

# **Health Care Survey of DoD Beneficiaries**

## **Child Questionnaire**



## SURVEY INSTRUCTIONS

Answer all the questions by checking 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 a note that tells you what question to answer next, like this:

- ☐ Yes **Go to Question 1**  
☐ No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense (Health Affairs)  
c/o Survey Processing Center  
PO Box 82660  
Lincoln, NE 68501-9462

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:** 10 U.S.C., Chapter 55, Section 572, Public Law 102-484, E.O. 9397.

**Purpose:** This survey helps health policy makers gauge beneficiary satisfaction with the current military healthcare system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

**Routine Uses:** None

**Disclosure:** Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

## -----SURVEY STARTS HERE-----

*Please answer the questions for the child whose name appears on the envelope. Please do not answer for any other children.*

1. **Are you an adult responsible for the child listed on the envelope?**

- ☐ Yes **Go to Question 2**  
☐ No **Please give this questionnaire to a person responsible for that child.**

2. **Which health plan did you use for all or most of your child's health care in the last 12 months? MARK ONLY ONE.**

- ☐ TRICARE Prime  
☐ TRICARE Extra/Standard (CHAMPUS)  
☐ Federal Employees Health Benefit Program (FEHBP)  
☐ Medicaid  
☐ A civilian HMO (such as Kaiser)  
☐ Other civilian health insurance (such as Blue Cross)  
☐ Uniform Services Family Health Plan (USFHP)  
☐ Not sure  
☐ My child did not use any health plan in the last 12 months.

*For the remainder of this questionnaire, the term health plan refers to the plan you marked in Question 2.*

3. **In the last 12 months, how many months in a row was your child enrolled in this health plan?**

- ☐ Less than 2 months  
☐ 2-6 months  
☐ 7-12 months  
☐ Not enrolled in a health plan in the last 12 months.



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4. By which of the following healthcare plans is your child currently covered? **MARK ALL THAT APPLY.**

- ☐ TRICARE Prime
- ☐ TRICARE Extra/Standard (CHAMPUS)
- ☐ A civilian HMO (such as Kaiser)
- ☐ Other civilian insurance (such as Blue Cross)
- ☐ Medicaid
- ☐ Uniform Services Family Health Plan (USFHP)
- ☐ Federal Employees Health Benefit Program (FEHBP)
- ☐ My child did not use any health plan in the last 12 months
- ☐ Not sure

-----YOUR CHILD'S PERSONAL DOCTOR OR NURSE-----

The next questions ask you about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

5. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?

- ☐ Yes    ☐ No    Go to Question 7

6. With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

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

7. Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

- ☐ Yes    ☐ No    Go to Question 14

8. In the last 12 months, not counting the times your child went to the emergency room, how many times did your child go to his or her personal doctor or nurse's office or clinic?

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

9. In the last 12 months, did your child's personal doctor or nurse talk with you about how your child is feeling, growing, or behaving?

- ☐ Yes    ☐ No

10. Does your child have any medical, behavioral or other health conditions that have lasted for more than 3 months?

- ☐ Yes    ☐ No    Go to Question 13

11. Does your child's personal doctor or nurse understand how these medical, behavioral or other health conditions affect your child's day-to-day life?

- ☐ Yes    ☐ No

12. Does your child's personal doctor or nurse understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life?

- ☐ Yes    ☐ No



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13. We want to know your rating of your child's personal doctor or nurse. If your child has more than one personal doctor or nurse, choose the person your child sees most often.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor or nurse possible
- ☐ My child doesn't have a personal doctor or nurse.

14. For members of TRICARE Prime, the primary point of contact regarding your child's health is called a primary care manager or PCM. This may be the same person as your child's personal doctor or nurse. Does your child have a TRICARE primary care manager?

- ☐ Yes **Go to Question 15**
- ☐ No **Go to Question 18**
- ☐ I don't know **Go to Question 18**
- ☐ My child is not enrolled in TRICARE Prime. **Go to Question 18**

15. Do you know the name of your child's TRICARE Prime primary care manager?

- ☐ Yes
- ☐ No
- ☐ My child doesn't have a TRICARE primary care manager. **Go to Question 18**

16. In the last 12 months, how much of a problem was it for your child to see his or her TRICARE primary care manager?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ My child doesn't have a TRICARE primary care manager. **Go to Question 18**

17. Is your child's TRICARE Prime primary care manager (PCM) based in a military or civilian facility?

- ☐ A primary care manager based at a military facility
- ☐ A primary care manager based at a civilian facility
- ☐ Not sure
- ☐ Not a member of TRICARE Prime

-----GETTING HEALTHCARE FROM A SPECIALIST-----

When you answer the next questions, do not include dental visits.

18. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think your child needed to see a specialist?

- ☐ Yes
- ☐ No **Go to Question 20**

19. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ My child did not see a specialist in the last 12 months.

20. In the last 12 months, did your child see a specialist?

- ☐ Yes
- ☐ No **Go to Question 22**



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21. We want to know your rating of the specialist your child saw most often in the last 12 months, including a personal doctor if he or she was a specialist. Use any number from 0 to 10 where 0 is the worst specialist possible and 10 is the best specialist possible. How would you rate your child's specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible
- ☐ My child didn't see a specialist in the last 12 months.

22. In the last 12 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

- ☐ Yes
- ☐ No
- ☐ My child doesn't have a personal doctor or didn't see a specialist in the last 12 months.

#### YOUR CHILD'S HEALTH CARE IN THE LAST 12 MONTHS

*A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.*

23. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

- ☐ Yes
- ☐ No
- Go to Question 25

24. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I didn't call for help or advice for my child during regular office hours in the last 12 months.

25. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

In the last 12 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

- ☐ Yes
- ☐ No
- Go to Question 28

26. In the last 12 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child didn't need an appointment for regular or routine health care in the last 12 months.

27. In the last 12 months, how many days did your child usually have to wait between making an appointment for regular or routine health care 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
- ☐ My child didn't need an appointment for regular or routine care in the last 12 months.

28. In the last 12 months, did your child need an appointment for well-patient care, such as a physical exam or check-up?

- ☐ Yes
- ☐ No
- Go to Question 31



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29. In the last 12 months, when your child needed an appointment for well-patient care, how often did your child get an appointment as soon as you wanted?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ My child didn't need an appointment for well-patient care in the last 12 months.

30. In the last 12 months, when your child needed an appointment for well-patient care, how long did your child have to wait between trying to get care and actually seeing a provider?

- ☐ Within 7 days  
☐ 8-14 days  
☐ 15-28 days  
☐ More than 28 days  
☐ My child didn't need an appointment for well-patient care in the last 12 months.

31. In the last 12 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- ☐ Yes    ☐ No    **Go to Question 34**

32. In the last 12 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ My child didn't need care right away for an illness or injury in the last 12 months.

33. In the last 12 months, how long did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- ☐ Same day  
☐ 1 day  
☐ 2 days  
☐ 3 days  
☐ 4-7 days  
☐ 8-14 days  
☐ 15 days or longer  
☐ My child didn't need to get care right away for an illness or injury in the last 12 months.

34. In the last 12 months, how many times did your child go to an emergency room?

- ☐ None  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more

35. In the last 12 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

- ☐ None    **Go to Question 57**  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5-9  
☐ 10 or more

36. In the last 12 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

- ☐ A big problem  
☐ A small problem  
☐ Not a problem  
☐ My child had no visits in the last 12 months.

37. In the last 12 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?

- ☐ A big problem  
☐ A small problem  
☐ Not a problem  
☐ My child had no visits in the last 12 months.

38. In the last 12 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ Don't Know  
☐ My child had no visits in the last 12 months.



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39. In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ My child had no visits in the last 12 months

40. In the last 12 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ My child had no visits in the last 12 months

41. In the last 12 months, how often did your child's doctors or other health providers listen carefully to you?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ My child had no visits in the last 12 months

42. In the last 12 months, how often did your child's doctor or other health providers explain things in a way you could understand?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ My child had no visits in the last 12 months

43. In the last 12 months, how often did your child's doctors or other health providers show respect for what you had to say?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ My child had no visits in the last 12 months

44. Is your child able to talk with doctors about his or her health care?

- ☐ Yes    ☐ No    Go to Question 46

45. In the last 12 months, how often did doctors or other health providers explain things in a way your child could understand?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ Don't Know  
☐ My child had no visits in the last 12 months or my child is

46. In the last 12 months, how often did doctors or other health providers spend enough time with your child?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ Don't Know  
☐ My child had no visits in the last 12 months or my child is not old enough to talk with doctors

47. In the last 12 months, did you have any questions or concerns about your child's health or health care?

- ☐ Yes    ☐ No    Go to Question 50

48. In the last 12 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

49. In the last 12 months, how often did you get the specific information you needed from your child's doctors or other health providers?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always



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50. In the last 12 months, how often did you have your questions answered by your child's doctors or other health providers?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

*We want to know how you, your child's doctors and other health providers make decisions about your child's health care.*

51. In the last 12 months, were any decisions made about your child's health care?

- ☐ Yes    ☐ No    **Go to Question 56**

52. When decisions were made in the last 12 months, how often did your child's doctors or other health providers offer you choices about your child's health care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

53. When decisions were made in the last 12 months, how often did your child's doctors or other health providers discuss with you the good and bad things about each of the different choices for your child's health care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

54. When decisions were made in the last 12 months, how often did your child's doctors or other health providers ask you to tell them what choices you prefer?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

55. When decisions were made in the last 12 months, how often did your child's doctors or other health providers involve you as much as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

56. We want to know your rating of all your child's health care in the last 12 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible. How would you rate your child's health care?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible
- ☐ My child had no visits last 12 months.

57. In the last 12 months, what type of facility did your child go to most often for health care? Select the facility your child used most often.

**Please mark only one answer**

- ☐ A military facility - This includes: Military clinic, Military hospital, PRIMUS clinic, NAVCARE clinic
- ☐ A civilian facility - This includes: Civilian doctor's office, Civilian clinic, Hospital, Civilian TRICARE contractor
- ☐ Uniformed Services Family Plan Facility (USFHP)
- ☐ My child went to none of the listed types of facility in the last 12 months.

58. Is your child now enrolled in any kind of school or daycare?

- ☐ Yes    ☐ No    **Go to Question 61**



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59. In the last 12 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

☐ Yes ☐ No Go to Question 61

60. In the last 12 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

☐ Yes ☐ No

-----SPECIALIZED SERVICES-----

61. In the last 12 months, did you get or try to get any special medical equipment or devices for your child, such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

☐ Yes ☐ No Go to Question 64

62. In the last 12 months, how much of a problem, if any, was it to get special medical equipment for your child?

☐ A big problem  
☐ A small problem  
☐ Not a problem Go to Question 64

63. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

☐ Yes ☐ No

64. In the last 12 months, did you get or try to get special therapy for your child, such as physical, occupational, or speech therapy?

☐ Yes ☐ No Go to Question 67

65. In the last 12 months, how much of a problem, if any, was it to get special therapy for your child?

☐ A big problem  
☐ A small problem  
☐ Not a problem Go to Question 67

66. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

☐ Yes ☐ No

67. In the last 12 months, did you get or try to get treatment or counseling for your child for an emotional, developmental or behavioral problem?

☐ Yes ☐ No Go to Question 70

68. In the last 12 months, how much of a problem, if any, was it to get this treatment or counseling for your child?

☐ A big problem  
☐ A small problem  
☐ Not a problem Go to Question 70

69. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

☐ Yes ☐ No

70. In the last 12 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

☐ Yes ☐ No Go to Question 72

71. In the last 12 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services?

☐ Yes ☐ No

-----YOUR CHILD'S HEALTH PLAN-----

*The next questions ask about your experience with your child's health plan. Your child's health plan is the one he or she used most in the last 12 months.*

72. 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 your child. In the last 12 months, did you or anyone send in any claims for your child to your child's health plan?

☐ Yes  
☐ No Go to Question 76  
☐ Don't know Go to Question 76



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73. In the last 12 months, how often did your child's health plan handle your child's claims in a reasonable time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Don't know.
- ☐ No claims were sent to my child's health plan in the last 12 months.

74. In the last 12 months, how often did your child's health plan handle your child's claims correctly?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Don't know.
- ☐ No claims were sent to my child's health plan in the last 12 months.

75. In the last 12 months, before your child went for care, how often did your child's health plan make it clear how much you would have to pay?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Don't know.
- ☐ No claims were sent to my child's health plan in the last 12 months.

76. In the last 12 months, did you look for any information in written materials from your child's health plan?

- ☐ Yes
- ☐ No Go to Question 78

77. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't look for information from my child's health plan in the last 12 months.

78. In the last 12 months, did you call the health plan's customer service to get information or help for your child?

- ☐ Yes
- ☐ No Go to Question 80

79. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't call my child's health plan's customer service in the last 12 months.

80. In the last 12 months, have you called or written your child's health plan with a complaint or problem?

- ☐ Yes
- ☐ No Go to Question 83

81. How long did it take for your child's health plan to resolve your complaint?

- ☐ Same day
- ☐ 2-7 days
- ☐ 8-14 days
- ☐ 15-21 days
- ☐ More than 21 days
- ☐ I am still waiting for it to be settled. Go to Question 83
- ☐ I haven't called or written with a complaint in the last 12 months. Go to Question 83

82. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
- ☐ No

83. Paperwork means things like getting your child's ID card, having your child's record changed, processing forms, or other paperwork related to getting care for your child. In the last 12 months, did you have any experiences with paperwork for your child's health plan?

- ☐ Yes
- ☐ No Go to Question 85

84. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't have any experience with paperwork for my child's health plan in the last 12 months.



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85. We want to know your rating of all your experience with your child's health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

- ☐ 0 Worst health plan possible  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Best health plan possible

-----PRESCRIPTION MEDICATIONS-----

86. In the last 12 months, did your child get a prescription for medicine or did you refill a prescription for your child?

- ☐ Yes ☐ No Go to Question 89

87. In the last 12 months, how much of a problem, if any, was it to get your child's prescription medicine?

- ☐ A big problem  
☐ A small problem  
☐ Not a problem Go to Question 89

88. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- ☐ Yes ☐ No

-----ABOUT YOUR CHILD AND 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. In general, how would you rate your child's overall health now?

- ☐ Excellent  
☐ Very Good  
☐ Good  
☐ Fair  
☐ Poor

90. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- ☐ Yes ☐ No Go to Question 93

91. Is this because of any medical, behavioral, or other health condition?

- ☐ Yes ☐ No Go to Question 93

92. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes ☐ No

93. Does your child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- ☐ Yes ☐ No Go to Question 96

94. Is this because of any medical, behavioral, or other health condition?

- ☐ Yes ☐ No Go to Question 96

95. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes ☐ No

96. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- ☐ Yes ☐ No Go to Question 99



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97. Is this because of any medical, behavioral, or other health condition?

☐ Yes ☐ No **Go to Question 99**

98. Is this a condition that has lasted or is expected to last for at least 12 months?

☐ Yes ☐ No

99. Does your child need or get special therapy, such as physical, occupational, or speech therapy?

☐ Yes ☐ No **Go to Question 102**

100. Is this because of any medical, behavioral, or other health condition?

☐ Yes ☐ No **Go to Question 102**

101. Is this a condition that has lasted or is expected to last for at least 12 months?

☐ Yes ☐ No

102. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

☐ Yes ☐ No **Go to Question 104**

103. Has this problem lasted or is it expected to last for at least 12 months?

☐ Yes ☐ No

104. Is your child male or female?

☐ Male ☐ Female

105. Is your child of Hispanic or Latino origin or descent?

☐ Yes, Hispanic or Latino  
☐ No, not Hispanic or Latino

106. What is your child's race? PLEASE MARK ONE OR MORE.

☐ White  
☐ Black or African-American  
☐ Asian  
☐ Native Hawaiian or other Pacific Islander  
☐ American Indian or Alaska Native  
☐ Other

107. What is your age now?

☐ Under 18  
☐ 18 to 24  
☐ 25 to 34  
☐ 35 to 44  
☐ 45 to 54  
☐ 55 to 64  
☐ 65 to 74  
☐ 75 or older

108. Are you male or female?

☐ Male ☐ Female

109. 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

110. How are you related to the policyholder?

☐ I am the policyholder  
☐ Spouse or partner of policyholder  
☐ Child of policyholder  
☐ Other family member  
☐ Friend  
☐ Someone else

111. How are you related to the child?

☐ Mother or father  
☐ Grandparent  
☐ Aunt or uncle  
☐ Older sibling  
☐ Other relative  
☐ Legal guardian

**THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY.** Your generous contribution will aid efforts to improve the health of our military community.

**Return your survey in the postage-paid envelope.** If envelope is missing, send to: NRC/Survey Processing Center, PO BOX 82660, Lincoln, NE 68501-9465



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