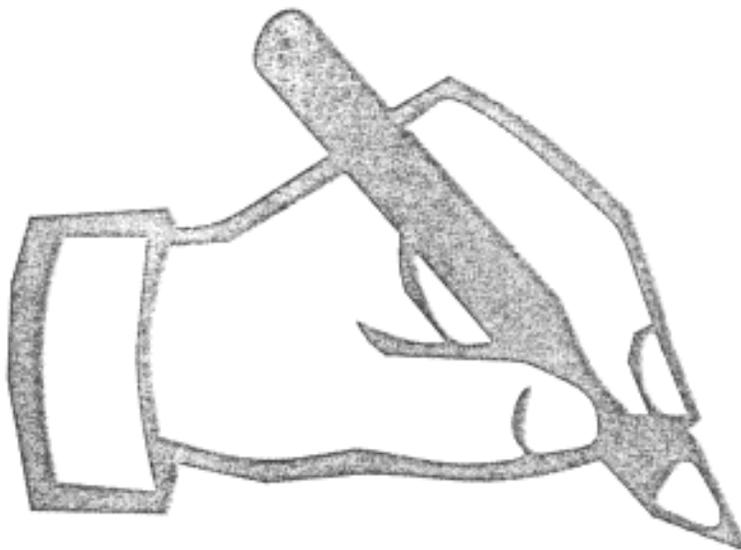


APPENDIX D
Health Enrollment Assessment Review (HEAR)



Health Enrollment Assessment Review



This questionnaire was developed by the Office for Prevention and Health Services Assessment (OPHSA), the National Center for Environmental Health (NCEH), and the Battelle Memorial Institute for TRICARE Region VI and IV through a Memorandum of Agreement between Armstrong Laboratory Human Services Command, U.S. Air Force Material Command, and the Centers for Disease Control and Prevention (CDC).

Health Enrollment Assessment Review (HEAR)

INSTRUCTIONS

General Instructions:

Please use a No. 2 pencil or darker to complete the survey. Make dark black marks that fill the response circles completely. If you make a mistake, erase the incorrect mark and fill in the correct circle.

Example:

Correct



Incorrect



Here is an example of how someone born on June 23, 1971 would answer question A1.

A1. DATE OF BIRTH:
(YEAR / MONTH / DAY)

19	7	1	/	0	6	/	2	3
	0	0		●	0		0	0
	1	●		1	1		1	1
	2	2		2	2		●	2
	3	3		3	3		3	●
	4	4		4	4		4	4
	5	5		5	5		5	5
	6	6		●	6		6	6
	●	7		7	7		7	7
	8	8		8	8		8	8
	9	9		9	9		9	9

Here is an example of how someone 6 feet 2 inches tall would answer question A6.

A6. Without shoes, about how tall are you?

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

Health Enrollment Assessment Review (HEAR)

INSTRUCTIONS *(Continued)*

Please **answer all appropriate questions** and complete the entire survey. However, you should skip questions where the survey says to do so. For example, males should not answer the female questions, and non-smokers should not answer the smoking questions.

Example: In the illustration below, we have answer "not at all" to question G2. Therefore we will skip the rest of the G section questions and go directly to question H1.

G2. Do you NOW smoke cigarettes every day, some days, or not at all?

Every day Some days Not at all (go to H1)

Do not fold or staple the survey pages. Please complete the survey and **return it by mail within 5 days**, using the pre-addressed envelope provided.

Privacy Act Statement:

AUTHORITY: 10 U.S.C., 8013

PURPOSE: The health enrollment assessment review (HEAR) survey is designed to collect personal information from military health services system beneficiaries.

ROUTINE USES: This information is used primarily by health-care personnel to plan health care delivery needs. Information used in this survey will be sent only to you and your Primary Care Manager (PCM) and kept in your medical record. Other results from this survey will be provided only in combination with results from other enrollees and cannot be used to identify you.

DISCLOSURE: Completion of information in this survey is highly desirable, but not mandatory. Completion of the survey information will help your PCM design a plan of care. Preexisting medical conditions and other risk factors will in no way affect enrollment eligibility

ASSESSMENT REVIEW QUESTIONNAIRE

A1. DATE OF BIRTH:
(YEAR /MONTH /DAY)

19 / /

0

1

2

3

4

5

6

7

8

9

A4. Racial/Ethnic Background:

- Amer. Indian or Alaska Native
- Asian/Oriental
- Black, Hispanic
- Black, Non-Hispanic
- Pacific Islander
- White, Hispanic
- White, Non-Hispanic
- Other

A6. About how tall are you, without shoes?

feet inches

3 0

4 1

5 2

6 3

7 4

 5

 6

 7

 8

 9

A2. GENDER:

- Male
- Female

A3. MARITAL STATUS:

- Never married
- Married
- Separated
- Divorced
- Widowed

A5. Are you:

- Active duty service member
- Retired service member

OR Family Member of:

- Active duty service member
- Retired/deceased service member

OR

- Other

A7. About how much do you weigh, without shoes?

pounds

0

1

2

3

4

5

6

7

8

9

A8. Would you say that your health in general is...

- Excellent
- Very good
- Good
- Fair
- Poor

B 1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

- Less than 1 year ago
- 1 year ago
- 2 years ago
- 3 or more years ago
- Never
- Don't know

B2. Have you ever been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?

- Yes (go to B3)
- No (go to C1)
- Only during pregnancy (go to C1)

B3. Have you been told two or more different times that you had hypertension or high blood pressure?

- Yes
- No
- Don't know

B4. Has any medicine ever been prescribed by a doctor for your hypertension or high blood pressure?

- Yes
- No (go to C1)
- Don't know (go to C1)

B5. Are you now taking any medicine prescribed by a doctor for your hypertension or high blood pressure?

- Yes
- No (go to C1)
- Don't know (go to C1)

B6. How regularly do you take your high blood pressure medicine?

- Always
- Most of the time
- About half the time
- Less than half the time
- Never

C1. Blood cholesterol is a fatty substance found in blood. Have you ever had your blood cholesterol checked?

- Yes (go to C2)
- No (go to C4)
- Don't know (go to C4)

C2. About how long has it been since you last had your blood cholesterol checked?

- Less than 1 year ago
- 1-2 years ago
- 3-4 years ago
- 5 years ago
- More than 5 years ago
- Don't know

C3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

- Yes
- No
- Don't know

C4. About how long has it been since you had a rectal exam?

- Less than 1 year ago
- 1 year ago
- 2 years ago
- 3 or more years ago
- Never
- Don't know

C5. During the past ten years, have you had a tetanus shot?

- Yes
- No
- Don't know

D1. In an average week, how many times do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe heavier and your heart beat faster)?

- Less than 1 time per week
- 1-2 times per week
- At least 3 times per week

D2. How much hard physical work is required on your job?

Would you say...

- A great deal
- A moderate amount
- A little
- None
- Not currently working

D3. How much hard physical work is required in your main daily activity (household or other non-job activities)? Would you say...

- A great deal
- A moderate amount
- A little
- None

S02 **27338**
LOCATION **SEQUENCE ID**

Please do not write or mark in this area.



TRICARE HEALTH ENROLLMENT ASSESSMENT REVIEW QUESTIONNAIRE

E. Women's Health (men 20 to F1)

E1. About how long has it been since you had a breast examination by a doctor or other health professional?

- Less than 1 year ago 3 or more years ago
 1 year ago Never
 2 years ago Don't know

E2. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- Yes No (go to E4) Don't know (go to E4)

E3. How long has it been since you had your last mammogram?

- Less than 1 year ago 3 or more years ago
 1 year ago Don't know
 2 years ago

E4. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap test (or Pap smear)?

- Yes No (go to G1) Don't know (go to G1)

E5. How long has it been since you had your last Pap smear?

- Less than 1 year ago 3 or more years ago
 1 year ago Don't know
 2 years ago

F. Men's Health (women go to G1)

F1. How long has it been since you had a testicular examination by a doctor or other health care professional?

- Less than 1 year ago 3 or more years ago
 1 year ago Never
 2 years ago Don't know

G1. Have you smoked at least 100 cigarettes in your entire life? (Note: 1 pack = 20 cigarettes)

- Yes
 No (go to H1)

G2. Do you NOW smoke cigarettes every day, some days, or not at all?

- Every day Some days Not at all (go to H1)

G3. On the average, about how many cigarettes a day do you now smoke?

- Less than 1 per day 21-40 per day
 1-10 per day 41 or more per day
 11-20 per day Don't know

G4. Are you seriously intending to quit smoking in the next 6 months?

- Yes No

G5. Are you planning to quit smoking in the next month?

- Yes No

G6. Have you tried to quit smoking in the past 12 months?

- Yes No

H1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine cooler, or liquor?

- Yes No (go to H2) Don't know

H2. In the past two weeks, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?

- None (go to H4) 5-6 days
 1-2 days 7 or more days
 3-4 days Don't know

H3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 2 weeks, on the days when you drank, how many drinks did you drink on average?

- 1-2 drinks 7 or more drinks
 3-4 drinks Don't know
 5-6 drinks

H4. During the past month, how many times have you driven when you've had perhaps too much to drink?

- None
 1-2 times 7 or more times
 3-4 times Don't drive
 5-6 times Don't know

H5. During the past month, have you thought you should cut down on your drinking of alcohol?

- Yes No

H6. During the past month, has anyone complained about your drinking?

- Yes No

H7. During the past month, have you felt guilty or upset about your drinking?

- Yes No

H8. During the past month, was there at least one day on which you had five or more drinks of beer, wine, or liquor?

- Yes No

I1. How often do you feel that your present work or lifestyle is putting you under too much stress?

- Often Sometimes Seldom Never

I2. During the past 2 weeks, would you say that you experienced...

- A lot of stress
 A moderate amount of stress
 Relatively little stress
 Almost no stress at all

I3. In the past year, how much effect has stress had on your health?

- A lot Some Hardly any or none

J1. In general, how satisfied are you with your life (e.g., work situation, social activity, accomplishing what you set out to do)?

- Not satisfied Mostly satisfied
 Somewhat satisfied Totally satisfied

J2. How often do you have any serious problems dealing with your husband or wife, parents, friends, or with your children?

- Often Sometimes Seldom Never

J3. During the past year, have you been separated from your family for a block of at least 30 days?

- Yes No

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 LOCATION SEQUENCE ID

Please do not write or mark in this area.



