

TRICARE.MIL Publications Page Survey

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1. Which TRICARE publication are you providing feedback on?
 - a. Active Duty Dental Brochure
 - b. Active Duty Dental Handbook
 - c. Autism Care Demonstration Fact Sheet
 - d. Contact Wallet Card
 - e. Costs and Fees Fact Sheet
 - f. Dental Options Fact Sheet
 - g. Extended Care Health Option Fact Sheet
 - h. Maternity Care Brochure
 - i. Mental Health and Substance Use Disorder Services Fact Sheet
 - j. Qualifying Life Events Fact Sheet
 - k. Retiring from Active Duty Brochure
 - l. Retiring from National Guard or Reserve Brochure
 - m. Tobacco Cessation Program Fact Sheet
 - n. TRICARE and Medicare Turning Age 65 Brochure
 - o. TRICARE and Medicare Under Age 65 Brochure
 - p. TRICARE Choices for National Guard and Reserve Handbook
 - q. TRICARE Choices in the United States Handbook
 - r. TRICARE Dental Program Brochure
 - s. TRICARE Dental Program Handbook
 - t. TRICARE For Life Cost Matrix
 - u. TRICARE For Life Handbook
 - v. TRICARE Health Matters Newsletter
 - w. TRICARE Overseas Program Handbook
 - x. TRICARE Pharmacy Program Handbook
 - y. TRICARE Pharmacy Program Overview Fact Sheet
 - z. TRICARE Plans Overview Fact Sheet
 - aa. TRICARE Young Adult Program Fact Sheet

2. Did you find what you were looking for?
 - a. Yes
 - b. No

3. What were you looking for?
 - a. Claims
 - b. Contact information
 - c. Costs
 - d. Covered services
 - e. Eligibility
 - f. Enrollment
 - g. How to get care
 - h. Plan options
 - i. Referrals
 - j. 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
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6. 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
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7. Where did you find this publication? Please select all that apply.

- a. Another TRICARE publication
- b. Email link
- c. Google, Bing, Yahoo, or other search engines
- d. Link on the TRICARE.mil website
- e. Social media link
- f. TRICARE.mil website search
- g. Other (Please specify:)

8. 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

- a. Provider (Staff included)
- b. Government
- c. Government Contractor
- d. Media
- e. Other (Please specify:)

9. 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
- l. Active Duty Dental Plan
- m. Tricare Dental Plan
- n. Other/Don't know
- o. I don't have TRICARE

10. Which region are you currently located in?

- a. TRICARE East
- b. TRICARE West
- c. TRICARE Overseas
- d. Don't know