family's TOTAL income in 1996 BEFORE taxes? (Please include wages; net income from a business, farm or rental properties; any dividends and interest; social security, pensions and alimony or any other money income received by members of the family who are 15 years of age or older.)

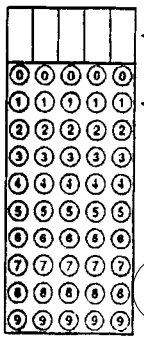
H9790

01 ○ Less than $10,000
02 ○ $10,000 to $14,999
03 ○ $15,000 to $19,999
04 ○ $20,000 to $29,999
05 ○ $30,000 to $39,999
06 ○ $40,000 to $49,999
07 ○ $50,000 to $59,999
08 ○ $60,000 to $74,999
09 ○ $75,000 to $99,999
10 ○ $100,000 and over

91. What is the zip code, APO, or FPO where you now live?

SRZIP

ZIPCODE



← Write the number in the boxes.

← Then, mark the matching bubble below each box.

00000 - 99999

SEE NOTE 19

-6 ○ Does not apply; I don't have a zip code, APO or FPO

92. Are you eligible for MILITARY health care because of your own MILITARY service (active duty or retired), your spouse's MILITARY service or both? MARK ONLY ONE.

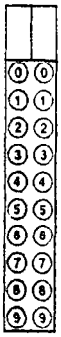
H9792

1 ○ My own MILITARY service (active duty or retired)
2 ○ My spouse's MILITARY service
3 ○ My own MILITARY service (active duty or retired) and my spouse's MILITARY service
-6 ○ Does not apply

93. What age were you on your last birthday?

SRAGE

Years



← Write the number in the boxes.

← Then, mark the matching bubble below each box.

18 - 99

SEE NOTE 20

94. Which of the following best describes your current marital status?

SRMARST

5 ○ Never married
4 ○ Married
3 ○ Separated
2 ○ Divorced
1 ○ Widowed

95. What is the HIGHEST school grade or academic degree that you have?

SREDA - SREDH

A ○ Less than 12 years of school (no diploma)
B ○ GED or other high school equivalency certificate
C ○ High school diploma
D ○ Some college, but did not graduate
E ○ 2-year college degree (AA/AS)
F ○ 4-year college degree (BA/BS)
G ○ Some graduate school, but no degree
H ○ Masters, doctoral degree, or professional school degree (MA/MS/Ph.D./MD/JD/DVM)

1 = marked
2 = not marked

SRED - SREDHIGH SEE NOTE 21

96. Are you of Hispanic/Spanish origin or descent?

1 ○ No
2 ○ Yes

SRHISPA

97. What race do you consider yourself to be?

1 ○ White
2 ○ Black/African-American
3 ○ Indian (American)/Eskimo/Aleut
4 ○ Asian or Pacific Islander

SRRACE

SEE NOTE 22

98. On what date did you complete this questionnaire?

SRMO & SRDAY

	Month	Day
01	○ January	
02	○ February	
03	○ March	0 0
04	○ April	1 1
05	○ May	2 2
06	○ June	3 3
07	○ July	4
08	○ August	5
09	○ September	6
10	○ October	7
11	○ November	8
12	○ December	9

01 - 31

SEE NOTE 23

99. Mark the Military Medical Treatment Facility at which you received most of your medical care during the past 12 months. If you did not receive most of your care at a Military Medical Treatment Facility, please mark the one that you would most likely use. For facilities not listed, please mark "Other Facility".

SRMTF001 - SRMTF999

1 = marked
2 = not marked

Alabama

0002○ Fort McClellan
0003○ Fort Rucker
0004○ Maxwell Air Force Base
0001○ Redstone Arsenal

SRMMTF, SRMMTFCT,

SRMMTF1 - SRMMTF4

Alaska

0203○ Eielson Air Force Base
0006○ Elmendorf Air Force Base
0005○ Fort Wainwright

SEE NOTE 24

Arizona

0010○ Davis Monthan Air Force Base
0008○ Fort Huachuca
0009○ Luke Air Force Base

Arkansas

0013○ Little Rock Air Force Base

California

0015○ Beale Air Force Base
0019○ Edwards Air Force Base
0131○ Fort Irwin
0248○ Los Angeles AFS
0021○ March Air Force Base
0250○ McClellan Air Force Base
0028○ Naval Hospital, Lemoore
0024○ Naval Hospital, Camp Pendleton
0027○ Naval Hospital, Oakland
0030○ Naval Hospital, Twentynine Palms
0029○ Naval Medical Center, San Diego
0026○ Naval Medical Clinic, Port Hueneme
0014○ Travis Air Force Base
0018○ Vandenburg Air Force Base

Colorado

0032○ Fort Carson
0252○ Peterson Air Force Base
0033○ USAF Academy
0031○ Fitzsimons Army Medical Center Clinics

99. continued . . .

SRMTF001 - SRMTF999 continued

Connecticut

0035 Naval Hospital, Groton

Delaware

0036 Dover Air Force Base

District of Columbia

0413 Bolling Air Force Base
0037 Walter Reed Army Medical Center

Florida

0042 Eglin Air Force Base
0045 MacDill Air Force Base
0039 Naval Hospital, Jacksonville
0038 Naval Hospital, Pensacola
0041 Naval Medical Clinic, Key West
0046 Patrick Air Force Base
0043 Tyndall Air Force Base

Georgia

0048 Fort Benning
0047 Fort Gordon
0049 Fort Stewart
0050 Moody Air Force Base
0337 Naval Medical Clinic, Kings Bay
0051 Robins Air Force Base

Hawaii

0287 Hickam Air Force Base
0280 Naval Medical Clinic, Pearl Harbor
0052 Tripler Army Medical Center

Idaho

0053 Mountain Home Air Force Base

99. continued . . .

Illinois

0056 Naval Hospital, Great Lakes
0055 Scott Air Force Base

Kansas

0058 Fort Leavenworth
0057 Fort Riley
0059 McConnell Air Force Base

Kentucky

0060 Fort Campbell
0061 Fort Knox

Louisiana

0062 Barksdale Air Force Base
0064 Fort Polk
0297 Naval Medical Clinic, New Orleans

Maine

0198 Martins Point USTF Portland

Maryland

0066 Andrews Air Force Base
0069 Fort Meade
0067 National Naval Medical Center, Bethesda
0068 Naval Hospital, Patuxent River
0306 Naval Medical Clinic, Annapolis
0190 Wyman Park USTF Baltimore

Massachusetts

0191 Brighton Marine USTF Boston
0310 Hanscom Air Force Base
0035

USE NO. 2 PENCIL ONLY

99. continued . . .

Mississippi

0074 Columbus Air Force Base
0073 Keesler Air Force Base

Missouri

0075 Fort Leonard Wood
0076 Whiteman Air Force Base

Montana

0077 Malmstrom Air Force Base

Nebraska

0078 Offutt Air Force Base

Nevada

0079 Nellis Air Force Base

New Hampshire

0321 Naval Medical Clinic, Portsmouth

New Jersey

0081 Fort Monmouth
0326 McGuire Air Force Base/ Fort Dix

New Mexico

0085 Cannon Air Force Base
0084 Holloman Air Force Base
0083 Kirtland Air Force Base

New York

0193 Bayley Seton USTF Staten Island
0086 West Point

99. continued . . .

SRMTF001 - SRMTF999 continued

North Carolina

0089 ○ Fort Bragg
0091 ○ Naval Hospital, Camp Lejeune
0092 ○ Naval Hospital, Cherry Point
0335 ○ Pope Air Force Base
0090 ○ Seymour Johnson Air Force Base

North Dakota

0093 ○ Grand Forks Air Force Base
0094 ○ Minot Air Force Base

Ohio

0199 ○ Lutheran Medical USTF Cleveland
0095 ○ Wright-Patterson Air Force Base

Oklahoma

0097 ○ Altus Air Force Base
0098 ○ Fort Sill
0096 ○ Tinker Air Force Base
0338 ○ Vance Air Force Base

Pennsylvania

0352 ○ Carlisle Barracks

Rhode Island

0100 ○ Naval Hospital, Newport

South Carolina

0356 ○ Charleston Air Force Base
0105 ○ Fort Jackson
0104 ○ Naval Hospital, Beaufort
0103 ○ Naval Hospital, Charleston
0101 ○ Shaw Air Force Base

South Dakota

0106 ○ Ellsworth Air Force Base

99. continued . . .

Tennessee

0107 ○ Naval Hospital, Millington

Texas

0363 ○ Brooks Air Force Base
0112 ○ Dyess Air Force Base
0108 ○ Fort Bliss
0110 ○ Fort Hood
0109 ○ Fort Sam Houston
0364 ○ Goodfellow Air Force Base
0365 ○ Kelly Air Force Base
0117 ○ Lackland Air Force Base
0114 ○ Laughlin Air Force Base
0118 ○ Naval Hospital, Corpus Christi
0366 ○ Randolph Air Force Base
0113 ○ Sheppard Air Force Base
0192 ○ St. John's USTF Nassau Bay
0196 ○ St. Joseph's USTF Houston
0195 ○ St. Mary's USTF Galveston
0195 ○ St. Mary's USTF Port Arthur

Utah

0119 ○ Hill Air Force Base

Virginia

0123 ○ Fort Belvoir
0121 ○ Fort Eustis
0122 ○ Fort Lee
0120 ○ Langley Air Force Base
0124 ○ Naval Medical Center, Portsmouth
0385 ○ Naval Medical Clinic, Quantico

Washington

0128 ○ Fairchild Air Force Base
0125 ○ Fort Lewis
0395 ○ McChord Air Force Base
0126 ○ Naval Hospital, Bremerton
0127 ○ Naval Hospital, Oak Harbor
0194 ○ Pacific Medical, Seattle
0396 ○ Naval Medical Clinic, Seattle

Wyoming

0129 ○ F.E. Warren Air Force Base

99. continued . . .

Overseas Facilities

Belgium

0614 ○ 196th Station Hospital, SHAPE

Cuba

0615 ○ Naval Hospital, Guantanamo Bay

England

0633 ○ 48th TFW Hospital, Lakenheath
0653 ○ RAF Croughton

Germany

0606 ○ 130th Station Hospital, Heidelberg
0607 ○ 2nd General Hospital, Landstuhl
0601 ○ 34th General Hospital, Augsburg
0609 ○ 67th Evacuation Hospital, Wuerzburg
0806 ○ Ramstein Air Base
0805 ○ Spangdahlem (Bitburg) Air Force Base

Guam

0802 ○ Anderson Air Force Base
0620 ○ Naval Hospital, Guam

Iceland

0623 ○ Naval Hospital, Keflavik

Italy

0611 ○ 45th Field Hospital, Vicenza
0808 ○ Aviano Air Base
0617 ○ Naval Hospital, Naples
0624 ○ Naval Hospital, Sigonella

99. continued . . .

SRMTF001 - SRMTF999 continued

Japan

0640 ○ Yokota Air Base
0639 ○ Misawa Air Base
0804 ○ Kadena Air Base
0621 ○ Naval Hospital, Okinawa
0622 ○ Naval Hospital, Yokosuka

Korea

0612 ○ 121st Evacuation Hospital Seoul
0638 ○ Osan Air Base
0637 ○ Kusan Air Base

Panama

0613 ○ Gorgas ACH
0449 ○ Howard Air Base

99. continued . . .

Portugal

0629 ○ USAF Hospital Lajes

Puerto Rico

0616 ○ Naval Hospital, Roosevelt Roads

Spain

0618 ○ Naval Hospital, Rota

Turkey

0635 ○ Incirlik Air Base
0825 ○ Izmir Air Station

Other Facility Not Listed

9999 ○ Another facility

USE NO. 2 PENCIL ONLY

X: Comments

Thank you very much for taking the time to complete this important survey.

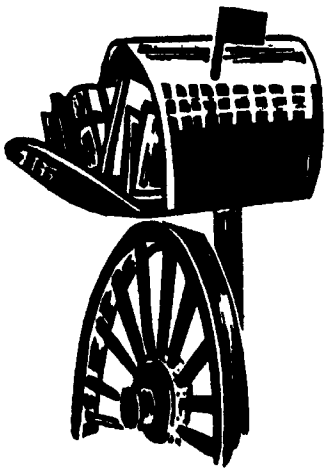
We have tried to ask about important issues concerning your health and the health care you receive in the Military Health Services System. Have we left anything out? If so, please write your suggestions to improving this questionnaire in the space below.

If your comments concern a particular question, be sure to write the question number before your comment.

Nothing in any part of this survey will be used to personally identify you in any way.

THANK YOU FOR COMPLETING THIS SURVEY!

THANK YOU FOR COMPLETING THIS SURVEY!



PLEASE RETURN YOUR COMPLETED SURVEY IN THE BUSINESS REPLY ENVELOPE.

IF YOU ARE RETURNING THE SURVEY FROM ANOTHER COUNTRY, BE SURE TO RETURN THE BUSINESS REPLY ENVELOPE ONLY THROUGH A U.S. GOVERNMENT MAIL ROOM OR POST OFFICE.

FOREIGN POSTAL SYSTEMS WILL NOT DELIVER BUSINESS REPLY MAIL.

DO NOT WRITE IN THIS AREA

Data Recognition Corp.-1833-54321