



Primary Health of Josephine County  
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2015



## **Methodology**

- Introduction
- Survey Milestones
- Sampling
- Questionnaires
- Selection of Cases for Analysis
- Composites, Overall Ratings, and Measures for Reporting
- Comparisons, Statistical Testing, Scoring, and Weighting

## **Sample Disposition**

## **Response/Non-Response Comparison**

## **Banner Tables**

- Adult Tables
- Child Tables

## **Appendix**

- Index of Tables
- Questionnaires
  - Adult English
  - Child English
  - Adult Spanish
  - Child Spanish
- Telephone script

## METHODOLOGY

### Introduction

This banner book report summarizes the results of the 2015 CAHPS® Medicaid survey of Primary Health of Josephine County members. Primary Health of Josephine County is one of 17 CCOs that participated in the survey. It was administered over a 10-week period using a mixed-mode (mail and telephone) five-wave protocol. This protocol consisted of a pre-notification letter, an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing and reminder postcard to non-respondents. Phone follow-up was conducted for members who had not responded to the mailings. Respondents were surveyed in English and Spanish. DataStat administered the survey under contract with the State of Oregon Department of Human Services.

### Survey Milestones

Pre-notification letters mailed:	February 19, 2015
1st mailing of survey packets:	February 26, 2015
1st mailing of reminder postcards:	March 5, 2015
2nd mailing of survey packets:	March 24, 2015
2nd mailing of reminder postcards:	April 2, 2015
Phone follow-up start:	April 9, 2015
Mail and phone field terminated:	May 4, 2015

### Sampling

The sampling plan for the adult and child surveys called for a random sample of 900 eligible members per CCO in each age group. Adults were defined as members aged 18 years or older and children as 17 years old or younger, both as of December 31, 2014. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2014. The final selected sample consisted of 15,300 adult OHP enrollees and 15,300 child OHP enrollees.

### Questionnaires

The instruments selected for the survey were adaptations of the CAHPS® 5.0 adult and child core questionnaires for use in assessing the performance of CCOs. CAHPS® supplemental questions as well as OHP-specific items were added to the instruments.

### Selection of Cases for Analysis

Surveys were considered complete if respondents did not say 'No' to Q1 and if they provided a valid response to at least one non OHP-specific question.

## Composites, Overall Ratings, and Measures for Reporting

In addition to responses by individual question, the CAHPS® 5.0 questionnaire yields several types of results for reporting. *Composite scores* summarize responses in key areas of member experience. Four composites are calculated for the adult and child instruments: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Health Plan Customer Service*, and *Shared Decision Making*. Global or overall ratings measure respondents' assessments, using a scale of 0 to 10, of their health plan, health care, personal doctor, and specialist. In the child questionnaire, an additional set of six *Reporting Measures* are possible. These measures cover topics called *Access to Specialized Services*, *Family Centered Care*, and *Coordination of Care*.

The questions for each composite, overall rating, and reporting measure are listed below, with their locations in the adult and child questionnaires, respectively, as well as the topics addressed by the item.

### **Composite: Getting Needed Care**

Q14/15. Got care, tests or treatment you thought you needed

Q25/46. Getting appointments with specialists

### **Composite: Getting Care Quickly**

Q4/4. Got care for illness/injury/condition as soon as you thought you/child needed

Q6/6. Got an appt. for routine care as soon as you thought you/child needed

### **Composite: How Well Doctors Communicate**

Q17/32. Personal doctor explained things in a way that was easy to understand

Q18/33. Personal doctor listened carefully to you

Q29/34. Personal doctor showed respect for what you had to say

Q20/37. Personal doctor spent enough time with you

### **Composite: Customer Service**

Q31/50. Health plan's customer service gave needed information or help

Q32/51. Treated with courtesy and respect by health plan's customer service staff

### **Composite: Shared Decision Making**

Q10/11. Doctor talked about reasons you might want to take a medicine

Q11/12. Doctor talked about reasons you might not want to take a medicine

Q12/13. Doctor talked about what you thought was best for you when discussing a medication

### **Rating Questions**

Q13/14. Rating of all health care

Q23/41. Rating of personal doctor

Q27/47. Rating of specialist doctor

Q35/54. Rating of health plan

### **Composite: Access to Specialized Services (Child only)**

Q--/20. Getting special medical equipment or devices for your child

Q--/23. Getting special therapy (physical, occupational, speech) for your child

Q--/26. Getting treatment or counseling for your child

### **Composite: Family Centered Care: Personal Doctor Who Knows Child (Child only)**

Q--/38. Child's personal doctor talked with you about how child is feeling, growing, behaving

Q--/43. Child's personal doctor understands how child's health conditions affect child's day-to-day life

Q--/44. Child's personal doctor understands how child's health conditions affect family's day-to-day life

### **Composite: Coordination of Care for Children with Chronic Conditions (Child only)**

Q--/18. Got help contacting school and daycare from someone at health plan or doctor's office

Q--/29. Got help coordinating care among providers from someone at health plan or doctor's office

## Comparisons, Statistical Testing, Scoring, and Weighting

In the tables, results are presented for all questionnaire items, reporting measures, and composites, by age category, race/ethnicity, health status, and gender. Significance testing was conducted between overall OHP results and plan or demographic subgroup results. Statistically significant differences were determined with binomial and t-tests, using a significance level of .05 or less. Tests were considered valid when the number of cases used to compute the score was 50 or greater and there was non-zero variation in the tested groups. For comparisons with statistically significant differences, a star (\*) is found to the right of the relevant percentage in the table.

For rating, composite, and reporting measure questions, responses grouped together as scores offer a means of comparing performance across plans and other subgroups. Scores are usually designed to capture respondents' positive experiences. Thus, in rating questions, for example, responses of 8, 9, or 10 represent a positive experience, as do responses of 'Usually' or 'Always' to questions that make up the composites and most of the reporting measures. To make these scores easily available to users, positive responses have been set apart in the banner tables and labelled as 'Nets'. A net score preceded by '#' signifies the most inclusive grouping (i.e. 8, 9, and 10), whereas a net score preceded by the label 'Score 2' represents the least inclusive grouping (i.e. 9 and 10).

Data presented in the banner books were weighted to reflect each plan's actual distribution in the total eligible population. A weight unique to each health plan and age category (adults and children) was constructed by applying the percentage of members by plan in the population to the corresponding percentages in the completed cases.

## Sample Disposition

Category	Adult		Child	
	Primary Health of Josephine County	Overall	Primary Health of Josephine County	Overall
<b>**First mailing - sent</b>	900	15300	900	15300
<b>*First mailing - usable survey returned</b>	236	3240	148	2377
<b>Second mailing - sent</b>	681	12007	748	12648
<b>*Second mailing - usable survey returned</b>	58	979	40	987
<b>*Phone - usable surveys</b>	86	1234	82	1999
<b>Total - usable surveys</b>	380	5453	270	5363
<b>†Ineligible: According to population criteria‡</b>	17	261	7	158
<b>†Ineligible: Deceased</b>	3	39	0	1
<b>†Ineligible: Mentally or physically unable to complete survey</b>	4	207	0	0
<b>†Ineligible: Language barrier</b>	1	52	1	40
<b>Incorrect address AND incorrect phone number</b>	63	1173	73	1296
<b>Refusal/Returned survey blank</b>	47	667	46	729
<b>Nonresponse - Unavailable by mail or phone</b>	385	7448	503	7713
<b>Adjusted Response Rate</b>	<b>43.4%</b>	<b>37.0%</b>	<b>30.3%</b>	<b>35.5%</b>

\*Included in response rate numerator

†Excluded from adjusted response rate denominator

‡Population criteria: The designated respondent must be enrolled in the health plan and meet the age requirements of the survey methodology.

Note: *Adjusted Response Rate = Total Usable Surveys / Total Eligible Cases*

## Response/Non-Response Comparison

Presented below is a comparison, by age and gender within each age category, of respondents and non-respondents, all of whom were part of the random sample for the Oregon CAHPS© 2015 survey.

**Non-Respondents** are members or member proxys who decided not to participate in the study by mail or phone. This group includes two types of non-respondents:

- 1) Members who passively refused by not returning the questionnaire mailed to their household and/or not answering questions over the phone.
- 2) Members who actively refused, either by contacting DataStat or by declining to participate when DataStat attempted to reach them by phone.

The category labeled **Respondents** includes members or member proxys who completed the questionnaire either by mail or phone.

### Adult

Gender / Age	Non-Respondents	Respondents	Difference
Male	194 44.9%	154 40.5%	-4.38%
Female	238 55.1%	226 59.5%	4.38%
18-24	81 18.8%	49 12.9%	-5.86%
25-34	109 25.2%	40 10.5%	-14.71%
35-44	83 19.2%	38 10.0%	-9.21%
45-54	70 16.2%	91 23.9%	7.74%
55-64	67 15.5%	136 35.8%	20.28%
65-74	14 3.2%	19 5.0%	1.76%
75 or Older	8 1.9%	7 1.8%	-0.01%

### Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	269 49.0%	136 50.4%	1.37%
Female	280 51.0%	134 49.6%	-1.37%
<3	97 17.7%	48 17.8%	0.11%
4-7	141 25.7%	46 17.0%	-8.65%
8-12	155 28.2%	84 31.1%	2.88%
13 or older	156 28.4%	92 34.1%	5.66%

Q1 OUR RECORDS SHOW THAT YOU ARE NOW IN <PRIMARY HEALTH OF JOSEPHINE COUNTY>. IS THAT RIGHT?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE		
Q1 YES	370	5345	45	31	37	82	126	24	292	1	3	4	9	31	21	319	225	116	145	202
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	10	108	1		1	1	4	3	7					1	2	8	4	6	3	7
VALID CASES	370	5345	45	31	37	82	126	24	292	1	3	4	9	31	21	319	225	116	145	202
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



Q3 IN THE LAST 6 MONTHS, DID YOU HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q3 YES	149 41%	2233 43%	18 39%~	19 61%~	12 32%~	36 43%	43 34%	13 57%~	117 40%	1 100%~	1 33%~	3 ~ 75%~	2 22%~	13 43%~	8 35%~	129 40%~	75 33%*	62 53%*	51 35%	92 45%*
NO	216 59%	2997 57%	28 61%~	12 39%~	26 68%~	47 57%	83 66%	10 43%~	176 60%	2 ~ 67%~		1 ~ 25%~	7 78%~	17 57%~	15 65%~	190 60%~	151 67%*	56 47%*	95 65%	111 55%*
NOT ANSWERED	15	223					4 4	4 4	6					2	8	3 4	4 4	2 2	6 6	
VALID CASES	365	5230	46	31	38	83	126	23	293	1	3	4	9	30	23	319	226	118	146	203
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	126 100%	23 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q4 IN THE LAST 6 MONTHS, WHEN YOU NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOU GET CARE AS SOON AS YOU NEEDED?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q4 NEVER	6 4%	63 3%	2 ~ 11%	2 ~ 6%	2 5%	2 ~ 3%	2 ~ 3%	3 3%	~	~	~	~	~ 25%	3 13%	4 3%	1 1%	5 8%	1 2%	5 6%	
SOMETIMES	13 10%	285 14%	4 25%	1 6%	1 8%	2 6%	2 5%	1 9%	8 8%	~	~	1 33%	1 8%	1 ~	11 9%	4 6%	7 12%	3 6%	8 10%	
USUALLY	35 26%	563 28%	6 37%	6 33%	3 25%	8 24%	8 21%	3 27%	29 27%	~	~	2 67%	2 17%	2 13%	31 26%	15 22%	19 32%	13 28%	22 26%	
ALWAYS	82 60%	1115 55%	6 37%	9 50%	8 67%	21 64%	27 69%	7 64%	66 62%	1 100%	1 100%	~	2 100%	6 50%	6 75%	71 61%	47 70%*	28 47%*	30 64%	49 58%
#ALWAYS + USUALLY (NET)	117 86%	1678 83%	12 75%	15 83%	11 92%	29 88%	35 90%	10 91%	95 89%	1 100%	1 100%	2 67%	2 100%	8 67%	7 87%	102 87%	62 93%*	47 80%	43 91%	71 85%
TOP BOX SCORE	82 60%	1115 55%	6 37%	9 50%	8 67%	21 64%	27 69%	7 64%	66 62%	1 100%	1 100%	~	2 100%	6 50%	6 75%	71 61%	47 70%*	28 47%*	30 64%	49 58%
NOT ANSWERED	13	220	2	1		3	4	2	10				1		12	8	3	4	8	
VALID CASES	136	2026	16	18	12	33	39	11	107	1	1	3	2	12	8	117	67	59	47	84
NUMBER OF RESPONDENTS	149	2246	18	19	12	36	43	13	117	1	1	3	2	13	8	129	75	62	51	92
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

Q5 IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q5 YES	260 71%	3616 70%	31 67%~	19 61%~	25 66%~	61 74%	92 72%	19 76%~	207 71%	1 100%	2 67%~	3 ~ 75%~	6 67%~	24 75%~	19 83%~	226 70%~	151 67%*	93 78%*	96 65%	154 75%*
NO	106 29%	1586 30%	15 33%~	12 39%~	13 34%~	21 26%	35 28%	6 24%~	86 29%	1 ~ 33%~	1 ~ 25%~	3 33%~	8 25%~	4 17%~	95 30%~	75 33%*	26 22%*	51 35%	50 25%*	
NOT ANSWERED	14	251				1 3	2 2	6							6	3 3	3 3	1 1	5 5	
VALID CASES	366	5202	46	31	38	82	127	25	293	1	3	4	9	32	23	321	226	119	147	204
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q6 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC AS SOON AS YOU NEEDED?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE				
Q6 NEVER	6 3%	100 3%	1 ~	1 6%~	1 4%~	2 2%	1 6%~	3 2%~	~	~	1 ~ 33%~	2 ~ 10%~	6 ~ 3%~	2 1%	3 4%	3 4%	3 2%			
SOMETIMES	25 11%	562 17%*	8 27%~	3 18%~	4 17%~	4 8%	6 7%	23 12%~	~	~	1 ~ 33%~	1 ~ 5%~	25 ~ 12%~	16 12%	9 11%	10 12%	15 11%			
USUALLY	56 24%	870 27%	12 40%~	3 18%~	4 17%~	9 17%	23 28%	2 12%~	45 24%~	1 100%~	1 100%~	~	~	5 24%~	3 20%~	50 25%~	32 24%	22 26%	16 19%	38 27%
ALWAYS	146 63%	1715 53%*	10 33%~	10 59%~	14 61%~	38 73%	51 62%	14 82%~	116 62%~	1 ~	1 ~	1 ~ 33%~	5 100%~	13 62%~	12 80%~	123 60%~	84 63%	51 60%	56 66%	83 60%
#ALWAYS + USUALLY (NET)	202 87%	2585 80%*	22 73%~	13 76%~	18 78%~	47 90%	74 90%	16 94%~	161 86%~	1 100%~	1 100%~	1 ~ 33%~	5 100%~	18 86%~	15 100%~	173 85%~	116 87%	73 86%	72 85%	121 87%
TOP BOX SCORE	146 63%	1715 53%*	10 33%~	10 59%~	14 61%~	38 73%	51 62%	14 82%~	116 62%~	~	~	1 ~ 33%~	5 100%~	13 62%~	12 80%~	123 60%~	84 63%	51 60%	56 66%	83 60%
NOT ANSWERED	27	326	1	2	2	9	10	2	20	1		1	3	4	22	17	8	11	15	
VALID CASES	233	3247	30	17	23	52	82	17	187	1	1	3	5	21	15	204	134	85	85	139
NUMBER OF RESPONDENTS	260 100%	3573 100%	31 100%	19 100%	25 100%	61 100%	92 100%	19 100%	207 100%	1 100%	2 100%	3 100%	6 100%	24 100%	19 100%	226 100%	151 100%	93 100%	96 100%	154 100%

[ASKED IF Q5 = YES]

Q7 IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOU WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID YOU GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE FOR YOURSELF?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ALSK	AMER NATV OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE				
Q7 NONE	85 24%	1271 25%	17 37%	9 29%	10 29%	17 21%	25 20%	3 12%	66 23%	~	~	~	4 ~ 44%	10 31%	4 17%	74 23%	58 26%	23 19%	37 26%	44 22%	
1 TIME	76 21%	975 19%	8 17%	4 13%	8 23%	14 17%	29 23%	8 32%	59 20%	~	2 67%	~	~	3 ~ 33%	6 19%	6 26%	67 21%	57 26%*	13 11%*	38 26%	33 16%*
2	54 15%	973 19%	6 13%	5 16%	4 11%	10 12%	24 19%	4 16%	47 16%	1 100%	~	~	2 ~ 50%	1 11%	2 6%	51 9%	35 16%	17 14%	25 17%	29 14%	
3	44 12%	600 12%	4 9%	5 16%	4 11%	11 13%	15 12%	5 20%	38 13%	~	1 33%	~	1 ~ 25%	1 11%	2 6%	41 13%	24 11%	19 16%	15 10%	29 14%	
4	39 11%	448 9%	4 9%	4 13%	3 9%	9 11%	17 13%	2 8%	34 12%	~	~	~	~	~	3 9%	2 9%	34 11%	22 10%	17 14%	13 9%	26 13%
5 TO 9	46 13%	631 12%	3 7%	4 13%	2 6%	18 22%*	13 10%	3 12%	34 12%	~	~	~	1 ~ 25%	5 ~ 16%	5 22%	36 11%	19 9%*	23 19%*	13 9%	30 15%	
10 OR MORE TIMES	14 4%	265 5%	4 9%	~	4 11%	3 4%	3 2%	~	10 3%	~	~	~	~	4 ~ 13%	1 4%	13 4%	8 4%	6 5%	4 3%	10 5%	
NOT ANSWERED	22	290			3	1	4	2	11							11	6	4	3	8	
VALID CASES	358	5163	46	31	35	82	126	25	288	1	3		4	9	32	23	316	223	118	145	201
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3		4	9	32	23	327	229	122	148	209
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

Q8 IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q8 #YES	191 72%	2683 71%	19 68%	13 59%	20 80%	48 75%	71 73%	13 62%	154 71%	1 100%	1 33%	2 ~	4 50%	16 100%	165 73%	15 83%	165 70%	118 72%	64 70%	72 68%	113 74%
NO	75 28%	1081 29%	9 32%	9 41%	5 20%	16 25%	26 27%	8 38%	63 29%	2 ~	2 67%	2 ~	2 50%	6 ~	3 17%	71 30%	45 28%	27 30%	34 32%	39 26%	
NOT ANSWERED	7	79	1			1	4	1	5				1		1	6	2	4	2	5	
VALID CASES	266	3764	28	22	25	64	97	21	217	1	3	4	4	22	18	236	163	91	106	152	
NUMBER OF RESPONDENTS	273 100%	3843 100%	29 100%	22 100%	25 100%	65 100%	101 100%	22 100%	222 100%	1 100%	3 100%	4 100%	5 100%	22 100%	19 100%	242 100%	165 100%	95 100%	108 100%	157 100%	

[ASKED IF Q7 >= 1 TIME]

Q9 IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q9 YES	151 57%	2125 57%	16 55%~	7 32%~	15 60%~	34 54%	57 59%	14 64%~	122 56%~	1 100%~	1 50%~	1 ~ 25%~	3 75%~	12 55%~	13 72%~	130 55%~	84 52%*	59 64%	55 52%	90 59%	
NO	115 43%	1611 43%	13 45%~	15 68%~	10 40%~	29 46%	39 41%	8 36%~	96 44%~	1 ~ 50%~	1 ~ 75%~	3 25%~	1 25%~	10 45%~	5 28%~	106 45%~	78 48%*	33 36%	50 48%	63 41%	
NOT ANSWERED	7	107				2	5		4	1		1		1	6	3	3	3	4		
VALID CASES	266	3736	29	22	25	63	96	22	218	1	2		4	4	22	18	236	162	92	105	153
NUMBER OF RESPONDENTS	273 100%	3843 100%	29 100%	22 100%	25 100%	63 100%	96 100%	22 100%	222 100%	1 100%	3 100%		4 100%	5 100%	22 100%	19 100%	242 100%	165 100%	95 100%	108 100%	157 100%

[ASKED IF Q7 >= 1 TIME]

Q10 DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q10 #YES	135 92%	1887 92%	12 80%~	6 86%~	14 93%~	34 100%~	52 93%	11 92%~	111 94%~	1 100%~	1 100%~	1 ~100%~	2 100%~	10 83%~	9 82%~	119 94%~	72 90%	56 97%	50 94%	80 92%	
NO	11 8%	166 8%	3 20%~	1 14%~	1 7%~	4 ~	1 7%	1 8%~	7 6%~	~	~	~	~	~	2 17%~	8 18%~	8 6%~	2 10%	3 3%	7 6%	8 8%
NOT ANSWERED	34	436	1		3	3	10	4	19		1			2		3	20	13	8	8	15
VALID CASES	146	2053	15	7	15	34	56	12	118	1	1		1	2	12	11	127	80	58	53	87
NUMBER OF RESPONDENTS	180	2489	16	7	18	37	66	16	137	1	2		1	4	12	14	147	93	66	61	102
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME AND Q9 = YES]



Q11 DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT TO TAKE A MEDICINE?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE			
Q11 #YES	104 72%	1488 73%	9 64%~	5 71%~	12 80%~	25 74%~	38 68%	11 85%~	87 73%~	1 ~100%~	1 ~100%~	1 50%~	7 64%~	8 80%~	90 70%~	54 69%	43 73%	36 68%	64 74%		
NO	41 28%	562 27%	5 36%~	2 29%~	3 20%~	9 26%~	18 32%	2 15%~	32 27%~	1 100%~	~	~	~	1 50%~	4 36%~	2 20%~	38 30%~	24 31%	16 27%	17 32%	22 26%
NOT ANSWERED	6	44	2				1	1	3			1	1	3	2	6		2	4		
VALID CASES	145	2050	14	7	15	34	56	13	119	1	1	1	2	11	10	128	78	59	53	86	
NUMBER OF RESPONDENTS	151 100%	2094 100%	16 100%	7 100%	15 100%	34 100%	57 100%	14 100%	122 100%	1 100%	1 100%	1 100%	3 100%	12 100%	13 100%	130 100%	84 100%	59 100%	55 100%	90 100%	

[ASKED IF Q7 >= 1 TIME AND Q9 = YES]

Q12 WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOU?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE					
Q12 #YES	106 72%	1534 75%	11 73%~	6 86%~	11 73%~	22 65%~	43 78%	9 64%~	86 72%~	1 100%~	1 100%~			3 ~100%~	8 73%~	10 77%~	92 72%~	66 81%*	34 59%*	45 83%*	58 67%	
NO	41 28%	511 25%	4 27%~	1 14%~	4 27%~	12 35%~	12 22%	5 36%~	34 28%~					1 ~100%~	3 ~27%~	3 23%~	35 28%~	15 19%*	24 41%*	9 17%*	29 33%	
NOT ANSWERED	4	49	1				2		2					1		3		3	1	1	3	
VALID CASES	147	2045	15	7	15	34	55	14	120	1	1			1	3	11	13	127	81	58	54	87
NUMBER OF RESPONDENTS	151 100%	2094 100%	16 100%	7 100%	15 100%	34 100%	57 100%	14 100%	122 100%	1 100%	1 100%			1 100%	3 100%	12 100%	13 100%	130 100%	84 100%	59 100%	55 100%	90 100%

[ASKED IF Q7 >= 1 TIME AND Q9 = YES]

Q13 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR HEALTH CARE IN THE LAST 6 MONTHS?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q13 WORST HEALTH CARE POSSIBLE	2 0.8%	29 0.8%	~	~	1 4%	~	1 1%	~	~	~	1 25%	~	1 5%	~	2 ~0.8%	~	2 2%	1 1%	1 0.7%	
01	1 0.4%	27 0.7%	~	1 5%	~	~	~	~	~	~	~	~	1 5%	~	1 ~0.4%	~	1 1%	1 1%	~	
02	1 0.4%	39 1%	1 3%	~	~	~	~	1 ~0.5%	~	~	~	~	~	~	1 ~0.4%	1 0.6%	~	1 1%	~	
03	3 1%	70 2%	~	1 5%	1 4%	1 2%	~	3 1%	~	~	~	~	~	~	3 1%	2 1%	1 1%	1 1%	2 1%	
04	9 3%	85 2%	~	~	~	2 3%	6 6%	1 5%	7 3%	~	~	1 25%	1 5%	1 6%	8 3%	2 1%*	7 8%*	2 2%	7 5%	
05	19 7%	285 8%	3 10%	3 14%	2 8%	5 8%	3 3%*	2 10%	16 7%	1 ~33%	~	~	2 9%	18 ~8%	10 6%	9 10%	7 7%	11 7%		
06	14 5%	223 6%	3 10%	4 18%	~	2 3%	3 10%	2 10%	11 5%	1 100%	~	1 25%	1 5%	13 ~6%	8 5%	5 5%	6 6%	8 5%		
07	38 14%	493 13%	5 17%	2 9%	5 20%	11 17%	13 14%	1 5%	29 13%	1 ~33%	~	~	1 25%	5 23%	3 17%	34 14%	25 15%	11 12%	13 12%	24 16%
08	69 26%	772 21%	10 34%	4 18%	6 24%	15 24%	24 25%	6 29%	62 29%	~	~	~	~	1 5%	4 22%	61 26%	43 27%	22 24%	27 26%	39 25%
09	33 12%	616 16%	4 14%	2 9%	2 8%	10 16%	13 14%	1 5%	26 12%	1 ~33%	~	~	1 25%	3 14%	3 17%	28 12%	25 15%*	6 7%*	12 12%	20 13%
BEST HEALTH CARE POSSIBLE	76 29%	1096 29%	3 10%	5 23%	8 32%	17 27%	33 34%	8 38%	61 28%	~	~	1 25%	2 50%	7 32%	7 39%	67 28%	46 28%	27 30%	33 32%	41 27%
#8-10 (NET)	178 67%	2485 66%	17 59%	11 50%	16 64%	42 67%	70 73%	15 71%	149 69%	1 ~33%	~	1 25%	3 75%	11 50%	14 78%	156 66%	114 70%	55 60%	72 69%	100 65%

Continued

Q13 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR HEALTH CARE IN THE LAST 6 MONTHS?

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
9-10 (NET)	109 41%	1712 46%	7 24%~	7 32%~	10 40%~	27 43%~	46 48%~	9 43%~	87 40%~	1 ~ 33%~	1 ~ 25%~	3 75%~	10 45%~	10 56%~	95 40%~	71 44%	33 36%	45 43%	61 40%	
NOT ANSWERED	8	106				2	5	1	6			1		1	6	3	4	4	4	
VALID CASES	265	3737	29	22	25	63	96	21	216	1	3	4	4	22	18	236	162	91	104	153
NUMBER OF RESPONDENTS	273 100%	3843 100%	29 100%	22 100%	25 100%	65 100%	101 100%	22 100%	222 100%	1 100%	3 100%	4 100%	5 100%	22 100%	19 100%	242 100%	165 100%	95 100%	108 100%	157 100%
MEAN	7.93	7.91	7.45	7.14	7.76	8.02	8.20	8.10	8.00	6.00	7.00	5.00	9.00	7.32	8.56	7.88	8.14	7.52	7.98	7.89
p stat_(*=Sig @ p<=.05)		.874	~	~	~.707	.101	~	~	~	~	~	~	~	~	~	~	~.059	.027*	.753	.686

[ASKED IF Q7 >= 1 TIME]

Q14 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS OR TREATMENT YOU NEEDED?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q14 NEVER	8 3%	104 3%	1 ~	5 5%	2 ~	5 8%	2 2%	5 2%	~	~	~	~	~	~	3 14%	1 6%	7 3%	2 1%	6 7%*	2 2%	6 4%
SOMETIMES	37 14%	575 15%	6 21%	5 23%	3 12%	6 9%	13 13%	2 10%	29 13%	~	~	2 ~	2 9%	2 6%	2 9%	32 14%	21 13%	13 14%	14 13%	21 14%	
USUALLY	84 32%	1243 33%	8 28%	5 23%	12 48%	17 27%	32 33%	9 43%	72 33%	1 ~	1 33%	1 ~	8 36%	3 17%	79 33%	48 30%	32 35%	28 27%	55 36%		
ALWAYS	137 52%	1797 48%	15 52%	11 50%	10 40%	36 56%	50 52%	10 48%	112 51%	1 100%	2 67%	1 ~	4 100%	9 41%	13 72%	119 50%	91 56%	41 45%	61 58%	71 46%	
#ALWAYS + USUALLY (NET)	221 83%	3040 82%	23 79%	16 73%	22 88%	53 83%	82 85%	19 90%	184 84%	1 100%	3 100%	2 ~	4 100%	17 77%	16 89%	198 84%	139 86%	73 79%	89 85%	126 82%	
TOP BOX SCORE	137 52%	1797 48%	15 52%	11 50%	10 40%	36 56%	50 52%	10 48%	112 51%	1 100%	2 67%	1 ~	4 100%	9 41%	13 72%	119 50%	91 56%	41 45%	61 58%	71 46%	
NOT ANSWERED	7	124				1	4	1	4				1	1	5	3	3	3	4		
VALID CASES	266	3719	29	22	25	64	97	21	218	1	3	4	4	22	18	237	162	92	105	153	
NUMBER OF RESPONDENTS	273 100%	3843 100%	29 100%	22 100%	25 100%	65 100%	101 100%	22 100%	222 100%	1 100%	3 100%	4 100%	4 100%	22 100%	19 100%	242 100%	165 100%	95 100%	108 100%	157 100%	

[ASKED IF Q7 >= 1 TIME]

Q15 A PERSONAL DOCTOR IS THE ONE YOU WOULD SEE IF YOU NEED A CHECK-UP, WANT ADVICE ABOUT A HEALTH PROBLEM, OR GET SICK OR HURT. DO YOU HAVE A PERSONAL DOCTOR?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	FE- MALE	MALE
Q15																				
YES	308 85%	4201 81%	35 76%	27 87%	32 84%	70 86%	109 84%	24 92%	254 86%	1 100%	2 67%	3 75%	6 67%	25 81%	19 86%	275 85%	190 83%	105 88%	123 84%	176 85%
NO	56 15%	995 19%	11 24%	4 13%	6 16%	11 14%	20 16%	2 8%	43 14%	1 33%	1 25%	3 33%	6 19%	3 14%	49 15%	38 17%	15 12%	24 16%	30 15%	
NOT ANSWERED	16	257				2	1	1	2				1	1	3	1	2	1	3	
VALID CASES	364	5196	46	31	38	81	129	26	297	1	3	4	9	31	22	324	228	120	147	206
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q16 IN THE LAST 6 MONTHS, HOW MANY TIMES DID YOU VISIT YOUR PERSONAL DOCTOR TO GET CARE FOR YOURSELF?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q16 NONE	46 16%	713 18%	10 30%~	4 16%~	8 28%~	9 14%	11 11%	3 13%	38 16%	~	~	~	33%~	20%~	12%~	2 11%~	41 16%~	37 21%*	8 8%*	22 19%	22 13%
1 TIME	91 32%	973 24%*	10 30%~	5 20%~	8 28%~	19 29%	34 34%	10 42%~	74 31%	1 100%	1 50%~	~	~	60%~	28%~	5 28%~	83 33%~	59 34%	26 26%	40 35%	47 28%
2	60 21%	1005 25%	5 15%~	9 36%~	4 14%~	14 21%	22 22%	4 17%~	51 22%	~	~	~	33%~	20%~	16%~	6 33%~	51 20%~	35 20%	23 23%	21 19%	38 23%
3	41 14%	534 13%	2 6%~	5 20%~	4 14%~	11 17%	15 15%	3 13%~	36 15%	~	1 50%~	~	~	~	12%~	3 17%~	38 15%~	27 15%	14 14%	12 11%	29 18%
4	18 6%	322 8%	1 3%~	~	2 7%~	4 6%	8 8%	3 13%~	15 6%	~	~	~	~	~	8%~	2 ~	16 6%~	5 3%*	12 12%*	7 6%	11 7%
5 TO 9	29 10%	403 10%	5 15%~	2 8%~	1 3%~	9 14%	9 9%	1 4%~	20 9%	~	~	~	33%~	~	20%~	5 11%~	24 9%~	10 6%*	17 17%*	9 8%	18 11%
10 OR MORE TIMES	2 0.7%	75 2%*	~	~	2 7%~	~	~	~	1 0.4%	~	~	~	~	~	4%~	1 ~	2 0.8%~	2 1%~	2 ~	2 ~	~
NOT ANSWERED	21	238	2	2	3	4	10		19					1		1	20	15	5	10	11
VALID CASES	287	4026	33	25	29	66	99	24	235	1	2		3	5	25	18	255	175	100	113	165
NUMBER OF RESPONDENTS	308	4264	35	27	32	70	109	24	254	1	2		3	6	25	19	275	190	105	123	176
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES]

Q17 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR EXPLAIN THINGS IN A WAY THAT WAS EASY TO UNDERSTAND?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV PAC ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE			
Q17 NEVER	3 1%	47 1%	1 ~	5%~	~	~	2 10%~	2 1%~	~	~	~	~	~	1 5%~	3 ~	1 0.7%	2 2%	3 3%			
SOMETIMES	11 5%	196 6%	2 9%~	3 14%~	1 5%~	3 5%	1 1%* 5%~	10 5%~	~	~	~	~	~	1 5%~	11 ~	3 5%~	8 2% 9%*	3 3%	8 6%		
USUALLY	55 23%	719 22%	3 13%~	3 14%~	7 33%~	14 25%	20 23% 30%~	6 24%~	48 100%~	1 ~	~	~	~	5 23%~	2 13%~	51 24%~	29 21% 26%	24 26%	16 18%	37 26%	
ALWAYS	170 71%	2245 70%	18 78%~	14 67%~	13 62%~	39 70%	67 76% 55%~	11 69%~	136 94%~	1 100%~	~	2 100%~	4 100%~	15 68%~	14 88%~	147 69%~	103 76% 63%*	58 63%*	68 76%	97 68%	
#ALWAYS + USUALLY (NET)	225 94%	2963 92%	21 91%~	17 81%~	20 95%~	53 95%	87 99%* 85%~	17 85%~	184 94%~	1 100%~	1 100%~	~	2 100%~	4 100%~	20 91%~	16 100%~	198 93%~	132 97%* 89%*	82 89%*	84 93%	134 94%
TOP BOX SCORE	170 71%	2245 70%	18 78%~	14 67%~	13 62%~	39 70%	67 76% 55%~	11 69%~	136 94%~	1 100%~	~	2 100%~	4 100%~	15 68%~	14 88%~	147 69%~	103 76% 63%*	58 63%*	68 76%	97 68%	
NOT ANSWERED	2	22				1	1	1		1					2	2		1	1		
VALID CASES	239	3206	23	21	21	56	88	20	196	1	1	2	4	22	16	212	136	92	90	142	
NUMBER OF RESPONDENTS	241 100%	3228 100%	23 100%	21 100%	21 100%	57 100%	88 100%	21 100%	197 100%	1 100%	2 100%		2 100%	4 100%	22 100%	16 100%	214 100%	138 100%	92 100%	91 100%	143 100%

[ASKED IF Q15 = YES AND Q16 >= 1 TIME]



Q18 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR LISTEN CAREFULLY TO YOU?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q18 NEVER	5 2%	67 2%	1 ~	2 5%~	1 10%~	1 2%	1 1%	3 ~	1 50%~				1 5%~		4 ~	1 0.7%	4 4%	2 2%	3 2%		
SOMETIMES	17 7%	251 8%	1 4%~	1 5%~	1 5%~	6 11%	6 7%	2 10%~	15 8%~				2 9%~		17 ~	5 4%*	12 13%*	5 6%	12 9%		
USUALLY	52 22%	665 21%	4 17%~	6 29%~	4 20%~	13 23%	19 22%	5 25%~	49 25%~	1 100%~			1 5%~		51 ~	32 23%	17 19%	13 14%*	38 27%*		
ALWAYS	163 69%	2214 69%	18 78%~	13 62%~	13 65%~	37 65%	61 70%	13 65%~	127 65%~	1 50%~		2 ~	4 100%~	18 82%~	16 100%~	139 66%~	99 72%	57 63%	70 78%*	87 62%*	
#ALWAYS + USUALLY (NET)	215 91%	2879 90%	22 96%~	19 90%~	17 85%~	50 88%	80 92%	18 90%~	176 91%~	1 100%~	1 50%~		2 ~	4 100%~	19 86%~	16 100%~	190 90%~	131 96%*	74 82%*	83 92%	125 89%
TOP BOX SCORE	163 69%	2214 69%	18 78%~	13 62%~	13 65%~	37 65%	61 70%	13 65%~	127 65%~	1 50%~		2 ~	4 100%~	18 82%~	16 100%~	139 66%~	99 72%	57 63%	70 78%*	87 62%*	
NOT ANSWERED	4	31			1		1	1	3						3	1	2	1	3		
VALID CASES	237	3197	23	21	20	57	87	20	194	1	2		2	4	22	16	211	137	90	90	140
NUMBER OF RESPONDENTS	241 100%	3228 100%	23 100%	21 100%	21 100%	57 100%	88 100%	21 100%	197 100%	1 100%	2 100%		2 100%	4 100%	22 100%	16 100%	214 100%	138 100%	92 100%	91 100%	143 100%

[ASKED IF Q15 = YES AND Q16 >= 1 TIME]

Q19 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR SHOW RESPECT FOR WHAT YOU HAD TO SAY?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q19 NEVER	4 2%	85 3%	1 ~	2 5%~	10%~	2 ~	1 1%	3 ~	2%~	~	~	~	~	~	1 5%~	4 ~	2%~	4 ~	4%*	1% 2%	3% 2%
SOMETIMES	17 7%	193 6%	2 9%~	2 10%~	1 5%~	4 7%	5 6%	2 10%~	13 7%~	1 ~	50%~	~	~	~	2 9%~	15 ~	7%~	5 4%*	11 12%*	7% 8%	9% 6%
USUALLY	48 20%	575 18%	6 26%~	5 24%~	3 15%~	10 18%	15 17%	8 38%~	46 23%~	~	~	~	~	~	2 9%~	1 6%~	47 22%~	30 22%	15 16%	16% 18%	31% 22%
ALWAYS	170 71%	2339 73%	15 65%~	13 62%~	14 70%~	43 75%	67 76%	11 52%~	134 68%~	1 100%~	1 50%~	~	2 ~	4 ~	17 77%~	15 94%~	147 69%~	102 74%	62 67%	67% 74%	98% 70%
#ALWAYS + USUALLY (NET)	218 91%	2915 91%	21 91%~	18 86%~	17 85%~	53 93%	82 93%	19 90%~	180 92%~	1 100%~	1 50%~	~	2 ~	4 ~	19 86%~	16 100%~	194 91%~	132 96%*	77 84%*	83% 91%	129% 91%
TOP BOX SCORE	170 71%	2339 73%	15 65%~	13 62%~	14 70%~	43 75%	67 76%	11 52%~	134 68%~	1 100%~	1 50%~	~	2 ~	4 ~	17 77%~	15 94%~	147 69%~	102 74%	62 67%	67% 74%	98% 70%
NOT ANSWERED	2	35			1				1							1	1				2
VALID CASES	239	3193	23	21	20	57	88	21	196	1	2		2	4	22	16	213	137	92	91	141
NUMBER OF RESPONDENTS	241 100%	3228 100%	23 100%	21 100%	21 100%	57 100%	88 100%	21 100%	197 100%	1 100%	2 100%		2 100%	4 100%	22 100%	16 100%	214 100%	138 100%	92 100%	91 100%	143 100%

[ASKED IF Q15 = YES AND Q16 >= 1 TIME]

Q20 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR SPEND ENOUGH TIME WITH YOU?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q20 NEVER	4 2%	95 3%	1 ~	1 5%~	1 5%~	1 2%	1 ~	1 5%~	3 2%~	~	~	~	~	~	1 5%~	4 ~	2%~	4 ~	4%*	1% 2%	1% 2%
SOMETIMES	23 10%	295 9%	4 17%~	3 14%~	2 10%~	4 7%	5 6%	3 14%~	18 9%~	1 ~	50%~	~	~	~	3 14%~	21 ~	10%~	8 6%*	14 15%*	8% 9%	13% 9%
USUALLY	64 27%	856 27%	8 35%~	9 43%~	6 30%~	14 25%	19 22%	6 29%~	59 30%~	~	~	~	~	~	1 5%~	2 13%~	60 28%~	40 29%	20 22%	21% 23%	41% 29%
ALWAYS	148 62%	1950 61%	11 48%~	8 38%~	11 55%~	38 67%	64 73%*	11 52%~	116 59%~	1 100%~	1 50%~	~	2 ~100%~	4 ~100%~	17 77%~	14 88%~	128 60%~	89 65%	54 59%	61% 67%	84% 60%
#ALWAYS + USUALLY (NET)	212 89%	2806 88%	19 83%~	17 81%~	17 85%~	52 91%	83 94%*	17 81%~	175 89%~	1 100%~	1 50%~	~	2 ~100%~	4 ~100%~	18 82%~	16 100%~	188 88%~	129 94%*	74 80%*	82% 90%	125% 89%
TOP BOX SCORE	148 62%	1950 61%	11 48%~	8 38%~	11 55%~	38 67%	64 73%*	11 52%~	116 59%~	1 100%~	1 50%~	~	2 ~100%~	4 ~100%~	17 77%~	14 88%~	128 60%~	89 65%	54 59%	61% 67%	84% 60%
NOT ANSWERED	2	31			1				1							1		1			2
VALID CASES	239	3197	23	21	20	57	88	21	196	1	2		2	4	22	16	213	137	92	91	141
NUMBER OF RESPONDENTS	241 100%	3228 100%	23 100%	21 100%	21 100%	57 100%	88 100%	21 100%	197 100%	1 100%	2 100%		2 100%	4 100%	22 100%	16 100%	214 100%	138 100%	92 100%	91 100%	143 100%

[ASKED IF Q15 = YES AND Q16 >= 1 TIME]

Q21 IN THE LAST 6 MONTHS, DID YOU GET CARE FROM A DOCTOR OR OTHER HEALTH PROVIDER BESIDES YOUR PERSONAL DOCTOR?

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q21																					
YES	146 62%	1943 61%	14 61%~	15 71%~	11 58%~	40 71%	51 59%	13 62%~	124 64%~	1 ~100%~	2 ~100%~	1 25%~	12 55%~	7 44%~	134 64%~	81 60%	61 66%	48 55%	96 68%*		
NO	90 38%	1222 39%	9 39%~	6 29%~	8 42%~	16 29%	36 41%	8 38%~	70 36%~	1 100%~	~	~	3 75%~	10 45%~	9 56%~	76 36%~	53 40%	31 34%	40 45%	45 32%*	
NOT ANSWERED	5	62			2	1	1		3	1					4	4		3	2		
VALID CASES	236	3166	23	21	19	56	87	21	194	1	1		2	4	22	16	210	134	92	88	141
NUMBER OF RESPONDENTS	241	3228	23	21	21	57	88	21	197	1	2		2	4	22	16	214	138	92	91	143
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES AND Q16 >= 1 TIME]

Q22 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR SEEM INFORMED AND UP-TO-DATE ABOUT THE CARE YOU GOT FROM THESE DOCTORS OR OTHER HEALTH PROVIDERS?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q22 NEVER	10 7%	119 6%	3 ~ 20%	1 9%	1 2%	3 6%	2 15%	8 7%	~	~	1 ~ 50%	1 ~ 8%	9 ~ 7%	3 4%	7 12%	4 9%	6 6%		
SOMETIMES	17 12%	265 14%	1 7%	3 20%	1 9%	7 17%	2 6%	17 14%	~	~	~	~	17 ~ 13%	11 14%	6 10%	4 9%	13 14%		
USUALLY	44 31%	545 29%	5 36%	4 27%	3 27%	13 32%	2 33%	38 31%	~	~	~	5 ~ 42%	14 14%	42 32%	25 31%	16 27%	10 21%	33 35%	
ALWAYS	72 50%	927 50%	8 57%	5 33%	6 55%	19 48%	7 54%	58 48%	~100%	1	1 ~ 50%	1 ~ 100%	6 50%	6 86%	63 48%	41 51%	30 51%	29 62%	42 45%
#ALWAYS + USUALLY (NET)	116 81%	1472 79%	13 93%	9 60%	9 82%	32 80%	9 87%	96 79%	~100%	1	1 ~ 50%	1 ~ 100%	11 92%	7 100%	105 80%	66 83%	46 78%	39 83%	75 80%
TOP BOX SCORE	72 50%	927 50%	8 57%	5 33%	6 55%	19 48%	7 54%	58 48%	~100%	1	1 ~ 50%	1 ~ 100%	6 50%	6 86%	63 48%	41 51%	30 51%	29 62%	42 45%
NOT ANSWERED	3	61				3	3						3	1	2	1	2		
VALID CASES	143	1856	14	15	11	40	48	13	121	1	2	1	12	7	131	80	59	47	94
NUMBER OF RESPONDENTS	146	1917	14	15	11	40	51	13	124	1	2	1	12	7	134	81	61	48	96
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES AND Q16 >= 1 TIME AND Q21 = YES]

Q23 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST PERSONAL DOCTOR POSSIBLE AND 10 IS THE BEST PERSONAL DOCTOR POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR PERSONAL DOCTOR?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY	HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q23 WORST PERSONAL DOCTOR POSSIBLE	1 0.4%	60 2%	~	1 4%	~	~	~	~	~	~	~	~	1 4%	1 ~0.4%	1 ~	1 1%	1 ~0.9%	~		
01	2 0.7%	30 0.7%	~	~	1 4%	~	1 1%	~	2 0.9%	~	~	~	~	2 ~0.8%	~	2 ~	~	2 1%		
02	5 2%	27 0.7%	~	~	1 4%	2 3%	1 1%	1 4%	5 2%	~	~	~	~	5 2%	~	5 5%	2 2%	3 2%		
03	4 1%	71 2%	~	1 4%	1 4%	1 2%	~	1 4%	2 0.9%	~	~	~	~	1 4%	~	3 1%	3 2%	1 1%	3 3%	1 0.6%
04	5 2%	80 2%	3 9%	~	~	~	2 2%	~	4 2%	~	~	1 33%	~	1 6%	4 2%	3 2%	2 2%	3 3%	2 1%	
05	12 4%	203 5%	1 3%	1 4%	2 7%	5 8%	2 2%	~	8 3%	1 50%	~	~	3 12%	11 4%	6 3%	6 6%	4 4%	7 4%		
06	7 2%	153 4%	2 6%	~	1 4%	2 3%	2 2%	~	7 3%	~	~	~	~	7 3%	4 2%	3 3%	2 2%	5 3%		
07	21 7%	289 7%	1 3%	3 13%	~	6 9%	7 7%	4 17%	19 8%	1 100%	~	~	~	1 4%	20 8%	10 6%	10 10%	5 5%	16 10%	
08	51 18%	720 18%	8 25%	7 29%	3 11%	11 17%	17 17%	4 17%	48 21%	~	~	~	~	2 8%	1 6%	49 19%	35 20%	14 14%	18 16%	32 19%
09	46 16%	743 19%	8 25%	5 21%	8 29%	9 14%	13 13%	2 8%	38 16%	1 50%	~	~	1 20%	3 12%	5 28%	40 16%	35 20%	9 9%	19 17%	26 16%
BEST PERSONAL DOCTOR POSSIBLE	130 46%	1623 41%	9 28%	6 25%	11 39%	29 45%	56 55%	12 50%	100 43%	~	~	2 67%	4 80%	14 56%	11 61%	111 44%	76 44%	49 48%	54 49%	71 43%
#8-10 (NET)	227 80%	3087 77%	25 78%	18 75%	22 79%	49 75%	86 85%	18 75%	186 80%	1 50%	~	2 67%	5 100%	19 76%	17 94%	200 79%	146 85%	72 71%	91 82%	129 78%

Continued

Q23 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST PERSONAL DOCTOR POSSIBLE AND 10 IS THE BEST PERSONAL DOCTOR POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR PERSONAL DOCTOR?

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ALSK	AMER ILND NATV OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	176 62%	2366 59%	17 53%~	11 46%~	19 68%~	38 58%	69 68%	14 58%~	138 59%*	1 ~	2 50%~	5 ~	17 100%~	16 68%~	151 89%~	111 65%	58 57%	73 66%	97 59%	
NOT ANSWERED	24	265	3	3	4	5	8	21				1		1	22	18	3	12	11	
VALID CASES	284	3999	32	24	28	65	101	24	233	1	2	3	5	25	18	253	172	102	111	165
NUMBER OF RESPONDENTS	308 100%	4264 100%	35 100%	27 100%	32 100%	70 100%	109 100%	24 100%	254 100%	1 100%	2 100%	3 100%	6 100%	25 100%	19 100%	275 100%	190 100%	105 100%	123 100%	176 100%
MEAN	8.50	8.32	8.19	7.92	8.14	8.38	8.86	8.46	8.48	7.00	7.00	8.00	9.80	8.32	9.28	8.44	8.72	8.08	8.53	8.46
p stat_(*=Sig @ p<=.05)		.155	~	~	~.598	.022*		~.702	~	~	~	~	~	~	~	~	~.050*	.021*	.858	.689

[ASKED IF Q15 = YES]

Q24 SPECIALISTS ARE DOCTORS LIKE SURGEONS, HEART DOCTORS, ALLERGY DOCTORS, SKIN DOCTORS, AND OTHER DOCTORS WHO SPECIALIZE IN ONE AREA OF HEALTH CARE. IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS TO SEE A SPECIALIST?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE			
Q24 YES	152 42%	2074 40%	9 20%~	9 30%~	16 42%~	38 47%	65 50%*	14 56%~	130 44%	~	~	~100%~	4 11%~	1 41%~	13 39%~	9 44%~	141 36%*	81 56%*	67 38%	55 46%	96
NO	206 58%	3119 60%	37 80%~	21 70%~	22 58%~	43 53%	64 50%*	11 44%~	165 56%	1 100%~	2 100%~	~	~	8 89%~	19 59%~	14 61%~	181 56%~	146 64%*	52 44%*	89 62%	111 54%
NOT ANSWERED	22	260		1		2	1	2	4		1					5	2	3	4	2	
VALID CASES	358	5193	46	30	38	81	129	25	295	1	2		4	9	32	23	322	227	119	144	207
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%



Q25 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT TO SEE A SPECIALIST AS SOON AS YOU NEEDED?

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q25 NEVER	11 7%	135 7%	2 ~ 22%	3 ~ 19%	2 ~ 5%	3 ~ 5%	1 ~ 7%	8 6%	~	~	1 ~ 25%	2 ~ 15%	~	~	1 11%	10 7%	5 6%	6 9%	6 11%	5 5%
SOMETIMES	24 16%	292 15%	3 33%	3 33%	2 13%	8 22%	6 10%	2 14%	21 17%	~	~	2 ~ 50%	1 ~ 8%	~	23 ~ 17%	12 15%	11 17%	6 11%	18 19%	
USUALLY	34 23%	614 31%*	4 44%	2 22%	3 19%	8 22%	16 26%	~	28 22%	~	~	~	~	4 ~ 31%	3 33%	31 23%	21 27%	13 20%	10 19%	24 26%
ALWAYS	79 53%	926 47%	2 22%	2 22%	8 50%	19 51%	37 60%	11 79%	70 55%	~	~	1 ~ 25%	1 100%	6 46%	5 56%	73 53%	41 52%	36 55%	32 59%	46 49%
#ALWAYS + USUALLY (NET)	113 76%	1540 78%	6 67%	4 44%	11 69%	27 73%	53 85%*	11 79%	98 77%	~	~	1 ~ 25%	1 100%	10 77%	8 89%	104 76%	62 78%	49 74%	42 78%	70 75%
TOP BOX SCORE	79 53%	926 47%	2 22%	2 22%	8 50%	19 51%	37 60%	11 79%	70 55%	~	~	1 ~ 25%	1 100%	6 46%	5 56%	73 53%	41 52%	36 55%	32 59%	46 49%
NOT ANSWERED	4	78				1	3		3						4	2	1	1	3	
VALID CASES	148	1967	9	9	16	37	62	14	127			4	1	13	9	137	79	66	54	93
NUMBER OF RESPONDENTS	152 100%	2045 100%	9 100%	9 100%	16 100%	38 100%	65 100%	14 100%	130 100%			4 100%	1 100%	13 100%	9 100%	141 100%	81 100%	67 100%	55 100%	96 100%

[ASKED IF Q24 = YES]

Q26 HOW MANY SPECIALISTS HAVE YOU SEEN IN THE LAST 6 MONTHS?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q26 NONE	11 7%	93 5%	~	11%~	19%~	25%~	32%~	14%~	6%~	~	~	~	50%~	100%~	8%~	22%~	6%~	5	5	4	7
1 SPECIALIST	78 53%	1033 52%	63%~	67%~	44%~	46%~	55%~	57%~	54%~	~	~	~	50%~	~	46%~	33%~	54%~	46	32	31	46
2	37 25%	522 26%	25%~	11%~	13%~	27%~	31%~	21%~	27%~	~	~	~	~	~	23%~	33%~	25%~	19	17	10	27
3	17 12%	217 11%	13%~	11%~	19%~	16%~	10%~	~	11%~	~	~	~	~	~	15%~	11%~	12%~	7	9	7	10
4	3 2%	74 4%	~	~	~	5%~	~	7%~	2%~	~	~	~	~	~	~	2%~	~	~	3	1	2
5 OR MORE SPECIALISTS	1 0.7%	41 2%	~	~	6%~	~	~	~	~	~	~	~	~	~	8%~	~0.7%~	1%	1	~	1	~
NOT ANSWERED	5	66	1			1	3		4							5	3	1	1	4	
VALID CASES	147	1979	8	9	16	37	62	14	126				4	1	13	9	136	78	66	54	92
NUMBER OF RESPONDENTS	152	2045	9	9	16	38	65	14	130				4	1	13	9	141	81	67	55	96
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

Q27 WE WANT TO KNOW YOUR RATING OF THE SPECIALIST YOU SAW MOST OFTEN IN THE LAST 6 MONTHS. USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST SPECIALIST POSSIBLE AND 10 IS THE BEST SPECIALIST POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE THAT SPECIALIST?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE	FE- MALE		
Q27 WORST SPECIALIST POSSIBLE	5 4%	21 1%	1 ~ 13%~	1 8%~	2 6%~	1 2%	4 ~ 3%~	~	~	~	~	~	~	1 9%~	1 17%~	4 3%~	1 1%	4 7%	2 4%	3 4%
01	1 0.7%	7 0.4%	~	~	1 3%~	~	1 ~ 0.8%~	~	~	~	~	~	~	~	1 ~ 0.8%~	1 1%	~	~	~	1 1%
02		19 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	2 1%	28 2%	~	~	1 3%~	1 2%	1 ~ 0.8%~	~	~	~	~	~	1 9%~	1 17%~	1 0.8%~	~	~	2 3%~	~	2 2%
04		18 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05	3 2%	88 5%	~	~	3 9%~	~	3 ~ 3%~	~	~	~	~	~	~	~	3 2%~	1 1%	2 3%	~	3 4%	
06	9 7%	76 4%	2 29%~	1 13%~	1 ~ 3%~	5 8%	8 ~ 7%~	~	~	~	~	~	~	1 17%~	8 6%~	6 8%	3 5%	3 6%	6 7%	
07	16 12%	154 8%	1 14%~	1 13%~	4 33%~	2 6%~	7 12%	1 8%~	14 12%~	~	~	~	~	2 18%~	16 13%~	9 12%	7 12%	8 16%	8 10%	
08	21 16%	272 15%	1 14%~	2 25%~	3 25%~	7 20%~	7 12%	1 8%~	20 17%~	~	~	1 50%~	~	~	21 17%~	14 19%	6 10%	6 12%	15 18%	
09	22 16%	345 19%	1 14%~	2 25%~	1 8%~	3 9%~	11 19%	3 25%~	22 19%~	~	~	~	~	~	22 17%~	12 17%	10 17%	8 16%	14 17%	
BEST SPECIALIST POSSIBLE	55 41%	812 44%	2 29%~	1 13%~	3 25%~	15 43%~	27 46%	7 58%~	45 38%~	~	~	1 50%~	7 64%~	3 50%~	51 40%~	28 39%	26 43%	23 46%	31 37%	
#8-10 (NET)	98 73%	1429 78%	4 57%~	5 62%~	7 58%~	25 71%~	45 76%	11 92%~	87 74%~	~	~	2 100%~	7 64%~	3 50%~	94 74%~	54 75%	42 70%	37 74%	60 72%	

Continued

Q27 WE WANT TO KNOW YOUR RATING OF THE SPECIALIST YOU SAW MOST OFTEN IN THE LAST 6 MONTHS. USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST SPECIALIST POSSIBLE AND 10 IS THE BEST SPECIALIST POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE THAT SPECIALIST?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AMER IAN	NATV HAW/ IND/ PAC ALSK	AMER ILND NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	77 57%	1157 63%	3 43%~	3 38%~	4 33%~	18 51%~	38 64%~	10 83%~	67 57%~	~	~	~	1 50%~	7 64%~	3 50%~	73 57%~	40 56%	36 60%	31 62%	45 54%
NOT ANSWERED	2	34	1		1				1				1		1	1	1	1		2
VALID CASES	134	1838	7	8	12	35	59	12	118		2	11		6	127	72	60	50	83	
NUMBER OF RESPONDENTS	136 100%	1872 100%	8 100%	8 100%	13 100%	35 100%	59 100%	12 100%	119 100%		2 100%	12 100%		7 100%	128 100%	73 100%	61 100%	50 100%	85 100%	
MEAN	8.24	8.47	8.00	7.13	7.58	7.77	8.59	9.33	8.25		9.00	7.91		6.50	8.31	8.40	8.02	8.48	8.07	
p stat_(*=Sig @ p<=.05)		.268	~	~	~	~	.126	~	~	~	~	~	~	~	~	~	.431	.355	.363	.317

[ASKED IF Q24 = YES AND Q26 >= 1 SPECIALIST]

Q28 IN THE LAST 6 MONTHS, DID YOU LOOK FOR ANY INFORMATION IN WRITTEN MATERIALS OR ON THE INTERNET ABOUT HOW YOUR HEALTH PLAN WORKS?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ AS- PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE			
Q28 YES	53 15%	1182 23%*	8 17%~	8 27%~	8 22%~	9 11%	15 12%	4 17%~	41 14%	~	~	2 ~ 50%~	2 22%~	6 19%~	1 4%~	50 16%~	32 14%	19 16%	22 15%	30 15%
NO	300 85%	3968 77%*	38 83%~	22 73%~	29 78%~	72 89%	112 88%	20 83%~	249 86%	1 100%~	3 100%~	2 ~ 50%~	7 78%~	26 81%~	22 96%~	268 84%~	192 86%	99 84%	122 85%	172 85%
NOT ANSWERED	27	303		1	1	2	3	3	9						9	5	4	4	7	
VALID CASES	353	5150	46	30	37	81	127	24	290	1	3	4	9	32	23	318	224	118	144	202
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q29 IN THE LAST 6 MONTHS, HOW OFTEN DID THE WRITTEN MATERIALS OR THE INTERNET PROVIDE THE INFORMATION YOU NEEDED ABOUT HOW YOUR HEALTH PLAN WORKS?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q29 NEVER	7 13%	119 12%	1 13%~	2 25%~	1 13%~	1 13%~	2 13%~	2 5%~			2 ~100%~	1 50%~	2 40%~	6 ~12%~	2 6%~	5 26%~	3 14%~	4 14%~		
SOMETIMES	20 38%	339 34%	2 25%~	3 38%~	5 63%~	3 38%~	5 33%~	1 25%~	17 41%~				1 ~20%~	19 ~38%~	13 41%~	6 32%~	8 36%~	11 38%~		
USUALLY	19 37%	332 33%	4 50%~	1 13%~	1 13%~	3 38%~	8 53%~	2 50%~	17 41%~			1 ~50%~	1 20%~	19 ~38%~	13 41%~	6 32%~	8 36%~	11 38%~		
ALWAYS	6 12%	213 21%*	1 13%~	2 25%~	1 13%~	1 13%~	1 ~25%~	5 12%~					1 ~20%~	6 ~12%~	4 13%~	2 11%~	3 14%~	3 10%~		
#ALWAYS + USUALLY (NET)	25 48%	545 54%	5 62%~	3 38%~	2 25%~	4 50%~	8 53%~	3 75%~	22 54%~			1 ~50%~	2 40%~	25 ~50%~	17 53%~	8 42%~	11 50%~	14 48%~		
TOP BOX SCORE	6 12%	213 21%*	1 13%~	2 25%~	1 13%~	1 13%~	1 ~25%~	5 12%~					1 ~20%~	6 ~12%~	4 13%~	2 11%~	3 14%~	3 10%~		
NOT ANSWERED	1	19				1							1	1				1		
VALID CASES	52	1003	8	8	8	8	15	4	41		2	2	5	50	32	19	22	29		
NUMBER OF RESPONDENTS	53	1022	8	8	8	9	15	4	41		2	2	6	1	50	32	19	22	30	
	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%		

[ASKED IF Q28 = YES]

Q30 IN THE LAST 6 MONTHS, DID YOU GET INFORMATION OR HELP FROM YOUR HEALTH PLAN'S CUSTOMER SERVICE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q30 YES	102 29%	1525 30%	13 28%~	7 23%~	8 23%~	25 31%	39 31%	7 28%~	75 26%*	2 ~100%~	3 ~ 75%~	5 56%~	12 37%~	7 30%~	91 29%~	62 28%	34 29%	30 21%*	70 34%*	
NO	250 71%	3584 70%	33 72%~	23 77%~	27 77%~	55 69%	88 69%	18 72%~	215 74%*	1 100%~	1 ~ 25%~	4 44%~	20 63%~	16 70%~	226 71%~	162 72%	82 71%	112 79%*	133 66%*	
NOT ANSWERED	28	344		1	3	3	3	2	9	1				10	5	6	6	6		
VALID CASES	352	5109	46	30	35	80	127	25	290	1	2	4	9	32	23	317	224	116	142	203
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q31 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR HEALTH PLAN'S CUSTOMER SERVICE GIVE YOU THE INFORMATION OR HELP YOU NEEDED?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q31 NEVER	2 2%	51 4%	~	~	~	~	5%~	~	~	~	~	~	20%~	~	14%~	1%~	3%~	~	~	3%~
SOMETIMES	17 18%	295 21%	4 31%~	3 43%~	2 25%~	3 13%~	5 14%~	11 15%~	~	~	~	33%~	~	42%~	29%~	16%~	17%~	21%~	21%~	16%~
USUALLY	34 35%	400 28%	7 54%~	3 43%~	1 13%~	4 17%~	14 38%~	3 43%~	28 39%~	~	~	33%~	40%~	17%~	~	37%~	34%~	36%~	32%~	34%~
ALWAYS	44 45%	670 47%	2 15%~	1 14%~	5 62%~	16 70%~	16 43%~	4 57%~	33 46%~	2 ~100%~	~	33%~	40%~	42%~	57%~	46%~	46%~	42%~	46%~	46%~
#ALWAYS + USUALLY (NET)	78 80%	1070 76%	9 69%~	4 57%~	6 75%~	20 87%~	30 81%~	7 100%~	61 85%~	2 ~100%~	~	67%~	80%~	58%~	57%~	83%~	80%~	79%~	79%~	81%~
TOP BOX SCORE	44 45%	670 47%	2 15%~	1 14%~	5 62%~	16 70%~	16 43%~	4 57%~	33 46%~	2 ~100%~	~	33%~	40%~	42%~	57%~	46%~	46%~	42%~	46%~	46%~
NOT ANSWERED	5	26				2	2	3							4	3	1	2	3	
VALID CASES	97	1415	13	7	8	23	37	7	72	2		3	5	12	7	87	59	33	28	67
NUMBER OF RESPONDENTS	102 100%	1441 100%	13 100%	7 100%	8 100%	25 100%	39 100%	7 100%	75 100%	2 100%		3 100%	5 100%	12 100%	7 100%	91 100%	62 100%	34 100%	30 100%	70 100%

[ASKED IF Q30 = YES]



Q32 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR HEALTH PLAN'S CUSTOMER SERVICE STAFF TREAT YOU WITH COURTESY AND RESPECT?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q32 NEVER	1 1%	24 2%	1 8%~	~	~	~	~	1 1%~	~	~	~	~	~	~	1 1%~	1 2%~	~	~	1 1%~	
SOMETIMES	5 5%	83 6%	2 15%~	~	1 13%~	1 4%~	1 3%~	4 5%~	~	~	~	~	~	1 8%~	5 6%~	2 3%~	3 9%~	2 7%~	3 4%~	
USUALLY	26 27%	312 22%	4 31%~	3 43%~	3 38%~	4 17%~	10 27%~	1 14%~	18 25%~	~	~	1 33%~	1 20%~	4 33%~	3 43%~	20 23%~	16 27%~	8 24%~	6 21%~	19 28%~
ALWAYS	66 67%	995 70%	6 46%~	4 57%~	4 50%~	19 79%~	26 70%~	6 86%~	50 68%~	2 ~100%~	~	2 ~67%~	4 80%~	7 58%~	4 57%~	62 70%~	40 68%~	23 68%~	20 71%~	45 66%~
#ALWAYS + USUALLY (NET)	92 94%	1307 92%	10 77%~	7 100%~	7 88%~	23 96%~	36 97%~	7 100%~	68 93%~	2 ~100%~	~	3 ~100%~	5 100%~	11 92%~	7 100%~	82 93%~	56 95%~	31 91%~	26 93%~	64 94%~
TOP BOX SCORE	66 67%	995 70%	6 46%~	4 57%~	4 50%~	19 79%~	26 70%~	6 86%~	50 68%~	2 ~100%~	~	2 ~67%~	4 80%~	7 58%~	4 57%~	62 70%~	40 68%~	23 68%~	20 71%~	45 66%~
NOT ANSWERED	4	27				1	2	2							3	3			2	2
VALID CASES	98	1414	13	7	8	24	37	7	73	2		3	5	12	7	88	59	34	28	68
NUMBER OF RESPONDENTS	102 100%	1441 100%	13 100%	7 100%	8 100%	25 100%	39 100%	7 100%	75 100%	2 100%		3 100%	5 100%	12 100%	7 100%	91 100%	62 100%	34 100%	30 100%	70 100%

[ASKED IF Q30 = YES]

Q33 IN THE LAST 6 MONTHS, DID YOUR HEALTH PLAN GIVE YOU ANY FORMS TO FILL OUT?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE			
Q33 YES	123 35%	1804 36%	13 29%~	10 33%~	14 39%~	21 26%*	54 42%*	7 29%~	99 34%	1 100%~	~	~	~	5 56%~	14 45%~	10 45%~	110 35%~	82 37%	36 31%	46 33%	74 36%
NO	227 65%	3261 64%	32 71%~	20 67%~	22 61%~	59 74%*	74 58%*	17 71%~	191 66%	2 ~100%~	4 ~100%~	4 44%~	17 55%~	12 55%~	207 65%~	141 63%	80 69%	94 67%	130 64%		
NOT ANSWERED	30	388	1	1	2	3	2	3	9	1			1	1	10	6	6	8	5		
VALID CASES	350	5065	45	30	36	80	128	24	290	1	2	4	9	31	22	317	223	116	140	204	
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%	

PQ34 IN THE LAST 6 MONTHS, HOW OFTEN WERE THE FORMS FROM YOUR HEALTH PLAN EASY TO FILL OUT?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
PQ34 NEVER	5 1%	97 2%	~	~	3%	1%	2%	5%	1%	~	~	~	~	~	6%	5%	1%	0.5%	4%	0.7%	2%
SOMETIMES	8 2%	322 6%*	~	~	3%	2%	4%	~	1%	~	~	~	~	~	6%	5%	2%	2%	4%	1%	3%
USUALLY	48 14%	697 14%	8%	3%	5%	10%	18%	2%	39%	1%	~	~	~	11%	19%	4%	14%	16%	12%	14%	14%
ALWAYS	280 82%	3891 78%*	37%	27%	27%	67%	99%	19%	235%	2%	~	~	~	89%	68%	16%	254%	179%	92%	115%	160%
#ALWAYS + USUALLY (NET)	328 96%	4589 92%*	45%	30%	32%	77%	117%	21%	274%	1%	2%	~	~	~	87%	20%	298%	213%	105%	135%	187%
TOP BOX SCORE	280 82%	3891 78%*	37%	27%	27%	67%	99%	19%	235%	2%	~	~	~	89%	68%	16%	254%	179%	92%	115%	160%
NOT ANSWERED	9	87			2		4	2	9							8	5	3	2	7	
VALID CASES	341	5008	45	30	34	80	124	22	281	1	2		4	9	31	22	309	218	113	138	197
NUMBER OF RESPONDENTS	350 100%	5095 100%	45 100%	30 100%	36 100%	80 100%	128 100%	24 100%	290 100%	1 100%	2 100%		4 100%	9 100%	31 100%	22 100%	317 100%	223 100%	116 100%	140 100%	204 100%

[ASKED IF Q33 = YES. RESPONSE OF 'ALWAYS' PADDED WITH Q33 = NO]

Q35 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH PLAN POSSIBLE AND 10 IS THE BEST HEALTH PLAN POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR HEALTH PLAN?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35 WORST HEALTH PLAN POSSIBLE	7 2%	59 1%	1 ~	3 4%~	3 9%~	3 ~	4 1%	1 100%~	~	1 ~	1 25%~	1 11%~	~	7 ~	2 2%	5 2%	2 2%	3 2%	4 2%	
01	1 0.3%	31 0.6%	~	~	~	1 ~0.8%	~	~	~	~	~	~	1 3%~	1 ~0.3%	~	1 ~0.9%	~	1 ~0.5%	~	
02	4 1%	40 0.8%	~	~	1 3%~	1 1%	2 2%	~	3 1%	~	~	~	~	1 5%~	3 1%	1 0.5%	3 3%	2 1%	2 1%	
03	5 1%	85 2%	2 4%~	1 4%~	2 ~	2 3%	~	3 1%	~	~	~	~	2 6%~	1 5%~	4 1%	1 0.5%	4 4%	2 1%	3 2%	
04	7 2%	121 2%	~	~	1 3%~	2 3%	4 3%	~	7 3%~	~	~	~	~	~	7 2%	4 2%	3 3%	4 3%	3 2%	
05	24 7%	451 9%	5 11%~	1 4%~	4 11%~	7 9%	7 6%	21 8%	~	~	~	~	3 10%~	1 5%~	23 8%~	16 8%	8 7%	9 6%	15 8%	
06	20 6%	332 7%	2 4%~	1 4%~	4 11%~	7 9%	3 2%*	2 8%~	14 5%	~	~	1 25%~	4 ~	20 7%~	10 5%	9 8%	10 7%	9 5%	9 5%	
07	55 16%	632 13%	10 22%~	7 25%~	2 6%~	11 15%	20 17%	4 16%~	45 16%	1 ~	1 33%~	1 ~	1 11%~	6 19%~	3 14%~	49 16%~	40 19%	14 12%	29 21%	26 14%
08	75 22%	921 19%	14 31%~	9 32%~	5 14%~	12 16%	30 25%	3 12%~	64 23%	~	~	1 25%~	3 33%~	4 13%~	4 18%~	68 22%~	50 23%	21 19%	21 15%*	52 27%*
09	46 14%	768 16%	7 16%~	2 7%~	6 17%~	9 12%	16 13%	4 16%~	41 15%	1 ~	1 33%~	1 ~	1 11%~	1 3%~	4 18%~	41 13%~	30 14%	15 13%	19 14%	26 14%
BEST HEALTH PLAN POSSIBLE	93 28%	1430 29%	5 11%~	6 21%~	9 26%~	24 32%	35 29%	12 48%~	75 27%	1 ~	~	3 33%~	10 32%~	8 36%~	82 27%~	56 26%	33 29%	40 29%	51 27%	
#8-10 (NET)	214 64%	3119 64%	26 58%~	17 61%~	20 57%~	45 60%	81 67%	19 76%~	180 65%	2 ~	~	1 25%~	7 78%~	15 48%~	16 73%~	191 63%~	136 64%	69 61%	80 58%	129 67%

Continued

Q35 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH PLAN POSSIBLE AND 10 IS THE BEST HEALTH PLAN POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR HEALTH PLAN?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	139 41%	2198 45%	12 27%	8 29%	15 43%	33 44%	51 42%	16 64%	116 42%	2 ~	67%	~	4 ~	11 35%	12 55%	123 40%	86 40%	48 42%	59 42%	77 40%	
NOT ANSWERED	43	583	1	3	3	8	9	2	22				1	1	22	16	9	9	17		
VALID CASES	337	4870	45	28	35	75	121	25	277	1	3		4	9	31	22	305	213	113	139	192
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%
MEAN	7.78	7.82	7.51	7.61	7.09	7.83	7.83	8.80	7.86	0.0	8.67		5.25	7.78	7.39	8.14	7.73	7.85	7.58	7.72	7.80
p stat_(*=Sig @ p<=.05)		.702	~	~	~.830	.728		~.138	~	~	~	~	~	~	~	~	~.470	.264	.691	.856	

Q35A IN THE LAST 6 MONTHS, DID YOU HAVE A HEALTH PROBLEM FOR WHICH YOU NEEDED SPECIAL MEDICAL EQUIPMENT, SUCH AS A CANE, A WHEELCHAIR, OR OXYGEN EQUIPMENT?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35A YES	55 16%	736 14%	2 4%	4 13%	5 14%	19 23%*	14 11%	10 40%	46 16%	~	~	1 ~ 25%	5 ~ 16%	3 13%	50 16%	17 8%*	35 30%*	19 13%	36 18%	
NO	299 84%	4378 86%	43 96%	26 87%	32 86%	62 77%*	113 89%	15 60%	244 84%	1 100%	3 100%	3 ~ 75%	9 100%	27 84%	20 87%	268 84%	208 92%*	82 70%*	123 87%	169 82%
NOT ANSWERED	26	339	1	1	1	2	3	2	9					9	4	5	6	4		
VALID CASES	354	5114	45	30	37	81	127	25	290	1	3	4	9	32	23	318	225	117	142	205
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q35B IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE MEDICAL EQUIPMENT YOU NEEDED THROUGH YOUR HEALTH PLAN?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35B NEVER	13 24%	123 19%	2 ~ 50%	1 20%	6 32%	2 15%	2 20%	8 18%	~	~	1 ~100%	3 ~ 60%	1 33%	11 22%	3 18%	9 26%	6 33%	7 19%		
SOMETIMES	6 11%	72 11%	~	~	2 11%	3 23%	1 10%	5 11%	~	~	~	~	~	6 12%	1 6%	4 12%	1 6%	5 14%		
USUALLY	12 22%	177 27%	1 50%	2 40%	3 16%	4 31%	1 10%	10 22%	~	~	~	1 20%	1 33%	10 20%	7 41%	5 15%	4 22%	8 22%		
ALWAYS	23 43%	279 43%	1 50%	2 50%	2 40%	8 42%	4 31%	6 60%	22 49%	~	~	~	1 20%	1 33%	22 45%	6 35%	16 47%	7 39%	16 44%	
#ALWAYS + USUALLY (NET)	35 65%	456 70%	2 100%	2 50%	4 80%	11 58%	8 62%	7 70%	32 71%	~	~	~	2 40%	2 67%	32 65%	13 76%	21 62%	11 61%	24 67%	
TOP BOX SCORE	23 43%	279 43%	1 50%	2 50%	2 40%	8 42%	4 31%	6 60%	22 49%	~	~	~	1 20%	1 33%	22 45%	6 35%	16 47%	7 39%	16 44%	
NOT ANSWERED	1	24					1	1						1		1	1			
VALID CASES	54	651	2	4	5	19	13	10	45		1	5	3	49	17	34	18	36		
NUMBER OF RESPONDENTS	55	675	2	4	5	19	14	10	46		1	5	3	50	17	35	19	36		
	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%		

[ASKED IF Q35A = YES]

Q35C IN THE LAST 6 MONTHS, DID YOU HAVE ANY HEALTH PROBLEMS THAT NEEDED SPECIAL THERAPY, SUCH AS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE				
Q35C YES	63 18%	760 15%	4 9%~	3 10%~	6 18%~	19 24%	23 18%	8 32%~	53 18%	~	~	~	~	1 11%~	6 20%~	5 23%~	58 18%~	26 12%*	36 31%*	20 14%	43 21%	
NO	285 82%	4319 85%	42 91%~	27 90%~	28 82%~	60 76%	103 82%	17 68%~	236 82%	1 100%~	2 100%~	~	~	4 100%~	8 89%~	24 80%~	17 77%~	256 82%~	196 88%*	79 69%*	120 86%	158 79%
NOT ANSWERED	32	373		1	4	4	4	2	10		1				2	1	13	7	7	8	8	
VALID CASES	348	5080	46	30	34	79	126	25	289	1	2			4	9	30	22	314	222	115	140	201
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%			4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%



Q35D IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE SPECIAL THERAPY YOU NEEDED THROUGH YOUR HEALTH PLAN?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35D NEVER	15 24%	165 23%	1 25%~	1 33%~	1 20%~	5 26%~	7 30%~	9 ~ 17%~	~	~	~	~	~	1 ~ 100%~	3 50%~	2 50%~	13 22%~	5 19%~	10 29%~	6 30%~	9 21%~
SOMETIMES	11 18%	141 19%	1 25%~	1 33%~	1 20%~	3 16%~	2 9%~	3 38%~	10 19%~	~	~	~	~	1 ~ 17%~	1 ~ 19%~	11 ~ 19%~	4 15%~	7 20%~	5 25%~	6 14%~	
USUALLY	13 21%	179 25%	~	~	2 40%~	4 21%~	7 30%~	~	12 23%~	~	~	~	~	1 ~ 17%~	13 ~ 22%~	13 ~ 22%~	8 31%~	5 14%~	3 15%~	10 24%~	
ALWAYS	23 37%	239 33%	2 50%~	1 33%~	1 20%~	7 37%~	7 30%~	5 62%~	22 42%~	~	~	~	~	1 ~ 17%~	2 50%~	21 36%~	9 35%~	13 37%~	6 30%~	17 40%~	
#ALWAYS + USUALLY (NET)	36 58%	418 58%	2 50%~	1 33%~	3 60%~	11 58%~	14 61%~	5 62%~	34 64%~	~	~	~	~	2 ~ 33%~	2 50%~	34 59%~	17 65%~	18 51%~	9 45%~	27 64%~	
TOP BOX SCORE	23 37%	239 33%	2 50%~	1 33%~	1 20%~	7 37%~	7 30%~	5 62%~	22 42%~	~	~	~	~	1 ~ 17%~	2 50%~	21 36%~	9 35%~	13 37%~	6 30%~	17 40%~	
NOT ANSWERED	1	20			1										1			1		1	
VALID CASES	62	725	4	3	5	19	23	8	53					1	6	4	58	26	35	20	42
NUMBER OF RESPONDENTS	63	745	4	3	6	19	23	8	53					1	6	5	58	26	36	20	43
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35C = YES]

Q35E IN THE LAST 6 MONTHS, DID YOU VISIT A PROVIDER FOR A SPECIFIC HEALTH ISSUE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35E YES	206 58%	2872 56%	18 39%~	15 50%~	20 54%~	53 65%	80 63%	17 71%~	167 58%	1 100%~	2 67%~	3 ~ 75%~	4 44%~	24 75%~	14 61%~	189 59%~	115 52%*	85 72%*	77 53%	127 63%*
NO	147 42%	2261 44%	28 61%~	15 50%~	17 46%~	28 35%	47 37%	7 29%~	123 42%	1 ~ 33%~		1 ~ 25%~	5 56%~	8 25%~	9 39%~	129 41%~	108 48%*	33 28%*	68 47%	74 37%*
NOT ANSWERED	27	320		1	1	2	3	3	9						9	6	4	3	8	
VALID CASES	353	5133	46	30	37	81	127	24	290	1	3	4	9	32	23	318	223	118	145	201
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q35F HOW MUCH EFFORT WAS MADE TO HELP YOU UNDERSTAND YOUR HEALTH ISSUE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35F NO EFFORT AT ALL	6 3%	94 3%	2 ~ 13%~	2 ~ 4%	2 2%	4 2%~	1 ~	1 ~	1 ~	1 ~	1 ~	1 ~	1 ~	1 ~	6 ~ 3%~	5 4%	1 1%	3 4%	3 2%	
A LITTLE EFFORT WAS MADE	17 8%	213 8%	1 6%~	1 7%~	6 30%~	5 9%	3 4%*	1 6%~	13 8%~	1 100%~	1 50%~	1 ~ 33%~	1 ~ 4%~	1 ~	16 ~ 8%~	5 4%*	11 13%	6 8%	11 9%	
SOME EFFORT WAS MADE	53 26%	662 24%	6 33%~	4 27%~	4 20%~	12 23%	17 21%	8 47%~	42 25%~	~	~	1 ~ 33%~	8 ~ 33%~	5 36%~	46 24%~	28 24%	24 28%	20 26%	31 24%	
A LOT OF EFFORT WAS MADE	130 63%	1793 65%	11 61%~	8 53%~	10 50%~	34 64%	58 73%*	8 47%~	108 65%~	1 ~ 50%~	1 ~ 33%~	3 75%~	14 58%~	9 64%~	121 64%~	77 67%	49 58%	48 62%	82 65%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	183 89%	2455 89%	17 94%~	12 80%~	14 70%~	46 87%	75 94%	16 94%~	150 90%~	1 ~ 50%~	2 ~ 67%~	3 75%~	22 92%~	14 100%~	167 88%~	105 91%	73 86%	68 88%	113 89%	
TOP BOX SCORE	130 63%	1793 65%	11 61%~	8 53%~	10 50%~	34 64%	58 73%*	8 47%~	108 65%~	1 ~ 50%~	1 ~ 33%~	3 75%~	14 58%~	9 64%~	121 64%~	77 67%	49 58%	48 62%	82 65%	
NOT ANSWERED		95																		
VALID CASES	206	2763	18	15	20	53	80	17	167	1	2	3	4	24	14	189	115	85	77	127
NUMBER OF RESPONDENTS	206	2858	18	15	20	53	80	17	167	1	2	3	4	24	14	189	115	85	77	127
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

Q35G HOW MUCH EFFORT WAS MADE TO LISTEN TO THE THINGS THAT MATTER MOST TO YOU ABOUT YOUR HEALTH ISSUE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35G NO EFFORT AT ALL	9 4%	135 5%	2 ~ 13%	2 ~ 11%	3 ~ 6%	1 1%*	1 6%	8 5%	~	~	~	~	~	1 4%	1 7%	7 4%	6 5%	3 4%	4 5%	5 4%	
A LITTLE EFFORT WAS MADE	20 10%	226 8%	2 11%	2 13%	5 26%	4 8%	6 8%	1 6%	14 8%	1 100%	~	2 67%	~	3 13%	~	20 11%	6 5%*	14 16%*	5 7%	15 12%	
SOME EFFORT WAS MADE	49 24%	652 24%	6 33%	2 13%	3 16%	12 23%	18 23%	6 35%	41 25%	1 50%	~	~	~	6 25%	5 36%	44 24%	28 25%	21 25%	16 21%	32 25%	
A LOT OF EFFORT WAS MADE	126 62%	1759 63%	10 56%	9 60%	9 47%	34 64%	54 68%	9 53%	102 62%	1 50%	~	1 33%	4 100%	14 58%	8 57%	116 62%	74 65%	47 55%	51 67%	74 59%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	175 86%	2411 87%	16 89%	11 73%	12 63%	46 87%	72 91%	15 88%	143 87%	2 100%	~	1 33%	4 100%	20 83%	13 93%	160 86%	102 89%	68 80%	67 88%	106 84%	
TOP BOX SCORE	126 62%	1759 63%	10 56%	9 60%	9 47%	34 64%	54 68%	9 53%	102 62%	1 50%	~	1 33%	4 100%	14 58%	8 57%	116 62%	74 65%	47 55%	51 67%	74 59%	
NOT ANSWERED	2	87			1		1		2						2	1			1	1	
VALID CASES	204	2771	18	15	19	53	79	17	165	1	2		3	4	24	14	187	114	85	76	126
NUMBER OF RESPONDENTS	206	2858	18	15	20	53	80	17	167	1	2		3	4	24	14	189	115	85	77	127
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

Q35H HOW MUCH EFFORT WAS MADE TO INCLUDE WHAT MATTERS MOST TO YOU IN CHOOSING WHAT TO DO NEXT?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35H																					
NO EFFORT AT ALL	18 9%	191 7%	4 ~ 27%	2 11%	7 13%	4 5%	1 6%	11 7%	1 100%			1 33%		5 21%	1 8%	17 9%	10 9%	8 10%	8 10%	10 8%	
A LITTLE EFFORT WAS MADE	16 8%	242 9%	1 6%	1 7%	3 16%	4 8%	5 6%	1 8%				1 33%		1 4%		16 9%	5 4%*	9 11%	4 5%	11 9%	
SOME EFFORT WAS MADE	53 26%	781 28%	5 28%	3 20%	7 37%	10 19%	8 24%	45 27%	1 50%					5 21%	5 38%	46 24%	25 22%	28 33%*	20 26%	33 26%	
A LOT OF EFFORT WAS MADE	117 57%	1558 56%	12 67%	7 47%	7 37%	31 60%	52 65%	7 41%	96 58%	1 50%		1 33%	4 100%	13 54%	7 54%	109 58%	74 65%*	39 46%*	45 58%	71 57%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	170 83%	2339 84%	17 94%	10 67%	14 74%	41 79%	71 89%	15 88%	141 85%	2 100%		1 33%	4 100%	18 75%	12 92%	155 82%	99 87%	67 80%	65 84%	104 83%	
TOP BOX SCORE	117 57%	1558 56%	12 67%	7 47%	7 37%	31 60%	52 65%	7 41%	96 58%	1 50%		1 33%	4 100%	13 54%	7 54%	109 58%	74 65%*	39 46%*	45 58%	71 57%	
NOT ANSWERED	2	85			1	1			1						1	1	1	1		2	
VALID CASES	204	2773	18	15	19	52	80	17	166	1	2		3	4	24	13	188	114	84	77	125
NUMBER OF RESPONDENTS	206	2858	18	15	20	53	80	17	167	1	2		3	4	24	14	189	115	85	77	127
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

Q35I CHOICES FOR YOUR TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID THIS PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ AS- PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35I YES	129 37%	1866 37%	11 24%~	10 34%~	12 32%~	30 38%	51 41%	12 44%~	105 36%	1 ~	1 50%~	1 ~	2 25%~	14 45%~	9 39%~	115 36%~	72 33%*	50 43%	48 34%	80 39%
NO	221 63%	3186 63%	35 76%~	19 66%~	25 68%~	49 62%	73 59%	15 56%~	185 64%	1 100%~	1 50%~	3 ~	7 75%~	17 55%~	14 61%~	201 64%~	149 67%*	67 57%	93 66%	124 61%
NOT ANSWERED	30	400		2	1	4	6		9		1			1		11	8	5	7	5
VALID CASES	350	5053	46	29	37	79	124	27	290	1	2	4	9	31	23	316	221	117	141	204
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q35J IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q35J #YES	113 88%	1483 85%	9 82%~	9 90%~	9 75%~	28 93%~	47 92%	9 82%~	92 88%~	1 ~100%~	1 ~100%~	2 ~100%~	12 86%~	9 100%~	100 88%~	63 88%	46 92%	41 85%~	72 91%~	
NO	15 12%	254 15%	2 18%~	1 10%~	3 25%~	2 7%~	4 8%	2 18%~	12 12%~	~	~	~	~	2 ~14%~	14 ~12%~	9 12%	4 8%	7 15%~	7 9%~	
NOT ANSWERED	1	58						1	1						1				1	
VALID CASES	128	1737	11	10	12	30	51	11	104	1		1	2	14	9	114	72	50	48	79
NUMBER OF RESPONDENTS	129	1795	11	10	12	30	51	12	105	1		1	2	14	9	115	72	50	48	80
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35I = YES]

Q35K IN THE LAST 6 MONTHS, WHEN THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE, DID YOUR PROVIDER ASK YOU WHICH CHOICE WAS BEST FOR YOU?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q35K #YES	111 87%	1402 81%*	10 91%~	9 90%~	10 83%~	28 97%~	42 82%	9 82%~	89 86%~	1 ~100%~	1 ~100%~	2 ~100%~	12 86%~	9 100%~	97 86%~	65 92%	41 82%	41 85%~	69 88%~	
NO	16 13%	326 19%*	1 9%~	1 10%~	2 17%~	1 3%~	9 18%	2 18%~	14 14%~	~	~	~	~	2 ~14%~	16 ~14%~	6 8%	9 18%	7 15%~	9 12%~	
NOT ANSWERED	2	67				1	1	2						2	1			2		
VALID CASES	127	1728	11	10	12	29	51	11	103	1	1	2	14	9	113	71	50	48	78	
NUMBER OF RESPONDENTS	129	1795	11	10	12	30	51	12	105	1	1	2	14	9	115	72	50	48	80	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35I = YES]



Q35L IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PROVIDER MAKE IT EASY FOR YOU TO ASK QUESTIONS OR RAISE CONCERNS?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35L NEVER	39 11%	654 13%	3 7%	4 13%	7 19%	7 9%	14 11%	3 12%	33 11%	1 100%	~	~	1 25%	2 7%	36 11%	26 12%	11 9%	23 16%*	15 7%*		
SOMETIMES	35 10%	567 11%	4 9%	5 17%	8 22%	6 8%	9 8%	2 9%	27 9%	1 33%	~	1 25%	5 17%	1 4%	33 10%	13 6%*	22 18%*	14 10%	20 10%		
USUALLY	82 23%	1126 23%	17 37%	8 27%	7 19%	17 22%	24 19%	9 35%	74 26%*	1 33%	~	2 22%	4 13%	6 26%	75 24%	51 23%	29 24%	26 18%*	56 28%*		
ALWAYS	195 56%	2613 53%	22 48%	13 43%	15 41%	49 62%	78 62%	12 46%	155 54%	1 33%	~	2 50%	7 78%	19 63%	16 70%	172 54%	128 59%	58 48%	82 57%	109 55%	
#ALWAYS + USUALLY (NET)	277 79%	3739 75%	39 85%	21 70%	22 59%	66 84%	102 82%	21 81%	229 79%	2 67%	~	2 50%	9 100%	23 77%	22 96%	247 78%	179 82%	87 73%*	108 74%	165 83%	
TOP BOX SCORE	195 56%	2613 53%	22 48%	13 43%	15 41%	49 62%	78 62%	12 46%	155 54%	1 33%	~	2 50%	7 78%	19 63%	16 70%	172 54%	128 59%	58 48%	82 57%	109 55%	
NOT ANSWERED	29	493		1	1	4	5	1	10					2	11	11	2	3	9		
VALID CASES	351	4960	46	30	37	79	125	26	289	1	3		4	9	30	23	316	218	120	145	200
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q35M IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER TALK TOO FAST WHEN TALKING TO YOU?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35M ALWAYS	23 7%	387 8%	2 4%~	2 7%~	3 8%~	6 7%	10 8%	17 6%	~	~	~	~	~	33%~	10%~	4 17%~	19 6%~	10 5%	11 9%	13 9%	10 5%
USUALLY	18 5%	258 5%	2 4%~	1 3%~	2 5%~	5 6%	7 6%	1 4%~	16 5%	~	~	~	~	~	3%~	1 ~	17 5%~	8 4%	10 8%	6 4%	12 6%
SOMETIMES	62 18%	881 18%	12 26%~	8 27%~	8 22%~	10 12%	18 14%	4 16%~	47 16%	1 100%~	~	~	2 50%~	1 11%~	8 26%~	4 17%~	55 17%~	29 13%*	30 25%*	19 13%	41 20%
NEVER	248 71%	3452 69%	30 65%~	19 63%~	24 65%~	59 74%	92 72%	20 80%~	212 73%	2 ~100%~	~	~	2 50%~	5 56%~	19 61%~	15 65%~	228 71%~	173 79%*	70 58%*	107 74%	139 69%
#NEVER + SOMETIMES (NET)	310 88%	4333 87%	42 91%~	27 90%~	32 86%~	69 86%	110 87%	24 96%~	259 89%	1 100%~	2 100%~	~	4 ~100%~	6 67%~	27 87%~	19 83%~	283 89%~	202 92%*	100 83%*	126 87%	180 89%
TOP BOX SCORE	248 71%	3452 69%	30 65%~	19 63%~	24 65%~	59 74%	92 72%	20 80%~	212 73%	2 ~100%~	~	~	2 50%~	5 56%~	19 61%~	15 65%~	228 71%~	173 79%*	70 58%*	107 74%	139 69%
NOT ANSWERED	29	476		1	1	3	3	2	7		1				1		8	9	1	3	7
VALID CASES	351	4977	46	30	37	80	127	25	292	1	2		4	9	31	23	319	220	121	145	202
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q35N IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER INTERRUPT YOU WHEN YOU WERE TALKING?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35N ALWAYS	5 1%	113 2%	~	~	2 5%	~	3 2%	~	3 1%	~	~	~	1 25%	~	1 3%	~	5 2%	1 0.5%	3 2%	3 2%	2 1%
USUALLY	9 3%	124 2%	1 2%	1 3%	1 3%	1 1%	4 3%	1 4%	9 3%*	~	~	~	~	~	~	~	9 3%	3 1%	6 5%	3 2%	6 3%
SOMETIMES	55 16%	728 15%	8 18%	8 27%	10 26%	10 12%	15 12%	4 16%	48 16%	~	~	~	1 25%	6 19%	3 14%	49 15%	31 14%	23 19%	20 14%	35 17%	
NEVER	283 80%	4037 81%	36 80%	21 70%	25 66%	70 86%	105 83%	20 80%	232 79%	1 100%	2 100%	~	2 50%	9 100%	24 77%	19 86%	256 80%	186 84%*	89 74%*	119 82%	160 79%
#NEVER + SOMETIMES (NET)	338 96%	4765 95%	44 98%	29 97%	35 92%	80 99%*	120 94%	24 96%	280 96%	1 100%	2 100%	~	3 75%	9 100%	30 97%	22 100%	305 96%	217 98%*	112 93%*	139 96%	195 96%
TOP BOX SCORE	283 80%	4037 81%	36 80%	21 70%	25 66%	70 86%	105 83%	20 80%	232 79%	1 100%	2 100%	~	2 50%	9 100%	24 77%	19 86%	256 80%	186 84%*	89 74%*	119 82%	160 79%
NOT ANSWERED	28	451	1	1		2	3	2	7		1			1	1	8	8	1	3	6	
VALID CASES	352	5002	45	30	38	81	127	25	292	1	2		4	9	31	22	319	221	121	145	203
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q350 IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER USE A CONDESCENDING, SARCASTIC, OR RUDE TONE OR MANNER WITH YOU?

	PHSJ TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
Q350 ALWAYS	7 2%	98 2%	~	~	2 5%	3 4%	2 2%	~	7 2%	~	~	~	~	~	~	~	7 2%	2 0.9%	5 4%	2 1%	5 2%	
USUALLY	7 2%	112 2%	~	~	3 8%	1 1%	2 2%	1 4%	5 2%	~	~	1 25%	~	1 3%	~	~	7 2%	2 0.9%	5 4%	5 3%	2 1%	
SOMETIMES	29 8%	493 10%	5 11%	7 23%	3 8%	5 6%	8 6%	~	20 7%	1 100%	~	1 25%	~	6 19%	~	~	2 9%	25 8%	11 5%*	18 15%*	6 4%*	23 11%*
NEVER	309 88%	4278 86%	41 89%	23 77%	29 78%	72 89%	114 90%	25 96%	260 89%	1 100%	2 ~	2 50%	9 100%	24 77%	21 91%	279 88%	208 93%*	93 77%*	133 91%	173 85%		
#NEVER + SOMETIMES (NET)	338 96%	4771 96%	46 100%	30 100%	32 86%	77 95%	122 97%	25 96%	280 96%	1 100%	2 100%	3 75%	9 100%	30 97%	23 100%	304 96%	219 98%*	111 92%*	139 95%	196 97%		
TOP BOX SCORE	309 88%	4278 86%	41 89%	23 77%	29 78%	72 89%	114 90%	25 96%	260 89%	1 100%	2 ~	2 50%	9 100%	24 77%	21 91%	279 88%	208 93%*	93 77%*	133 91%	173 85%		
NOT ANSWERED	28	472		1	1	2	4	1	7		1			1		9	6	1	2	6		
VALID CASES	352	4981	46	30	37	81	126	26	292	1	2	4	9	31	23	318	223	121	146	203		
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Q35P IN THE LAST 6 MONTHS, DID YOU FEEL YOU COULD TRUST A DOCTOR OR OTHER HEALTH PROVIDER WITH YOUR MEDICAL CARE?

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q35P #YES DEFINITELY	227 65%	3312 67%	27 59%~	19 63%~	23 62%~	54 65%	86 70%	17 68%~	191 66%	1 ~	2 33%~	6 ~	18 50%~	20 87%~	204 65%~	152 69%	72 60%	93 64%	134 67%		
YES SOMEWHAT	96 28%	1213 25%	16 35%~	9 30%~	11 30%~	23 28%	27 22%	7 28%~	78 27%	1 100%~	2 67%~	1 ~	1 25%~	10 11%~	10 32%~	2 9%~	88 28%~	59 27%	33 28%	41 28%	52 26%
NO	26 7%	418 8%	3 7%~	2 7%~	3 8%~	6 7%	10 8%	1 4%~	20 7%	~	~	1 25%~	2 22%~	3 10%~	1 4%~	24 8%~	10 5%*	15 12%*	12 8%	14 7%	
NOT ANSWERED	31	511		1	1		7	2	10					1	11	8	2	2	9		
VALID CASES	349	4942	46	30	37	83	123	25	289	1	3		4	9	31	23	316	221	120	146	200
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q35Q A REGULAR DENTIST IS ONE YOU WOULD GO TO FOR CHECK-UPS AND CLEANINGS OR WHEN YOU HAVE A CAVITY OR TOOTH PAIN. DO YOU HAVE A REGULAR DENTIST?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ALSK	AMER ILND NATV OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35Q YES	204 58%	2643 53%*	29 63%~	20 65%~	23 62%~	42 53%	74 58%	14 56%~	175 60%	1 ~	1 50%~	1 ~	5 25%~	18 56%~	13 57%~	185 58%~	138 61%	62 53%	83 57%	120 59%
NO	148 42%	2382 47%*	17 37%~	11 35%~	14 38%~	38 48%	53 42%	11 44%~	116 40%	1 100%~	1 50%~	3 ~	4 75%~	14 44%~	10 43%~	133 42%~	88 39%	56 47%	62 43%	83 41%
NOT ANSWERED	28	428			1	3	3	2	8		1				9	3	4	3	6	
VALID CASES	352	5025	46	31	37	80	127	25	291	1	2	4	9	32	23	318	226	118	145	203
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q35R IN THE LAST 6 MONTHS, IF YOU NEEDED TO SEE A DENTIST RIGHT AWAY BECAUSE OF A DENTAL EMERGENCY, DID YOU GET TO SEE A DENTIST AS SOON AS YOU WANTED?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE			
Q35R NEVER	52 35%	799 36%	7 30%~	8 42%~	6 33%~	14 48%~	11 24%~	5 36%~	39 33%~	~	~	3 ~100%~	1 25%~	8 38%~	3 27%~	46 35%~	28 31%	21 38%	25 37%	26 33%
SOMETIMES	29 19%	439 20%	5 22%~	4 21%~	5 28%~	4 14%~	6 13%~	4 29%~	23 19%~	~	~	~	1 ~ 25%~	3 14%~	2 18%~	26 20%~	17 19%	11 20%	11 16%	17 21%
USUALLY	32 21%	421 19%	7 30%~	5 26%~	3 17%~	2 7%~	13 29%~	2 14%~	28 24%~	~	~	~	1 ~ 25%~	3 14%~	2 18%~	28 21%~	19 21%	13 24%	11 16%	21 26%
ALWAYS	37 25%	564 25%	4 17%~	2 11%~	4 22%~	9 31%~	15 33%~	3 21%~	28 24%~	~	~	~	1 ~ 25%~	7 33%~	4 36%~	32 24%~	27 30%	10 18%	21 31%	16 20%
#ALWAYS + USUALLY (NET)	69 46%	985 44%	11 48%~	7 37%~	7 39%~	11 38%~	28 62%~	5 36%~	56 47%~	~	~	~	2 ~ 50%~	10 48%~	6 55%~	60 45%~	46 51%	23 42%	32 47%	37 46%
TOP BOX SCORE	37 25%	564 25%	4 17%~	2 11%~	4 22%~	9 31%~	15 33%~	3 21%~	28 24%~	~	~	~	1 ~ 25%~	7 33%~	4 36%~	32 24%~	27 30%	10 18%	21 31%	16 20%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	200	2730	23	12	19	50	81	12	175	1	2	1	5	10	11	187	133	63	77	121
NOT ANSWERED	30	500			1	4	4	1	6		1			1	1	8	5	4	3	8
VALID CASES	150	2223	23	19	18	29	45	14	118			3	4	21	11	132	91	55	68	80
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1	3	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q36 IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q36 EXCELLENT	33 9%	477 9%	13 28%~	5 16%~	1 3%~	7 9%	5 4%*	2 8%~	25 8%	~	~	~	~	2 25%~	3 10%~	7 33%~	26 8%~	33 14%~	20 14%*	13 6%*	
VERY GOOD	87 25%	1176 23%	18 39%~	11 35%~	13 35%~	11 13%*	29 23%	3 12%~	77 26%	1 100%~	1 33%~	~	~	4 50%~	2 7%~	5 24%~	80 25%~	87 38%~	31 21%	56 27%	
GOOD	109 31%	1761 35%	8 17%~	8 26%~	11 30%~	35 43%*	40 32%	5 20%~	94 32%	~	2 67%~	~	1 25%~	1 13%~	10 33%~	3 14%~	104 32%~	109 48%~	51 35%	56 27%	
FAIR	88 25%	1244 25%	5 11%~	4 13%~	10 27%~	20 24%	36 29%	13 52%~	74 25%	~	~	~	2 50%~	1 13%~	8 27%~	4 19%~	79 25%~	88 72%*	32 22%	56 27%	
POOR	34 10%	405 8%	2 4%~	3 10%~	2 5%~	9 11%	16 13%	2 8%~	25 8%	~	~	~	1 25%~	7 23%~	15 10%~	2 10%~	32 10%~	34 28%*	11 8%	23 11%	
#EXCELLENT + VERY GOOD + GOOD (NET)	229 65%	3415 67%	39 85%~	24 77%~	25 68%~	53 65%	74 59%	10 40%~	196 66%	1 100%~	3 100%~	~	1 25%~	7 88%~	15 50%~	15 71%~	210 65%~	229 100%~	102 70%	125 61%	
NOT ANSWERED	29	389			1	1	4	2	4					1	2	2	6		3	5	
VALID CASES	351	5064	46	31	37	82	126	25	295	1	3		4	8	30	21	321	229	122	145	204
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3		4	9	32	23	327	229	122	148	209
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%



Q37 IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE							RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q37 EXCELLENT	53 15%	895 18%	9 20%	5 16%	5 13%	10 12%	19 15%	4 16%	42 14%	~	~	~	~	7 78%	3 10%	9 39%	44 14%	47 21%*	4 3%*	24 16%	29 14%
VERY GOOD	99 28%	1258 25%	16 35%	12 39%	12 32%	20 24%	36 28%	2 8%	83 28%	~	1 33%	~	1 25%	1 11%	11 35%	5 22%	93 29%	85 37%*	12 10%*	39 26%	59 29%
GOOD	100 28%	1533 30%	13 28%	6 19%	8 21%	25 30%	36 28%	12 48%	88 30%	1 100%	2 67%	~	2 50%	~	5 16%	3 13%	93 29%	60 26%	39 33%	45 30%	55 27%
FAIR	68 19%	1027 20%	5 11%	6 19%	9 24%	16 20%	25 20%	6 24%	54 18%	~	~	~	1 25%	1 11%	8 26%	5 22%	61 19%	26 11%*	40 34%*	28 19%	39 19%
POOR	33 9%	363 7%	3 7%	2 6%	4 11%	11 13%	12 9%	1 4%	28 9%	~	~	~	~	~	4 13%	1 4%	31 10%	10 4%*	23 19%*	12 8%	21 10%
#EXCELLENT + VERY GOOD + GOOD (NET)	252 71%	3685 73%	38 83%	23 74%	25 66%	55 67%	91 71%	18 72%	213 72%	1 100%	3 100%	~	3 75%	8 89%	19 61%	17 74%	230 71%	192 84%*	55 47%*	108 73%	143 70%
NOT ANSWERED	27	378				1	2	2	4						1		5	1	4		6
VALID CASES	353	5075	46	31	38	82	128	25	295	1	3		4	9	31	23	322	228	118	148	203
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q38 HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2014?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q38 #YES	136 39%	2160 44%	11 26%~	7 23%~	12 33%~	33 42%	56 43%	17 63%~	110 38%	1 100%	1 50%~	1 ~ 25%~	2 25%~	17 55%~	11 50%~	121 38%~	70 32%*	61 52%*	52 36%	84 41%
NO	213 61%	2803 56%	31 74%~	24 77%~	24 67%~	46 58%	73 57%	10 37%~	181 62%	1 ~ 50%~	3 ~ 75%~	6 75%~	14 45%~	11 50%~	196 62%~	152 68%*	57 48%*	91 64%	119 59%	
DON'T KNOW	8	112	3		2	3			6				1	1	1	7	5	3	4	4
NOT ANSWERED	23	379	1			1	1		2	1					3	2	1	1	2	
VALID CASES	349	4963	42	31	36	79	129	27	291	1	2	4	8	31	22	317	222	118	143	203
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q39 DO YOU NOW SMOKE CIGARETTES OR USE TOBACCO EVERY DAY, SOME DAYS, OR NOT AT ALL?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q39 EVERY DAY	99 28%	1063 21%*	5 11%~	7 23%~	12 32%~	29 35%	42 33%	4 15%~	86 29%	1 ~ 33%~	1 ~ 25%~	9 ~ 28%~	3 13%~	93 29%~	59 26%	40 34%	47 32%	52 25%		
SOME DAYS	40 11%	463 9%	2 4%~	8 26%~	5 13%~	12 14%	12 9%	1 4%~	28 9%	1 100%~	2 ~	1 ~ 50%~	6 11%~	37 19%~	21 4%~	19 11%~	21 9%	19 16%		
NOT AT ALL	217 61%	3502 70%*	39 85%~	16 52%~	21 55%~	42 51%*	73 57%	22 81%~	182 61%	2 ~ 67%~	1 ~ 25%~	8 89%~	17 53%~	19 83%~	194 60%~	148 65%*	60 50%*	80 54%*	134 65%*	
DON'T KNOW	1	42													1			1		
NOT ANSWERED	23	383					3		3						3		3	3		
VALID CASES	356	5028	46	31	38	83	127	27	296	1	3	4	9	32	23	324	228	119	148	205
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q40 IN THE LAST 6 MONTHS, HOW OFTEN WERE YOU ADVISED TO QUIT SMOKING OR USING TOBACCO BY A DOCTOR OR OTHER HEALTH PROVIDER IN YOUR PLAN?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q40 NEVER	34 25%	435 26%	1 14%~	3 21%~	5 29%~	12 29%~	13 25%	26 23%~	1 100%~	1 100%~	1 ~ 33%~	5 ~ 38%~	32 ~ 25%~	20 26%	14 25%	16 24%	18 26%			
SOMETIMES	24 18%	355 21%	1 14%~	2 14%~	3 18%~	10 24%~	7 14%	1 20%~	22 20%~	~	~	~	1 ~ 8%~	23 ~ 18%~	12 15%	12 21%	17 25%*	7 10%*		
USUALLY	21 16%	280 17%	2 29%~	3 21%~	1 6%~	6 15%~	7 14%	2 40%~	17 15%~	~	~	1 ~ 33%~	2 ~ 15%~	20 ~ 16%~	10 13%	11 19%	8 12%	13 19%		
ALWAYS	56 41%	589 35%	3 43%~	6 43%~	8 47%~	13 32%~	24 47%	2 40%~	47 42%~	~	~	1 ~ 33%~	1 100%~	5 38%~	4 100%~	51 40%~	36 46%	20 35%	26 39%	30 44%
#ALWAYS + USUALLY (NET)	77 57%	869 52%	5 71%~	9 64%~	9 53%~	19 46%~	31 61%	4 80%~	64 57%~	~	~	2 ~ 67%~	1 100%~	7 54%~	4 100%~	71 56%~	46 59%	31 54%	34 51%	43 63%
TOP BOX SCORE	56 41%	589 35%	3 43%~	6 43%~	8 47%~	13 32%~	24 47%	2 40%~	47 42%~	~	~	1 ~ 33%~	1 100%~	5 38%~	4 100%~	51 40%~	36 46%	20 35%	26 39%	30 44%
NOT ANSWERED	4	31	1			3		2				2	4	2	2	1	3			
VALID CASES	135	1659	7	14	17	41	51	5	112	1	1	3	1	13	4	126	78	57	67	68
NUMBER OF RESPONDENTS	139	1690	7	15	17	41	54	5	114	1	1	3	1	15	4	130	80	59	68	71
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q41 IN THE LAST 6 MONTHS, HOW OFTEN WAS MEDICATION RECOMMENDED OR DISCUSSED BY A DOCTOR OR HEALTH PROVIDER TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF MEDICATION ARE: NICOTINE GUM, PATCH, NASAL SPRAY, INHALER, OR PRESCRIPTION MEDICATION.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- ILND NATV	OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q41 NEVER	64 48%	750 46%	4 57%	5 36%	7 41%	20 50%	26 51%	2 40%	53 47%	1 100%	1 100%	1 ~	1 ~	1 ~	8 67%	62 50%	36 47%	28 49%	33 49%	31 46%	
SOMETIMES	25 19%	380 23%	2 29%	4 29%	4 24%	7 17%	6 12%	2 40%	24 21%	~	~	~	~	~	1 8%	25 20%	12 16%	13 23%	12 18%	13 19%	
USUALLY	19 14%	243 15%	~	1 7%	1 6%	6 15%	10 20%	1 20%	15 13%	~	~	~	~	~	2 17%	18 14%	12 16%	7 12%	7 10%	12 18%	
ALWAYS	26 19%	267 16%	1 14%	4 29%	5 29%	7 17%	9 18%	~	20 18%	~	~	~	2 ~	1 ~	1 8%	4 100%	20 16%	17 22%	9 16%	15 22%	11 16%
#ALWAYS + USUALLY (NET)	45 34%	510 31%	1 14%	5 36%	6 35%	13 32%	19 37%	1 20%	35 31%	~	~	~	2 ~	1 ~	3 25%	4 100%	38 30%	29 38%	16 28%	22 33%	23 34%
TOP BOX SCORE	26 19%	267 16%	1 14%	4 29%	5 29%	7 17%	9 18%	~	20 18%	~	~	~	2 ~	1 ~	1 8%	4 100%	20 16%	17 22%	9 16%	15 22%	11 16%
NOT ANSWERED	5	51	1	1	1	3		2						3	5	3	2	1	4		
VALID CASES	134	1639	7	14	17	40	51	5	112	1	1		3	1	12	4	125	77	57	67	67
NUMBER OF RESPONDENTS	139	1690	7	15	17	41	54	5	114	1	1		3	1	15	4	130	80	59	68	71
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q42 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR DOCTOR OR HEALTH PROVIDER DISCUSS OR PROVIDE METHODS AND STRATEGIES OTHER THAN MEDICATION TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF METHODS AND STRATEGIES ARE: TELEPHONE HELPLINE, INDIVIDUAL OR GROUP COUNSELING, OR CESSATION PROGRAM.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	GOOD & POOR	MALE	FE- MALE		
Q42 NEVER	70 52%	864 53%	3 60%~	9 64%~	9 53%~	21 51%~	26 49%	2 40%~	58 52%~	1 100%~	1 100%~	1 ~	33%~	8 62%~	1 33%~	67 53%~	37 48%	33 57%	37 55%	33 49%		
SOMETIMES	28 21%	340 21%	1 20%~	2 14%~	3 18%~	8 20%~	12 23%	2 40%~	24 21%~	~	~	~	~	3 23%~	27 21%~	16 21%	12 21%	14 21%	14 21%			
USUALLY	16 12%	207 13%	~	1 7%~	1 6%~	4 10%~	9 17%	1 20%~	14 12%~	~	~	~	~	1 8%~	16 13%~	9 12%	7 12%	7 10%	9 13%			
ALWAYS	21 16%	215 13%	1 20%~	2 14%~	4 24%~	8 20%~	6 11%	~	16 14%~	~	~	~	2 67%~	1 100%~	1 8%~	2 67%~	17 13%~	15 19%	6 10%	9 13%	12 18%	
#ALWAYS + USUALLY (NET)	37 27%	422 26%	1 20%~	3 21%~	5 29%~	12 29%~	15 28%	1 20%~	30 27%~	~	~	~	2 67%~	1 100%~	2 15%~	2 67%~	33 26%~	24 31%	13 22%	16 24%	21 31%	
TOP BOX SCORE	21 16%	215 13%	1 20%~	2 14%~	4 24%~	8 20%~	6 11%	~	16 14%~	~	~	~	2 67%~	1 100%~	1 8%~	2 67%~	17 13%~	15 19%	6 10%	9 13%	12 18%	
NOT ANSWERED	4	64	2	1			1		2					2	1	3	3	1	1	3		
VALID CASES	135	1626	5	14	17	41	53	5	112	1	1			3	1	13	3	127	77	58	67	68
NUMBER OF RESPONDENTS	139 100%	1690 100%	7 100%	15 100%	17 100%	41 100%	54 100%	5 100%	114 100%	1 100%	1 100%			3 100%	1 100%	15 100%	4 100%	130 100%	80 100%	59 100%	68 100%	71 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
Q43 YES	81 23%	1180 23%	1 2%	4 13%	6 16%	14 17%	41 32%*	15 58%	67 23%	~	~	~	~	1 11%	11 37%	5 22%	74 23%	37 17%*	42 35%*	36 25%	44 22%
NO	270 77%	3848 77%	42 98%	27 87%	31 84%	68 83%	87 68%*	11 42%	227 77%	1 100%	3 100%	~	4 100%	8 89%	19 63%	18 78%	246 77%	187 83%*	78 65%*	109 75%	160 78%
DON'T KNOW	5	55	3		1		1		3						1		4	5		3	2
NOT ANSWERED	24	370				1	1	1	2						1		3		2		3
VALID CASES	351	5028	43	31	37	82	128	26	294	1	3		4	9	30	23	320	224	120	145	204
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q44 DO YOU HAVE A HEALTH PROBLEM OR TAKE MEDICATION THAT MAKES TAKING ASPIRIN UNSAFE FOR YOU?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q44 YES	36 11%	460 10%	~	~	3%	14% 19%*	18% 15%	12% 10%	26 10%	~	~	~	~	11% 26%*	8 26%*	3 14%*	33 11%*	12 6%*	22 21%*	11 8%	25 13%
NO	291 89%	4154 90%	100% 100%*	100% 100%*	97% 97%*	81% 81%*	85% 88%*	88% 90%*	247 90%*	1 100%*	2 100%*	~	3 100%*	8 89%*	23 74%*	19 86%*	266 89%*	204 94%*	82 79%*	123 92%*	166 87%*
DON'T KNOW	27	459		1	4	9	11	1	24				1		1	1	25	11	16	12	15
NOT ANSWERED	26	380				1	2	1	2		1						3	2	2	2	3
VALID CASES	327	4614	46	30	34	73	117	25	273	1	2		3	9	31	22	299	216	104	134	191
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3		4	9	32	23	327	229	122	148	209
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%



Q45 HAS A DOCTOR OR HEALTH PROVIDER EVER DISCUSSED WITH YOU THE RISKS AND BENEFITS OF ASPIRIN TO PREVENT HEART ATTACK OR STROKE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q45 YES	125 35%	1742 35%	5 11%~	5 16%~	9 24%~	27 33%	61 48%*	15 58%~	102 34%	1 ~	1 50%~	1 ~	5 25%~	11 56%~	11 34%~	10 45%~	112 35%~	67 30%*	52 43%*	54 37%	70 34%
NO	229 65%	3293 65%	40 89%~	26 84%~	29 76%~	55 67%	67 52%*	11 42%~	194 66%	1 100%	1 50%~	3 ~	4 75%~	21 44%~	12 66%~	212 55%~	212 65%~	160 70%*	68 57%*	91 63%	137 66%
NOT ANSWERED	26	417	1			1	2	1	3		1				1	3	2	2	3	2	
VALID CASES	354	5036	45	31	38	82	128	26	296	1	2		4	9	32	22	324	227	120	145	207
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q46.1 ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: HIGH CHOLESTEROL

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q46.1																					
YES	PHSJ TOT ADLT	72	1316	2	2	6	17	34	11	62			2	8	5	65	35	35	22	49	
		19%	24%*	4%~	6%~	16%~	20%	26%*	41%~	21%	~	~	~	~	22%~	25%~	22%~	20%	15%	29%*	
NO		308	4137	44	29	32	66	96	16	237	1	3	4	7	24	18	262	194	87	126	160
		81%	76%*	96%~	94%~	84%~	80%	74%*	59%~	79%	100%~	100%~	~100%~	78%~	75%~	78%~	80%	85%*	71%*	85%	77%*
VALID CASES		380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS		380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q46.2 ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: HIGH BLOOD PRESSURE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q46.2																					
YES	102 27%	1635 30%	2 4%	5 16%	6 16%	28 34%	46 35%*	14 52%	85 28%	1 ~	33%~	2 ~	11 ~	22%~	34%~	8 35%~	92 28%	46 20%*	51 42%*	38 26%	62 30%
NO	278 73%	3818 70%	44 96%~	26 84%~	32 84%~	55 66%	84 65%*	13 48%~	214 72%	1 100%~	2 67%~	4 ~	7 100%~	21 66%~	15 65%~	235 72%	183 80%*	71 58%*	110 74%	147 70%	
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209	
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%	

Q46.3 ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: PARENT OR SIBLING WITH HEART ATTACK BEFORE THE AGE OF 60

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q46.3 YES	71 19%	862 16%	3 7%	4 13%	10 26%	17 20%	29 22%	8 30%	52 17%	1 100%	~	1 25%	2 22%	12 37%	6 26%	64 20%	30 13%*	36 30%*	24 16%	47 22%*
NO	309 81%	4591 84%	43 93%	27 87%	28 74%	66 80%	101 78%	19 70%	247 83%	3 ~100%	~	3 75%	7 78%	20 63%	17 74%	263 80%	199 87%*	86 70%*	124 84%	162 78%*
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q47.1 HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: A HEART ATTACK

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q47.1 YES	22 6%	281 5%	~	~	2 5%	2 2%	11 8%	7 26%	19 6%	~	~	~	~	~	3 9%	21 6%	4 2%*	17 14%*	12 8%	10 5%	
NO	358 94%	5172 95%	46 100%	31 100%	36 95%	81 98%	119 92%	20 74%	280 94%	1 100%	3 100%	~	4 ~100%	9 ~100%	29 91%	23 100%	306 94%	225 98%*	105 86%*	136 92%	199 95%
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	~	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	~	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q47.2 HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: ANGINA OR CORONARY HEART DISEASE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q47.2	PHSJ TOT ADLT	18	25	35	45	55	65														
	OHP TOT ADLT	24	34	44	54	64	OVER	WHTE	AMER	IAN	ILND	NATV	OTHR	TI	HIS- IC	HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
YES	21 6%	284 5%	~	~	~	2%	13%* 19%~	5%	~	~	~	~	11%~	9%~	2%	17%	5% 2%*	16% 13%*	9%	12%	
NO	359 94%	5169 95%	100%~	100%~	100%~	98% 90%*	81%~	95%	100%~	100%~	~	100%~	89%~	91%~	91%~	95%	98%* 98%*	87%* 87%*	94%	94%	
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209	
NUMBER OF RESPONDENTS	380 100%	5453 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Q47.3 HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: A STROKE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE				
Q47.3																							
YES	PHSJ TOT ADLT	20	221	1	3	1	8	6	16	5%	~	~	~	~	~	9%	3%	4%	6%	9%	11%	6%	5%
	OHP TOT ADLT	5%	4%	2%~	~	8%~	1%*	6%	22%~														
NO		360	5232	45	31	35	82	122	21	283	1	3	4	9	29	22	309	221	111	139	198	94%	95%
		95%	96%	98%~	100%~	92%~	99%*	94%	78%~	95%	100%~	100%~	~100%~	100%~	91%~	96%~	94%	97%	91%	94%	95%		
VALID CASES		380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209	100%	100%
NUMBER OF RESPONDENTS		380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209	100%	100%
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q47.4 HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: ANY KIND OF DIABETES OR HIGH BLOOD SUGAR

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- OTH TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE						
Q47.4 YES	55 14%	1002 18%*	1 2%~	4 13%~	7 18%~	15 16%	21 26%~	7 16%	47 ~	1 33%~	~	1 11%~	6 19%~	3 13%~	51 16%	18 8%*	34 28%*	22 15%	33 16%		
NO	325 86%	4451 82%*	45 98%~	27 87%~	31 82%~	68 82%	109 84%	20 74%~	252 84%	1 100%~	2 67%~	~	4 100%~	8 89%~	26 81%~	20 87%~	276 84%	211 92%*	88 72%*	126 85%	176 84%
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209	
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%	



Q48 IN THE LAST 6 MONTHS, DID YOU GET HEALTH CARE 3 OR MORE TIMES FOR THE SAME CONDITION OR PROBLEM?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q48 YES	121 34%	1692 34%	12 26%~	7 23%~	15 39%~	31 37%	41 32%	13 48%~	99 33%	~	~	~	1 25%~	3 33%~	13 41%~	10 43%~	107 33%~	56 24%*	60 50%*	38 26%*	83 40%*
NO	236 66%	3335 66%	34 74%~	24 77%~	23 61%~	52 63%	87 68%	14 52%~	199 67%	1 100%	3 100%~	~	3 75%~	6 67%~	19 59%~	13 57%~	218 67%~	173 76%*	61 50%*	110 74%*	124 60%*
NOT ANSWERED	23	426					2		1							2		1		2	
VALID CASES	357	5027	46	31	38	83	128	27	298	1	3		4	9	32	23	325	229	121	148	207
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q49 IS THIS A CONDITION OR PROBLEM THAT HAS LASTED FOR AT LEAST 3 MONTHS? DO NOT INCLUDE PREGNANCY OR MENOPAUSE.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER					
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE			
Q49 YES	100 86%	1394 85%	6 50%~	6 86%~	13 87%~	30 97%~	33 89%~	10 83%~	80 84%~	~	~	~	1 ~100%	3 ~100%	13 ~100%	8 80%~	89 86%~	44 80%	51 91%	32 89%~	68 85%~	
NO	16 14%	240 15%	6 50%~	1 14%~	2 13%~	1 3%~	4 11%~	2 17%~	15 16%~	~	~	~	~	~	~	~	2 20%~	14 14%~	11 20%	5 9%	4 11%~	12 15%~
NOT ANSWERED		5 62					4 1	1 4									4	1	4	2	3	
VALID CASES	116	1633	12	7	15	31	37	12	95				1	3	13	10	103	55	56	36	80	
NUMBER OF RESPONDENTS	121 100%	1695 100%	12 100%	7 100%	15 100%	31 100%	41 100%	13 100%	99 100%				1 100%	3 100%	13 100%	10 100%	107 100%	56 100%	60 100%	38 100%	83 100%	

[ASKED IF Q48 = YES]

Q50 DO YOU NOW NEED OR TAKE MEDICINE PRESCRIBED BY A DOCTOR? DO NOT INCLUDE BIRTH CONTROL.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q50 YES	231 65%	3255 65%	11 24%~	12 39%~	26 68%~	58 71%	99 77%*	23 85%~	193 65%	1 ~	33%~	2 ~	4 50%~	22 44%~	71%~	15 65%~	209 65%~	124 55%*	100 83%*	89 61%	140 68%
NO	125 35%	1781 35%	34 76%~	19 61%~	12 32%~	24 29%	30 23%*	4 15%~	103 35%	1 100%~	2 67%~	2 ~	5 50%~	9 29%~	35%~	8 35%~	115 35%~	102 45%*	21 17%*	58 39%	66 32%
NOT ANSWERED	24	417	1			1	1		3					1		3	3	1	1	3	
VALID CASES	356	5036	45	31	38	82	129	27	296	1	3		4	9	31	23	324	226	121	147	206
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q51 IS THIS MEDICINE TO TREAT A CONDITION THAT HAS LASTED FOR AT LEAST 3 MONTHS? DO NOT INCLUDE PREGNANCY OR MENOPAUSE.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q51 YES	209 95%	2975 94%	9 82%~	9 75%~	24 96%~	57 98%	89 95%	19 100%~	175 95%~	~	~	~	2 ~100%	4 ~100%	21 95%~	14 ~100%	190 95%~	111 94%	92 95%	82 98%	125 93%
NO	12 5%	176 6%	2 18%~	3 25%~	1 4%~	1 2%	5 5%	~	10 5%~	1 ~100%	~	~	~	~	1 5%~	~	11 5%~	7 6%	5 5%	2 2%	10 7%
NOT ANSWERED	10	127			1		5	4	8							1	8	6	3	5	5
VALID CASES	221	3151	11	12	25	58	94	19	185	1		2	4	22	14	201	118	97	84	135	
NUMBER OF RESPONDENTS	231 100%	3278 100%	11 100%	12 100%	26 100%	58 100%	99 100%	23 100%	193 100%	1 100%		2 100%	4 100%	22 100%	15 100%	209 100%	124 100%	100 100%	89 100%	140 100%	

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE		
			24	34	44	54	64	OVER	WHTE	AMER	IAN	ILND	NATV	OTHR	IC	IC	GOOD	POOR	MALE	MALE
NQ52																				
18 TO 24	49 13%	547 10%	46 100%	~	~	~	~	38 13%	~	~	~	3 33%	4 13%	7 30%	39 12%	39 17%*	7 6%*	17 11%	29 14%	
25 TO 34	37 10%	870 16%*	~	31 100%	~	~	~	25 8%	1 100%	~	~	1 25%	4 13%	~	30 9%	24 10%	7 6%*	15 10%	16 8%	
35 TO 44	41 11%	802 15%*	~	~	38 100%	~	~	34 11%	~	~	~	1 25%	1 3%	2 9%	34 10%	25 11%	12 10%	20 14%	18 9%	
45 TO 54	89 23%	1153 21%	~	~	~	83 100%	~	69 23%	~	2 67%	~	1 25%	1 11%	9 28%	6 26%	76 23%	55 24%	29 24%	32 22%	52 25%
55 TO 64	136 36%	1412 26%*	~	~	~	130 100%	~	107 36%	~	1 33%	~	1 25%	5 56%	14 44%	6 26%	123 38%*	75 33%	52 43%	52 35%	78 37%
65 TO 74	19 5%	405 7%*	~	~	~	~	18 67%	17 6%	~	~	~	~	~	~	1 4%	17 5%	8 3%	11 9%*	8 5%	11 5%
75 OR OLDER	9 2%	264 5%*	~	~	~	~	9 33%	9 3%	~	~	~	~	~	~	1 4%	8 2%	3 1%	4 3%	4 3%	5 2%
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]

NQ53 ARE YOU MALE OR FEMALE?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE			
NQ53																					
MALE	155 41%	2159 40%	17 37%	15 48%	20 53%	31 37%	52 40%	12 44%	128 43%	1 ~	33%	1 ~	2 25%	12 22%	37%	6 26%	140 43%*	102 45%	43 35%	148 100%	~
FEMALE	225 59%	3294 60%	29 63%	16 52%	18 47%	52 63%	78 60%	15 56%	171 57%	1 100%	2 67%	3 ~	7 75%	20 63%	74%	17 57%*	187 57%*	127 55%	79 65%	209 ~100%	~
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209	
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%	

[BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]

Q54 WHAT IS THE HIGHEST GRADE OR LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE			
Q54 8TH GRADE OR LESS	17 5%	312 6%	1 2%	3 10%	2 5%	2 2%	5 4%	4 15%	13 4%	~	~	~	25%	11%	3%	4	13	4	13	7	9	10	7
SOME HIGH SCHOOL BUT DID NOT GRADUATE	54 15%	755 15%	7 15%	2 6%	6 16%	15 19%	16 13%	7 26%	41 14%	~	~	~	25%	44%	16%	6	48	6	48	27	26	27	27
HIGH SCHOOL GRADUATE OR GED	116 33%	1615 32%	23 50%	13 42%	13 35%	24 30%	35 28%	7 26%	98 33%	1	1	~	~	22%	42%	8	104	8	104	77	36	54	62
SOME COLLEGE OR 2-YEAR DEGREE	134 38%	1732 34%	15 33%	13 42%	11 30%	31 39%	56 44%	7 26%	116 40%	~	~	~	50%	22%	32%	3	128	3	128	95	36	43	91
4-YEAR COLLEGE GRADUATE	18 5%	415 8%	~	~	2 5%	5 6%	9 7%	1 4%	16 5%	~	1	~	~	~	3%	~	18	~	18	13	5	6	11
MORE THAN 4-YEAR COLLEGE DEGREE	12 3%	214 4%	~	~	3 8%	3 4%	5 4%	1 4%	9 3%	~	1	~	~	~	3%	1	11	1	11	7	5	5	7
NOT ANSWERED	29	410			1	3	4		6						1	1	5	1	5	3	5	3	4
VALID CASES	351	5043	46	31	37	80	126	27	293	1	3		4	9	31	22	322	22	322	226	117	145	205
NUMBER OF RESPONDENTS	380	5453	46	31	38	83	130	27	299	1	3		4	9	32	23	327	23	327	229	122	148	209
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q55																					
YES HISPANIC OR LATINO	23 7%	610 12%*	7 15%~	2 ~	5 6%~	6 6%	2 5%	2 7%~	7 2%*	~	~	~	~	6 67%~	5 16%~	23 100%~	~	15 7%	6 5%	6 4%	17 8%
NO NOT HISPANIC OR LATINO	327 93%	4367 88%*	39 85%~	30 100%~	34 94%~	75 94%	122 95%	25 93%~	289 98%*	1 100%	3 100%	~	3 ~100%	3 33%~	26 84%~	327 ~100%	~	210 93%	111 95%	140 96%	185 92%
NOT ANSWERED	30	476		1	2	3	2		3					1				4	5	2	7
VALID CASES	350	4977	46	30	36	80	128	27	296	1	3		3	9	31	23 327		225	117	146	202
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%		4 100%	9 100%	32 100%	23 327 100% 100%		229 100%	122 100%	148 100%	209 100%



Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q56.1 YES	331 87%	4262 78%*	42 91%~	29 94%~	35 92%~	77 93%*	120 92%*	26 96%~	299 100%~	~	~	~	~	32 100%~	12 52%~	315 96%*	211 92%*	114 93%*	140 95%*	189 90%*
NO	49 13%	1191 22%*	4 9%~	2 6%~	3 8%~	6 7%*	10 8%*	1 4%~	1 ~100%~	3 100%~	4 ~100%~	9 100%~	~	11 48%~	12 4%*	18 8%*	8 7%*	8 5%*	20 10%*	
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q56.2 WHAT IS YOUR RACE? RESPONSE: BLACK OR AFRICAN-AMERICAN

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q56.2																					
YES	PHSJ TOT ADLT	2	1	1	1	1	1	1				1		2	2	2	2	1	1		
	OHP TOT ADLT	133	2*	~	3%~	~	~0.8%	~	~100%	~	~	~	~	3%~	~0.6%	~0.9%	~	~0.7%	0.5%		
NO	PHSJ TOT ADLT	378	5320	46	30	38	83	129	27	299	3	4	9	31	23	325	227	122	147	208	
	OHP TOT ADLT	99%	98%*	100%	~	97%	~100%	~100%	~	99%	100%	~100%	~	97%	~100%	~	99%	100%	~	99%	100%
VALID CASES	PHSJ TOT ADLT	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS	OHP TOT ADLT	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	HIS- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	MALE	FE- MALE		
Q56.3																					
YES	PHSJ TOT ADLT	4	225			2	2			3			1		4	3	1	1	3		
		1%	4%*	~	~	~ 2%	2%	~	~	~100%	~	~	~ 3%	~	~ 1%	1% 0.8%	0.7%	1%			
NO		376	5228	46	31	38	81	128	27	299	1		4	9	31	23	323	226	121	147	206
		99%	96%*	100%	100%	100%	98%	98%	100%	100%	100%	~	~100%	~100%	97%	100%	99%*	99%	99%	99%	99%
VALID CASES		380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS		380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q56.4 WHAT IS YOUR RACE? RESPONSE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q56.4 YES	3 0.8%	41 0.7%	1 2%	2 6%	~	~	~	~	~	~	~	~	~	3 9%	3 ~0.9%	1 ~0.4%	2 2%	1 0.7%	2 1%	
NO	377 99%	5412 99%	45 98%	29 94%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 ~100%	9 100%	29 91%	23 100%	324 99%	228 100%	120 98%	147 99%	207 99%
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q56.5 WHAT IS YOUR RACE? RESPONSE: AMERICAN INDIAN OR ALASKA NATIVE

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q56.5 YES	24 6%	314 6%	2 4%	3 10%	1 3%	6 7%	11 8%	~	~	~	~	4 ~100%	20 ~63%	2 9%	21 6%	11 5%	12 10%	10 7%	13 6%	
NO	356 94%	5139 94%	44 96%	28 90%	37 97%	77 93%	119 92%	27 100%	299 100%	1 100%	3 100%	9 ~	12 ~100%	21 37%	306 91%	218 95%	110 90%	138 93%	196 94%	
VALID CASES	380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS	380 100%	5453 100%	46 100%	31 100%	38 100%	83 100%	130 100%	27 100%	299 100%	1 100%	3 100%	4 100%	9 100%	32 100%	23 100%	327 100%	229 100%	122 100%	148 100%	209 100%

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.6																					
YES	PHSJ TOT ADLT	22	300	6	1	1	4	9					9	13	9	12	14	6	7	15	
		6%	5%	13%~	3%~	3%~	5%	7%	~	~	~	~	~100%~	41%~	39%~	4%*	6%	5%	5%	7%	
NO		358	5153	40	30	37	79	121	27	299	1	3	4	19	14	315	215	116	141	194	
		94%	95%	87%~	97%~	97%~	95%	93%	100%	~100%	~100%	~100%	~100%	~59%	61%~	96%*	94%	95%	95%	93%	
VALID CASES		380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
NUMBER OF RESPONDENTS		380	5453	46	31	38	83	130	27	299	1	3	4	9	32	23	327	229	122	148	209
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE				
Q57 YES	34 12%	652 16%*	2 6%	6 26%	6 21%	6 9%	12 11%	2 9%	33 13%	~	~	~	~	1 13%	~	2 11%	32 12%	19 10%	15 15%	22 19%*	12 7%*	
NO	259 88%	3488 84%*	30 94%	17 74%	22 79%	63 91%	102 89%	21 91%	221 87%	1 100%	3 100%	~	~	3 100%	7 88%	14 100%	16 89%	237 88%	167 90%	84 85%	95 81%*	161 93%*
NOT ANSWERED	1	78					1													1	1	
VALID CASES	293	4141	32	23	28	69	114	23	254	1	3			3	8	14	18	269	186	99	117	173
NUMBER OF RESPONDENTS	294 100%	4219 100%	32 100%	23 100%	28 100%	69 100%	115 100%	23 100%	254 100%	1 100%	3 100%			3 100%	8 100%	14 100%	18 100%	269 100%	186 100%	100 100%	118 100%	173 100%

[ASKED IF SURVEY COMPLETED BY MAIL]

Q58.1 HOW DID THAT PERSON HELP YOU? RESPONSE: READ THE QUESTIONS TO ME.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.1 YES	16 47%	253 47%	4 ~	3 67%	3 50%	5 50%	1 42%	16 48%	~	~	~	~	~	1 50%	15 47%	8 42%	8 53%	12 55%	4 33%
NO	18 53%	289 53%	2 100%	2 33%	3 50%	3 50%	7 58%	1 50%	17 52%	~	~	~	1 100%	1 50%	17 53%	11 58%	7 47%	10 45%	8 67%
VALID CASES	34	542	2	6	6	6	12	2	33				1	2	32	19	15	22	12
NUMBER OF RESPONDENTS	34 100%	542 100%	2 100%	6 100%	6 100%	6 100%	12 100%	2 100%	33 100%				1 100%	2 100%	32 100%	19 100%	15 100%	22 100%	12 100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]



Q58.2 HOW DID THAT PERSON HELP YOU? RESPONSE: WROTE DOWN THE ANSWERS I GAVE.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
Q58.2 YES	14 41%	188 35%	1 50%	4 67%	1 17%	3 50%	5 42%	13 39%	~	~	~	~	1 100%	1 50%	13 41%	6 32%	8 53%	9 41%	5 42%
NO	20 59%	354 65%	1 50%	2 33%	5 83%	3 50%	7 58%	2 100%	20 61%	~	~	~	~	1 50%	19 59%	13 68%	7 47%	13 59%	7 58%
VALID CASES	34	542	2	6	6	6	12	2	33				1	2	32	19	15	22	12
NUMBER OF RESPONDENTS	34 100%	542 100%	2 100%	6 100%	6 100%	6 100%	12 100%	2 100%	33 100%				1 100%	2 100%	32 100%	19 100%	15 100%	22 100%	12 100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

Q58.3 HOW DID THAT PERSON HELP YOU? RESPONSE: ANSWERED THE QUESTIONS FOR ME.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE							RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q58.3 YES	16 47%	197 36%	1 50%	2 33%	3 50%	3 50%	6 50%	1 50%	16 48%	~	~	~	~	~	~	~	16 50%	10 53%	6 40%	11 50%	5 42%
NO	18 53%	345 64%	1 50%	4 67%	3 50%	3 50%	6 50%	1 50%	17 52%	~	~	~	~	1 100%	~	2 100%	16 50%	9 47%	9 60%	11 50%	7 58%
VALID CASES	34	542	2	6	6	6	12	2	33					1		2	32	19	15	22	12
NUMBER OF RESPONDENTS	34 100%	542 100%	2 100%	6 100%	6 100%	6 100%	12 100%	2 100%	33 100%					1 100%		2 100%	32 100%	19 100%	15 100%	22 100%	12 100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

Q58.4 HOW DID THAT PERSON HELP YOU? RESPONSE: TRANSLATED THE QUESTIONS INTO MY LANGUAGE.

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q58.4 YES	1 3%	81 15%	1 ~	1 17%	~	~	~	1 3%	~	~	~	~	~	1 3%	1 5%	1 5%	~	~	
NO	33 97%	461 85%	2 100%	5 83%	6 100%	6 100%	12 100%	2 97%	~	~	~	1 ~100%	~	2 ~100%	31 97%	18 95%	15 100%	21 95%	12 100%
VALID CASES	34	542	2	6	6	6	12	2	33			1		2	32	19	15	22	12
NUMBER OF RESPONDENTS	34 100%	542 100%	2 100%	6 100%	6 100%	6 100%	12 100%	2 100%	33 100%			1 100%		2 100%	32 100%	19 100%	15 100%	22 100%	12 100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

Q58.5 HOW DID THAT PERSON HELP YOU? RESPONSE: HELPED IN SOME OTHER WAY.

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	WHTE AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE
Q58.5 YES	2 6%	44 8%	~	~	~	~	17%	~	2 6%	~	~	~	~	~	~	2 6%	1 5%	1 7%	1 5%	1 8%
NO	32 94%	498 92%	2 100%	6 100%	6 100%	6 100%	10 83%	2 100%	31 94%	~	~	~	1 100%	~	2 100%	30 94%	18 95%	14 93%	21 95%	11 92%
VALID CASES	34	542	2	6	6	6	12	2	33				1		2	32	19	15	22	12
NUMBER OF RESPONDENTS	34 100%	542 100%	2 100%	6 100%	6 100%	6 100%	12 100%	2 100%	33 100%				1 100%		2 100%	32 100%	19 100%	15 100%	22 100%	12 100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

NQ13 RATING OF ALL HEALTH CARE

			AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN AMER	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE			
NQ13 0-6	49 18%	759 20%	7 24%~	9 41%~	4 16%~	10 16%	13 14%	5 24%~	38 18%~	1 100%~	1 33%~	3 ~ 75%~	6 ~ 27%~	1 6%~	46 19%~	23 14%*	25 27%*	19 18%	29 19%			
7-8	107 40%	1267 34%*	15 52%~	6 27%~	11 44%~	26 41%	37 39%	7 33%~	91 42%~	1 ~ 33%~		1 ~ 25%~	6 27%~	7 39%~	95 40%~	68 42%	33 36%	40 38%	63 41%			
9-10	109 41%	1714 46%	7 24%~	7 32%~	10 40%~	27 43%	46 48%	9 43%~	87 40%~	1 ~ 33%~	1 ~ 25%~	3 75%~	10 45%~	10 56%~	95 40%~	71 44%	33 36%	45 43%	61 40%			
VALID CASES	265	3741	29	22	25	63	96	21	216	1	3	4	4	22	18	236	162	91	104	153		
NUMBER OF RESPONDENTS	265 100%	3741 100%	29 100%	22 100%	25 100%	63 100%	96 100%	21 100%	216 100%	1 100%	3 100%	4 100%	4 100%	22 100%	18 100%	236 100%	162 100%	91 100%	104 100%	153 100%		
MEAN	2.23	2.26	2.00	1.91	2.24	2.27	2.34	2.19	2.23	1.00	2.00	1.50	2.75	2.18	2.50	2.21	2.30	2.09	2.25	2.21		
p stat_(*=Sig @ p<=.05)		.554	~	~	~.602	.051	~	~	~	~	~	~	~	~	~	~.070	.036*	.683	.665			

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
NQ23 0-6	36 13%	617 16%	6 19%	3 13%	6 21%	10 15%	8 8%	2 8%	28 12%	1 ~ 50%	1 ~ 33%	5 ~ 20%	3 ~ 12%	1 6%	33 13%	16 9%*	20 20%*	15 14%	20 12%	
7-8	72 25%	999 25%	9 28%	10 42%	3 11%	17 26%	24 24%	8 33%	67 29%*	1 100%	~	~	~	3 ~ 12%	1 6%	69 27%	45 26%	24 24%	23 21%	48 29%
9-10	176 62%	2342 59%	17 53%	11 46%	19 68%	38 58%	69 68%	14 58%	138 59%*	1 ~ 50%	2 ~ 67%	5 100%	17 68%	16 89%	151 60%	111 65%	58 57%	73 66%	97 59%	
VALID CASES	284	3959	32	24	28	65	101	24	233	1	2	3	5	25	18	253	172	102	111	165
NUMBER OF RESPONDENTS	284 100%	3959 100%	32 100%	24 100%	28 100%	65 100%	101 100%	24 100%	233 100%	1 100%	2 100%	3 100%	5 100%	25 100%	18 100%	253 100%	172 100%	102 100%	111 100%	165 100%
MEAN	2.49	2.44	2.34	2.33	2.46	2.43	2.60	2.50	2.47	2.00	2.00	2.33	3.00	2.48	2.83	2.47	2.55	2.37	2.52	2.47
p stat_(*=Sig @ p<=.05)		.209	~	~	~.444	.043*	~	~.367	~	~	~	~	~	~	~	~.104	.045*	.583	.479	

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
NQ27 0-6	20 15%	257 14%	2 29%	2 25%	1 8%	8 23%	7 12%	17 ~	14%	~	~	~	~	2 ~	3 50%	17 13%	9 12%	11 18%	5 10%	15 18%
7-8	37 28%	429 23%	2 29%	3 38%	7 58%	9 26%	14 24%	2 17%	34 29%	~	~	1 50%	2 ~	2 ~	37 29%	23 32%	13 22%	14 28%	23 28%	
9-10	77 57%	1164 63%	3 43%	3 38%	4 33%	18 51%	38 64%	10 83%	67 57%	~	~	1 50%	7 ~	3 50%	73 57%	40 56%	36 60%	31 62%	45 54%	
VALID CASES	134	1850	7	8	12	35	59	12	118			2	11	6	127	72	60	50	83	
NUMBER OF RESPONDENTS	134 100%	1850 100%	7 100%	8 100%	12 100%	35 100%	59 100%	12 100%	118 100%			2 100%	11 100%	6 100%	127 100%	72 100%	60 100%	50 100%	83 100%	
MEAN	2.43	2.49	2.14	2.13	2.25	2.29	2.53	2.83	2.42			2.50	2.45	2.00	2.44	2.43	2.42	2.52	2.36	
p stat_(*=Sig @ p<=.05)		.319	~	~	~	~	.179	~	~	~	~	~	~	~	~	~	.934	.907	.254	.222

[ASKED IF Q24 = YES AND Q26 >= 1 SPECIALIST]

NQ35 RATING OF HEALTH PLAN

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
PHSJ TOT ADLT	OHP TOT ADLT							WHTE	AMER	IAN	LLND	NATV	OTHR	TI	IC	IC	GOOD	POOR	MALE	MALE
NQ35 0-6	68 20%	1116 23%	9 20%~	4 14%~	13 37%~	19 25%	20 17%	2 8%~	52 19%	1 100%~	~	2 ~	1 50%~	10 11%~	3 14%~	65 21%~	37 17%	30 27%*	22%	37 19%
7-8	130 39%	1551 32%*	24 53%~	16 57%~	7 20%~	23 31%	50 41%	7 28%~	109 39%	1 ~	33%~	2 ~	4 ~	10 32%~	7 32%~	117 38%~	90 42%	35 31%*	50 36%	78 41%
9-10	139 41%	2193 45%	12 27%~	8 29%~	15 43%~	33 44%	51 42%	16 64%~	116 42%	2 ~	67%~	~	4 ~	11 35%~	12 55%~	123 40%~	86 40%	48 42%	59 42%	77 40%
VALID CASES	337	4860	45	28	35	75	121	25	277	1	3	4	9	31	22	305	213	113	139	192
NUMBER OF RESPONDENTS	337 100%	4860 100%	45 100%	28 100%	35 100%	75 100%	121 100%	25 100%	277 100%	1 100%	3 100%	4 100%	9 100%	31 100%	22 100%	305 100%	213 100%	113 100%	139 100%	192 100%
MEAN	2.21	2.22	2.07	2.14	2.06	2.19	2.26	2.56	2.23	1.00	2.67	1.50	2.33	2.03	2.41	2.19	2.23	2.16	2.21	2.21
p stat_(*=Sig @ p<=.05)	.805		~	~	~.770	.417	~	.300	~	~	~	~	~	~	~	~	~.547	.399	.967	.949



GETTING NEEDED CARE

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NPRBSEE4 NQ25	2.30	2.25	1.89	1.67	2.19	2.24	2.45	2.57	2.32			1.50	3.00	2.23	2.44	2.29	2.30	2.29	2.37	2.25
p stat_(*=Sig @ p<=.05)	.521		~	~	~	~	.056	~	~	~	~	~	~	~	~	~	.923	.906	.437	.363
NCARNES4 NQ14	2.35	2.30	2.31	2.23	2.28	2.39	2.36	2.38	2.36	3.00	2.67	1.75	3.00	2.18	2.61	2.34	2.42	2.24	2.43	2.29
p stat_(*=Sig @ p<=.05)	.344		~	~	~	.594	.807	~	~	~	~	~	~	~	~	~	.058	.102	.153	.155
COMPOSITE	2.32	2.28	2.10	1.95	2.23	2.32	2.41	2.48	2.34	3.00	2.67	x 1.63	3.00	2.21	2.53	2.31	2.36	2.26	2.40	2.27
p stat_(*=Sig @ p<=.05)	.890		~	~	~	.994	.856	~	.898	~	~	~	~	~	~	~	.887	.905	.855	.855

GETTING CARE QUICKLY

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NCARSN4 NQ4	2.46	2.38	2.13	2.33	2.58	2.52	2.59	2.55	2.50	3.00	3.00		1.67	3.00	2.17	2.63	2.48	2.63	2.27	2.55	2.43
p stat_(*=Sig @ p<=.05)		.208	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~.014*	.009*	~.503	
NAPGET4 NQ6	2.49	2.32	2.07	2.35	2.39	2.63	2.52	2.76	2.48	2.00	2.00		1.67	3.00	2.48	2.80	2.45	2.49	2.46	2.51	2.47
p stat_(*=Sig @ p<=.05)		.001*	~	~	~.093	.626	~	~	~	~	~	~	~	~	~	~	~	~.981	.587	.848	.516
COMPOSITE	2.48	2.35	2.10	2.34	2.49	2.57	2.56	2.66	2.49	2.50	2.50	x	1.67	3.00	2.32	2.71	2.46	2.56	2.37	2.53	2.45
p stat_(*=Sig @ p<=.05)		.723	~	~	~.896	.879	~	~.938	~	~	~	~	~	~	~	~	~	~.806	.820	.917	.925

HOW WELL DOCTORS COMMUNICATE

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHER	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NDREXPL4 NQ17	2.65	2.62	2.70	2.48	2.57	2.64	2.75	2.40	2.63	2.00	3.00		3.00	3.00	2.59	2.88	2.63	2.73	2.52	2.69	2.63
p stat_(*=Sig @ p<=.05)	.494		~	~	~.887	.037*		~	~	~	~	~	~	~	~	~	~	~.035*	.007*	.469	.426
NDRLSTN4 NQ18	2.59	2.59	2.74	2.52	2.50	2.53	2.62	2.55	2.56	2.00	2.00		3.00	3.00	2.68	3.00	2.56	2.68	2.46	2.70	2.51
p stat_(*=Sig @ p<=.05)	.962		~	~	~.396	.654		~	~	~	~	~	~	~	~	~	~	~.025*	.011*	.051	.025*
NDRESPU4 NQ19	2.62	2.65	2.57	2.48	2.55	2.68	2.69	2.43	2.60	3.00	2.00		3.00	3.00	2.64	2.94	2.60	2.71	2.51	2.65	2.61
p stat_(*=Sig @ p<=.05)	.600		~	~	~.425	.194		~	~	~	~	~	~	~	~	~	~	~.022*	.035*	.647	.705
NDRTMEN4 NQ20	2.51	2.49	2.30	2.19	2.40	2.58	2.67	2.33	2.48	3.00	2.00		3.00	3.00	2.59	2.88	2.48	2.59	2.39	2.57	2.48
p stat_(*=Sig @ p<=.05)	.698		~	~	~.376	.003*		~	~	~	~	~	~	~	~	~	~	~.033*	.046*	.266	.531
COMPOSITE	2.59	2.59	2.58	2.42	2.51	2.61	2.68	2.43	2.57	2.50	2.25	x	3.00	3.00	2.63	2.92	2.57	2.68	2.47	2.65	2.56
p stat_(*=Sig @ p<=.05)	.990		~	~	~.989	.900		~	~	~	~	~	~	~	~	~	~	~.860	.854	.934	.936

CUSTOMER SERVICE

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NPBCLCS4 NQ31	2.26	2.23	1.85	1.71	2.38	2.57	2.24	2.57	2.31	3.00	2.00	2.20	2.00	2.14	2.29	2.25	2.21	2.25	2.27	
p stat_(*=Sig @ p<=.05)		.740	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ32	2.61	2.63	2.23	2.57	2.38	2.75	2.68	2.86	2.62	3.00	2.67	2.80	2.50	2.57	2.64	2.63	2.59	2.64	2.60	
p stat_(*=Sig @ p<=.05)		.805	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.43	2.43	2.04	2.14	2.38	2.66	2.46	2.71	2.46	x 3.00	x 2.33	2.50	2.25	2.36	2.46	2.44	2.40	2.45	2.44	
p stat_(*=Sig @ p<=.05)		.993	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
NNRXWHY NQ10	2.85	2.84	2.60	2.71	2.87	3.00	2.86	2.83	2.88	3.00	3.00	3.00	3.00	3.00	2.67	2.64	2.87	2.80	2.93	2.89	2.84
p stat_(*=Sig @ p<=.05)	.806		~	~	~	~	.891	~	~	~	~	~	~	~	~	~	.218	.111	.511	.787	
NNRXWYNT NQ11	2.43	2.45	2.29	2.43	2.60	2.47	2.36	2.69	2.46	1.00	3.00	3.00	2.00	2.27	2.60	2.41	2.38	2.46	2.36	2.49	
p stat_(*=Sig @ p<=.05)	.825		~	~	~	~	.434	~	~	~	~	~	~	~	~	~	.493	.808	.462	.426	
NRXBST NQ12	2.44	2.50	2.47	2.71	2.47	2.29	2.56	2.29	2.43	3.00	3.00	1.00	3.00	2.45	2.54	2.45	2.63	2.17	2.67	2.33	
p stat_(*=Sig @ p<=.05)	.435		~	~	~	~	.227	~	~	~	~	~	~	~	~	~	.010*	.004*	.017*	.085	
COMPOSITE	2.58	2.60	2.45	2.62	2.64	2.59	2.59	2.60	2.59	2.33	3.00	x	2.33	2.67	2.46	2.59	2.58	2.60	2.52	2.64	2.55
p stat_(*=Sig @ p<=.05)	.976		~	~	~	~	.986	~	~	~	~	~	~	~	~	~	.965	.952	.950	.972	

GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
PRBSEE4 Q25	76%	78%	67%	44%	69%	73%	85%	79%	77%				25%	100%	77%	89%	76%	78%	74%	78%	75%
CARNES4 Q14	83%	82%	79%	73%	88%	83%	85%	90%	84%	100%	100%		50%	100%	77%	89%	84%	86%	79%	85%	82%
AVERAGE	79.72	80.02	79.31	72.73	78.37	77.89	85.01	84.52	80.78	x	x	x	x	x	77.10	88.89	79.73	82.14	76.80	81.27	78.81

GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- TI	OTH	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
CARSN4 Q4	86%	83%	75%	83%	92%	88%	90%	91%	89%	100%	100%		67%	100%	67%	87%	87%	93%	80%	91%	85%
APGET4 Q6	87%	80%	73%	76%	78%	90%	90%	94%	86%	100%	100%		33%	100%	86%	100%	85%	87%	86%	85%	87%
AVERAGE	86.36	81.23	74.17	79.90	84.96	89.13	89.99	94.12	87.44	x	x	x	x	x	76.19	100.0	85.99	89.55	82.77	88.10	85.79

HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE	
DREXPL4 Q17	94%	92%	91%	81%	95%	95%	99%	85%	94%	100%	100%		100%	100%	91%	100%	93%	97%	89%	93%	94%
DRLSTN4 Q18	91%	90%	96%	90%	85%	88%	92%	90%	91%	100%	50%		100%	100%	86%	100%	90%	96%	82%	92%	89%
DRESPU4 Q19	91%	91%	91%	86%	85%	93%	93%	90%	92%	100%	50%		100%	100%	86%	100%	91%	96%	84%	91%	91%
DRTMEN4 Q20	89%	88%	83%	81%	85%	91%	94%	81%	89%	100%	50%		100%	100%	82%	100%	88%	94%	80%	90%	89%
AVERAGE	91.2	90.4	90.2	84.5	87.6	91.6	94.6	86.6	91.4	x	x	x	x	x	86.4	100	90.7	95.8	83.9	91.7	90.9



CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTH R	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
PBCLCS4 Q31	80%	76%	69%	57%	75%	87%	81%	100%	85%		100%		67%	80%	58%	57%	83%	80%	79%	79%	81%
CSRESP Q32	94%	92%	77%	100%	88%	96%	97%	100%	93%		100%		100%	100%	92%	100%	93%	95%	91%	93%	94%
AVERAGE	87.14	84.03	73.08	x	x	91.39	89.19	x	88.94	x	x	x	x	x	75.00	x	87.97	87.29	84.98	85.71	87.36

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
NRXWHY Q10	92%	92%	80%	86%	93%	100%	93%	92%	94%	100%	100%	100%	100%	83%	82%	94%	90%	97%	94%	92%	
NRXWYNT Q11	72%	73%	64%	71%	80%	74%	68%	85%	73%	0%	100%	100%	50%	64%	80%	70%	69%	73%	68%	74%	
RXBST Q12	72%	75%	73%	86%	73%	65%	78%	64%	72%	100%	100%	0%	100%	73%	77%	72%	81%	59%	83%	67%	
AVERAGE	78.8	79.8	72.5	x	82.2	79.4	79.6	80.2	79.6	x	x	x	x	x	83.3	76.9	78.8	80.2	76.0	81.9	77.7

Q1 OUR RECORDS SHOW THAT YOUR CHILD IS NOW IN <PRIMARY HEALTH JOSEPHINE COUNTY>. IS THAT RIGHT?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC
Q1 YES	267 100%	5304 100%	44 ~100%	51 ~100%	78 ~100%	94 ~100%	207 ~100%		5 ~100%		2 ~100%	9 ~100%	24 ~100%	55 100%	201 100%	249 100%	7 100%	215 100%	52 ~100%
NOT ANSWERED		3 59			1	2	2						1		3	3		3	
VALID CASES	267	5304	44	51	78	94	207		5		2	9	24	55	201	249	7	215	52
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%		5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%

Q3 IN THE LAST 6 MONTHS, DID YOUR CHILD HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC
Q3 YES	89 33%	1687 32%	~ 48%	13 25%	24 31%	31 33%	67 32%	~	~	~ 50%	6 67%	10 40%	19 35%	65 32%	80 32%	4 57%	65 30%*	24 47%*
NO	179 67%	3541 68%	~ 52%	38 75%	54 69%	64 67%	142 68%	~100%	5	~ 50%	1 33%	3 60%	15 65%	139 68%	171 68%	3 43%	152 70%*	27 53%*
NOT ANSWERED	2	135				1 1							1		1		1 1	
VALID CASES	268	5228	44	51	78	95	209	5	2	9	25	54	204	251	7	217	51	
NUMBER OF RESPONDENTS	270	5363	44	51	79	96	209	5	2	9	25	55	204	252	7	218	52	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Q4 IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	NO CCC	CCC		
Q4 NEVER		18 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
SOMETIMES	1 1%	148 9%*	~	~	~	1 4%~	1 2%~	~	~	~	~	~	1 2%~	1 1%~	1 2%~	1 2%~	1 2%~	~		
USUALLY	10 12%	323 20%*	~	2 10%~	2 20%~	2 9%~	4 13%~	6 10%~	~	~	~	1 17%~	2 20%~	2 11%~	7 12%~	8 11%~	1 25%~	8 13%~	2 9%~	
ALWAYS	72 87%	1151 70%*	~	18 90%~	8 80%~	20 87%~	26 87%~	54 89%~	~	~	~	1 100%~	5 83%~	8 80%~	16 89%~	52 87%~	66 88%~	3 75%~	52 85%~	20 91%~
#ALWAYS + USUALLY (NET)	82 99%	1475 90%*	~	20 100%~	10 100%~	22 96%~	30 100%~	60 98%~	~	~	~	1 100%~	6 100%~	10 100%~	18 100%~	59 98%~	74 99%~	4 100%~	60 98%~	22 100%~
TOP BOX SCORE	72 87%	1151 70%*	~	18 90%~	8 80%~	20 87%~	26 87%~	54 89%~	~	~	~	1 100%~	5 83%~	8 80%~	16 89%~	52 87%~	66 88%~	3 75%~	52 85%~	20 91%~
NOT ANSWERED	6	142	~	1	3	1	1	6	~	~	~	~	~	1	5	5	~	4	2	
VALID CASES	83	1641	~	20	10	23	30	61	~	~	~	1	6	10	18	60	75	4	61	22
NUMBER OF RESPONDENTS	89	1783	~	21	13	24	31	67	~	~	~	1	6	10	19	65	80	4	65	24
	100%	100%	~	100%	100%	100%	100%	100%	~	~	~	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

Q5 IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q5 YES	162 61%	3345 65%	38 ~ 86%	36 ~ 71%	39 51%*	49 53%*	124 60%	2 ~ 40%	1 ~ 50%	8 100%	15 63%	42 78%*	113 56%*	148 59%	6 86%	129 61%	33 63%		
Q5 NO	103 39%	1824 35%	6 ~ 14%	15 ~ 29%	38 49%*	44 47%*	84 40%	3 ~ 60%	1 ~ 50%	9 ~ 38%	12 22%*	89 44%*	101 41%	1 14%	84 39%	19 37%			
NOT ANSWERED	5	194			2	3	1			1	1	1	2	3		5			
VALID CASES	265	5169	44	51	77	93	208	5	2	8	24	54	202	249	7	213	52		
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%		

Q6 IN THE LAST 6 MONTHS, WHEN YOU MADE AN APPOINTMENT FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC, HOW OFTEN DID YOU GET AN APPOINTMENT AS SOON AS YOUR CHILD NEEDED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q6 NEVER	2 1%	35 1%	~	~	3%~	3%~	2%~	~	~	~	~	~	2%~	0.9%~	1%~	~	0.8%~	3%~		
SOMETIMES	16 10%	451 14%	~	11%~	9%~	11%~	11%~	9%~	~	50%~	~	37%~	13%~	12%~	10%~	11%~	~	11%~	6%~	
USUALLY	29 19%	814 26%*	~	11%~	13%~	26%~	23%~	20%~	~	~	~	25%~	7%~	25%~	16%~	16%~	67%~	17%~	26%~	
ALWAYS	107 69%	1829 58%*	~	78%~	75%~	61%~	66%~	70%~	~	50%~	~	100%~	37%~	80%~	60%~	73%~	71%~	33%~	71%~	65%~
#ALWAYS + USUALLY (NET)	136 88%	2643 84%	~	89%~	88%~	87%~	89%~	90%~	~	50%~	~	100%~	62%~	87%~	85%~	89%~	87%~	100%~	88%~	90%~
TOP BOX SCORE	107 69%	1829 58%*	~	78%~	75%~	61%~	66%~	70%~	~	50%~	~	100%~	37%~	80%~	60%~	73%~	71%~	33%~	71%~	65%~
NOT ANSWERED	8	215	1	4	1	2	8							2	6	8		6	2	
VALID CASES	154	3129	37	32	38	47	116	2	1	8	15	40	107	140	6	123	31			
NUMBER OF RESPONDENTS	162	3344	38	36	39	49	124	2	1	8	15	42	113	148	6	129	33			
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			

[ASKED IF Q5 = YES]

Q7 IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOUR CHILD WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID HE OR SHE GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q7 NONE	78 29%	1553 31%	~	7 16%~	12 24%	27 35%	32 34%	62 30%	2 ~	40%~	~	1 ~	7 28%~	12 23%	63 31%	76 31%~	1 14%~	69 32%*	9 18%*	
1 TIME	84 32%	1446 28%	~	13 30%~	15 30%	24 31%	32 34%	67 32%	1 ~	20%~	~	3 ~	7 28%~	16 30%	67 33%	83 33%~	~	71 33%	13 25%	
2	53 20%	1007 20%	~	12 27%~	14 28%	16 21%	11 12%*	41 20%	1 ~	20%~	~	1 50%~	2 25%~	8 32%~	13 25%	40 20%	50 20%~	3 43%~	39 18%	14 27%
3	31 12%	534 11%	~	8 18%~	7 14%	3 4%*	13 14%	27 13%	~	~	~	~	1 4%~	4 8%	24 12%	24 10%~	2 29%~	21 10%	10 20%	
4	13 5%	260 5%	~	4 9%~	~	6 8%	3 3%*	6 3%*	1 ~	20%~	~	1 50%~	2 25%~	2 8%~	5 9%	7 3%	11 4%~	1 14%~	11 5%	2 4%
5 TO 9	6 2%	196 4%	~	~	2 4%	2 3%	2 2%	5 2%	~	~	~	~	~	~	3 6%	2 1%	5 2%~	~	3 1%	3 6%
10 OR MORE TIMES	87 2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	5	280			1	1	3	1						1	1	3		4	1	
VALID CASES	265	5083		44	50	78	93	208	5		2	8	25	53	203	249	7	214	51	
NUMBER OF RESPONDENTS	270	5363		44	51	79	96	209	5		2	9	25	55	204	252	7	218	52	
	100%	100%		100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	



Q8 IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS IN YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q8 #YES	128 69%	2386 68%	24 ~ 67%	25 ~ 68%	31 ~ 61%	48 79%*	104 72%~	1 ~ 33%	1 ~ 50%	4 57%	12 67%	24 59%	101 73%	119 70%	4 67%	99 69%	29 69%	
NO	57 31%	1113 32%	12 ~ 33%	12 32%	20 39%	13 21%*	40 28%~	2 ~ 67%	1 ~ 50%	3 43%	6 33%	17 41%	37 27%	52 30%	2 33%	44 31%	13 31%	
NOT ANSWERED	2	69	1	1			2						2	2		2		
VALID CASES	185	3499	36	37	51	61	144	3	2	7	18	41	138	171	6	143	42	
NUMBER OF RESPONDENTS	187 100%	3568 100%	37 100%	38 100%	51 100%	61 100%	146 100%	3 100%	2 100%	7 100%	18 100%	41 100%	140 100%	173 100%	6 100%	145 100%	42 100%	

[ASKED IF Q7 >= 1 TIME]

Q9 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE YOUR QUESTIONS ANSWERED BY YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER?

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q9 NEVER	1 0.5%	78 2%*	~	~	~	2%	1 ~0.7%	~	~	~	~	~	~	~	1 ~0.7%	1 0.6%	~	1 ~0.7%	~
SOMETIMES	16 9%	344 10%	~	3 8%	5 14%	1 2%*	7 11%	11 8%	1 ~33%	~	~	1 ~14%	1 6%	5 12%	10 7%	14 8%	~	10 7%	6 14%
USUALLY	33 18%	768 22%	~	9 25%	7 19%	8 16%	9 15%	21 15%	1 ~33%	~	1 ~50%	2 29%	7 39%	8 20%	24 17%	29 17%	3 50%	26 18%	7 17%
ALWAYS	135 73%	2292 66%*	~	24 67%	25 68%	41 80%	45 74%	111 77%	1 ~33%	~	1 ~50%	4 57%	10 56%	28 68%	103 75%	127 74%	3 50%	106 74%	29 69%
#ALWAYS + USUALLY (NET)	168 91%	3059 88%	~	33 92%	32 86%	49 96%	54 89%	132 92%	2 ~67%	~	2 ~100%	6 86%	17 94%	36 88%	127 92%	156 91%	6 100%	132 92%	36 86%
TOP BOX SCORE	135 73%	2292 66%*	~	24 67%	25 68%	41 80%	45 74%	111 77%	1 ~33%	~	1 ~50%	4 57%	10 56%	28 68%	103 75%	127 74%	3 50%	106 74%	29 69%
NOT ANSWERED	2	87	~	1	1	~	~	2	~	~	~	~	~	2	2	~	2	~	2
VALID CASES	185	3481	~	36	37	51	61	144	3	~	2	7	18	41	138	171	6	143	42
NUMBER OF RESPONDENTS	187	3568	~	37	38	51	61	146	3	~	2	7	18	41	140	173	6	145	42
	100%	100%	~	100%	100%	100%	100%	100%	100%	~	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

Q10 IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q10 YES	53 29%	1122 32%	9 ~ 25%~	11 30%~	10 20%	23 38%	42 29%~	2 ~ 67%~	1 ~ 50%~	1 14%~	3 17%~	9 22%~	41 30%~	45 26%~	3 50%~	34 24%~	19 45%~	
NO	132 71%	2348 68%	27 ~ 75%~	26 70%~	41 80%	38 62%	102 71%~	1 ~ 33%~	1 ~ 50%~	6 86%~	15 83%~	32 78%~	97 70%~	126 74%~	3 50%~	109 76%~	23 55%~	
NOT ANSWERED	2	97	1	1			2						2	2		2		
VALID CASES	185	3471	36	37	51	61	144	3	2	7	18	41	138	171	6	143	42	
NUMBER OF RESPONDENTS	187	3568	37	38	51	61	146	3	2	7	18	41	140	173	6	145	42	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q7 >= 1 TIME]

Q11 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q11 #YES	50 98%	947 94%*	9 ~100%	10 91%	9 ~100%	22 ~100%	40 100%		1 ~ 50%		1 ~100%	1 100%	3 100%	8 100%	39 98%	42 98%	3 100%	34 100%	16 94%
NO	1 2%	63 6%*	~	1 9%	~	~	~	~	1 ~ 50%	~	~	~	~	1 2%	1 2%	~	~	1 6%	
NOT ANSWERED	9	450	1	2	2	4	5				1		3	4	7		6	3	
VALID CASES	51	1010	9	11	9	22	40		2		1	1	3	8	40	43	3	34	17
NUMBER OF RESPONDENTS	60 100%	1460 100%	10 100%	13 100%	11 100%	26 100%	45 100%		2 100%		1 100%	2 100%	3 100%	11 100%	44 100%	50 100%	3 100%	40 100%	20 100%

[ASKED IF Q7 >= 1 TIME AND Q10 = YES]

Q12 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q12 #YES	34 65%	718 70%	7 ~ 78%~	6 55%~	4 44%~	17 74%~	27 66%~	1 ~ 50%~			1 ~ 100%~	2 67%~	9 100%~	23 58%~	28 64%~	3 100%~	22 65%~	12 67%~
NO	18 35%	305 30%	2 ~ 22%~	5 45%~	5 56%~	6 26%~	14 34%~	1 ~ 50%~		1 ~ 100%~		1 ~ 33%~	17 ~ 43%~	16 36%~		12 35%~	6 33%~	
NOT ANSWERED	1	87				1	1						1	1			1	
VALID CASES	52	1023	9	11	9	23	41	2		1	1	3	9	40	44	3	34	18
NUMBER OF RESPONDENTS	53	1110	9	11	10	23	42	2		1	1	3	9	41	45	3	34	19
	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME AND Q10 = YES]

Q13 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q13 #YES	35 69%	830 78%	7 ~ 78%~	5 50%~	7 78%~	16 70%~	27 68%~		1 ~ 50%~			1 ~100%~	2 67%~	7 78%~	25 64%~	28 65%~	3 100%~	22 67%~	13 72%~
NO	16 31%	241 22%	2 ~ 22%~	5 50%~	2 22%~	7 30%~	13 32%~		1 ~ 50%~		1 ~100%~		1 ~ 33%~	2 22%~	14 36%~	15 35%~		11 33%~	5 28%~
NOT ANSWERED	2	39			1	1	2								2	2		1	1
VALID CASES	51	1071	9	10	9	23	40		2		1	1	3	9	39	43	3	33	18
NUMBER OF RESPONDENTS	53	1110	9	11	10	23	42		2		1	1	3	9	41	45	3	34	19
	100%	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME AND Q10 = YES]

Q14 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q14 WORST HEALTH CARE POSSIBLE		3 0.1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
02		9 0.3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
03	2 1%	25 0.7%	~	~	~	1 2%	1 2%	2 1%	~	~	~	~	~	2 1%	1 0.6%	~	2 1%	~		
04		47 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
05	8 4%	121 3%	~	2 6%	1 3%	2 4%	3 5%	6 4%	~	~	~	~	2 11%	4 10%	4 3%	8 5%	~	4 3%	4 10%	
06	4 2%	116 3%	~	1 3%	~	1 2%	2 3%	3 2%	~	~	~	~	1 14%	2 5%	2 1%	3 2%	1 17%	2 1%	2 5%	
07	19 10%	300 9%	~	3 9%	4 11%	3 6%	9 15%	18 13%	~	~	~	~	1 6%	1 2%	18 13%	18 11%	~	17 12%	2 5%	
08	42 23%	813 23%	~	2 6%	9 24%	17 34%	14 23%	31 22%	~	1 33%	~	1 50%	2 29%	3 17%	6 15%	32 24%	36 21%	2 33%	28 20%	14 33%
09	36 20%	704 20%	~	10 29%	10 27%	7 14%	9 15%	30 21%	~	~	~	~	2 29%	2 11%	7 17%	28 21%	33 20%	2 33%	32 23%	4 10%
BEST HEALTH CARE POSSIBLE	71 39%	1323 38%	~	16 47%	13 35%	19 38%	23 38%	52 37%	~	2 67%	~	1 50%	2 29%	10 56%	21 51%	50 37%	70 41%	1 17%	55 39%	16 38%
#8-10 (NET)	149 82%	2841 82%	~	28 82%	32 86%	43 86%	46 75%	113 80%	~	3 100%	~	2 100%	6 86%	15 83%	34 83%	110 81%	139 82%	5 83%	115 82%	34 81%

Continued

Q14 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
9-10 (NET)	107 59%	2027 58%	26 ~ 76%~	23 62%~	26 52%	32 52%	82 58%~	2 ~ 67%~	1 ~ 50%~	4 57%~	12 67%~	28 68%~	78 57%~	103 61%~	3 50%~	87 62%~	20 48%~	
NOT ANSWERED	5	98	3	1	1	4							4	4	5			
VALID CASES	182	3470	34	37	50	61	142	3	2	7	18	41	136	169	6	140	42	
NUMBER OF RESPONDENTS	187 100%	3568 100%	37 100%	38 100%	51 100%	61 100%	146 100%	3 100%	2 100%	7 100%	18 100%	41 100%	140 100%	173 100%	6 100%	145 100%	42 100%	
MEAN	8.64	8.58	8.91	8.78	8.58	8.46	8.58	9.33	9.00	8.57	8.83	8.78	8.62	8.71	8.33	8.71	8.43	
p stat_(*=Sig @ p<=.05)		.596	~	~	~.731	.263	~	~	~	~	~	~	~	~	~	~	~	

[ASKED IF Q7 >= 1]



Q15 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED?

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS	CCC SCREENER					
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- AMR	IAN	NATV HAW/ ILND	AMR IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q15 NEVER	1 0.6%	64 2%*	~	~	~	~	2%	1 0.7%	~	~	~	~	~	~	1 ~0.7%	1 0.6%	~	~	1 2%	
SOMETIMES	10 6%	353 10%*	~	3%	6%	8%	5%	7 5%	~	2 67%	~	~	~	1 6%	3 7%	7 5%	9 5%	~	6 4%	4 10%
USUALLY	43 24%	1112 32%*	~	20%	28%	16%	30%	31 22%	~	~	~	2 100%	4 57%	3 17%	10 24%	31 23%	37 22%	4 67%	35 25%	8 20%
ALWAYS	127 70%	1922 56%*	~	77%	67%	76%	64%	102 72%	~	1 33%	~	~	3 43%	14 78%	28 68%	96 71%	121 72%	2 33%	99 71%	28 68%
#ALWAYS + USUALLY (NET)	170 94%	3034 88%*	~	97%	94%	92%	93%	133 94%	~	1 33%	~	2 100%	7 100%	17 94%	38 93%	127 94%	158 94%	6 100%	134 96%	36 88%
TOP BOX SCORE	127 70%	1922 56%*	~	77%	67%	76%	64%	102 72%	~	1 33%	~	~	3 43%	14 78%	28 68%	96 71%	121 72%	2 33%	99 71%	28 68%
NOT ANSWERED	6	117	2	2	2			5							5	5		5	1	
VALID CASES	181	3451	35	36	49	61		141	3		2	7	18	41	135	168	6	140	41	
NUMBER OF RESPONDENTS	187 100%	3568 100%	37 100%	38 100%	51 100%	61 100%		146 100%	3 100%		2 100%	7 100%	18 100%	41 100%	140 100%	173 100%	6 100%	145 100%	42 100%	

[ASKED IF Q7 >= 1 TIME]

Q16 IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q16 YES	201 76%	3643 71%	12 ~ 28%~	45 88%*	65 84%*	79 84%*	159 76%		5 ~100%~		2 ~100%~	4 50%~	17 68%~	42 78%	152 75%	187 75%~100%~	7	156 73%*	45 87%*
NO	64 24%	1481 29%	31 ~ 72%~	6 12%*	12 16%*	15 16%*	49 24%		~	~	~	4 ~ 50%~	8 32%~	12 22%	51 25%	63 25%~	~	57 27%*	7 13%*
NOT ANSWERED	5	239	1		2	2	1					1		1	1	2		5	
VALID CASES	265	5124	43	51	77	94	208		5		2	8	25	54	203	250	7	213	52
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%		5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%

Q17 IN THE LAST 6 MONTHS, DID YOU NEED YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TO CONTACT A SCHOOL OR DAYCARE CENTER ABOUT YOUR CHILD'S HEALTH OR HEALTH CARE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q17 YES	9 5%	403 11%*	~	~	2 5%	3 5%	4 5%	8 5%	~	~	~	~	~	1 6%	1 2%	8 6%	9 5%	~	3 2%	6 15%
NO	180 95%	3143 89%*	~100%	~95%	42 95%	58 95%	69 95%	142 95%	~100%	5	2	3	15	39 98%	136 94%	167 95%	6 100%	145 98%	35 85%	
NOT ANSWERED	12	226	1	1	4	6	9					1	1	2	8	11	1	8	4	
VALID CASES	189	3545	11	44	61	73	150	5		2	3	16	40	144	176	6	148	41		
NUMBER OF RESPONDENTS	201 100%	3771 100%	12 100%	45 100%	65 100%	79 100%	159 100%	5 100%		2 100%	4 100%	17 100%	42 100%	152 100%	187 100%	7 100%	156 100%	45 100%		

[ASKED IF Q16 = YES]

Q18 IN THE LAST 6 MONTHS, DID YOU GET THE HELP YOU NEEDED FROM YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER IN CONTACTING YOUR CHILD'S SCHOOL OR DAYCARE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q18 #YES	8	349	~	~	1	3	4	7	~	~	~	~	~	1	1	7	8	~	3	5
	100%	94%	~	~	~100%	~100%	~100%	~100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~	~100%	~100%
NO		22	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	1	7			1			1								1	1			1
VALID CASES	8	371			1	3	4	7						1	1	7	8		3	5
NUMBER OF RESPONDENTS	9	378			2	3	4	8						1	1	8	9		3	6
	100%	100%			100%	100%	100%	100%						100%	100%	100%	100%		100%	100%

[ASKED IF Q16 = YES AND Q17 = YES]

Q19 SPECIAL MEDICAL EQUIPMENT OR DEVICES INCLUDE A WALKER, WHEELCHAIR, NEBULIZER, FEEDING TUBES, OR OXYGEN EQUIPMENT. IN THE LAST 6 MONTHS, DID YOU GET OR TRY TO GET ANY SPECIAL MEDICAL EQUIPMENT OR DEVICES FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q19 YES	8 3%	175 3%	~	1 2%~	2 4%~	4 5%	1 1%	6 3%	~	~	~	~	14%~	1 4%~	3 6%	5 2%	7 3%~	1 14%~	2 1%*	6 12%*
NO	253 97%	4948 97%	~	41 98%~	47 96%~	73 95%	92 99%	200 97%	~	5 100%~	~	2 100%~	6 86%~	24 96%~	50 94%	196 98%	240 97%~	6 86%~	208 99%*	45 88%*
NOT ANSWERED	9	240		2	2	2	3	3				2		2	3	5		8	1	
VALID CASES	261	5123		42	49	77	93	206		5		2	7	25	53	201	247	7	210	51
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%		5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%

Q20 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET SPECIAL MEDICAL EQUIPMENT OR DEVICES FOR YOUR CHILD?

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q20 NEVER	2 25%	23 12%	~	~	1 50%	1 25%	2 33%	~	~	~	~	~	~	~	2 40%	2 29%	~	~	2 33%	~
SOMETIMES		35 18%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
USUALLY	2 25%	49 25%	~	1 100%	~	1 100%	2 33%	~	~	~	~	~	~	2 67%	2 29%	~	~	1 50%	1 17%	~
ALWAYS	4 50%	87 45%	~	1 50%	3 75%	~	2 33%	~	~	~	~	1 100%	1 100%	1 33%	3 60%	3 43%	1 100%	1 50%	3 50%	~
#ALWAYS + USUALLY (NET)	6 75%	135 70%	~	1 100%	1 50%	3 75%	1 100%	4 67%	~	~	~	~	1 100%	1 100%	3 100%	3 60%	5 71%	1 100%	2 100%	4 67%
TOP BOX SCORE	4 50%	87 45%	~	1 50%	3 75%	~	2 33%	~	~	~	~	~	1 100%	1 100%	1 33%	3 60%	3 43%	1 100%	1 50%	3 50%
NOT ANSWERED		3																		
VALID CASES	8	193		1	2	4	1	6					1	1	3	5	7	1	2	6
NUMBER OF RESPONDENTS	8	196		1	2	4	1	6					1	1	3	5	7	1	2	6
	100%	100%		100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

Q21 DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE, OR CLINIC HELP YOU GET SPECIAL MEDICAL EQUIPMENT OR DEVICES FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q21 #YES	3 43%	157 84%~	1 ~100%~	1 ~33%~	1 ~100%~	1 ~100%~	2 40%~	~	~	~	~	1 ~100%~	3 ~100%~	3 ~100%~	3 50%~	1 ~100%~	2 ~100%~	1 20%~	
NO	4 57%	31 16%~	~	2 ~100%~	2 67%~	~	3 60%~	~	~	~	~	1 ~100%~	4 ~100%~	3 50%~	1 ~100%~	~	4 80%~		
NOT ANSWERED	1	8			1		1						1	1			1		
VALID CASES	7	188	1	2	3	1	5					1	1	3	4	6	1	2	5
NUMBER OF RESPONDENTS	8	196	1	2	4	1	6					1	1	3	5	7	1	2	6
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

Q22 IN THE LAST 6 MONTHS, DID YOU GET OR TRY TO GET SPECIAL THERAPY SUCH AS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q22 YES	14 5%	446 9%*	~	2 5%~	4 8%	4 5%	4 4%	10 5%	~	~	~	~	25%~	4%~	7%	5%	12 5%~	2 29%~	4 2%*	10 20%*
NO	247 95%	4656 91%*	~	40 95%~	46 92%	74 95%	87 96%	195 95%	~100%~	5	2	6	24	50 93%	191 95%	237 95%~	5 71%~	206 98%*	41 80%*	
NOT ANSWERED	9	261		2	1	1	5	4				1		1	3	3		8	1	
VALID CASES	261	5102		42	50	78	91	205		5	2	8	25	54	201	249	7	210	51	
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%		5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	



Q23 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THIS THERAPY FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q23 NEVER		62 15%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	3 23%	96 24%	~	1 50%	~	1 25%	1 33%	2 22%	~	~	~	~	1 50%	~	1 25%	2 22%	2 18%	1 50%	1 33%	2 20%
USUALLY	3 23%	112 28%	~	~	1 25%	1 25%	1 33%	3 33%	~	~	~	~	~	~	3 33%	3 27%	~	~	3 30%	
ALWAYS	7 54%	135 33%	~	1 50%	3 75%	2 50%	1 33%	4 44%	~	~	~	~	1 50%	1 100%	3 75%	4 44%	6 55%	1 50%	2 67%	5 50%
#ALWAYS + USUALLY (NET)	10 77%	247 61%	~	1 50%	4 100%	3 75%	2 67%	7 78%	~	~	~	~	1 50%	1 100%	3 75%	7 78%	9 82%	1 50%	2 67%	8 80%
TOP BOX SCORE	7 54%	135 33%	~	1 50%	3 75%	2 50%	1 33%	4 44%	~	~	~	~	1 50%	1 100%	3 75%	4 44%	6 55%	1 50%	2 67%	5 50%
NOT ANSWERED	1	14					1	1							1	1		1		
VALID CASES	13	405		2	4	4	3	9					2	1	4	9	11	2	3	10
NUMBER OF RESPONDENTS	14	419		2	4	4	4	10					2	1	4	10	12	2	4	10
	100%	100%		100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

Q24 DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE OR CLINIC HELP YOU GET THIS THERAPY FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q24 #YES	8	260		2	1	3	2	5				2		3	5	6	2	2	6
	67%	64%	~100%	~33%	~75%	~67%	63%	~	~	~	~100%	~	~75%	~63%	60%	~100%	~67%	~67%	
NO	4	143			2	1	1	3				1	1	3	4		1	3	
	33%	36%	~	~	67%	25%	33%	38%	~	~	~	~100%	25%	38%	40%	~	33%	33%	
NOT ANSWERED	2	16			1		1	2						2	2		1	1	
VALID CASES	12	403		2	3	4	3	8			2	1	4	8	10	2	3	9	
NUMBER OF RESPONDENTS	14	419		2	4	4	4	10			2	1	4	10	12	2	4	10	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q22 = YES]

Q25 IN THE LAST 6 MONTHS, DID YOU GET OR TRY TO GET TREATMENT OR COUNSELING FOR YOUR CHILD FOR AN EMOTIONAL, DEVELOPMENTAL, OR BEHAVIORAL PROBLEM?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q25 YES	32 12%	666 13%	~	2 5%	6 12%	11 14%	13 14%	25 12%	~	~	~	~	2 25%	3 12%	10 19%	22 11%	28 11%	3 43%	14 7%*	18 35%*
NO	231 88%	4441 87%	~	40 95%	44 88%	67 86%	80 86%	182 88%	~	5 100%	~	2 100%	6 75%	22 88%	44 81%	180 89%	221 89%	4 57%	197 93%*	34 65%*
NOT ANSWERED	7	256		2	1	1	3	2				1		1	2	3		7		
VALID CASES	263	5107		42	50	78	93	207		5		2	8	25	54	202	249	7	211	52
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%		5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%

Q26 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THIS TREATMENT OR COUNSELING FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q26 NEVER	2 6%	92 14%	~	~	~	20%	2	1	~	~	~	~	~	1	1	1	2	~	~	2
SOMETIMES	7 23%	116 18%	~	~	3	20%	2	7	~	~	~	~	~	2	5	7	~	~	4	3
USUALLY	4 13%	171 27%	~	~	1	10%	2	3	~	~	~	1	50%	1	3	2	1	~	1	3
ALWAYS	18 58%	258 41%	~	2	2	5	9	13	~	~	~	1	2	6	12	16	2	~	9	9
#ALWAYS + USUALLY (NET)	22 71%	429 67%	~	2	3	6	11	16	~	~	~	2	2	7	15	18	3	~	10	12
TOP BOX SCORE	18 58%	258 41%	~	2	2	5	9	13	~	~	~	1	2	6	12	16	2	~	9	9
NOT ANSWERED	1	17				1		1							1	1				1
VALID CASES	31	636		2	6	10	13	24				2	3	10	21	27	3		14	17
NUMBER OF RESPONDENTS	32	653		2	6	11	13	25				2	3	10	22	28	3		14	18
	100%	100%		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%		100%	100%

[ASKED IF Q25 = YES]

Q27 DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE OR CLINIC HELP YOU GET THIS TREATMENT OR COUNSELING FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q27 #YES	13 42%	311 49%	~	~	67%	20%	54%	11 46%	~	~	~	~	~	33%	30%	48%	11 41%	1 33%	7 50%	6 35%
NO	18 58%	326 51%	~100%	~	33%	80%	46%	13 54%	~	~	~	~100%	67%	70%	52%	7 59%	11 67%	2 59%	7 50%	11 65%
NOT ANSWERED	1	17				1	1									1	1			1
VALID CASES	31	636		2	6	10	13	24				2	3	10	21	27	3	14	17	
NUMBER OF RESPONDENTS	32	653		2	6	11	13	25				2	3	10	22	28	3	14	18	
	100%	100%		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

Q28 IN THE LAST 6 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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q28 YES	43 16%	978 19%	~ 17%	~ 14%	12 15%	17 18%	29 14%	~	~	~ 50%	4 50%	7 28%	12 22%	29 14%	36 14%	4 57%	24 11%*	19 37%*
NO	220 84%	4103 81%	~ 83%	~ 86%	66 85%	76 82%	178 86%	5 ~100%	1 ~ 50%	4 50%	18 72%	42 78%	173 86%	213 86%	3 43%	187 89%*	33 63%*	
NOT ANSWERED	7	281	2	1	1	3	2				1	1	2	3		7		
VALID CASES	263	5082	42	50	78	93	207	5	2	8	25	54	202	249	7	211	52	
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	

Q29 IN THE LAST 6 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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q29 #YES	24 57%	594 60%~	~	3 43%~	2 29%~	7 64%~	12 71%~	15 54%~	~	~	~	1 100%~	3 75%~	4 57%~	7 58%~	15 54%~	18 51%~	3 75%~	12 50%~	12 67%~
NO	18 43%	403 40%~	~	4 57%~	5 71%~	4 36%~	5 29%~	13 46%~	~	~	~	1 25%~	3 43%~	5 42%~	13 46%~	17 49%~	1 25%~	12 50%~	6 33%~	
NOT ANSWERED	1	32				1	1							1	1			1		
VALID CASES	42	998		7	7	11	17	28			1	4	7	12	28	35	4	24	18	
NUMBER OF RESPONDENTS	43	1030		7	7	12	17	29			1	4	7	12	29	36	4	24	19	
	100%	100%		100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q28 = YES]

Q30 A PERSONAL DOCTOR IS THE ONE YOUR CHILD WOULD SEE IF HE OR SHE NEEDS A CHECKUP, HAS A HEALTH PROBLEM, OR GETS SICK OR HURT. DOES YOUR CHILD HAVE A PERSONAL DOCTOR?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q30 YES	235 90%	4410 88%	~	39 91%	49 98%*	70 90%	77 85%	191 93%*	~	4 80%	~	2 100%	6 75%	20 80%	44 81%	185 92%	222 90%	7 100%	186 89%	49 94%
NO	27 10%	622 12%	~	4 9%	1 2%*	8 10%	14 15%	15 7%*	~	1 20%	~	2 25%	5 20%	10 19%	16 8%	26 10%	~	24 11%	3 6%	
NOT ANSWERED	8	331		1	1	1	5	3				1		1	3	4		8		
VALID CASES	262	5032		43	50	78	91	206		5		2	8	25	54	201	248	7	210	52
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%		5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%



Q31 IN THE LAST 6 MONTHS, HOW MANY TIMES DID YOUR CHILD VISIT HIS OR HER PERSONAL DOCTOR FOR CARE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q31 NONE	63 28%	1163 27%		4 ~ 11%	12 26%	25 37%*	22 29%	50 27%		1 ~ 25%				7 ~ 37%	7 17%	53 29%	61 28%	1 14%	53 29%	10 21%
1 TIME	79 35%	1470 34%		15 ~ 39%	14 30%	23 34%	27 36%	69 37%		1 ~ 25%			2 ~ 33%	4 21%	13 31%	66 37%	77 36%	1 14%	64 36%	15 31%
2	44 19%	817 19%		6 ~ 16%	15 32%	13 19%	10 13%	35 19%		2 ~ 50%		1 ~ 50%	1 17%	4 21%	9 21%	35 19%	43 20%	1 14%	34 19%	10 21%
3	28 12%	450 11%		10 ~ 26%	5 11%	1 1%	12 16%	22 12%					2 ~ 33%	2 11%	7 17%	20 11%	23 11%	3 43%	19 11%	9 19%
4	8 4%	180 4%		2 ~ 5%		3 4%	3 4%	4 2%				1 ~ 50%		2 ~ 11%	1 2%	5 3%	6 3%		7 4%	1 2%
5 TO 9	5 2%	146 3%		1 ~ 3%	1 2%	2 3%	1 1%	4 2%					1 ~ 17%		4 10%	1 0.6%	5 2%		3 2%	2 4%
10 OR MORE TIMES	1 0.4%	40 0.9%					1 1%	1 0.5%							1 2%		1 14%			1 2%
NOT ANSWERED	7	203		1	2	3	1	6					1	2	5	7		6	1	
VALID CASES	228	4266		38	47	67	76	185		4		2	6	19	42	180	215	7	180	48
NUMBER OF RESPONDENTS	235	4469		39	49	70	77	191		4		2	6	20	44	185	222	7	186	49
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

Q31A IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE A HARD TIME SPEAKING WITH OR UNDERSTANDING YOUR CHILD'S PERSONAL DOCTOR BECAUSE YOU SPOKE DIFFERENT LANGUAGES?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q31A ALWAYS	4 2%	82 3%	~	1 3%~	~	2 5%~	1 2%	3 2%~	~	~	~	~	~	1 3%~	2 2%~	3 2%~	~	2 2%~	2 5%~
USUALLY	1 0.6%	49 2%	~	~	1 3%~	~	1 ~0.7%~	~	~	~	~	~	~	1 ~0.8%~	1 0.7%~	~	~	1 ~0.8%~	~
SOMETIMES	4 2%	229 8%*	~	1 3%~	1 3%~	1 2%~	1 2%	~	~	2 67%~	~	1 17%~	1 8%~	1 3%~	3 2%~	3 2%~	1 17%~	3 2%~	1 3%~
NEVER	155 95%	2671 88%*	~	32 94%~	32 94%~	39 93%~	52 96%	130 97%~	1 ~33%~	2 ~100%~	5 83%~	11 92%~	33 94%~	120 95%~	146 95%~	5 83%~	120 95%~	35 92%~	
#NEVER + SOMETIMES (NET)	159 97%	2900 96%	~	33 97%~	33 97%~	40 95%~	53 98%	130 97%~	3 ~100%~	2 ~100%~	6 100%~	12 100%~	34 97%~	123 98%~	149 97%~	6 100%~	123 98%~	36 95%~	
TOP BOX SCORE	155 95%	2671 88%*	~	32 94%~	32 94%~	39 93%~	52 96%	130 97%~	1 ~33%~	2 ~100%~	5 83%~	11 92%~	33 94%~	120 95%~	146 95%~	5 83%~	120 95%~	35 92%~	
NOT ANSWERED	1	30			1		1							1	1		1		
VALID CASES	164	3030		34	34	42	54	134	3	2	6	12	35	126	153	6	126	38	
NUMBER OF RESPONDENTS	165	3060		34	35	42	54	135	3	2	6	12	35	127	154	6	127	38	
	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q30 = YES AND Q31 >= 1 TIME]

Q32 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR EXPLAIN THINGS ABOUT YOUR CHILD'S HEALTH IN A WAY THAT WAS EASY TO UNDERSTAND?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMR IAN	NATV HAW/ PAC	AMR IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q32 NEVER	1 0.6%	80 3%*	~	~	~	~	2%~	0.8%~	~	~	~	~	~	~	1 ~0.8%	1 ~0.7%	~	1 ~0.8%	~	
SOMETIMES	5 3%	145 5%	~	~	1 3%~	1 2%~	3 6%	2 2%~	~	2 67%~	~	~	~	1 8%~	1 3%~	4 3%~	5 3%~	~	3 2%~	2 5%~
USUALLY	21 13%	478 16%	~	4 12%~	3 9%~	7 17%~	7 13%	17 13%~	~	~	~	1 50%~	2 33%~	1 8%~	5 14%~	16 13%~	4 10%~	16 67%~	14 11%~	7 19%~
ALWAYS	136 83%	2312 77%*	~	30 88%~	30 88%~	34 81%~	42 79%	113 85%~	~	1 33%~	~	1 50%~	4 67%~	10 83%~	29 83%~	104 83%~	131 86%~	2 33%~	108 86%~	28 76%~
#ALWAYS + USUALLY (NET)	157 96%	2790 93%*	~	34 100%~	33 97%~	41 98%~	49 92%	130 98%~	~	1 33%~	~	2 100%~	6 100%~	11 92%~	34 97%~	120 96%~	147 96%~	6 100%~	122 97%~	35 95%~
TOP BOX SCORE	136 83%	2312 77%*	~	30 88%~	30 88%~	34 81%~	42 79%	113 85%~	~	1 33%~	~	1 50%~	4 67%~	10 83%~	29 83%~	104 83%~	131 86%~	2 33%~	108 86%~	28 76%~
NOT ANSWERED	2	44			1	1	2							2	1			1	1	
VALID CASES	163	3016		34	34	42	53	133		3		2	6	12	35	125	153	6	126	37
NUMBER OF RESPONDENTS	165	3060		34	35	42	54	135		3		2	6	12	35	127	154	6	127	38
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q31 >= 1 TIME]

Q33 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR LISTEN CAREFULLY TO YOU?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q33 NEVER		40 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	5 3%	145 5%	~	1 3%	1 3%	1 2%	2 4%	3 2%	~	2 67%	~	~	~	1 3%	4 3%	4 3%	1 17%	3 2%	2 5%
USUALLY	25 15%	494 16%	~	4 12%	6 18%	7 17%	8 15%	21 16%	~	~	1 50%	1 17%	2 17%	6 17%	19 15%	22 14%	2 33%	17 14%	8 21%
ALWAYS	133 82%	2341 77%	~	29 85%	27 79%	33 80%	44 81%	110 82%	~	1 33%	1 50%	5 83%	10 83%	28 80%	103 82%	127 83%	3 50%	105 84%	28 74%
#ALWAYS + USUALLY (NET)	158 97%	2835 94%	~	33 97%	33 97%	40 98%	52 96%	131 98%	~	1 33%	2 100%	6 100%	12 100%	34 97%	122 97%	149 97%	5 83%	122 98%	36 95%
TOP BOX SCORE	133 82%	2341 77%	~	29 85%	27 79%	33 80%	44 81%	110 82%	~	1 33%	1 50%	5 83%	10 83%	28 80%	103 82%	127 83%	3 50%	105 84%	28 74%
NOT ANSWERED	2	39			1	1		1							1	1		2	
VALID CASES	163	3021		34	34	41	54	134		3	2	6	12	35	126	153	6	125	38
NUMBER OF RESPONDENTS	165	3060		34	35	42	54	135		3	2	6	12	35	127	154	6	127	38
	100%	100%		100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q31 >= 1 TIME]

Q34 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR SHOW RESPECT FOR WHAT YOU HAD TO SAY?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q34 NEVER	28	0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	5	114	~	~	1	3	1	3	~	2	~	~	~	2	3	5	~	2	3
	3%	4%	~	~	3%	7%	2%	2%	~	67%	~	~	~	6%	2%	3%	~	2%	8%
USUALLY	18	407	~	4	3	4	7	16	~	~	~	1	1	4	14	16	2	14	4
	11%	14%	~	12%	9%	10%	13%	12%	~	~	~	50%	~	8%	11%	11%	11%	33%	11%
ALWAYS	139	2460	~	30	30	34	45	114	~	1	~	1	6	11	29	108	131	4	108
	86%	82%	~	88%	88%	83%	85%	86%	~	33%	~	50%	100%	92%	83%	86%	86%	67%	87%
#ALWAYS + USUALLY (NET)	157	2867	~	34	33	38	52	130	~	1	~	2	6	12	33	122	147	6	122
	97%	95%	~	100%	97%	93%	98%	98%	~	33%	~	100%	100%	100%	94%	98%	97%	100%	98%
TOP BOX SCORE	139	2460	~	30	30	34	45	114	~	1	~	1	6	11	29	108	131	4	108
	86%	82%	~	88%	88%	83%	85%	86%	~	33%	~	50%	100%	92%	83%	86%	86%	67%	87%
NOT ANSWERED	3	51			1	1	1	2							2	2		3	
VALID CASES	162	3009		34	34	41	53	133		3		2	6	12	35	125	152	6	124
NUMBER OF RESPONDENTS	165	3060		34	35	42	54	135		3		2	6	12	35	127	154	6	127
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q31 >= 1 TIME]

Q35 IS YOUR CHILD ABLE TO TALK WITH DOCTORS ABOUT HIS OR HER HEALTH CARE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q35 YES	106 66%	2050 69%	6 ~ 18%~	18 53%~	33 80%~	49 94%*	87 66%~	2 ~ 67%~	2 ~ 100%~	4 67%~	6 50%~	22 63%~	82 66%~	99 65%~	4 67%~	80 64%~	26 72%~	
NO	55 34%	942 31%	28 ~ 82%~	16 47%~	8 20%~	3 6%*	45 34%~	1 ~ 33%~	~	2 ~ 33%~	6 50%~	13 37%~	42 34%~	53 35%~	2 33%~	45 36%~	10 28%~	
NOT ANSWERED	4	67		1	1	2	3						3	2		2	2	
VALID CASES	161	2993	34	34	41	52	132	3	2	6	12	35	124	152	6	125	36	
NUMBER OF RESPONDENTS	165 100%	3060 100%	34 100%	35 100%	42 100%	54 100%	135 100%	3 100%	2 100%	6 100%	12 100%	35 100%	127 100%	154 100%	6 100%	127 100%	38 100%	

[ASKED IF Q30 = YES AND Q31 >= 1 TIME]

Q36 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR EXPLAIN THINGS IN A WAY THAT WAS EASY FOR YOUR CHILD TO UNDERSTAND?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q36 NEVER	2 2%	19 1%	1 ~ 17%	~	~	1 ~ 2%	2 2%	~	~	~	~	~	~	2 ~ 3%	2 2%	~	2 3%	~
SOMETIMES	4 4%	119 6%	~	2 ~ 12%	2 6%	~	3 4%	1 ~ 50%	~	~	~	~	4 ~ 5%	3 3%	1 25%	1 1%	3 13%	~
USUALLY	22 22%	466 23%	1 ~ 17%	3 18%	5 16%	13 28%	17 20%	~	~	1 ~ 50%	1 25%	3 50%	3 14%	19 24%	21 22%	1 25%	16 21%	6 25%
ALWAYS	74 73%	1408 70%	4 ~ 67%	12 71%	25 78%	33 70%	61 73%	1 ~ 50%	~	1 ~ 50%	3 75%	3 50%	19 86%	53 68%	70 73%	2 50%	59 76%	15 63%
#ALWAYS + USUALLY (NET)	96 94%	1874 93%	5 ~ 83%	15 88%	30 94%	46 98%	78 94%	1 ~ 50%	~	2 ~ 100%	4 100%	6 100%	22 100%	72 92%	91 95%	3 75%	75 96%	21 87%
TOP BOX SCORE	74 73%	1408 70%	4 ~ 67%	12 71%	25 78%	33 70%	61 73%	1 ~ 50%	~	1 ~ 50%	3 75%	3 50%	19 86%	53 68%	70 73%	2 50%	59 76%	15 63%
NOT ANSWERED	4	36		1	1	2	4						4	3		2	2	
VALID CASES	102	2013	6	17	32	47	83	2	2	4	6	22	78	96	4	78	24	
NUMBER OF RESPONDENTS	106	2049	6	18	33	49	87	2	2	4	6	22	82	99	4	80	26	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q30 = YES AND Q31 >= 1 TIME AND Q35 = YES]

Q37 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR SPEND ENOUGH TIME WITH YOUR CHILD?

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		CCC SCREENER				
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- AMR	PAC IAN	NATV ILND	AMR ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q37 NEVER	2 1%	89 3%	~	1 3%	~	1 2%	~	2 1%	~	~	~	~	~	~	2 2%	2 1%	2 1%	2 2%	~	
SOMETIMES	15 9%	318 11%	~	4 12%	3 9%	4 10%	4 8%	12 9%	~	2 67%	~	~	~	~	5 14%	10 8%	13 9%	2 33%	9 7%	6 16%
USUALLY	27 17%	708 24%*	~	4 12%	6 18%	7 17%	10 19%	21 16%	~	~	~	1 50%	3 50%	2 18%	6 17%	21 17%	24 16%	2 33%	23 19%	4 11%
ALWAYS	118 73%	1876 63%*	~	25 74%	25 74%	29 71%	39 74%	99 74%	~	1 33%	~	1 50%	3 50%	9 82%	24 69%	92 74%	113 74%	2 33%	90 73%	28 74%
#ALWAYS + USUALLY (NET)	145 90%	2584 86%	~	29 85%	31 91%	36 88%	49 92%	120 90%	~	1 33%	~	2 100%	6 100%	11 100%	30 86%	113 90%	137 90%	4 67%	113 91%	32 84%
TOP BOX SCORE	118 73%	1876 63%*	~	25 74%	25 74%	29 71%	39 74%	99 74%	~	1 33%	~	1 50%	3 50%	9 82%	24 69%	92 74%	113 74%	2 33%	90 73%	28 74%
NOT ANSWERED	3	70			1	1	1	1						1	2	2		3		
VALID CASES	162	2990		34	34	41	53	134		3		2	6	11	35	125	152	6	124	38
NUMBER OF RESPONDENTS	165	3060		34	35	42	54	135		3		2	6	12	35	127	154	6	127	38
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q31 >= 1 TIME]



Q38 IN THE LAST 6 MONTHS, DID YOUR CHILD'S PERSONAL DOCTOR TALK WITH YOU ABOUT HOW YOUR CHILD IS FEELING, GROWING, OR BEHAVING?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q38 #YES	140 87%	2520 84%	34 ~100%~	30 88%~	33 83%~	43 81%	115 87%~	2 ~ 67%~	1 ~ 50%~	6 100%~	11 92%~	32 91%~	106 85%~	133 88%~	4 67%~	107 87%~	33 87%~		
NO	21 13%	484 16%	~	4 ~ 12%~	7 17%~	10 19%	17 13%~	1 ~ 33%~	1 ~ 50%~		1 ~ 8%~	3 9%~	18 15%~	18 12%~	2 33%~	16 13%~	5 13%~		
NOT ANSWERED	4	56		1	2	1	3						3	3		4			
VALID CASES	161	3004	34	34	40	53	132	3	2	6	12	35	124	151	6	123	38		
NUMBER OF RESPONDENTS	165 100%	3060 100%	34 100%	35 100%	42 100%	54 100%	135 100%	3 100%	2 100%	6 100%	12 100%	35 100%	127 100%	154 100%	6 100%	127 100%	38 100%		

[ASKED IF Q30 = YES AND Q31 >= 1 TIME]

Q39 IN THE LAST 6 MONTHS, DID YOUR CHILD GET CARE FROM A DOCTOR OR OTHER HEALTH PROVIDER BESIDES HIS OR HER PERSONAL DOCTOR?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC
Q39 YES	55 34%	1156 39%	~ 32%~	11 21%~	7 37%~	15 41%~	22 41%	39 29%~	1 ~ 33%~	1 ~ 50%~	3 50%~	7 58%~	15 43%~	38 30%~	47 31%~	5 83%~	35 28%~	20 53%~
NO	108 66%	1846 61%	~ 68%~	23 79%~	27 63%~	26 59%~	32 59%	95 71%~	2 ~ 67%~	1 ~ 50%~	3 50%~	5 42%~	20 57%~	88 70%~	106 69%~	1 17%~	90 72%~	18 47%~
NOT ANSWERED	2	59		1	1		1						1		1		2	
VALID CASES	163	3001		34	34	41	54	134	3	2	6	12	35	126	153	6	125	38
NUMBER OF RESPONDENTS	165	3060		34	35	42	54	135	3	2	6	12	35	127	154	6	127	38
	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q31 >= 1 TIME]

Q40 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR SEEM INFORMED AND UP-TO-DATE ABOUT THE CARE YOUR CHILD GOT FROM THESE DOCTORS OR OTHER HEALTH PROVIDERS?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMR IAN	NATV ILND	AMR IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q40 NEVER	4 7%	80 7%		1 ~ 9%	1 14%		2 ~ 9%	4 10%							1 7%	3 8%	4 9%		4 11%	
SOMETIMES	6 11%	163 14%		1 ~ 9%		3 ~ 20%	2 9%	5 13%					1 33%		2 13%	4 11%	4 9%	2 40%	3 9%	3 15%
USUALLY	8 15%	320 28%*		1 ~ 9%		2 ~ 13%	5 23%	6 15%		1 ~100%		1 ~100%			2 13%	6 16%	7 15%	1 20%	4 11%	4 20%
ALWAYS	37 67%	595 51%*		8 ~ 73%	6 86%	10 67%	13 59%	24 62%					2 67%	7 100%	10 67%	25 66%	32 68%	2 40%	24 69%	13 65%
#ALWAYS + USUALLY (NET)	45 82%	915 79%		9 ~ 82%	6 86%	12 80%	18 82%	30 77%		1 ~100%		1 ~100%	2 67%	7 100%	12 80%	31 82%	39 83%	3 60%	28 80%	17 85%
TOP BOX SCORE	37 67%	595 51%*		8 ~ 73%	6 86%	10 67%	13 59%	24 62%					2 67%	7 100%	10 67%	25 66%	32 68%	2 40%	24 69%	13 65%
NOT ANSWERED		33																		
VALID CASES	55	1158		11	7	15	22	39		1		1	3	7	15	38	47	5	35	20
NUMBER OF RESPONDENTS	55	1191		11	7	15	22	39		1		1	3	7	15	38	47	5	35	20
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q31 >= 1 TIME AND Q39 = YES]

Q41 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST PERSONAL DOCTOR POSSIBLE AND 10 IS THE BEST PERSONAL DOCTOR POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR CHILD'S PERSONAL DOCTOR?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALS	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE		9 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		6 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		7 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		14 0.3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04	3 1%	45 1%	~	1 3%~	1 2%	1 1%	3 2%~	~	~	~	~	~	1 2%~	2 1%~	3 1%~	~	3 2%~	~	
05	8 4%	127 3%	~	3 8%~	1 2%~	2 3%	2 3%	7 4%~	~	~	~	~	~	1 2%~	7 4%~	6 3%~	2 29%~	5 3%~	3 6%~
06	4 2%	112 3%	~	~	~	1 2%	3 4%	3 2%~	~	~	~	~	1 6%~	2 5%~	2 1%~	4 2%~	~	2 1%~	2 4%~
07	15 7%	293 7%	~	3 8%~	2 4%~	5 8%	5 7%	12 6%~	~	~	~	~	2 11%~	3 7%~	12 7%~	14 7%~	1 14%~	12 7%~	3 6%~
08	42 19%	690 16%	~	7 18%~	11 23%~	12 18%	12 16%	39 21%~	1 25%~	~	~	1 17%~	1 6%~	7 17%~	34 19%~	41 19%~	1 14%~	38 21%~	4 9%~
09	47 21%	810 19%	~	4 11%~	10 21%~	16 25%	17 23%	37 20%~	1 25%~	~	1 50%~	2 33%~	5 28%~	5 12%~	42 23%~	47 22%~	~	36 20%~	11 23%~
BEST PERSONAL DOCTOR POSSIBLE	106 47%	2128 50%	~	20 53%~	23 49%~	28 43%	35 47%	84 45%~	2 50%~	~	1 50%~	3 50%~	9 50%~	23 55%~	80 45%~	98 46%~	3 43%~	82 46%~	24 51%~
#8-10 (NET)	195 87%	3628 86%	~	31 82%~	44 94%~	56 86%	64 85%	160 86%~	4 100%~	~	2 100%~	6 100%~	15 83%~	35 83%~	156 87%~	186 87%~	4 57%~	156 88%~	39 83%~

Continued

Q41 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST PERSONAL DOCTOR POSSIBLE AND 10 IS THE BEST PERSONAL DOCTOR POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR CHILD'S PERSONAL DOCTOR?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
9-10 (NET)	153 68%	2937 69%	24 ~ 63%	33 ~ 70%	44 ~ 68%	52 69%	121 65%	3 ~ 75%	2 ~ 100%	5 83%	14 78%	28 67%	122 68%	145 68%	3 43%	118 66%	35 74%	
NOT ANSWERED	10	228	1	2	5	2	6				2	2	6	9		8	2	
VALID CASES	225	4241	38	47	65	75	185	4	2	6	18	42	179	213	7	178	47	
NUMBER OF RESPONDENTS	235 100%	4469 100%	39 100%	49 100%	70 100%	77 100%	191 100%	4 100%	2 100%	6 100%	20 100%	44 100%	185 100%	222 100%	7 100%	186 100%	49 100%	
MEAN	8.89	8.89	8.74	9.09	8.85	8.88	8.83	9.25	9.50	9.33	9.06	8.88	8.88	8.90	7.86	8.88	8.91	
p stat_(*=Sig @ p<=.05)		.980	~	~	~.775	.947	~	~	~	~	~	~	~	~	~	~	~	~

[ASKED IF Q30 = YES]

Q42 DOES YOUR CHILD HAVE ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS THAT HAVE LASTED FOR MORE THAN 3 MONTHS?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q42 YES	43 19%	1024 24%	~	1 3%	7 15%	18 27%	17 23%	33 18%	1 ~	25 ~	2 ~	2 ~	3 ~	13 31%	29 16%	36 17%	4 57%	7 4%	36 75%
NO	183 81%	3250 76%	~	37 97%	40 85%	48 73%	58 77%	151 82%	3 ~	75 ~	~	4 ~	16 ~	29 69%	150 84%	178 83%	3 43%	171 96%	12 25%
NOT ANSWERED	9	195		1	2	4	2	7					1	2	6	8		8	1
VALID CASES	226	4274		38	47	66	75	184	4		2	6	19	42	179	214	7	178	48
NUMBER OF RESPONDENTS	235	4469		39	49	70	77	191	4		2	6	20	44	185	222	7	186	49
	100%	100%		100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

Q43 DOES YOUR CHILD'S PERSONAL DOCTOR UNDERSTAND HOW THESE MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS AFFECT YOUR CHILD'S DAY-TO-DAY LIFE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q43 #YES	36 86%	896 89%~	1 ~100%~	6 86%~	14 78%~	15 94%~	28 88%~	1 ~100%~	2 ~100%~	1 50%~	3 100%~	8 62%~	27 96%~	30 86%~	3 75%~	5 71%~	31 89%~		
NO	6 14%	110 11%~	~	1 ~14%~	4 22%~	1 6%~	4 12%~	~	~	1 50%~	~	5 38%~	1 4%~	5 14%~	1 25%~	2 29%~	4 11%~		
NOT ANSWERED	1	35				1	1						1	1				1	
VALID CASES	42	1006	1	7	18	16	32	1	2	2	3	13	28	35	4	7	35		
NUMBER OF RESPONDENTS	43	1041	1	7	18	17	33	1	2	2	3	13	29	36	4	7	36		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

Q44 DOES YOUR CHILD'S PERSONAL DOCTOR UNDERSTAND HOW YOUR CHILD'S MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS AFFECT YOUR FAMILY'S DAY-TO-DAY LIFE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC
Q44 #YES	33 79%	836 84%~	1 ~100%~	4 57%~	13 72%~	15 94%~	26 81%~	~	~	~	2 ~100%~	1 50%~	3 100%~	8 62%~	24 86%~	27 77%~	3 75%~	5 71%~	28 80%~
NO	9 21%	163 16%~	~	~	3 43%~	5 28%~	1 6%~	6 19%~	1 ~100%~	~	1 ~	1 50%~	~	5 38%~	4 14%~	8 23%~	1 25%~	2 29%~	7 20%~
NOT ANSWERED	1	41				1	1							1		1			1
VALID CASES	42	1000	1	7	18	16	32	1			2	2	3	13	28	35	4	7	35
NUMBER OF RESPONDENTS	43	1041	1	7	18	17	33	1			2	2	3	13	29	36	4	7	36
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]



Q45 SPECIALISTS ARE DOCTORS LIKE SURGEONS, HEART DOCTORS, ALLERGY DOCTORS, SKIN DOCTORS, AND OTHER DOCTORS WHO SPECIALIZE IN ONE AREA OF HEALTH CARE. IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR YOUR CHILD TO SEE A SPECIALIST?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q45 YES	29 11%	774 15%*	~	2 5%~	3 6%~	10 13%	14 15%	21 10%	1 ~ 20%~		2 ~ 22%~	3 12%~	8 15%	18 9%	20 8%~	4 57%~	13 6%*	16 31%*	
NO	234 89%	4257 85%*	~	41 95%~	46 94%~	67 87%	80 85%	187 90%	4 ~ 80%~		2 ~100%~	7 78%~	22 88%~	47 85%	185 91%	231 92%~	3 43%~	199 94%*	35 69%*
NOT ANSWERED	7	332		1	2	2	2	1						1	1		6	1	
VALID CASES	263	5031		43	49	77	94	208	5		2	9	25	55	203	251	7	212	51
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%	5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%

Q46 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT FOR YOUR CHILD TO SEE A SPECIALIST AS SOON AS YOU NEEDED?

			AGE					RACE						ETHNIC- ITY	HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q46 NEVER	2 7%	73 10%	~	~	~	10%	1 8%	1 5%	~	~	~	~	~	~	~	1 6%	1 5%	~	1 8%	1 6%
SOMETIMES	2 7%	115 16%	~	~	~	20%	2 10%	~	~	~	~	~	~	~	~	2 12%	1 5%	1 25%	~	2 12%
USUALLY	9 32%	209 28%	~	~	1 33%	4 40%	4 31%	7 33%	~	1 100%	~	~	1 50%	~	3 38%	6 35%	7 37%	2 50%	3 25%	6 37%
ALWAYS	15 54%	340 46%	~	2 100%	2 67%	3 30%	8 62%	11 52%	~	~	~	~	1 50%	2 100%	5 63%	8 47%	10 53%	1 25%	8 67%	7 44%
#ALWAYS + USUALLY (NET)	24 86%	549 75%	~	2 100%	3 100%	7 70%	12 92%	18 86%	~	1 100%	~	~	2 100%	2 100%	8 100%	14 82%	17 89%	3 75%	11 92%	13 81%
TOP BOX SCORE	15 54%	340 46%	~	2 100%	2 67%	3 30%	8 62%	11 52%	~	~	~	~	1 50%	2 100%	5 63%	8 47%	10 53%	1 25%	8 67%	7 44%
NOT ANSWERED	1	29					1						1		1	1			1	
VALID CASES	28	737		2	3	10	13	21		1			2	2	8	17	19	4	12	16
NUMBER OF RESPONDENTS	29	766		2	3	10	14	21		1			2	3	8	18	20	4	13	16
	100%	100%		100%	100%	100%	100%	100%		100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

Q47 HOW MANY SPECIALISTS HAS YOUR CHILD SEEN IN THE LAST 6 MONTHS?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q47 NONE	1 4%	67 9%	~	~	~	~	1 8%	~	~	~	~	~	~	~	~	~	~	1 8%	~
1 SPECIALIST	20 71%	450 61%	~100%	2 33%	1 60%	6 85%	11 8%	16 76%	1 100%	~	~	1 50%	2 100%	7 88%	12 71%	14 74%	3 75%	9 75%	11 69%
2	4 14%	144 19%	~	~	2 67%	2 20%	~	3 14%	~	~	~	1 50%	~	1 13%	3 18%	3 16%	1 25%	1 8%	3 19%
3	2 7%	48 6%	~	~	~	2 20%	~	2 10%	~	~	~	~	~	2 12%	2 11%	~	~	2 13%	~
4	1 4%	10 1%	~	~	~	~	1 8%	~	~	~	~	~	~	~	~	~	~	1 8%	~
5 OR MORE SPECIALISTS		23 3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	1	25					1						1		1			1	
VALID CASES	28	741		2	3	10	13	21	1			2	2	8	17	19	4	12	16
NUMBER OF RESPONDENTS	29	766		2	3	10	14	21	1			2	3	8	18	20	4	13	16
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

Q48 WE WANT TO KNOW YOUR RATING OF THE SPECIALIST YOUR CHILD SAW MOST OFTEN IN THE LAST 6 MONTHS. USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST SPECIALIST POSSIBLE AND 10 IS THE BEST SPECIALIST POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE THAT SPECIALIST?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ NATV	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q48 WORST SPECIALIST POSSIBLE		1 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		2 0.3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		1 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	1 4%	8 1%~	~	~	1 10%~	~	1 5%~	~	~	~	~	~	1 6%~	~	1 25%~	~	1 6%~	~
04		17 3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05	1 4%	11 2%~	~	~	~	~	1 8%~	1 5%~	~	~	~	~	~	1 6%~	~	~	1 9%~	~
06	1 4%	29 4%~	~	~	1 33%~	~	1 5%~	~	~	~	~	~	~	1 6%~	1 5%~	~	~	1 6%~
07	1 4%	71 11%~	~	~	~	~	1 8%~	1 5%~	~	~	~	~	1 13%~	~	~	1 25%~	~	1 6%~
08	5 19%	106 16%~	~	~	2 20%~	3 25%~	4 19%~	~	~	~	1 50%~	~	1 13%~	4 24%~	4 21%~	1 25%~	2 18%~	3 19%~
09	3 11%	148 22%~	~	~	1 10%~	2 17%~	2 10%~	~	1 100%~	~	~	~	1 13%~	2 12%~	3 16%~	~	2 18%~	1 6%~
BEST SPECIALIST POSSIBLE	15 56%	278 41%~	2 ~100%~	2 67%~	6 60%~	5 42%~	11 52%~	~	~	~	1 50%~	2 100%~	5 63%~	8 47%~	11 58%~	1 25%~	6 55%~	9 56%~

Continued

Q48 WE WANT TO KNOW YOUR RATING OF THE SPECIALIST YOUR CHILD SAW MOST OFTEN IN THE LAST 6 MONTHS. USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST SPECIALIST POSSIBLE AND 10 IS THE BEST SPECIALIST POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE THAT SPECIALIST?

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR WHT	AMR IAN	NATV HAW/ ILND	AMR IND/ NATV	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
#8-10 (NET)	23 85%	532 79%	2 ~100%	2 67%	9 90%	10 83%	17 81%	1 ~100%				2 ~100%	2 100%	7 88%	14 82%	18 95%	2 50%	10 91%	13 81%
9-10 (NET)	18 67%	426 63%	2 ~100%	2 67%	7 70%	7 58%	13 62%	1 ~100%				1 50%	2 100%	6 75%	10 59%	14 74%	1 25%	8 73%	10 63%
NOT ANSWERED		10																	
VALID CASES	27	672	2	3	10	12	21	1				2	2	8	17	19	4	11	16
NUMBER OF RESPONDENTS	27	682	2	3	10	12	21	1				2	2	8	17	19	4	11	16
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%
MEAN	8.81	8.61	10.0	8.67	8.80	8.67	8.62	9.00				9.00	10.0	9.25	8.47	9.21	7.00	9.00	8.69
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[ASKED IF Q45 = YES AND Q47 >= 1 SPECIALIST]

Q49 IN THE LAST 6 MONTHS, DID YOU GET INFORMATION OR HELP FROM CUSTOMER SERVICE AT YOUR CHILD'S HEALTH PLAN?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q49 YES	43 16%	1285 26%*	~	21%~	16%~	16%	15%	35 17%	~	~	~	~	11%~	20%~	9 16%	32 16%	39 16%~	1 14%~	37 18%	6 12%
NO	218 84%	3691 74%*	~	79%~	84%~	84%	85%	172 83%	~	100%~	~	100%~	89%~	80%~	46 84%	170 84%	211 84%~	6 86%~	173 82%	45 88%
NOT ANSWERED	9	387	1	2	2	4	2								2	2		8	1	
VALID CASES	261	4976	43	49	77	92	207	5			2	9	25	55	202	250	7	210	51	
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%			2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	

Q50 IN THE LAST 6 MONTHS, HOW OFTEN DID CUSTOMER SERVICE AT YOUR CHILD'S HEALTH PLAN GIVE YOU THE INFORMATION OR HELP YOU NEEDED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q50 NEVER	1 2%	37 3%	~	~	~	~	1 8%	1 3%	~	~	~	~	1 11%	~	1 3%	~	1 3%	~
SOMETIMES	6 15%	235 20%	~ 14%	~ 25%	~ 17%	~ 8%	5 15%	~	~	~	~ 100%	1 ~	5 17%	5 14%	1 100%	5 15%	1 17%	~
USUALLY	6 15%	343 30%	~ 14%	~	~ 17%	~ 23%	5 15%	~	~	~	~	1 25%	1 11%	5 17%	6 17%	~	6 18%	~
ALWAYS	27 68%	547 47%	~ 71%	~ 75%	~ 67%	~ 62%	22 67%	~	~	~	~	3 75%	6 67%	19 66%	24 67%	~	22 65%	5 83%
#ALWAYS + USUALLY (NET)	33 83%	890 77%	~ 86%	~ 75%	~ 83%	~ 85%	27 82%	~	~	~	~	4 100%	7 78%	24 83%	30 83%	~	28 82%	5 83%
TOP BOX SCORE	27 68%	547 47%	~ 71%	~ 75%	~ 67%	~ 62%	22 67%	~	~	~	~	3 75%	6 67%	19 66%	24 67%	~	22 65%	5 83%
NOT ANSWERED	3	42	2			1	2					1		3	3		3	
VALID CASES	40	1162	7	8	12	13	33				1	4	9	29	36	1	34	6
NUMBER OF RESPONDENTS	43	1204	9	8	12	14	35				1	5	9	32	39	1	37	6
	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

Q51 IN THE LAST 6 MONTHS, HOW OFTEN DID CUSTOMER SERVICE STAFF AT YOUR CHILD'S HEALTH PLAN TREAT YOU WITH COURTESY AND RESPECT?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q51 NEVER	21	21	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	81	81	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
USUALLY	11 28%	289 25%	~ 14%	2 25%	4 33%	4 33%	9 28%	~	~	~	1 100%	1 25%	1 13%	10 34%	10 29%	1 100%	10 30%	1 17%	
ALWAYS	28 72%	768 66%	~ 86%	6 75%	6 67%	8 67%	8 23%	~	~	~	~	3 75%	7 88%	19 66%	25 71%	1 100%	23 70%	5 83%	
#ALWAYS + USUALLY (NET)	39 100%	1057 91%	~ 100%	7 100%	8 100%	12 100%	12 100%	32 100%	~	~	~	1 100%	4 100%	8 100%	29 100%	35 100%	1 100%	33 100%	6 100%
TOP BOX SCORE	28 72%	768 66%	~ 86%	6 75%	6 67%	8 67%	8 23%	~	~	~	~	3 75%	7 88%	19 66%	25 71%	1 100%	23 70%	5 83%	
NOT ANSWERED	4	44	2			2	3					1	1	3	4		4		
VALID CASES	39	1160	7	8	12	12	32				1	4	8	29	35	1	33	6	
NUMBER OF RESPONDENTS	43	1204	9	8	12	14	35				1	5	9	32	39	1	37	6	
	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q49 = YES]



Q52 IN THE LAST 6 MONTHS, DID YOUR CHILD'S HEALTH PLAN GIVE YOU ANY FORMS TO FILL OUT?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q52 YES	74 29%	1790 36%*	~	13 31%~	15 31%~	19 26%	27 30%	60 29%	~	~	~	1 50%~	2 22%~	7 30%~	19 35%	53 27%	68 28%~	3 43%~	57 28%~	17 35%~
NO	181 71%	3138 64%*	~	29 69%~	33 69%~	55 74%	64 70%	144 71%	4 ~100%~	1 ~	7 ~	16 50%~	7 78%~	16 70%~	35 65%	144 73%	177 72%~	4 57%~	149 72%~	32 65%~
NOT ANSWERED	15	435		2	3	5	5	5	1					2	1	7	7		12	3
VALID CASES	255	4928		42	48	74	91	204	4		2	9	23	54	197	245	7	206	49	
NUMBER OF RESPONDENTS	270	5363		44	51	79	96	209	5		2	9	25	55	204	252	7	218	52	
	100%	100%		100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PQ53 IN THE LAST 6 MONTHS, HOW OFTEN WERE THE FORMS FROM YOUR CHILD'S HEALTH PLAN EASY TO FILL OUT?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
PQ53 NEVER	5 2%	64 1%	~	~	3 6%~	1 1%	1 1%	4 2%	~	~	~	~	~	~	3 6%	2 1%	5 2%~	~	4 2%~	1 2%~
SOMETIMES	9 4%	317 6%*	~	~	1 2%~	~	8 9%*	9 4%~	~	~	~	~	~	~	9 5%*	7 3%~	1 14%~	~	7 3%~	2 4%~
USUALLY	18 7%	629 13%*	~	2 5%~	2 4%~	6 8%	8 9%	15 7%	~	~	1 50%~	1 11%~	1 4%~	5 9%	13 7%	16 7%~	2 29%~	~	10 5%~	8 17%~
ALWAYS	220 87%	3884 79%*	~	40 95%~	41 87%~	66 90%	73 81%*	173 86%	4 ~100%~	1 ~50%~	8 89%~	22 96%~	46 85%	170 88%	214 88%~	4 57%~	~	183 90%~	37 77%~	
#ALWAYS + USUALLY (NET)	238 94%	4513 92%	~	42 100%~	43 91%~	72 99%*	81 90%*	188 94%	4 ~100%~	2 ~100%~	9 100%~	23 100%~	51 94%	183 94%	230 95%~	6 86%~	~	193 95%~	45 94%~	
TOP BOX SCORE	220 87%	3884 79%*	~	40 95%~	41 87%~	66 90%	73 81%*	173 86%	4 ~100%~	1 ~50%~	8 89%~	22 96%~	46 85%	170 88%	214 88%~	4 57%~	~	183 90%~	37 77%~	
NOT ANSWERED	3	91			1	1	1	3						3	3			2	1	
VALID CASES	252	4894		42	47	73	90	201	4	2	9	23	54	194	242	7		204	48	
NUMBER OF RESPONDENTS	255 100%	4985 100%		42 100%	48 100%	74 100%	91 100%	204 100%	4 100%	2 100%	9 100%	23 100%	54 100%	197 100%	245 100%	7 100%		206 100%	49 100%	

[ASKED IF Q52 = YES. RESPONSE OF 'ALWAYS' PADDED WITH Q52 = NO]

Q54 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH PLAN POSSIBLE AND 10 IS THE BEST HEALTH PLAN POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR CHILD'S HEALTH PLAN?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AMR- IAN	NATV ILND	AMR IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q54 WORST HEALTH PLAN POSSIBLE	2 0.8%	24 0.5%	~	1 2%	~	~	1 1%	2 1%	~	~	~	~	~	~	2 1%	2 0.8%	~	2 1%	~
01		11 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	1 0.4%	31 0.6%	~	~	~	~	1 0.5%	1 ~	~	~	~	~	~	1 2%	1 ~	1 0.4%	~	1 0.5%	~
03	4 2%	38 0.8%	~	1 2%	1 2%	1 1%	1 1%	3 1%	~	~	~	~	1 4%	~	4 2%	4 2%	~	4 2%	~
04	6 2%	60 1%	~	~	3 6%	2 3%	1 1%	6 3%*	~	~	~	~	~	2 4%	4 2%	6 2%	~	2 1%	4 8%
05	18 7%	233 5%	~	3 7%	~	6 8%	9 10%	17 8%*	~	~	~	~	~	2 4%	16 8%	17 7%	~	16 8%	2 4%
06	13 5%	215 4%	~	~	3 6%	6 8%	4 4%	9 4%	1 20%	~	~	~	1 4%	3 5%	10 5%	13 5%	~	10 5%	3 6%
07	23 9%	490 10%	~	4 9%	5 11%	3 4%*	11 12%	18 9%	1 20%	~	~	2 22%	2 8%	3 5%	20 10%	21 9%	2 29%	20 10%	3 6%
08	51 20%	940 19%	~	6 14%	7 15%	19 25%	19 21%	41 20%	~	~	~	1 11%	7 29%	8 15%	41 21%	49 20%	~	39 19%	12 24%
09	56 22%	878 18%	~	8 19%	10 21%	18 23%	20 22%	47 23%	~	~	2 100%	2 22%	5 21%	12 22%	44 22%	53 22%	3 43%	42 20%	14 28%
BEST HEALTH PLAN POSSIBLE	83 32%	2014 41%*	~	20 47%	18 38%	22 29%	23 26%	60 29%	3 60%	~	~	4 44%	8 33%	24 44%	58 29%	80 33%	2 29%	71 34%	12 24%
#8-10 (NET)	190 74%	3832 78%	~	34 79%	35 74%	59 77%	62 69%	148 73%	3 60%	~	2 100%	7 78%	20 83%	44 80%	143 72%	182 74%	5 71%	152 73%	38 76%

Continued

Q54 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH PLAN POSSIBLE AND 10 IS THE BEST HEALTH PLAN POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR CHILD'S HEALTH PLAN?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
9-10 (NET)	139 54%	2892 59%	28 ~ 65%	28 ~ 60%	40 ~ 52%	43 48%	107 52%	3 ~ 60%	2 ~ 100%	6 ~ 67%	13 54%	36 65%*	102 51%	133 54%	5 71%	113 55%	26 52%	
NOT ANSWERED	13	430	1	4	2	6	5				1		5	6	11	2		
VALID CASES	257	4933	43	47	77	90	204	5	2	9	24	55	199	246	7	207	50	
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	
MEAN	8.21	8.49	8.51	8.38	8.21	7.97	8.09	8.60	9.00	8.89	8.50	8.56	8.10	8.20	8.71	8.22	8.14	
p stat_(*=Sig @ p<=.05)		.015*	~	~	~.993	.153	.070	~	~	~	~	~.129	.109	~	~.786	.777		

Q55 IN THE LAST 6 MONTHS, DID YOU GET OR REFILL ANY PRESCRIPTION MEDICINES FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q55 YES	99 38%	2010 40%	16 ~ 38%	18 ~ 37%	24 ~ 31%	41 44%	77 37%	3 ~ 60%	2 ~ 100%	4 ~ 50%	10 ~ 40%	23 43%	74 36%	90 36%	5 83%	65 31%*	34 67%*		
NO	162 62%	2973 60%	26 ~ 62%	31 ~ 63%	53 ~ 69%	52 56%	131 63%	2 ~ 40%	~	4 ~ 50%	15 ~ 60%	31 57%	129 64%	161 64%	1 17%	145 69%*	17 33%*		
NOT ANSWERED	9	380	2	2	2	3	1				1		1	1	1	1	8	1	
VALID CASES	261	4983	42	49	77	93	208	5	2	8	25	54	203	251	6	210	51		
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%		

Q56 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET PRESCRIPTION MEDICINES FOR YOUR CHILD THROUGH HIS OR HER HEALTH PLAN?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q56 NEVER	2 2%	30 1%	~	~	~	1 4%	1 3%	1 1%	~	1 33%	~	~	~	1 5%	1 1%	2 2%	~	1 2%	1 3%	
SOMETIMES	6 6%	187 9%	~	~	~	6 15%	5 7%	~	~	1 50%	~	~	1 5%	5 7%	5 6%	1 20%	4 6%	2 6%		
USUALLY	18 19%	459 23%	~	5 31%	2 12%	3 13%	8 21%	13 18%	~	2 67%	~	1 50%	1 25%	1 10%	4 18%	14 19%	16 18%	2 40%	8 16%	8 24%
ALWAYS	70 73%	1338 66%	~	11 69%	15 88%	20 83%	24 62%	55 74%	~	~	~	3 75%	9 90%	16 73%	52 72%	66 74%	2 40%	48 76%	22 67%	
#ALWAYS + USUALLY (NET)	88 92%	1797 89%	~	16 100%	17 100%	23 96%	32 82%	68 92%	~	2 67%	~	1 50%	4 100%	10 100%	20 91%	66 92%	82 92%	4 80%	58 92%	30 91%
TOP BOX SCORE	70 73%	1338 66%	~	11 69%	15 88%	20 83%	24 62%	55 74%	~	~	~	3 75%	9 90%	16 73%	52 72%	66 74%	2 40%	48 76%	22 67%	
NOT ANSWERED	3	42			1		2	3						1	2	1		2	1	
VALID CASES	96	2014		16	17	24	39	74		3		2	4	10	22	72	89	5	63	33
NUMBER OF RESPONDENTS	99	2056		16	18	24	41	77		3		2	4	10	23	74	90	5	65	34
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

Q57 DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE, OR CLINIC HELP YOU GET YOUR CHILD'S PRESCRIPTION MEDICINES?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q57 #YES	58	1193	11	9	15	23	47	2	1	4	3	14	43	53	3	36	22		
	59%	60%	~ 69%	~ 50%	~ 63%	~ 56%	61%	~ 67%	~ 50%	~ 100%	~ 30%	61%	~ 58%	59%	~ 60%	55%	~ 65%		
NO	41	793	5	9	9	18	30	1	1		7	9	31	37	2	29	12		
	41%	40%	~ 31%	~ 50%	~ 38%	~ 44%	39%	~ 33%	~ 50%	~ 70%	39%	~ 42%	41%	~ 40%	45%	~ 35%			
NOT ANSWERED		70																	
VALID CASES	99	1986	16	18	24	41	77	3	2	4	10	23	74	90	5	65	34		
NUMBER OF RESPONDENTS	99	2056	16	18	24	41	77	3	2	4	10	23	74	90	5	65	34		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

Q57A A REGULAR DENTIST IS ONE YOUR CHILD WOULD GO TO FOR CHECK-UPS AND CLEANINGS OR WHEN HE/SHE HAS A CAVITY OR TOOTH PAIN. DOES YOUR CHILD HAVE A REGULAR DENTIST?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC
Q57A YES	207 81%	3840 79%	~ 63%~	27 38	71 79%~	71 92%*	82%	158 78%*	5 ~100%~	2 ~100%~	8 89%~	22 88%~	42 76%	162 82%	199 81%~	6 86%~	164 80%	43 86%
NO	48 19%	1039 21%	~ 37%~	16 21%~	10 8%*	6 18%	16 22%*	44 ~	~	~	1 ~ 11%~	3 12%~	13 24%	35 18%	46 19%~	1 14%~	41 20%	7 14%
NOT ANSWERED	15	484		1	3	2	9	7						7	7		13	2
VALID CASES	255	4879		43	48	77	87	202	5	2	9	25	55	197	245	7	205	50
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%



Q57B IN THE LAST 6 MONTHS, IF YOUR CHILD NEEDED TO SEE A DENTIST RIGHT AWAY BECAUSE OF A DENTAL EMERGENCY, DID HE/SHE GET TO SEE A DENTIST AS SOON AS YOU WANTED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57B NEVER	33 33%	674 30%	6 ~ 46%	9 ~ 41%	7 20%	11 38%	27 36%		1 ~ 50%			1 ~ 50%	1 8%	9 43%	23 30%	33 34%	24 30%	9 47%	
SOMETIMES	17 17%	430 19%	2 ~ 15%	2 9%	7 20%	6 21%	11 15%					1 ~ 50%	4 33%	6 29%	11 14%	15 16%	2 100%	14 18%	3 16%
USUALLY	19 19%	488 22%	1 ~ 8%	5 23%	8 23%	5 17%	15 20%						2 ~ 17%	2 10%	17 22%	19 20%		16 20%	3 16%
ALWAYS	30 30%	667 30%	4 ~ 31%	6 27%	13 37%	7 24%	22 29%		1 ~ 50%				5 ~ 42%	4 19%	25 33%	29 30%		26 33%	4 21%
#ALWAYS + USUALLY (NET)	49 49%	1154 51%	5 ~ 38%	11 50%	21 60%	12 41%	37 49%		1 ~ 50%				7 ~ 58%	6 29%	42 55%	48 50%		42 53%	7 37%
TOP BOX SCORE	30 30%	667 30%	4 ~ 31%	6 27%	13 37%	7 24%	22 29%		1 ~ 50%				5 ~ 42%	4 19%	25 33%	29 30%		26 33%	4 21%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	151	2651	29	26	39	57	123		3		2	7	13	32	118	145	5	120	31
NOT ANSWERED	20	454	2	3	5	10	11							2	10	11		18	2
VALID CASES	99	2258	13	22	35	29	75		2			2	12	21	76	96	2	80	19
NUMBER OF RESPONDENTS	270	5363	44	51	79	96	209		5		2	9	25	55	204	252	7	218	52
	100%	100%	100%	100%	100%	100%	100%		100%			100%	100%	100%	100%	100%	100%	100%	100%

Q57C CHOICES FOR YOUR CHILD'S TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID YOUR PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q57C YES	42 17%	1026 21%	~	27%~	20%~	16%	10%*	17%	~	~	~	~	11%~	25%~	19%	16%	39	2	30	12
NO	210 83%	3791 79%	~	73%~	80%~	84%	90%*	83%	~100%~	~100%~	89%~	75%~	81%	84%	204	5	171	39	85%	76%
NOT ANSWERED	18	546	3	2	5	8	8					1	1	7	9		17	1		
VALID CASES	252	4817	41	49	74	88	201	5	2	9	24	54	197	243	7	201	51			
NUMBER OF RESPONDENTS	270 100%	5363 100%	44	51	79	96	209	5	2	9	25	55	204	252	7	218	52	100%	100%	

Q57D IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q57D #YES	32 78%	865 87%~	8 ~ 73%~	10 ~ 100%~	8 ~ 67%~	6 ~ 75%~	26 79%~	~	~	~	~	1 ~ 100%~	4 ~ 67%~	9 90%~	23 74%~	30 79%~	2 100%~	24 80%~	8 73%~
NO	9 22%	124 13%~	3 ~ 27%~	~	4 ~ 33%~	2 ~ 25%~	7 21%~	~	~	~	~	~	2 ~ 33%~	1 10%~	8 26%~	8 21%~	~	6 20%~	3 27%~
NOT ANSWERED	1	6				1	1							1	1			1	
VALID CASES	41	990	11	10	12	8	33					1	6	10	31	38	2	30	11
NUMBER OF RESPONDENTS	42	996	11	10	12	9	34					1	6	10	32	39	2	30	12
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

Q57E IN THE LAST 6 MONTHS, WHEN THERE WAS MORE THAN ONE CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE, DID YOUR PROVIDER ASK YOU WHICH CHOICE WAS BEST FOR YOUR CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q57E #YES	31 79%	853 87%~	7 ~ 70%~	10 100%~	8 73%~	6 75%~	26 81%~	~	~	~	~	1 ~100%~	3 60%~	7 70%~	24 83%~	28 78%~	2 100%~	22 79%~	9 82%~
NO	8 21%	127 13%~	3 ~ 30%~	~	3 ~ 27%~	2 25%~	6 19%~	~	~	~	~	~	2 ~ 40%~	3 30%~	5 17%~	8 22%~	~	6 21%~	2 18%~
NOT ANSWERED	3	15	1	~	1	1	2	~	~	~	~	~	1	~	3	3	~	2	1
VALID CASES	39	981	10	10	11	8	32	~	~	~	~	1	5	10	29	36	2	28	11
NUMBER OF RESPONDENTS	42 100%	996 100%	11 100%	10 100%	12 100%	9 100%	34 100%	~	~	~	~	1 100%	6 100%	10 100%	32 100%	39 100%	2 100%	30 100%	12 100%

[ASKED IF Q57C = YES]

Q57F IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PROVIDER CONSIDER AND RESPECT WHAT HEALTH CARE AND TREATMENT CHOICES YOU THOUGHT WORK BEST FOR YOUR CHILD?

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57F NEVER	4 10%	20 2%	1 ~ 10%	2 ~ 17%	2 ~ 12%	1 12%	4 12%	~	~	~	~	~	1 10%	3 12%	4 11%	3 10%	1 9%	
SOMETIMES	2 5%	89 9%	~	~	~	2 25%	2 6%	~	~	~	~	~	1 10%	1 3%	1 3%	1 50%	1 3%	1 9%
USUALLY	10 25%	244 25%	2 ~ 20%	1 10%	5 42%	2 25%	9 27%	~	~	~	~	1 20%	2 20%	8 27%	9 24%	8 28%	2 18%	
ALWAYS	24 60%	624 64%	7 ~ 70%	9 90%	5 42%	3 37%	18 55%	~	~	~	1 ~100%	4 80%	6 60%	18 60%	23 62%	1 50%	17 59%	7 64%
#ALWAYS + USUALLY (NET)	34 85%	868 89%	9 ~ 90%	10 100%	10 83%	5 62%	27 82%	~	~	~	1 ~100%	5 100%	8 80%	26 87%	32 86%	1 50%	25 86%	9 82%
TOP BOX SCORE	24 60%	624 64%	7 ~ 70%	9 90%	5 42%	3 37%	18 55%	~	~	~	1 ~100%	4 80%	6 60%	18 60%	23 62%	1 50%	17 59%	7 64%
NOT ANSWERED	2	20	1			1	1					1		2	2	1	1	
VALID CASES	40	976	10	10	12	8	33				1	5	10	30	37	2	29	11
NUMBER OF RESPONDENTS	42	996	11	10	12	9	34				1	6	10	32	39	2	30	12
	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

Q57G IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PROVIDER ENCOURAGE YOU TO ASK QUESTIONS AND RAISE CONCERNS?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q57G NEVER	6 15%	39 4%	~	10%~	10%~	25%~	13%~	6 18%~	~	~	~	~	~	~	1 10%~	5 17%~	6 16%~	~	5 17%~	1 9%~
SOMETIMES	1 2%	87 9%	~	~	~	8%~	~	1 3%~	~	~	~	~	~	~	~	1 3%~	1 3%~	~	1 3%~	~
USUALLY	9 22%	248 25%	~	10%~	20%~	33%~	25%~	9 27%~	~	~	~	~	~	~	2 20%~	7 23%~	8 22%~	1 50%~	5 17%~	4 36%~
ALWAYS	24 60%	607 62%	~	80%~	70%~	33%~	63%~	17 52%~	~	~	~	~	1 ~100%~	5 ~100%~	7 70%~	17 57%~	22 59%~	1 50%~	18 62%~	6 55%~
#ALWAYS + USUALLY (NET)	33 83%	855 87%	~	90%~	90%~	67%~	88%~	26 79%~	~	~	~	~	1 ~100%~	5 ~100%~	9 90%~	24 80%~	30 81%~	2 100%~	23 79%~	10 91%~
TOP BOX SCORE	24 60%	607 62%	~	80%~	70%~	33%~	63%~	17 52%~	~	~	~	~	1 ~100%~	5 ~100%~	7 70%~	17 57%~	22 59%~	1 50%~	18 62%~	6 55%~
NOT ANSWERED	2	16	~	1	~	~	1	1	~	~	~	~	1	~	2	~	2	~	1	1
VALID CASES	40	980	~	10	10	12	8	33	~	~	~	~	1	5	10	30	37	2	29	11
NUMBER OF RESPONDENTS	42	996	~	11	10	12	9	34	~	~	~	~	1	6	10	32	39	2	30	12
	100%	100%	~	100%	100%	100%	100%	100%	~	~	~	~	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

Q57H IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PROVIDER MAKE IT EASY FOR YOU TO ASK QUESTIONS AND RAISE CONCERNS?

			AGE					RACE					ETHNIC-ITY	HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC
Q57H NEVER	3 7%	18 2%	1 ~ 10%	1 ~ 8%	1 13%	3 9%	~	~	~	~	~	~	~	1 10%	2 7%	3 8%	~	2 7%	1 9%
SOMETIMES	1 2%	71 7%	~	~	1 8%	1 3%	~	~	~	~	~	~	~	~	1 3%	1 3%	~	1 3%	~
USUALLY	5 12%	202 21%	1 ~ 10%	3 ~ 25%	1 13%	5 15%	~	~	~	~	~	~	~	2 20%	3 10%	4 11%	1 50%	3 10%	2 18%
ALWAYS	31 78%	690 70%	8 ~ 80%	10 100%	7 58%	6 75%	24 73%	~	~	~	~	1 ~ 100%	5 ~ 100%	7 70%	24 80%	29 78%	1 50%	23 79%	8 73%
#ALWAYS + USUALLY (NET)	36 90%	892 91%	9 ~ 90%	10 100%	10 83%	7 88%	29 88%	~	~	~	~	1 ~ 100%	5 ~ 100%	9 90%	27 90%	33 89%	2 100%	26 90%	10 91%
TOP BOX SCORE	31 78%	690 70%	8 ~ 80%	10 100%	7 58%	6 75%	24 73%	~	~	~	~	1 ~ 100%	5 ~ 100%	7 70%	24 80%	29 78%	1 50%	23 79%	8 73%
NOT ANSWERED	2	16	1		1	1							1		2	2		1	1
VALID CASES	40	980	10	10	12	8	33					1	5	10	30	37	2	29	11
NUMBER OF RESPONDENTS	42	996	11	10	12	9	34					1	6	10	32	39	2	30	12
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

Q58 IN GENERAL, HOW WOULD YOU RATE YOUR CHILD'S OVERALL HEALTH?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q58																				
EXCELLENT	121 47%	1951 39%*	28 ~ 65%~	22 45%~	32 42%	39 43%	96 47%		3 ~ 60%~			5 ~ 56%~	11 44%~	23 42%	96 48%	121 48%~		110 ~ 53%*	11 22%*	
VERY GOOD	101 39%	1732 35%	9 ~ 21%~	22 45%~	36 47%	34 38%	83 40%		2 ~ 40%~		1 ~ 50%~	1 11%~	12 48%~	18 33%	83 41%	101 40%~		79 ~ 38%	22 43%	
GOOD	30 12%	973 20%*	4 ~ 9%~	5 10%~	7 9%	14 16%	24 12%				1 ~ 50%~		2 ~ 8%~	9 16%	21 10%	30 12%~		16 ~ 8%*	14 27%*	
FAIR	6 2%	308 6%*	2 ~ 5%~		2 ~ 3%	2 2%	2 1%					3 ~ 33%~		4 ~ 7%	2 1%		6 ~ 86%~	3 1%	3 6%	
POOR	1 0.4%	13 0.3%				1 ~ 1%	1 0.5%~							1 ~ 2%~			1 ~ 14%~		1 ~ 2%~	
#EXCELLENT + VERY GOOD + GOOD (NET)	252 97%	4656 94%*	41 ~ 95%~	49 100%~	75 97%	87 97%	203 99%		5 ~ 100%~		2 ~ 100%~	6 67%~	25 100%~	50 91%*	200 99%*	252 100%~		205 ~ 99%	47 92%	
NOT ANSWERED	11	386	1	2	2	6	3								2			10	1	
VALID CASES	259	4977	43	49	77	90	206		5		2	9	25	55	202	252	7	208	51	
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%		5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	



Q59 IN GENERAL, HOW WOULD YOU RATE YOUR CHILD'S OVERALL MENTAL OR EMOTIONAL HEALTH?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL-OTHR	TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q59																				
EXCELLENT	127 49%	2270 46%	32 ~ 76%	20 ~ 43%	34 ~ 44%	41 45%	100 49%		2 ~ 40%			5 ~ 63%	15 60%	26 49%	100 50%	125 50%	2 33%	118 57%*	9 18%*	
VERY GOOD	75 29%	1311 26%	9 ~ 21%	19 ~ 40%	24 ~ 31%	23 25%	62 30%		3 ~ 60%		1 ~ 50%		6 ~ 24%	14 26%	61 30%	75 30%		64 31%	11 22%	
GOOD	36 14%	923 19%*	1 ~ 2%	7 ~ 15%	12 ~ 16%	16 18%	28 14%					2 ~ 25%	3 12%	9 17%	26 13%	34 14%	1 17%	21 10%*	15 30%*	
FAIR	17 7%	400 8%		1 ~ 2%	6 ~ 8%	10 11%	14 7%				1 ~ 50%	1 13%		3 ~ 6%	14 7%	14 6%	2 33%	4 2%*	13 26%*	
POOR	2 0.8%	72 1%			1 ~ 1%	1 1%	1 0.5%						1 ~ 4%	1 2%	1 0.5%	1 0.4%	1 17%		2 ~ 4%	
#EXCELLENT + VERY GOOD + GOOD (NET)	238 93%	4503 91%	42 ~100%	46 ~ 98%	70 ~ 91%	80 88%	190 93%		5 ~100%		1 ~ 50%	7 88%	24 96%	49 92%	187 93%	234 94%	3 50%	203 98%*	35 70%*	
NOT ANSWERED	13	387	2	4	2	5	4					1		2	2	3	1	11	2	
VALID CASES	257	4976	42	47	77	91	205		5		2	8	25	53	202	249	6	207	50	
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%		5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	

Q60 DOES YOUR CHILD CURRENTLY NEED OR USE MEDICINE PRESCRIBED BY A DOCTOR (OTHER THAN VITAMINS)?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q60 YES	39 15%	1132 23%*	~	3 7%~	3 6%~	10 13%	23 25%*	28 13%	1 ~ 20%~		2 ~100%~	1 11%~	5 20%~	12 22%	27 13%	34 13%~	4 57%~	9 4%*	30 58%*	
NO	222 85%	3829 77%*	~	40 93%~	46 94%~	67 87%	69 75%*	180 87%	4 ~ 80%~				8 ~ 89%~	20 80%~	43 78%	177 87%	218 87%~	3 43%~	200 96%*	22 42%*
NOT ANSWERED	9	401		1	2	2	4	1											9	
VALID CASES	261	4962		43	49	77	92	208	5		2	9	25	55	204	252	7	209	52	
NUMBER OF RESPONDENTS	270	5363		44	51	79	96	209	5		2	9	25	55	204	252	7	218	52	
	100%	100%		100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

Q61 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q61 YES	32 84%	857 79%~	1 ~ 33%	3 ~100%	9 ~100%	19 83%	22 81%~	1 ~100%	2 ~100%	1 ~100%	5 ~100%	10 83%	22 85%	29 88%	3 75%	3 33%	29 100%	
NO	6 16%	234 21%~	2 ~ 67%	~	~	4 ~ 17%	5 19%~	~	~	~	~	~	2 17%	4 15%	4 12%	1 25%	6 67%	~
NOT ANSWERED	1	30				1	1						1		1		1	
VALID CASES	38	1091	3	3	9	23	27	1	2	1	5	12	26	33	4	9	29	
NUMBER OF RESPONDENTS	39 100%	1121 100%	3 100%	3 100%	10 100%	23 100%	28 100%	1 100%	2 100%	1 100%	5 100%	12 100%	27 100%	34 100%	4 100%	9 100%	30 100%	

[ASKED IF Q60 = YES]

Q62 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q62 YES	29 91%	763 90%	1 ~100%	3 ~100%	9 ~100%	16 84%	20 91%	1 ~100%	1 ~50%	1 ~100%	1 ~100%	5 ~100%	9 90%	20 91%	26 90%	3 ~100%	29 ~100%		
NO	3 9%	83 10%	~	~	~	3 ~16%	2 9%	~	~	1 ~50%	~	~	1 10%	2 9%	3 10%	3 ~100%	~		
NOT ANSWERED		20																	
VALID CASES	32	846	1	3	9	19	22	1		2	1	5	10	22	29	3	3	29	
NUMBER OF RESPONDENTS	32 100%	866 100%	1 100%	3 100%	9 100%	19 100%	22 100%	1 100%		2 100%	1 100%	5 100%	10 100%	22 100%	29 100%	3 100%	3 100%	29 100%	

[ASKED IF Q60 = YES AND Q61 = YES]

Q63 DOES YOUR CHILD NEED OR USE MORE MEDICAL CARE, MORE MENTAL HEALTH SERVICES, OR MORE EDUCATIONAL SERVICES THAN IS USUAL FOR MOST CHILDREN OF THE SAME AGE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q63 YES	32 12%	727 15%	~	~	10%~	15%~	12% 13%*	25 12%	~	~	~	50%~	11%~	12%~	16% 11%	28 11%~	3 43%~	2 1%*	30 58%*
NO	229 88%	4197 85%	~	100%~	90%~	81%*	87% 88%	183 88%	~	100%~	~	50%~	89%~	88%~	84% 89%	224 89%~	4 57%~	207 99%*	22 42%*
NOT ANSWERED	9	439	1	2	2	4	1											9	
VALID CASES	261	4924	43	49	77	92	208	5	2	9	25	55	204	252	7	209	52		
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%		

Q64 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q64 YES	26 87%	620 86%	~	~	100%	87%	83%	19 83%	~	~	100%	100%	100%	8 100%	18 82%	22 85%	3 100%	26 93%	
NO	4 13%	103 14%	~	~	~	13%	17%	4 17%	~	~	~	~	~	4 18%	4 15%	4 15%	2 100%	2 7%	
NOT ANSWERED	2	18			2		2						1	1	2			2	
VALID CASES	30	723			3	15	12	23			1	1	3	8	22	26	3	2	28
NUMBER OF RESPONDENTS	32	741			5	15	12	25			1	1	3	9	23	28	3	2	30
	100%	100%			100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES]

Q65 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q65 YES	25	581	~	~	2	13	10	18	~	~	1	1	3	8	17	21	3	25
	100%	97%	~	~	~100%	~100%	~100%	~100%	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NO		18	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	1	12			1		1								1	1		1
VALID CASES	25	600			2	13	10	18			1	1	3	8	17	21	3	25
NUMBER OF RESPONDENTS	26	612			3	13	10	19			1	1	3	8	18	22	3	26
	100%	100%			100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

Q66 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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q66 YES	28 11%	575 12%	~	1 2%	5 10%	12 16%	10 11%	21 10%	~	~	~	1 11%	2 8%	7 13%	20 10%	25 10%	2 29%	1 0.5%*	27 52%*	
NO	233 89%	4353 88%	~	42 98%	44 90%	65 84%	82 89%	187 90%	~	5 100%	~	2 100%	8 89%	23 92%	48 87%	184 90%	227 90%	5 71%	208 100%*	25 48%*
NOT ANSWERED	9	435		1	2	2	4	1											9	
VALID CASES	261	4928		43	49	77	92	208		5		2	9	25	55	204	252	7	209	52
NUMBER OF RESPONDENTS	270	5363		44	51	79	96	209		5		2	9	25	55	204	252	7	218	52
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%



Q67 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q67 YES	25 89%	448 80%~	~100%~	1 80%~	4 100%~	12 100%~	8 80%~	19 90%~	~	~	~	~100%~	1 100%~	2 100%~	5 71%~	19 95%~	22 88%~	2 100%~	25 ~93%~	
NO	3 11%	112 20%~	~	~	1 20%~	2 20%~	2 10%~	~	~	~	~	~	~	2 29%~	1 5%~	3 12%~	~100%~	2 7%~		
NOT ANSWERED		21																		
VALID CASES	28	560		1	5	12	10	21					1	2	7	20	25	2	1	27
NUMBER OF RESPONDENTS	28	581		1	5	12	10	21					1	2	7	20	25	2	1	27
	100%	100%		100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES]

Q68 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS?

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q68 YES	25	439	1	4	12	8	19	~	~	~	~	1	2	5	19	22	2	25
	100%	97%	~100%	~100%	~100%	~100%	~100%	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NO		14	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		3																
VALID CASES	25	453	1	4	12	8	19					1	2	5	19	22	2	25
NUMBER OF RESPONDENTS	25	456	1	4	12	8	19					1	2	5	19	22	2	25
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES AND Q67 = YES]

Q69 DOES YOUR CHILD NEED OR GET SPECIAL THERAPY, SUCH AS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q69 YES	13 5%	459 9%*	~	~	4 8%	6 8%	3 3%	12 6%	~	~	~	~	~	4%~	1 11	2 4%	11 5%	13 5%~	1 ~0.5%*	12 24%*
NO	247 95%	4495 91%*	~100%	~92%	44 92%	71 92%	89 97%	195 94%	5 ~100%	2 ~100%	9 100%	24 96%	53 96%	192 95%	238 95%~	7 100%	208 100%*	39 76%*		
NOT ANSWERED	10	409		1	3	2	4	2							1	1		9	1	
VALID CASES	260	4954		43	48	77	92	207	5		2	9	25	55	203	251	7	209	51	
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%	5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	

Q70 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q70 YES	9	314			3	4	2	8						1	2	7	9		9
	69%	71%	~	~	75%	67%	67%	67%	~	~	~	~	~	100%	100%	64%	69%	~	75%
Q70 NO	4	129			1	2	1	4							4	4		1	3
	31%	29%	~	~	25%	33%	33%	33%	~	~	~	~	~	~	36%	31%	~	100%	25%
NOT ANSWERED		20																	
VALID CASES	13	442			4	6	3	12					1	2	11	13		1	12
NUMBER OF RESPONDENTS	13	462			4	6	3	12					1	2	11	13		1	12
	100%	100%			100%	100%	100%	100%					100%	100%	100%	100%		100%	100%

[ASKED IF Q69 = YES]

Q71 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS?

			AGE					RACE					ETHNICITY	HEALTH STATUS	CCC SCREENER				
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q71 YES	9	260			3	4	2	8						1	2	7	9		9
	100%	95%	~	~	~100%	~100%	~100%	~100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~	~100%
NO		14																	
		5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		7																	
VALID CASES	9	274			3	4	2	8						1	2	7	9		9
NUMBER OF RESPONDENTS	9	281			3	4	2	8						1	2	7	9		9
	100%	100%			100%	100%	100%	100%						100%	100%	100%	100%		100%

[ASKED IF Q69 = YES AND Q70 = YES]

Q72 DOES YOUR CHILD HAVE ANY KIND OF EMOTIONAL, DEVELOPMENTAL, OR BEHAVIORAL PROBLEMS FOR WHICH HE OR SHE NEEDS OR GETS TREATMENT OR COUNSELING?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q72 YES	33 13%	722 15%	~	~	4 8%	14 18%	15 16%	27 13%	~	~	~	1 50%	1 11%	3 12%	8 15%	25 12%	30 12%	2 29%	4 2%*	29 57%*
NO	227 87%	4209 85%	~100%	~92%	44 82%	63 82%	77 84%	180 87%	~100%	~	~	1 50%	8 89%	22 88%	47 85%	178 88%	221 88%	5 71%	205 98%*	22 43%*
NOT ANSWERED	10	432	1	3	2	4	2							1		1		9	1	
VALID CASES	260	4931	43	48	77	92	207	5			2	9	25	55	203	251	7	209	51	
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%			2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	

Q73 HAS THIS PROBLEM LASTED OR IS IT EXPECTED TO LAST FOR AT LEAST 12 MONTHS?

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q73 YES	29	612		4	13	12	24			1	1	2	8	21	26	2	29	
	91%	90%	~	~100%	93%	86%	92%	~	~	~100%	100%	67%	100%	87%	90%	100%	~100%	~
NO	3	68			1	2	2					1		3	3		3	
	9%	10%	~	~	~	7%	14%	8%	~	~	~	33%	~	13%	10%	~	100%	~
NOT ANSWERED	1	39				1	1							1	1		1	
VALID CASES	32	680		4	14	14	26			1	1	3	8	24	29	2	3	29
NUMBER OF RESPONDENTS	33	719		4	14	15	27			1	1	3	8	25	30	2	4	29
	100%	100%		100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WTE	AS- AMER	IAN	NATV ILND	AMER IND/ ALSK	OTH R	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC
NQ74 LESS THAN 1 YEAR OLD	27 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
1 TO 3 YEARS OLD	44 16%	890 17%	44 ~100%	~	~	33 ~16%	~	~	~	3 ~33%	6 ~24%	12 ~22%	31 15%	41 16%	2 29%	43 20%*	1 2%*		
4 TO 7 YEARS OLD	51 19%	1394 26%*	~	51 ~100%	~	46 ~22%*	1 ~20%	~	~	~	~	1 ~4%	5 9%*	44 22%*	49 19%	~	43 20%	8 15%	
8 TO 12 YEARS OLD	79 29%	1563 29%	~	~	79 ~100%	58 ~28%	2 ~40%	~	~	4 ~44%	9 ~36%	22 40%	55 27%	75 30%	2 29%	60 28%	19 37%		
13 OR OLDER	96 36%	1489 28%*	~	~	~	96 ~100%	72 ~34%	2 ~40%	~	2 ~100%	2 ~22%	9 ~36%	16 29%	74 36%	87 35%	3 43%	72 33%	24 46%	
VALID CASES	270	5363	44	51	79	96	209	5	2	9	25	55	204	252	7	218	52		
NUMBER OF RESPONDENTS	270	5363	44	51	79	96	209	5	2	9	25	55	204	252	7	218	52		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]



NQ75 IS YOUR CHILD MALE OR FEMALE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC
NQ75 MALE	136 50%	2755 51%	24 ~ 55%	24 ~ 47%	36 46%	52 54%	106 51%	3 ~ 60%		2 ~ 100%	4 44%	13 52%	27 49%	104 51%	129 51%	3 43%	113 52%	23 44%
FEMALE	134 50%	2608 49%	20 ~ 45%	27 ~ 53%	43 54%	44 46%	103 49%	2 ~ 40%			5 ~ 56%	12 48%	28 51%	100 49%	123 49%	4 57%	105 48%	29 56%
VALID CASES	270	5363	44	51	79	96	209	5		2	9	25	55	204	252	7	218	52
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%

[BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]

Q76 IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN OR DESCENT?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q76 HISPANIC OR LATINO	55 21%	2091 42%*	~	28%~	10%~	29%~	18%~	31 15%*	~	~	~	~	8 24%~	6 100%~	55 ~	~	50 20%~	5 71%~	41 20%	14 27%
NOT HISPANIC OR LATINO	204 79%	2832 58%*	~	72%~	90%~	71%~	82%~	176 85%*	~	5 ~100%~	~	2 ~100%~	1 11%~	19 76%~	~	204 ~100%~	200 80%~	2 29%~	167 80%	37 73%
NOT ANSWERED	11	440	1	2	2	6	2									2		10	1	
VALID CASES	259	4923	43	49	77	90	207	5			2	9	25	55	204	250	7	208	51	
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%			2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	

Q77.1 WHAT IS YOUR CHILD'S RACE? RESPONSE: WHITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q77.1 YES	233 86%	3570 67%*	38 ~ 86%	47 ~ 92%	67 85%	81 84%	209 100%	~	~	~	~	~	24 96%	37 67%*	194 95%*	227 90%	3 43%	189 87%	44 85%
NO	37 14%	1793 33%*	6 ~ 14%	4 ~ 8%	12 15%	15 16%	~	~100%	5 ~	2 ~100%	9 100%	1 4%	18 33%*	10 5%*	25 10%	4 57%	29 13%	8 15%	
VALID CASES	270	5363	44	51	79	96	209	5	2	9	25	55	204	252	7	218	52		
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%		

Q77.2 WHAT IS YOUR CHILD'S RACE? RESPONSE: BLACK OR AFRICAN-AMERICAN

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q77.2 YES	4 1%	230 4%*	~	~	~	3%	2%	~	~	~	~	~	~	4 16%~	2 4%	2 1%	4 2%~	~	4 2%~	~
NO	266 99%	5133 96%*	~	100%~	100%~	97%	98%	209 100%~	5 ~100%~	2 ~100%~	9 ~100%~	21 84%~	53 96%	202 99%	248 98%~	7 100%~	214 98%~	52 100%~	~	
VALID CASES	270	5363	44	51	79	96	209	5	2	9	25	55	204	252	7	218	52			
NUMBER OF RESPONDENTS	270 100%	5363 100%	44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%			

Q77.3 WHAT IS YOUR CHILD'S RACE? RESPONSE: ASIAN

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.3 YES	10 4%	201 4%	~	1 2%	2 4%	3 4%	4 4%	~	5 ~100%	~	~	~	5 ~ 20%	1 2%	9 4%	10 4%	~	8 4%	2 4%	
NO	260 96%	5162 96%	~	43 98%	49 96%	76 96%	92 96%	209 100%	~	~	~	2 ~100%	9 ~100%	20 80%	54 98%	195 96%	242 96%	7 ~100%	210 96%	50 96%
VALID CASES	270	5363		44	51	79	96	209		5		2	9	25	55	204	252	7	218	52
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%		5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%

Q77.4 WHAT IS YOUR CHILD'S RACE? RESPONSE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q77.4 YES	4 1%	82 2%	~	2 5%	~	2 3%	~	~	~	~	~	~	4 16%	~	4 2%	4 2%	~	3 1%	1 2%
NO	266 99%	5281 98%	~	42 95%	51 100%	77 97%	96 100%	209 100%	5 100%	2 100%	9 100%	21 100%	55 84%	200 100%	98%*	248 98%	7 100%	215 99%	51 98%
VALID CASES	270	5363		44	51	79	96	209	5	2	9	25	55	204	252	7	218	52	
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	

Q77.5 WHAT IS YOUR CHILD'S RACE? RESPONSE: AMERICAN INDIAN OR ALASKA NATIVE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q77.5 YES	12 4%	275 5%	~	2 5%	~	5 6%	5 5%	~	~	~	2 ~100%	10 ~40%	2 4%	10 5%	12 5%	~	8 4%	4 8%	
NO	258 96%	5088 95%	~	42 95%	51 100%	74 94%	91 95%	209 100%	5 ~100%	~	9 ~100%	15 60%	53 96%	194 95%	240 95%	7 100%	210 96%	48 92%	
VALID CASES	270	5363		44	51	79	96	209	5		2	9	25	55	204	252	7	218	52
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%	5 100%		2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%

Q77.6 WHAT IS YOUR CHILD'S RACE? RESPONSE: OTHER

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q77.6 YES	16 6%	519 10%*		5 ~ 11%~	6 ~ 8%	5 5%						9 ~ 100%~	7 28%~	11 20%*	5 2%*	13 5%~	3 43%~	10 5%	6 12%
NO	254 94%	4844 90%*		39 ~ 89%~	51 ~ 100%~	73 92%	91 95%	209 100%~	5 ~ 100%~	2 ~ 100%~		18 ~ 72%~	44 80%*	199 98%*	239 95%~	4 57%~	208 95%	46 88%	
VALID CASES	270	5363		44	51	79	96	209	5	2	9	25	55	204	252	7	218	52	
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	



Q78 WHAT IS YOUR AGE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV HAW/IND/PAC	ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
Q78 UNDER 18	14 5%	223 5%	~	2%~	2%~	6%	8%	12 6%	~	~	~	~	~	4%~	2%~	6%~	12 5%~	~	12 6%	2 4%	
18 TO 24	10 4%	229 5%	~	21%~	2%~	~	~	8 4%	~	~	~	~	~	8%~	6%~	3%~	10 4%~	~	10 5%*	~	
25 TO 34	81 31%	1610 33%	~	65%~	55%~	25%	8%*	71 34%*	~	~	~	50%~	33%~	12%~	33%~	31%~	78 31%~	3 43%~	71 34%*	10 20%*	
35 TO 44	86 33%	1842 37%	~	12%~	24%~	42%	41%	61 29%*	~	2 40%~	~	~	33%~	56%~	33%~	33%~	83 33%~	3 43%~	68 33%	18 35%	
45 TO 54	46 18%	718 15%	~	~	12%~	18%	29%*	38 18%	~	2 40%~	~	1 50%~	~	16%~	20%~	17%~	46 18%~	~	32 15%	14 27%	
55 TO 64	13 5%	213 4%	~	~	2%~	5%	9%	11 5%	~	~	~	~	22%~	~	~	~	13 5%~	~	12 6%	1 2%	
65 TO 74	7 3%	77 2%	~	~	2%~	4%	3%	4 2%	~	1 20%~	~	~	11%~	4%~	2%~	3%~	5 2%~	1 14%~	2 1%*	5 10%*	
75 OR OLDER	3 1%	15 0.3%	~	~	~	~	3%~	3 1%~	~	~	~	~	~	~	~	~	3 1%~	~	2 1%	1 2%	
NOT ANSWERED	10	436		1	2	2	5	1									1	1	2	9	1
VALID CASES	260	4927		43	49	77	91	208		5		2	9	25	54	203	250	7	209	51	
NUMBER OF RESPONDENTS	270	5363		44	51	79	96	209		5		2	9	25	55	204	252	7	218	52	
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

Q79 ARE YOU MALE OR FEMALE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q79																			
MALE	32 12%	657 13%	~	3 7%	6 12%	11 14%	12 13%	24 11%	2 ~ 40%	~	~	1 ~ 11%	5 ~ 20%	5 9%	25 12%	31 12%	~	30 ~ 14%*	2 4%*
FEMALE	229 88%	4307 87%	~	40 93%	43 88%	66 86%	80 87%	185 89%	3 ~ 60%	2 ~ 100%	8 ~ 89%	20 ~ 80%	49 91%	179 88%	220 88%	7 ~ 100%	180 86%*	49 96%*	
NOT ANSWERED	9	399		1	2	2	4							1		1		8	1
VALID CASES	261	4964		43	49	77	92	209	5	2	9	25	54	204	251	7	210	51	
NUMBER OF RESPONDENTS	270 100%	5363 100%		44 100%	51 100%	79 100%	96 100%	209 100%	5 100%	2 100%	9 100%	25 100%	55 100%	204 100%	252 100%	7 100%	218 100%	52 100%	

Q80 WHAT IS THE HIGHEST GRADE OR LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q80																				
8TH GRADE OR LESS	13 5%	618 13%*	~	3 7%~	2 4%~	5 7%	3 3%	5 2%*	~	1 20%~	~	~	1 11%~	1 4%~	10 19%*	3 1%*	11 4%~	2 29%~	11 5%	2 4%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	25 10%	624 13%	~	2 5%~	4 8%~	6 8%	13 14%	15 7%*	~	1 20%~	~	~	3 33%~	3 12%~	8 15%	17 8%	23 9%~	1 14%~	20 10%	5 10%
HIGH SCHOOL GRADUATE OR GED	85 33%	1385 28%	~	15 35%~	15 31%~	20 26%	35 38%	76 37%*	~	2 40%~	~	~	2 22%~	5 20%~	14 26%	71 35%	82 33%~	2 29%~	70 33%	15 30%
SOME COLLEGE OR 2-YEAR DEGREE	112 43%	1555 32%*	~	16 37%~	26 53%~	39 51%	31 34%*	98 47%*	~	~	~	1 50%~	1 11%~	10 40%~	18 33%	92 45%	109 44%~	2 29%~	87 42%	25 50%
4-YEAR COLLEGE GRADUATE	18 7%	470 10%	~	6 14%~	2 4%~	4 5%	6 7%	9 4%*	~	1 20%~	~	1 50%~	2 22%~	5 20%~	2 4%	16 8%	18 7%~	~	17 8%*	1 2%*
MORE THAN 4-YEAR COLLEGE DEGREE	6 2%	246 5%*	~	1 2%~	~	2 3%	3 3%	5 2%	~	~	~	~	~	1 4%~	2 4%	4 2%	6 2%~	~	4 2%	2 4%
NOT ANSWERED	11	466		1	2	3	5	1								1	1	3	9	2
VALID CASES	259	4897		43	49	76	91	208		5		2	9	25	54	203	249	7	209	50
NUMBER OF RESPONDENTS	270	5363		44	51	79	96	209		5		2	9	25	55	204	252	7	218	52
	100%	100%		100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q81																				
MOTHER OR FATHER	241 94%	4614 94%	43 ~100%	45 ~96%	71 92%	82 91%	194 95%		5 ~100%		1 ~50%	7 78%	23 92%	50 93%	188 94%	233 94%	6 86%	201 97%	40 80%*	
GRANDPARENT	10 4%	165 3%	~	~	1 2%	5 6%	4 4%	6 3%	~	~	~	2 ~22%	2 8%	4 7%	6 3%	9 4%	1 14%	3 1%	7 14%*	
AUNT OR UNCLE	1 0.4%	19 0.4%	~	~	~	~	1 0.5%	1 ~	~	~	~	~	~	~	1 ~0.5%	1 0.4%	~	~	1 2%	
OLDER BROTHER OR SISTER		8 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE		3 0.1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	2 0.8%	60 1%	~	~	1 2%	1 1%	2 1%	~	~	~	~	~	~	~	2 1%	2 0.8%	~	1 0.5%	1 2%	
SOMEONE ELSE	3 1%	41 0.8%	~	~	~	~	3 3%	2 1%	~	~	1 ~50%	~	~	~	3 2%	3 1%	~	~	2 1%	1 2%
NOT ANSWERED	13	454	1	4	2	6	4							1	4	4		11	2	
VALID CASES	257	4909	43	47	77	90	205		5		2	9	25	54	200	248	7	207	50	
NUMBER OF RESPONDENTS	270	5363	44	51	79	96	209		5		2	9	25	55	204	252	7	218	52	
	100%	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q82 YES	5 3%	96 3%	~	2 7%	~	~	3 4%	3 2%	1 20%	~	~	1 13%	~	1 3%	4 3%	4 2%	1 17%	4 3%	1 3%
NO	182 97%	3230 97%	~	28 93%	30 100%	50 100%	74 96%	148 98%	4 80%	~	2 100%	7 88%	16 100%	34 97%	145 97%	174 98%	5 83%	145 97%	37 97%
NOT ANSWERED	1	38				1								1		1			1
VALID CASES	187	3326		30	30	50	77	151	5		2	8	16	35	149	178	6	149	38
NUMBER OF RESPONDENTS	188	3364		30	30	50	78	151	5		2	8	16	36	149	179	6	149	39
	100%	100%		100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL]

Q83.1 HOW DID THAT PERSON HELP YOU? RESPONSE: READ THE QUESTIONS TO ME.

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- AMR	PAC IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q83.1 YES	4 80%	45 50%	~	2 100%	~	~	2 67%	3 100%	~	~	~	1 100%	1 100%	3 75%	3 75%	1 100%	3 75%	1 100%	1 100%
NO	1 20%	44 50%	~	~	~	1 33%	~	~	1 100%	~	~	~	~	1 25%	1 25%	1 25%	1 25%	~	~
VALID CASES	5	89		2		3	3	1				1		4	4	1	4	1	1
NUMBER OF RESPONDENTS	5 100%	89 100%		2 100%		3 100%	3 100%	1 100%				1 100%		4 100%	4 100%	1 100%	4 100%	1 100%	1 100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

Q83.2 HOW DID THAT PERSON HELP YOU? RESPONSE: WROTE DOWN THE ANSWERS I GAVE.

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q83.2 YES	1 20%	28 31%	~	~	~	~	1 33%	1 33%	~	~	~	~	~	1 25%	1 25%	~	1 25%	~
NO	4 80%	61 69%	~	2 100%	~	2 67%	2 67%	1 100%	~	1 100%	~	1 100%	3 75%	3 75%	1 100%	1 100%	3 75%	1 100%
VALID CASES	5	89		2		3	3	1		1		1	4	4	1	4	1	4
NUMBER OF RESPONDENTS	5 100%	89 100%		2 100%		3 100%	3 100%	1 100%		1 100%		1 100%	4 100%	4 100%	1 100%	4 100%	1 100%	4 100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

Q83.3 HOW DID THAT PERSON HELP YOU? RESPONSE: ANSWERED THE QUESTIONS FOR ME.

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.3 YES	1 20%	11 12%	~	~	~	~	1 33%	~	~	1 100%	~	~	~	~	1 25%	1 25%	~	1 25%	~
NO	4 80%	78 88%	~	2 100%	~	~	2 67%	3 100%	~	~	~	1 100%	~	1 100%	3 75%	1 75%	3 75%	1 100%	1 100%
VALID CASES	5	89		2			3	3	1			1		1	4	4	1	4	1
NUMBER OF RESPONDENTS	5 100%	89 100%		2 100%			3 100%	3 100%	1 100%			1 100%		1 100%	4 100%	4 100%	1 100%	4 100%	1 100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]



Q83.4 HOW DID THAT PERSON HELP YOU? RESPONSE: TRANSLATED THE QUESTIONS INTO MY LANGUAGE.

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q83.4 YES		19 21%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	5 100%	70 79%	~100%	2	~	3	3	1	~	1	~100%	1	4	1	4	1	4	1
VALID CASES	5	89	100%	2		3	3	1		1		1	4	4	1	4	1	
NUMBER OF RESPONDENTS	5 100%	89 100%	100%	2		3	3	1		1		1	4	4	1	4	1	
				100%		100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	

[ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

Q83.5 HOW DID THAT PERSON HELP YOU? RESPONSE: HELPED IN SOME OTHER WAY.

		AGE					RACE					ETHNIC- ITY	HEALTH STATUS	CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q83.5																
YES	PHSJ TOT CHLD	OHP TOT CHLD														
		8														
		10%	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	5	81	2		3	3	1		1		1	4	4	1	4	1
	100%	90%	~100%	~	~100%	~100%	~100%	~	~100%		~100%	~100%	~100%	~100%	~100%	~100%
VALID CASES	5	89	2		3	3	1		1		1	4	4	1	4	1
NUMBER OF RESPONDENTS	5	89	2		3	3	1		1		1	4	4	1	4	1
	100%	100%	100%		100%	100%	100%		100%		100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
NQ14 0-6	14 8%	329 10%	~	3 9%	1 3%	4 8%	6 10%	11 8%	~	~	~	~	14% 11%	2 15%	6 6%	8 7%	12 17%	1 17%	8 6%	6 14%
7-8	61 34%	1112 32%	~	5 15%	13 35%	20 40%	23 38%	49 35%	~	1 33%	~	1 50%	2 29%	4 22%	7 17%	50 37%	54 32%	2 33%	45 32%	16 38%
9-10	107 59%	2025 58%	~	26 76%	23 62%	26 52%	32 52%	82 58%	~	2 67%	~	1 50%	4 57%	12 67%	28 68%	78 57%	103 61%	3 50%	87 62%	20 48%
VALID CASES	182	3466		34	37	50	61	142		3		2	7	18	41	136	169	6	140	42
NUMBER OF RESPONDENTS	182 100%	3466 100%		34 100%	37 100%	50 100%	61 100%	142 100%		3 100%		2 100%	7 100%	18 100%	41 100%	136 100%	169 100%	6 100%	140 100%	42 100%
MEAN	2.51	2.49		2.68	2.59	2.44	2.43	2.50		2.67		2.50	2.43	2.56	2.54	2.51	2.54	2.33	2.56	2.33
p stat_(*=Sig @ p<=.05)		.663		~	~	~.363	.219	~		~		~	~	~	~	~	~	~	~	~

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NQ41 0-6	15 7%	319 8%	4 ~ 11%	1 ~ 2%	4 6%	6 8%	13 7%	~	~	~	~	~	1 6%	4 10%	11 6%	13 6%	2 29%	10 6%	5 11%	
7-8	57 25%	980 23%	10 ~ 26%	13 28%	17 26%	17 23%	51 28%	~	1 25%	~	~	1 17%	3 17%	10 24%	46 26%	55 26%	2 29%	50 28%	7 15%	
9-10	153 68%	2929 69%	24 ~ 63%	33 70%	44 68%	52 69%	121 65%	~	3 75%	~	2 100%	5 83%	14 78%	28 67%	122 68%	145 68%	3 43%	118 66%	35 74%	
VALID CASES	225	4228	38	47	65	75	185		4		2	6	18	42	179	213	7	178	47	
NUMBER OF RESPONDENTS	225 100%	4228 100%	38 100%	47 100%	65 100%	75 100%	185 100%		4 100%		2 100%	6 100%	18 100%	42 100%	179 100%	213 100%	7 100%	178 100%	47 100%	
MEAN	2.61	2.62	2.53	2.68	2.62	2.61	2.58		2.75		3.00	2.83	2.72	2.57	2.62	2.62	2.14	2.61	2.64	
p stat_(*=Sig @ p<=.05)		.928	~	~	~.975	1.00	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ48 0-6	3 11%	69 10%	~	~	1 33%	1 10%	1 8%	3 14%	~	~	~	~	~	~	3 18%	1 5%	1 25%	1 9%	2 13%
7-8	6 22%	178 26%	~	~	~	2 20%	4 33%	5 24%	~	~	~	1 50%	~	2 25%	4 24%	4 21%	2 50%	2 18%	4 25%
9-10	18 67%	428 63%	~	2 100%	2 67%	7 70%	7 58%	13 62%	1 100%	~	~	1 50%	2 100%	6 75%	10 59%	14 74%	1 25%	8 73%	10 63%
VALID CASES	27	675		2	3	10	12	21	1			2	2	8	17	19	4	11	16
NUMBER OF RESPONDENTS	27	675		2	3	10	12	21	1			2	2	8	17	19	4	11	16
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%
MEAN	2.56	2.53		3.00	2.33	2.60	2.50	2.48	3.00			2.50	3.00	2.75	2.41	2.68	2.00	2.64	2.50
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[ASKED IF Q45 = YES AND Q47 >= 1 SPECIALIST]

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ54 0-6	44 17%	619 12%*	~	12%~	15%~	19%	19%	~	20%~	~	~	~	8%~	15%	18%	17%~	~	17%	18%	
7-8	74 29%	1448 29%	~	23%~	26%~	29%	29%	~	20%~	~	~	33%~	38%~	20%	31%	28%~	29%~	29%	30%	
9-10	139 54%	2927 59%	~	65%~	60%~	52%	48%	52%	~	60%~	~	100%~	67%~	54%~	65%*	51%	54%~	71%~	55%	52%
VALID CASES	257	4994		43	47	77	90	204	5		2	9	24	55	199	246	7	207	50	
NUMBER OF RESPONDENTS	257 100%	4994 100%		43 100%	47 100%	77 100%	90 100%	204 100%	5 100%		2 100%	9 100%	24 100%	55 100%	199 100%	246 100%	7 100%	207 100%	50 100%	
MEAN	2.37	2.46		2.53	2.45	2.32	2.29	2.34	2.40		3.00	2.67	2.46	2.51	2.33	2.37	2.71	2.38	2.34	
p stat_(*=Sig @ p<=.05)		.039*	~	~	~.545	.216	.198	~	~	~	~	~	~	.129	.144	~	~	.762	.761	

GETTING NEEDED CARE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
NPRBSEE4 NQ46	2.39	2.21		3.00	2.67	2.00	2.54	2.38	2.00			2.50	3.00	2.63	2.29	2.42	2.00	2.58	2.25
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.64	2.44		2.74	2.61	2.67	2.57	2.67	1.67	2.00	2.43	2.72	2.61	2.65	2.66	2.33	2.66	2.56	
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~	.287	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.52	2.32	x	2.87	2.64	2.34	2.56	2.52	x 1.83	x 2.00	2.46	2.86	2.62	2.47	2.54	2.17	2.62	2.41	
p stat_(*=Sig @ p<=.05)		.372	~	~	~	~	.903	~	~	~	~	~	~	~	~	~	~	~	~

GETTING CARE QUICKLY

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NCARSN4 NQ4	2.86	2.60	2.90	2.80	2.83	2.87	2.87			3.00	2.83	2.80	2.89	2.85	2.87	2.75	2.84	2.91
p stat_(*=Sig @ p<=.05)	0.000*		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.58	2.43	2.68	2.62	2.47	2.55	2.59	2.00	3.00	2.00	2.67	2.45	2.62	2.59	2.33	2.59	2.55	
p stat_(*=Sig @ p<=.05)	.015*		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.72	2.51	x 2.79	2.71	2.65	2.71	2.73	x 2.00	x 3.00	2.42	2.73	2.67	2.73	2.73	2.54	2.71	2.73	
p stat_(*=Sig @ p<=.05)	.517		~	~	~	~.988	~	~	~	~	~	~	~.936	~	~	~	~	



HOW WELL DOCTORS COMMUNICATE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NDREXPL4 NQ32	2.80	2.69	2.88	2.85	2.79	2.72	2.83	1.67	2.50	2.67	2.75	2.80	2.79	2.82	2.33	2.83	2.70	
p stat_(*=Sig @ p<=.05)		.008*	~	~	~	~.198	~	~	~	~	~	~	~	~	~	~	~	
NDRLSTN4 NQ33	2.79	2.71	2.82	2.76	2.78	2.78	2.80	1.67	2.50	2.83	2.83	2.77	2.79	2.80	2.33	2.82	2.68	
p stat_(*=Sig @ p<=.05)		.065	~	~	~	~.891	~	~	~	~	~	~	~	~	~	~	~	
NDRESPU4 NQ34	2.83	2.77	2.88	2.85	2.76	2.83	2.83	1.67	2.50	3.00	2.92	2.77	2.84	2.83	2.67	2.85	2.74	
p stat_(*=Sig @ p<=.05)		.123	~	~	~	~.952	~	~	~	~	~	~	~	~	~	~	~	
NDRTMEN4 NQ37	2.62	2.49	2.59	2.65	2.59	2.66	2.63	1.67	2.50	2.50	2.82	2.54	2.64	2.64	2.00	2.64	2.58	
p stat_(*=Sig @ p<=.05)		.022*	~	~	~	~.615	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.76	2.67	x 2.79	2.78	2.73	2.75	2.77	x 1.67	x 2.50	2.75	2.83	2.72	2.76	2.77	2.33	2.78	2.68	
p stat_(*=Sig @ p<=.05)		.829	~	~	~	~.985	~	~	~	~	~	~	~	~	~	~	~	

CUSTOMER SERVICE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NPBCLCS4 NQ50	2.50	2.24		2.57	2.50	2.50	2.46	2.48				1.00	2.75	2.44	2.48	2.50	1.00	2.47	2.67	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ51	2.72	2.57		2.86	2.75	2.67	2.67	2.72				2.00	2.75	2.88	2.66	2.71	2.00	2.70	2.83	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.61	2.41	x	2.71	2.63	2.58	2.56	2.60	x	x	x	x	1.50	2.75	2.66	2.57	2.61	1.50	2.58	2.75
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
NNRXWHY NQ11	2.96	2.88		3.00	2.82	3.00	3.00	3.00	2.00	3.00	3.00	3.00	3.00	2.95	2.95	3.00	3.00	2.88	2.88
p stat_(*=Sig @ p<=.05)		.044*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NNRXWYNT NQ12	2.31	2.40		2.56	2.09	1.89	2.48	2.32	2.00	1.00	3.00	2.33	3.00	2.15	2.27	3.00	2.29	2.33	
p stat_(*=Sig @ p<=.05)		.459	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ13	2.37	2.55		2.56	2.00	2.56	2.39	2.35	2.00	1.00	3.00	2.33	2.56	2.28	2.30	3.00	2.33	2.44	
p stat_(*=Sig @ p<=.05)		.187	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.55	2.61	x	2.70	2.30	2.48	2.62	2.56	x 2.00	x 1.67	3.00	2.56	2.85	2.46	2.51	3.00	2.54	2.55	
p stat_(*=Sig @ p<=.05)		.940	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

ACCESS TO SPECIALIZED SERVICES

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
NEZMDEQ NQ20	2.25	2.15		2.00	2.00	2.50	2.00	2.00				3.00	3.00	2.33	2.20	2.14	3.00	2.50	2.17	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTHP NQ23	2.31	1.94		2.00	2.75	2.25	2.00	2.22				2.00	3.00	2.50	2.22	2.36	2.00	2.33	2.30	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTC NQ26	2.29	2.08		3.00	1.83	2.10	2.54	2.21				2.50	2.33	2.30	2.29	2.26	2.67	2.36	2.24	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.28	2.06	x	2.33	2.19	2.28	2.18	2.14	x	x	x	x	2.50	2.78	2.38	2.24	2.26	2.56	2.40	2.23
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND	AMER IND/ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PRBSEE4 Q46	86%	75%		100%	100%	70%	92%	86%		100%			100%	100%	100%	82%	89%	75%	92%	81%
CARNES4 Q15	94%	88%		97%	94%	92%	93%	94%		33%		100%	100%	94%	93%	94%	94%	100%	96%	88%
AVERAGE	89.82	81.22	x	97.14	94.44	80.92	92.88	90.02	x	x	x	x	100.0	94.44	96.34	88.21	91.76	100.0	93.69	84.53

GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND	AMER IND/ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
CARSN4 Q4	99%	90%		100%	100%	96%	100%	98%				100%	100%	100%	100%	98%	100%	98%	100%	
APGET4 Q6	88%	84%		89%	88%	87%	89%	90%		50%		100%	62%	87%	85%	89%	87%	100%	88%	90%
AVERAGE	93.55	87.16	x	94.59	93.75	91.25	94.68	94.01	x	x	x	x	81.25	93.33	92.50	93.56	92.90	100.0	93.08	95.16

HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC	
DREXPL4 Q32	96%	93%	100%	97%	98%	92%	98%	33%	100%	100%	92%	97%	96%	96%	100%	97%	95%			
DRLSTN4 Q33	97%	94%	97%	97%	98%	96%	98%	33%	100%	100%	100%	97%	97%	97%	83%	98%	95%			
DRESPU4 Q34	97%	95%	100%	97%	93%	98%	98%	33%	100%	100%	100%	94%	98%	97%	100%	98%	92%			
DRTMEN4 Q37	90%	86%	85%	91%	88%	92%	90%	33%	100%	100%	100%	86%	90%	90%	67%	91%	84%			
AVERAGE	94.9	92.0	x	95.6	95.6	93.9	94.8	95.7	x	x	x	x	100	97.9	93.6	95.2	95.1	87.5	96.0	91.4

CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND	AMER IND/ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PBCLCS4 Q50	83%	77%		86%	75%	83%	85%	82%					0%	100%	78%	83%	83%	0%	82%	83%
CSRESP Q51	100%	91%		100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%
AVERAGE	91.25	83.89	x	92.86	87.50	91.67	92.31	90.91	x	x	x	x	x	x	88.89	91.38	91.67	x	91.18	91.67



SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NRXWHY Q11	98%	94%	100%	91%	100%	100%	100%	50%		100%	100%	100%	100%	98%	98%	100%	100%	94%		
NRXWYNT Q12	65%	70%	78%	55%	44%	74%	66%	50%		0%	100%	67%	100%	58%	64%	100%	65%	67%		
RXBST Q13	69%	78%	78%	50%	78%	70%	68%	50%		0%	100%	67%	78%	64%	65%	100%	67%	72%		
AVERAGE	77.4	80.5	x	85.2	65.2	74.1	81.2	77.8	x	x	x	x	x	x	92.6	73.0	75.5	x	77.1	77.7

ACCESS TO SPECIALIZED SERVICES (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	Whte	Blck OR Afr-	Amr- IAN	Natv ILND	Amr ALSK	Ind/ OTHR	Mul- TI	His- IC	Not His- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
EZMDEQ Q20	75%	70%	100%	50%	75%	100%	67%						100%	100%	100%	60%	71%	100%	100%	67%
EZTHP Q23	77%	61%	50%	100%	75%	67%	78%						50%	100%	75%	78%	82%	50%	67%	80%
EZTC Q26	71%	67%	100%	50%	60%	85%	67%						100%	67%	70%	71%	67%	100%	71%	71%
AVERAGE	74.3	66.1	x	x	50.0	60.0	84.6	70.4	x	x	x	x	x	x	70.0	74.6	73.3	x	71.4	72.4

PERSONAL DOCTOR WHO KNOWS CHILD (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	87%	84%	100%	88%	83%	81%	87%	67%	50%	100%	92%	91%	85%	88%	67%	87%	87%			
DRUNCON Q43	86%	89%	100%	86%	78%	94%	88%	100%	100%	50%	100%	62%	96%	86%	75%	71%	89%			
DRUNFAM Q44	79%	84%	100%	57%	72%	94%	81%	0%	100%	50%	100%	62%	86%	77%	75%	71%	80%			
AVERAGE	83.7	85.5	x	100	77.0	77.5	89.5	85.3	x	x	x	x	100	91.7	71.5	89.2	83.6	66.7	76.6	85.1

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	PHSJ TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
HELPCONT Q18	100%	94%		100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%		
HLPCOORD Q29	57%	60%	43%	29%	64%	71%	54%			100%	75%	57%	58%	54%	51%	75%	50%	67%		
AVERAGE	78.6	76.8	x	42.9	28.6	63.6	70.6	76.8	x	x	x	x	x	57.1	58.3	76.8	75.7	x	50.0	66.7

INDEX OF ADULT TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

1 Q1 OUR RECORDS SHOW THAT YOU ARE NOW IN <HEALTH PLAN>. IS THAT RIGHT?

2. YOUR HEALTH CARE IN THE LAST 6 MONTHS

2 Q3 IN THE LAST 6 MONTHS, DID YOU HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?

3 Q4 IN THE LAST 6 MONTHS, WHEN YOU NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOU GET CARE AS SOON AS YOU NEEDED? [ASKED IF Q3 = YES]

4 Q5 IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC?

5 Q6 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC AS SOON AS YOU NEEDED? [ASKED IF Q5 = YES]

6 Q7 IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOU WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID YOU GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE FOR YOURSELF?

7 Q8 IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS? [ASKED IF Q7 >= 1 TIME]

8 Q9 IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE? [ASKED IF Q7 >= 1 TIME]

9 Q10 DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]

10 Q11 DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]

11 Q12 WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOU? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]

12 Q13 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1 TIME]

13 Q14 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS OR TREATMENT YOU NEEDED? [ASKED IF Q7 >= 1 TIME]

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

- 14 Q15 A PERSONAL DOCTOR IS THE ONE YOU WOULD SEE IF YOU NEED A CHECK-UP, WANT ADVICE ABOUT A HEALTH PROBLEM, OR GET SICK OR HURT. DO YOU HAVE A PERSONAL DOCTOR?
- 15 Q16 IN THE LAST 6 MONTHS, HOW MANY TIMES DID YOU VISIT YOUR PERSONAL DOCTOR TO GET CARE FOR YOURSELF? [ASKED IF Q15 = YES]
- 16 Q17 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR EXPLAIN THINGS IN A WAY THAT WAS EASY TO UNDERSTAND? [ASKED IF Q15 = YES AND Q16 >= 1 TIME]
- 17 Q18 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR LISTEN CAREFULLY TO YOU? [ASKED IF Q15 = YES AND Q16 >= 1 TIME]
- 18 Q19 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR SHOW RESPECT FOR WHAT YOU HAD TO SAY? [ASKED IF Q15 = YES AND Q16 >= 1 TIME]
- 19 Q20 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR SPEND ENOUGH TIME WITH YOU? [ASKED IF Q15 = YES AND Q16 >= 1 TIME]
- 20 Q21 IN THE LAST 6 MONTHS, DID YOU GET CARE FROM A DOCTOR OR OTHER HEALTH PROVIDER BESIDES YOUR PERSONAL DOCTOR? [ASKED IF Q15 = YES AND Q16 >= 1 TIME]
- 21 Q22 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR SEEM INFORMED AND UP-TO-DATE ABOUT THE CARE YOU GOT FROM THESE DOCTORS OR OTHER HEALTH PROVIDERS? [ASKED IF Q15 = YES AND Q16 >= 1 TIME AND Q21 = YES]
- 22 Q23 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST PERSONAL DOCTOR POSSIBLE AND 10 IS THE BEST PERSONAL DOCTOR POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR PERSONAL DOCTOR? [ASKED IF Q15 = YES]

4. GETTING HEALTH CARE FROM SPECIALISTS

- 23 Q24 SPECIALISTS ARE DOCTORS LIKE SURGEONS, HEART DOCTORS, ALLERGY DOCTORS, SKIN DOCTORS, AND OTHER DOCTORS WHO SPECIALIZE IN ONE AREA OF HEALTH CARE. IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS TO SEE A SPECIALIST?
- 24 Q25 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT TO SEE A SPECIALIST AS SOON AS YOU NEEDED? [ASKED IF Q24 = YES]
- 25 Q26 HOW MANY SPECIALISTS HAVE YOU SEEN IN THE LAST 6 MONTHS? [ASKED IF Q24 = YES]
- 26 Q27 WE WANT TO KNOW YOUR RATING OF THE SPECIALIST YOU SAW MOST OFTEN IN THE LAST 6 MONTHS. USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST SPECIALIST POSSIBLE AND 10 IS THE BEST SPECIALIST POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE THAT SPECIALIST? [ASKED IF Q24 = YES AND Q26 >= 1 SPECIALIST]

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

27 Q28 IN THE LAST 6 MONTHS, DID YOU LOOK FOR ANY INFORMATION IN WRITTEN MATERIALS OR ON THE INTERNET ABOUT HOW YOUR HEALTH PLAN WORKS?

28 Q29 IN THE LAST 6 MONTHS, HOW OFTEN DID THE WRITTEN MATERIALS OR THE INTERNET PROVIDE THE INFORMATION YOU NEEDED ABOUT HOW YOUR HEALTH PLAN WORKS? [ASKED IF Q28 = YES]

29 Q30 IN THE LAST 6 MONTHS, DID YOU GET INFORMATION OR HELP FROM YOUR HEALTH PLAN'S CUSTOMER SERVICE?

30 Q31 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR HEALTH PLAN'S CUSTOMER SERVICE GIVE YOU THE INFORMATION OR HELP YOU NEEDED? [ASKED IF Q30 = YES]

31 Q32 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR HEALTH PLAN'S CUSTOMER SERVICE STAFF TREAT YOU WITH COURTESY AND RESPECT? [ASKED IF Q30 = YES]

32 Q33 IN THE LAST 6 MONTHS, DID YOUR HEALTH PLAN GIVE YOU ANY FORMS TO FILL OUT?

33 PQ34 IN THE LAST 6 MONTHS, HOW OFTEN WERE THE FORMS FROM YOUR HEALTH PLAN EASY TO FILL OUT? [ASKED IF Q33 = YES. RESPONSE OF 'ALWAYS' PADDED WITH Q33 = NO]

34 Q35 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH PLAN POSSIBLE AND 10 IS THE BEST HEALTH PLAN POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR HEALTH PLAN?

35 Q35A IN THE LAST 6 MONTHS, DID YOU HAVE A HEALTH PROBLEM FOR WHICH YOU NEEDED SPECIAL MEDICAL EQUIPMENT, SUCH AS A CANE, A WHEELCHAIR, OR OXYGEN EQUIPMENT?

36 Q35B IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE MEDICAL EQUIPMENT YOU NEEDED THROUGH YOUR HEALTH PLAN? [ASKED IF Q35A = YES]

37 Q35C IN THE LAST 6 MONTHS, DID YOU HAVE ANY HEALTH PROBLEMS THAT NEEDED SPECIAL THERAPY, SUCH AS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY?

38 Q35D IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE SPECIAL THERAPY YOU NEEDED THROUGH YOUR HEALTH PLAN? [ASKED IF Q35C = YES]

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

39 Q35E IN THE LAST 6 MONTHS, DID YOU VISIT A PROVIDER FOR A SPECIFIC HEALTH ISSUE?

40 Q35F HOW MUCH EFFORT WAS MADE TO HELP YOU UNDERSTAND YOUR HEALTH ISSUE? [ASKED IF Q35E = YES]

41 Q35G HOW MUCH EFFORT WAS MADE TO LISTEN TO THE THINGS THAT MATTER MOST TO YOU ABOUT YOUR HEALTH ISSUE? [ASKED IF Q35E = YES]

42 Q35H HOW MUCH EFFORT WAS MADE TO INCLUDE WHAT MATTERS MOST TO YOU IN CHOOSING WHAT TO DO NEXT? [ASKED IF Q35E = YES]

43 Q35I CHOICES FOR YOUR TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID THIS PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

44 Q35J IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR TREATMENT OR HEALTH CARE? [ASKED IF Q35I = YES]

45 Q35K IN THE LAST 6 MONTHS, WHEN THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE, DID YOUR PROVIDER ASK YOU WHICH CHOICE WAS BEST FOR YOU? [ASKED IF Q35I = YES]

46 Q35L IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PROVIDER MAKE IT EASY FOR YOU TO ASK QUESTIONS OR RAISE CONCERNS?

47 Q35M IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER TALK TOO FAST WHEN TALKING TO YOU?

48 Q35N IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER INTERRUPT YOU WHEN YOU WERE TALKING?

49 Q35O IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER USE A CONDESCENDING, SARCASTIC, OR RUDE TONE OR MANNER WITH YOU?

50 Q35P IN THE LAST 6 MONTHS, DID YOU FEEL YOU COULD TRUST A DOCTOR OR OTHER HEALTH PROVIDER WITH YOUR MEDICAL CARE?

5. ACCESS TO DENTAL CARE

51 Q35Q A REGULAR DENTIST IS ONE YOU WOULD GO TO FOR CHECK-UPS AND CLEANINGS OR WHEN YOU HAVE A CAVITY OR TOOTH PAIN. DO YOU HAVE A REGULAR DENTIST?

52 Q35R IN THE LAST 6 MONTHS, IF YOU NEEDED TO SEE A DENTIST RIGHT AWAY BECAUSE OF A DENTAL EMERGENCY, DID YOU GET TO SEE A DENTIST AS SOON AS YOU WANTED?



PAGE	QUESTION	TITLE
6. ABOUT YOU		
53	Q36	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?
54	Q37	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?
55	Q38	HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2014?
56	Q39	DO YOU NOW SMOKE CIGARETTES OR USE TOBACCO EVERY DAY, SOME DAYS, OR NOT AT ALL?
57	Q40	IN THE LAST 6 MONTHS, HOW OFTEN WERE YOU ADVISED TO QUIT SMOKING OR USING TOBACCO BY A DOCTOR OR OTHER HEALTH PROVIDER IN YOUR PLAN? [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
58	Q41	IN THE LAST 6 MONTHS, HOW OFTEN WAS MEDICATION RECOMMENDED OR DISCUSSED BY A DOCTOR OR HEALTH PROVIDER TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF MEDICATION ARE: NICOTINE GUM, PATCH, NASAL SPRAY, INHALER, OR PRESCRIPTION MEDICATION. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
59	Q42	IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR DOCTOR OR HEALTH PROVIDER DISCUSS OR PROVIDE METHODS AND STRATEGIES OTHER THAN MEDICATION TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF METHODS AND STRATEGIES ARE: TELEPHONE HELPLINE, INDIVIDUAL OR GROUP COUNSELING, OR CESSATION PROGRAM. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
60	Q43	DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?
61	Q44	DO YOU HAVE A HEALTH PROBLEM OR TAKE MEDICATION THAT MAKES TAKING ASPIRIN UNSAFE FOR YOU?
62	Q45	HAS A DOCTOR OR HEALTH PROVIDER EVER DISCUSSED WITH YOU THE RISKS AND BENEFITS OF ASPIRIN TO PREVENT HEART ATTACK OR STROKE?

PAGE	QUESTION	TITLE
63	Q46.1	ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: HIGH CHOLESTEROL
64	Q46.2	ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: HIGH BLOOD PRESSURE
65	Q46.3	ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: PARENT OR SIBLING WITH HEART ATTACK BEFORE THE AGE OF 60
66	Q47.1	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: A HEART ATTACK
67	Q47.2	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: ANGINA OR CORONARY HEART DISEASE
68	Q47.3	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: A STROKE
69	Q47.4	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: ANY KIND OF DIABETES OR HIGH BLOOD SUGAR
70	Q48	IN THE LAST 6 MONTHS, DID YOU GET HEALTH CARE 3 OR MORE TIMES FOR THE SAME CONDITION OR PROBLEM?
71	Q49	IS THIS A CONDITION OR PROBLEM THAT HAS LASTED FOR AT LEAST 3 MONTHS? DO NOT INCLUDE PREGNANCY OR MENOPAUSE. [ASKED IF Q48 = YES]
72	Q50	DO YOU NOW NEED OR TAKE MEDICINE PRESCRIBED BY A DOCTOR? DO NOT INCLUDE BIRTH CONTROL.
73	Q51	IS THIS MEDICINE TO TREAT A CONDITION THAT HAS LASTED FOR AT LEAST 3 MONTHS? DO NOT INCLUDE PREGNANCY OR MENOPAUSE. [ASKED IF Q50 = YES]
74	NQ52	WHAT IS YOUR AGE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
75	NQ53	ARE YOU MALE OR FEMALE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
76	Q54	WHAT IS THE HIGHEST GRADE OR LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?
77	Q55	ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?
78	Q56.1	WHAT IS YOUR RACE? RESPONSE: WHITE
79	Q56.2	WHAT IS YOUR RACE? RESPONSE: BLACK OR AFRICAN-AMERICAN
80	Q56.3	WHAT IS YOUR RACE? RESPONSE: ASIAN
81	Q56.4	WHAT IS YOUR RACE? RESPONSE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
82	Q56.5	WHAT IS YOUR RACE? RESPONSE: AMERICAN INDIAN OR ALASKA NATIVE
83	Q56.6	WHAT IS YOUR RACE? RESPONSE: OTHER
84	Q57	DID SOMEONE HELP YOU COMPLETE THIS SURVEY? [ASKED IF SURVEY COMPLETED BY MAIL]
85	Q58.1	HOW DID THAT PERSON HELP YOU? RESPONSE: READ THE QUESTIONS TO ME. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

86 Q58.2 HOW DID THAT PERSON HELP YOU? RESPONSE: WROTE DOWN THE ANSWERS I GAVE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

87 Q58.3 HOW DID THAT PERSON HELP YOU? RESPONSE: ANSWERED THE QUESTIONS FOR ME. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

88 Q58.4 HOW DID THAT PERSON HELP YOU? RESPONSE: TRANSLATED THE QUESTIONS INTO MY LANGUAGE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

89 Q58.5 HOW DID THAT PERSON HELP YOU? RESPONSE: HELPED IN SOME OTHER WAY. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

PAGE QUESTION TITLE

8. RATINGS

90 NQ13 RATING OF ALL HEALTH CARE [ASKED IF Q7 >= 1 TIME]  
91 NQ23 RATING OF PERSONAL DOCTOR [ASKED IF Q15 = YES]  
92 NQ27 RATING OF SPECIALIST SEEN MOST OFTEN [ASKED IF Q24 = YES AND Q26 >= 1 SPECIALIST]  
93 NQ35 RATING OF HEALTH PLAN

9. COMPOSITES

94 GETTING NEEDED CARE  
95 GETTING CARE QUICKLY  
96 HOW WELL DOCTORS COMMUNICATE  
97 CUSTOMER SERVICE  
98 SHARED DECISION MAKING

10. GLOBAL PROPORTION COMPOSITES

99 GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
100 GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
101 HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
102 CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
103 SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

INDEX OF CHILD TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

1 Q1 OUR RECORDS SHOW THAT YOUR CHILD IS NOW IN <HEALTH PLAN>. IS THAT RIGHT?

2. YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

2 Q3 IN THE LAST 6 MONTHS, DID YOUR CHILD HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?

3 Q4 IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED? [ASKED IF Q3 = YES]

4 Q5 IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC?

5 Q6 IN THE LAST 6 MONTHS, WHEN YOU MADE AN APPOINTMENT FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC, HOW OFTEN DID YOU GET AN APPOINTMENT AS SOON AS YOUR CHILD NEEDED? [ASKED IF Q5 = YES]

6 Q7 IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOUR CHILD WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID HE OR SHE GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE?

7 Q8 IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS IN YOUR CHILD? [ASKED IF Q7 >= 1 TIME]

8 Q9 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE YOUR QUESTIONS ANSWERED BY YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER? [ASKED IF Q7 >= 1 TIME]

9 Q10 IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME]

10 Q11 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

11 Q12 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

12 Q13 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

13 Q14 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1]

14 Q15 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED? [ASKED IF Q7 >= 1 TIME]

15 Q16 IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?

- 16 Q17 IN THE LAST 6 MONTHS, DID YOU NEED YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TO CONTACT A SCHOOL OR DAYCARE CENTER ABOUT YOUR CHILD'S HEALTH OR HEALTH CARE? [ASKED IF Q16 = YES]
- 17 Q18 IN THE LAST 6 MONTHS, DID YOU GET THE HELP YOU NEEDED FROM YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER IN CONTACTING YOUR CHILD'S SCHOOL OR DAYCARE? [ASKED IF Q16 = YES AND Q17 = YES]

### 3. SPECIALIZED SERVICES

- 18 Q19 SPECIAL MEDICAL EQUIPMENT OR DEVICES INCLUDE A WALKER, WHEELCHAIR, NEBULIZER, FEEDING TUBES, OR OXYGEN EQUIPMENT. IN THE LAST 6 MONTHS, DID YOU GET OR TRY TO GET ANY SPECIAL MEDICAL EQUIPMENT OR DEVICES FOR YOUR CHILD?
- 19 Q20 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET SPECIAL MEDICAL EQUIPMENT OR DEVICES FOR YOUR CHILD? [ASKED IF Q19 = YES]
- 20 Q21 DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE, OR CLINIC HELP YOU GET SPECIAL MEDICAL EQUIPMENT OR DEVICES FOR YOUR CHILD? [ASKED IF Q19 = YES]
- 21 Q22 IN THE LAST 6 MONTHS, DID YOU GET OR TRY TO GET SPECIAL THERAPY SUCH AS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY FOR YOUR CHILD?
- 22 Q23 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THIS THERAPY FOR YOUR CHILD? [ASKED IF Q22 = YES]
- 23 Q24 DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE OR CLINIC HELP YOU GET THIS THERAPY FOR YOUR CHILD? [ASKED IF Q22 = YES]
- 24 Q25 IN THE LAST 6 MONTHS, DID YOU GET OR TRY TO GET TREATMENT OR COUNSELING FOR YOUR CHILD FOR AN EMOTIONAL, DEVELOPMENTAL, OR BEHAVIORAL PROBLEM?
- 25 Q26 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THIS TREATMENT OR COUNSELING FOR YOUR CHILD? [ASKED IF Q25 = YES]
- 26 Q27 DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE OR CLINIC HELP YOU GET THIS TREATMENT OR COUNSELING FOR YOUR CHILD? [ASKED IF Q25 = YES]
- 27 Q28 IN THE LAST 6 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?
- 28 Q29 IN THE LAST 6 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? [ASKED IF Q28 = YES]

PAGE QUESTION TITLE

### 4. YOUR CHILD'S PERSONAL DOCTOR

- 29 Q30 A PERSONAL DOCTOR IS THE ONE YOUR CHILD WOULD SEE IF HE OR SHE NEEDS A CHECKUP, HAS A HEALTH PROBLEM, OR GETS SICK OR HURT. DOES YOUR CHILD HAVE A PERSONAL DOCTOR?
- 30 Q31 IN THE LAST 6 MONTHS, HOW MANY TIMES DID YOUR CHILD VISIT HIS OR HER PERSONAL DOCTOR FOR CARE? [ASKED IF Q30 = YES]
- 31 Q31A IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE A HARD TIME SPEAKING WITH OR UNDERSTANDING YOUR CHILD'S PERSONAL DOCTOR BECAUSE YOU SPOKE DIFFERENT LANGUAGES? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

32 Q32 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR EXPLAIN THINGS ABOUT YOUR CHILD'S HEALTH IN A WAY THAT WAS EASY TO UNDERSTAND? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

33 Q33 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR LISTEN CAREFULLY TO YOU? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

34 Q34 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR SHOW RESPECT FOR WHAT YOU HAD TO SAY? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

35 Q35 IS YOUR CHILD ABLE TO TALK WITH DOCTORS ABOUT HIS OR HER HEALTH CARE? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

36 Q36 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR EXPLAIN THINGS IN A WAY THAT WAS EASY FOR YOUR CHILD TO UNDERSTAND? [ASKED IF Q30 = YES AND Q31 >= 1 TIME AND Q35 = YES]

37 Q37 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR SPEND ENOUGH TIME WITH YOUR CHILD? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

38 Q38 IN THE LAST 6 MONTHS, DID YOUR CHILD'S PERSONAL DOCTOR TALK WITH YOU ABOUT HOW YOUR CHILD IS FEELING, GROWING, OR BEHAVING? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

39 Q39 IN THE LAST 6 MONTHS, DID YOUR CHILD GET CARE FROM A DOCTOR OR OTHER HEALTH PROVIDER BESIDES HIS OR HER PERSONAL DOCTOR? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

40 Q40 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR SEEM INFORMED AND UP-TO-DATE ABOUT THE CARE YOUR CHILD GOT FROM THESE DOCTORS OR OTHER HEALTH PROVIDERS? [ASKED IF Q30 = YES AND Q31 >= 1 TIME AND Q39 = YES]

41 Q41 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST PERSONAL DOCTOR POSSIBLE AND 10 IS THE BEST PERSONAL DOCTOR POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR CHILD'S PERSONAL DOCTOR? [ASKED IF Q30 = YES]

42 Q42 DOES YOUR CHILD HAVE ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS THAT HAVE LASTED FOR MORE THAN 3 MONTHS? [ASKED IF Q30 = YES]

43 Q43 DOES YOUR CHILD'S PERSONAL DOCTOR UNDERSTAND HOW THESE MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS AFFECT YOUR CHILD'S DAY-TO-DAY LIFE? [ASKED IF Q30 = YES AND Q42 = YES]

44 Q44 DOES YOUR CHILD'S PERSONAL DOCTOR UNDERSTAND HOW YOUR CHILD'S MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS AFFECT YOUR FAMILY'S DAY-TO-DAY LIFE? [ASKED IF Q30 = YES AND Q42 = YES]

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

45 Q45 SPECIALISTS ARE DOCTORS LIKE SURGEONS, HEART DOCTORS, ALLERGY DOCTORS, SKIN DOCTORS, AND OTHER DOCTORS WHO SPECIALIZE IN ONE AREA OF HEALTH CARE. IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR YOUR CHILD TO SEE A SPECIALIST?

46 Q46 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT FOR YOUR CHILD TO SEE A SPECIALIST AS SOON AS YOU NEEDED? [ASKED IF Q45 = YES]

47 Q47 HOW MANY SPECIALISTS HAS YOUR CHILD SEEN IN THE LAST 6 MONTHS? [ASKED IF Q45 = YES]

48 Q48 WE WANT TO KNOW YOUR RATING OF THE SPECIALIST YOUR CHILD SAW MOST OFTEN IN THE LAST 6 MONTHS. USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST SPECIALIST POSSIBLE AND 10 IS THE BEST SPECIALIST POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE THAT SPECIALIST? [ASKED IF Q45 = YES AND Q47 >= 1 SPECIALIST]

6. YOUR CHILD'S HEALTH PLAN

49 Q49 IN THE LAST 6 MONTHS, DID YOU GET INFORMATION OR HELP FROM CUSTOMER SERVICE AT YOUR CHILD'S HEALTH PLAN?

50 Q50 IN THE LAST 6 MONTHS, HOW OFTEN DID CUSTOMER SERVICE AT YOUR CHILD'S HEALTH PLAN GIVE YOU THE INFORMATION OR HELP YOU NEEDED? [ASKED IF Q49 = YES]

51 Q51 IN THE LAST 6 MONTHS, HOW OFTEN DID CUSTOMER SERVICE STAFF AT YOUR CHILD'S HEALTH PLAN TREAT YOU WITH COURTESY AND RESPECT? [ASKED IF Q49 = YES]

52 Q52 IN THE LAST 6 MONTHS, DID YOUR CHILD'S HEALTH PLAN GIVE YOU ANY FORMS TO FILL OUT?

53 PQ53 IN THE LAST 6 MONTHS, HOW OFTEN WERE THE FORMS FROM YOUR CHILD'S HEALTH PLAN EASY TO FILL OUT? [ASKED IF Q52 = YES. RESPONSE OF 'ALWAYS' PADDED WITH Q52 = NO]

54 Q54 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH PLAN POSSIBLE AND 10 IS THE BEST HEALTH PLAN POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE YOUR CHILD'S HEALTH PLAN?

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

55 Q55 IN THE LAST 6 MONTHS, DID YOU GET OR REFILL ANY PRESCRIPTION MEDICINES FOR YOUR CHILD?

56 Q56 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET PRESCRIPTION MEDICINES FOR YOUR CHILD THROUGH HIS OR HER HEALTH PLAN? [ASKED IF Q55 = YES]

57 Q57 DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE, OR CLINIC HELP YOU GET YOUR CHILD'S PRESCRIPTION MEDICINES? [ASKED IF Q55 = YES]

7. ACCESS TO DENTAL CARE

58 Q57A A REGULAR DENTIST IS ONE YOUR CHILD WOULD GO TO FOR CHECK-UPS AND CLEANINGS OR WHEN HE/SHE HAS A CAVITY OR TOOTH PAIN. DOES YOUR CHILD HAVE A REGULAR DENTIST?

59 Q57B IN THE LAST 6 MONTHS, IF YOUR CHILD NEEDED TO SEE A DENTIST RIGHT AWAY BECAUSE OF A DENTAL EMERGENCY, DID HE/SHE GET TO SEE A DENTIST AS SOON AS YOU WANTED?

7. ADDITIONAL QUESTIONS

60 Q57C CHOICES FOR YOUR CHILD'S TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID YOUR PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE?



- 61 Q57D IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE? [ASKED IF Q57C = YES]
- 62 Q57E IN THE LAST 6 MONTHS, WHEN THERE WAS MORE THAN ONE CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE, DID YOUR PROVIDER ASK YOU WHICH CHOICE WAS BEST FOR YOUR CHILD? [ASKED IF Q57C = YES]
- 63 Q57F IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PROVIDER CONSIDER AND RESPECT WHAT HEALTH CARE AND TREATMENT CHOICES YOU THOUGHT WORK BEST FOR YOUR CHILD? [ASKED IF Q57C = YES]
- 64 Q57G IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PROVIDER ENCOURAGE YOU TO ASK QUESTIONS AND RAISE CONCERNS? [ASKED IF Q57C = YES]
- 65 Q57H IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PROVIDER MAKE IT EASY FOR YOU TO ASK QUESTIONS AND RAISE CONCERNS? [ASKED IF Q57C = YES]

8. ABOUT YOUR CHILD AND YOU

- 66 Q58 IN GENERAL, HOW WOULD YOU RATE YOUR CHILD'S OVERALL HEALTH?
- 67 Q59 IN GENERAL, HOW WOULD YOU RATE YOUR CHILD'S OVERALL MENTAL OR EMOTIONAL HEALTH?
- 68 Q60 DOES YOUR CHILD CURRENTLY NEED OR USE MEDICINE PRESCRIBED BY A DOCTOR (OTHER THAN VITAMINS)?
- 69 Q61 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q60 = YES]
- 70 Q62 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q60 = YES AND Q61 = YES]
- 71 Q63 DOES YOUR CHILD NEED OR USE MORE MEDICAL CARE, MORE MENTAL HEALTH SERVICES, OR MORE EDUCATIONAL SERVICES THAN IS USUAL FOR MOST CHILDREN OF THE SAME AGE?
- 72 Q64 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q63 = YES]
- 73 Q65 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q63 = YES AND Q64 = YES]
- 74 Q66 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?
- 75 Q67 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q66 = YES]
- 76 Q68 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q66 = YES AND Q67 = YES]
- 77 Q69 DOES YOUR CHILD NEED OR GET SPECIAL THERAPY, SUCH AS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY?
- 78 Q70 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q69 = YES]
- 79 Q71 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q69 = YES AND Q70 = YES]
- 80 Q72 DOES YOUR CHILD HAVE ANY KIND OF EMOTIONAL, DEVELOPMENTAL, OR BEHAVIORAL PROBLEMS FOR WHICH HE OR SHE NEEDS OR GETS TREATMENT OR COUNSELING?
- 81 Q73 HAS THIS PROBLEM LASTED OR IS IT EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q72 = YES]
- 82 NQ74 WHAT IS YOUR CHILD'S AGE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
- 83 NQ75 IS YOUR CHILD MALE OR FEMALE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
- 84 Q76 IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN OR DESCENT?

85 Q77.1 WHAT IS YOUR CHILD'S RACE? RESPONSE: WHITE

86 Q77.2 WHAT IS YOUR CHILD'S RACE? RESPONSE: BLACK OR AFRICAN-AMERICAN

87 Q77.3 WHAT IS YOUR CHILD'S RACE? RESPONSE: ASIAN

88 Q77.4 WHAT IS YOUR CHILD'S RACE? RESPONSE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

89 Q77.5 WHAT IS YOUR CHILD'S RACE? RESPONSE: AMERICAN INDIAN OR ALASKA NATIVE

90 Q77.6 WHAT IS YOUR CHILD'S RACE? RESPONSE: OTHER

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

93 Q80 WHAT IS THE HIGHEST GRADE OR LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

95 Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY? [ASKED IF SURVEY COMPLETED BY MAIL]

96 Q83.1 HOW DID THAT PERSON HELP YOU? RESPONSE: READ THE QUESTIONS TO ME. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

97 Q83.2 HOW DID THAT PERSON HELP YOU? RESPONSE: WROTE DOWN THE ANSWERS I GAVE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

98 Q83.3 HOW DID THAT PERSON HELP YOU? RESPONSE: ANSWERED THE QUESTIONS FOR ME. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

99 Q83.4 HOW DID THAT PERSON HELP YOU? RESPONSE: TRANSLATED THE QUESTIONS INTO MY LANGUAGE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

100 Q83.5 HOW DID THAT PERSON HELP YOU? RESPONSE: HELPED IN SOME OTHER WAY. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]

PAGE QUESTION TITLE

9. RATINGS

101 NQ14 RATING OF ALL CHILD'S HEALTH CARE [ASKED IF Q7 >= 1 TIME]

102 NQ41 RATING OF CHILD'S PERSONAL DOCTOR [ASKED IF Q30 = YES]

103 NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN [ASKED IF Q45 = YES AND Q47 >= 1 SPECIALIST]

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING  
110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

111 GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
112 GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
113 HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
114 CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
115 SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE  
116 ACCESS TO SPECIALIZED SERVICES (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
117 PERSONAL DOCTOR WHO KNOWS CHILD (YES) -- GLOBAL PROPORTION COMPOSITE  
118 CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

Your privacy is protected. All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-506-5136 (or, for the hearing-impaired, call 1-888-631-2097).

**SURVEY INSTRUCTIONS**

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct  
Mark 

Incorrect  
Marks   

- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in the Oregon Health Plan. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your health plan? (Please print)

\_\_\_\_\_

## YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?
- Yes  
 No → *Go to Question 5*
4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?
- Never  
 Sometimes  
 Usually  
 Always
5. In the last 6 months, did you make any appointments for a **check-up or routine care** at a doctor's office or clinic?
- Yes  
 No → *Go to Question 7*
6. In the last 6 months, how often did you get an appointment for a **check-up or routine care** at a doctor's office or clinic as soon as you needed?
- Never  
 Sometimes  
 Usually  
 Always

7. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
- None → *Go to Question 15*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times
8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
- Yes  
 No
9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?
- Yes  
 No → *Go to Question 13*
10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
- Yes  
 No
11. Did you and a doctor or other health provider talk about the reasons you might **not** want to take a medicine?
- Yes  
 No
12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
- Yes  
 No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- 0  1  2  3  4  5  6  7  8  9  10
- Worst Health Care Possible Best Health Care Possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never  
 Sometimes  
 Usually  
 Always

### YOUR PERSONAL DOCTOR

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes  
 No → *Go to Question 24*

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → *Go to Question 23*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never  
 Sometimes  
 Usually  
 Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never  
 Sometimes  
 Usually  
 Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never  
 Sometimes  
 Usually  
 Always

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes  
 No → *Go to Question 23*

22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never  
 Sometimes  
 Usually  
 Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0  1  2  3  4  5  6  7  8  9  10
- Worst Personal Doctor Possible Best Personal Doctor Possible



## GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

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

In the last 6 months, did you make any appointments to see a specialist?

- Yes  
 No → *Go to Question 28*

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- Never  
 Sometimes  
 Usually  
 Always

26. How many specialists have you seen in the last 6 months?

- None → *Go to Question 28*  
 1 specialist  
 2  
 3  
 4  
 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 1 2 3 4 5 6 7 8 9 10  
Worst Specialist Possible Best Specialist Possible

## YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Yes  
 No → *Go to Question 30*

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- Never  
 Sometimes  
 Usually  
 Always

30. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes  
 No → *Go to Question 33*

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never  
 Sometimes  
 Usually  
 Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never  
 Sometimes  
 Usually  
 Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- Yes  
 No → *Go to Question 35*

34. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- 
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Best  
Health Plan Health Plan  
Possible Possible

35a. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

- Yes
- No → *Go to Question 35c*

35b. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

35c. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

- Yes
- No → *Go to Question 35e*

35d. In the last 6 months, how often was it easy to get the special therapy you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

### ADDITIONAL QUESTIONS

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

35e. In the last 6 months, did you visit a provider for a specific health issue?

- Yes
- No → *Go to Question 35i*

35f. How much effort was made to help you understand your health issue?

- No effort at all
- A little effort was made
- Some effort was made
- A lot of effort was made

35g. How much effort was made to listen to the things that matter most to you about your health issue?

- No effort at all
- A little effort was made
- Some effort was made
- A lot of effort was made

35h. How much effort was made to include what matters most to you in choosing what to do next?

- No effort at all
- A little effort was made
- Some effort was made
- A lot of effort was made

35i. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment.

In the last 6 months, did this provider tell you there was more than one choice for your treatment or health care?

- Yes
- No → *Go to Question 35l*





35j. In the last 6 months, did your provider talk with you about the pros and cons of each choice for your treatment or health care?

- Yes
- No

35k. In the last 6 months, when there was more than one choice for your treatment or health care, did your provider ask you which choice was best for you?

- Yes
- No

35l. In the last 6 months, how often did your provider make it easy for you to ask questions or raise concerns?

- Never
- Sometimes
- Usually
- Always

The following questions ask about how much you think your doctor or other health provider respects your beliefs, attitudes, language and behavior.

35m. In the last 6 months, how often did a doctor or other health provider talk too fast when talking to you?

- Never
- Sometimes
- Usually
- Always

35n. In the last 6 months, how often did a doctor or other health provider interrupt you when you were talking?

- Never
- Sometimes
- Usually
- Always

35o. In the last 6 months, how often did a doctor or other health provider use a condescending, sarcastic or rude tone or manner with you?

- Never
- Sometimes
- Usually
- Always

35p. In the last 6 months, did you feel you could trust a doctor or other health provider with your medical care?

- Yes, definitely
- Yes, somewhat
- No

### ACCESS TO DENTAL CARE

35q. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?

- Yes
- No

35r. In the last 6 months, if you needed to see a dentist right away because of a dental emergency, did you get to see a dentist as soon as you wanted?

- Never
- Sometimes
- Usually
- Always
- I did not have a dental emergency in the last 6 months

### ABOUT YOU

36. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor



37. In general, how would you rate your overall mental or emotional health?
- Excellent
  - Very Good
  - Good
  - Fair
  - Poor
38. Have you had either a flu shot or flu spray in the nose since July 1, 2014?
- Yes
  - No
  - Don't know
39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- Every day
  - Some days
  - Not at all → *Go to Question 43*
  - Don't know → *Go to Question 43*
40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- Never
  - Sometimes
  - Usually
  - Always
41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
- Never
  - Sometimes
  - Usually
  - Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
- Never
  - Sometimes
  - Usually
  - Always
43. Do you take aspirin daily or every other day?
- Yes
  - No
  - Don't know
44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
- Yes
  - No
  - Don't know
45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
- Yes
  - No
46. Are you aware that you have any of the following conditions? Mark all that apply.
- High cholesterol
  - High blood pressure
  - Parent or sibling with heart attack before the age of 60
47. Has a doctor ever told you that you have any of the following conditions? Mark all that apply.
- A heart attack
  - Angina or coronary heart disease
  - A stroke
  - Any kind of diabetes or high blood sugar



48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → **Go to Question 50**

49. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- Yes
- No

50. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

- Yes
- No → **Go to Question 52**

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- Yes
- No

52. What is your age?

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

53. Are you male or female?

- Male
- Female

54. 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

55. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

56. What is your race? Mark one or more.

- White
  - Black or African-American
  - Asian
  - Native Hawaiian or other Pacific Islander
  - American Indian or Alaska Native
  - Other (Please print)
- 

57. Did someone help you complete this survey?

- Yes → **Go to Question 58**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

58. How did that person help you? Mark one or more.

- Read the questions to me
  - Wrote down the answers I gave
  - Answered the questions for me
  - Translated the questions into my language
  - Helped in some other way (Please print)
- 

**THANK YOU**

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108



Your privacy is protected. All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned the survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-506-5136 (or, for the hearing-impaired, call 1-888-631-2097).

**SURVEY INSTRUCTIONS**

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct  
Mark 

Incorrect  
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes ➔ *Go to Question 1*
- No

↓ **START HERE** ↓

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in the Oregon Health Plan. Is that right?
  - Yes ➔ *Go to Question 3*
  - No
2. What is the name of your child's health plan? (Please print)

\_\_\_\_\_

**YOUR CHILD'S HEALTH CARE  
IN THE LAST 6 MONTHS**

These questions ask 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.

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
  - Yes
  - No → *Go to Question 5*
  
- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
  - Yes
  - No → *Go to Question 7*
  
- 6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
  - Never
  - Sometimes
  - Usually
  - Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
  - None → *Go to Question 16*
  - 1 time
  - 2
  - 3
  - 4
  - 5 to 9
  - 10 or more times
  
- 8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
  - Yes
  - No
  
- 9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?
  - Yes
  - No → *Go to Question 14*
  
- 11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
  - Yes
  - No



12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- Yes
- No

13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes
- No

14. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- 
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Health Care Possible Best Health Care Possible

15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

17. In the last 6 months, did you need your child's doctor or other health provider to contact a school or daycare center about your child's health or health care?

- Yes
- No → *Go to Question 19*

18. In the last 6 months, did you get the help you needed from your child's doctor or other health provider in contacting your child's school or daycare?

- Yes
- No

**SPECIALIZED SERVICES**

19. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment.

In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- Yes
- No → *Go to Question 22*

20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
- Sometimes
- Usually
- Always

21. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- Yes
- No

22. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- Yes
- No → *Go to Question 25*



23. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- Yes
- No

25. In the last 6 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 28*

26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

- Never
- Sometimes
- Usually
- Always

27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- Yes
- No

28. In the last 6 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 30*

29. In the last 6 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 PERSONAL DOCTOR

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 45*

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → *Go to Question 41*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

31a. In the last 6 months, how often did you have a hard time speaking with or understanding your child's personal doctor because you spoke different languages?

- Never
- Sometimes
- Usually
- Always



32. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 37*

36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always

37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- Yes
- No

39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- Yes
- No → *Go to Question 41*

40. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

41. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- 
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Personal Doctor Possible Best Personal Doctor Possible

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

- Yes
- No → *Go to Question 45*





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

- Yes
- No

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

- Yes
- No

47. How many specialists has your child seen in the last 6 months?

- None → **Go to Question 49**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

48. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Specialist Possible                      Best Specialist Possible

**GETTING HEALTH CARE FROM SPECIALISTS**

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

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

In the last 6 months, did you make any appointments for your child to see a specialist?

- Yes
- No → **Go to Question 49**

46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

**YOUR CHILD'S HEALTH PLAN**

The next questions ask about your experience with your child's health plan.

49. In the last 6 months, did you get information or help from customer service at your child's health plan?

- Yes
- No → **Go to Question 52**

50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always



51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

52. In the last 6 months, did your child's health plan give you any forms to fill out?

- Yes
- No → **Go to Question 54**

53. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

54. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- 0 1 2 3 4 5 6 7 8 9 10  
 Worst Health Best Health  
 Plan Possible Plan Possible

**PRESCRIPTION MEDICINES**

55. In the last 6 months, did you get or refill any prescription medicines for your child?

- Yes
- No → **Go to Question 57a**

56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

- Never
- Sometimes
- Usually
- Always

57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- Yes
- No

**ACCESS TO DENTAL CARE**

57a. A regular dentist is one your child would go to for check-ups and cleanings or when he/she has a cavity or tooth pain. Does your child have a regular dentist?

- Yes
- No

57b. In the last 6 months, if your child needed to see a dentist right away because of a dental emergency, did he/she get to see a dentist as soon as you wanted?

- Never
- Sometimes
- Usually
- Always
- My child did not have a dental emergency in the last 6 months



## ADDITIONAL QUESTIONS

57c. Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did your provider tell you there was more than one choice for your child's treatment or health care?

- Yes
- No → *Go to Question 58*

57d. In the last 6 months, did your provider talk with you about the pros and cons of each choice for your child's treatment or health care?

- Yes
- No

57e. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your provider ask you which choice was best for your child?

- Yes
- No

57f. In the last 6 months, how often did your provider consider and respect what health care and treatment choices you thought work best for your child?

- Never
- Sometimes
- Usually
- Always

57g. In the last 6 months, how often did your child's provider encourage you to ask questions and raise concerns?

- Never
- Sometimes
- Usually
- Always

57h. In the last 6 months, how often did your child's provider make it easy for you to ask questions and raise concerns?

- Never
- Sometimes
- Usually
- Always

## ABOUT YOUR CHILD AND YOU

58. In general, how would you rate your child's overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

59. In general, how would you rate your child's overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No

63. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?
- Yes  
 No → **Go to Question 66**
64. Is this because of any medical, behavioral, or other health condition?
- Yes  
 No → **Go to Question 66**
65. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes  
 No
66. 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 69**
67. Is this because of any medical, behavioral, or other health condition?
- Yes  
 No → **Go to Question 69**
68. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes  
 No
69. Does your child need or get special therapy such as physical, occupational, or speech therapy?
- Yes  
 No → **Go to Question 72**

70. Is this because of any medical, behavioral, or other health condition?
- Yes  
 No → **Go to Question 72**
71. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes  
 No
72. 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 74**
73. Has this problem lasted or is it expected to last for at least 12 months?
- Yes  
 No
74. What is your child's age?
- Less than 1 year old
- YEARS OLD (write in)
75. Is your child male or female?
- Male  
 Female
76. Is your child of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino  
 No, Not Hispanic or Latino



77. What is your child's race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other (Please print)

78. What is your age?

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

79. Are you male or female?

- Male
- Female

80. 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

81. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

82. Did someone help you complete this survey?

- Yes → **Go to Question 83**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

83. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way (Please print)

**THANK YOU**

**Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.**

**When you are done, please use the enclosed prepaid envelope to mail the survey to:**

**DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108**





Sus respuestas a esta encuesta son completamente confidenciales. Toda información que pueda identificarle a usted o a su familia se mantendrá privada. DataStat, Inc. no divulgará su información personal sin su permiso.

Usted puede elegir si quiere contestar este cuestionario o no. Si decide no participar, esto no afectará los beneficios que usted recibe. El número en la cubierta de este cuestionario sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.

Si quiere recibir más información acerca de este estudio, llame al 1-888-506-5136.

**INSTRUCCIONES PARA EL CUESTIONARIO**

- Por favor llene el círculo de su respuesta completamente. Use solamente tinta NEGRA o AZUL o un lápiz oscuro para completar la encuesta.

Marca  
Correcta ●

Marca  
Incorrecta   

- A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará cuál es la siguiente pregunta a la que tiene que pasar. Por ejemplo:

● Sí → *Pase a la Pregunta 1*  
○ No

↓ **COMIENZE AQUI** ↓

1. Nuestros registros muestran que usted está ahora con Oregon Health Plan. ¿Es correcta esta información?

- Sí → *Pase a la pregunta 3*
- No

2. ¿Cómo se llama su plan de salud? (Por favor escriba en letra de molde)

\_\_\_\_\_



## LA ATENCIÓN MÉDICA QUE USTED RECIBIÓ EN LOS ÚLTIMOS 6 MESES

Estas preguntas son acerca de la atención médica que usted ha recibido. **No** incluya la atención que recibió cuando pasó la noche hospitalizado. **No** incluya las consultas al dentista.

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata en una clínica, en una sala de emergencia o en un consultorio médico?
- Sí  
 No → *Pase a la pregunta 5*
4. En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
5. En los últimos 6 meses, ¿hizo alguna cita para un chequeo o una consulta regular en un consultorio médico o en una clínica?
- Sí  
 No → *Pase a la pregunta 7*
6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular en un consultorio médico o en una clínica tan pronto como la necesitaba?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

7. En los últimos 6 meses, sin contar las veces en que fue a una sala de emergencia, ¿cuántas veces fue a un consultorio médico o a una clínica para recibir atención médica para usted mismo?
- Ninguna vez → *Pase a la pregunta 15*  
 1 vez  
 2  
 3  
 4  
 5 a 9  
 10 veces o más
8. En los últimos 6 meses, ¿hablaron usted y un doctor u otro profesional médico sobre cosas específicas que usted podría hacer para prevenir enfermedades?
- Sí  
 No
9. En los últimos 6 meses, ¿hablaron usted y un doctor u otro profesional médico sobre comenzar o suspender una medicina recetada?
- Sí  
 No → *Pase a la pregunta 13*
10. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez quiera tomar una medicina?
- Sí  
 No
11. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez no quiera tomar una medicina?
- Sí  
 No

**12. Cuando hablaron de comenzar o suspender una medicina recetada, ¿le preguntó un doctor u otro profesional médico sobre lo que usted creía que sería lo mejor para usted?**

- Sí
- No

**13. Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar a toda la atención médica que ha recibido en los últimos 6 meses?**

- |                                 |                       |                       |                       |                       |                       |                       |                                  |                       |                       |                       |  |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |
| 0                               | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                                | 8                     | 9                     | 10                    |  |
| La peor atención médica posible |                       |                       |                       |                       |                       |                       | La mejor atención médica posible |                       |                       |                       |  |

**14. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, las pruebas o el tratamiento que usted necesitaba?**

- Nunca
- A veces
- La mayoría de las veces
- Siempre

**SU DOCTOR PERSONAL**

**15. El doctor personal es aquel a quien usted va si necesita un chequeo, quiere pedir consejo sobre un problema de salud o si se enferma o lastima. ¿Tiene usted un doctor personal?**

- Sí
- No → *Pase a la pregunta 24*

**16. En los últimos 6 meses, ¿cuántas veces fue a ver a su doctor personal para recibir atención médica para usted mismo?**

- Ninguna vez → *Pase a la pregunta 23*
- 1 vez
- 2
- 3
- 4
- 5 a 9
- 10 veces o más

**17. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender?**

- Nunca
- A veces
- La mayoría de las veces
- Siempre

**18. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención?**

- Nunca
- A veces
- La mayoría de las veces
- Siempre

**19. En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted tenía que decir?**

- Nunca
- A veces
- La mayoría de las veces
- Siempre



20. En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

21. En los últimos 6 meses, ¿lo atendió algún doctor u otro profesional médico además de su doctor personal?

- Sí
- No → *Pase a la pregunta 23*

22. En los últimos 6 meses, ¿con qué frecuencia parecía su doctor personal estar informado y al día acerca de la atención que usted había recibido de estos doctores u otros profesionales médicos?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

23. Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?

- |                                 |                       |                       |                       |                       |                                  |                       |                       |                       |                       |                       |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                               | 1                     | 2                     | 3                     | 4                     | 5                                | 6                     | 7                     | 8                     | 9                     | 10                    |
| El peor doctor personal posible |                       |                       |                       |                       | El mejor doctor personal posible |                       |                       |                       |                       |                       |

## LA ATENCIÓN MÉDICA QUE RECIBÍ DE ESPECIALISTAS

Al contestar las siguientes preguntas no incluya las veces que fue a ver al dentista ni la atención que recibió cuando pasó la noche hospitalizado.

24. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. En los últimos 6 meses, ¿hizo alguna cita con un especialista?

- Sí
- No → *Pase a la pregunta 28*

25. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

26. ¿Cuántos especialistas ha visto en los últimos 6 meses?

- Ninguno → *Pase a la pregunta 28*
- 1 especialista
- 2
- 3
- 4
- 5 especialistas o más

27. Queremos saber cómo califica al especialista al que fue con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar al especialista?

0 1 2 3 4 5 6 7 8 9 10  
El peor especialista posible El mejor especialista posible

### SU PLAN DE SALUD

Las siguientes preguntas se refieren a su experiencia con su plan de salud.

28. En los últimos 6 meses, ¿buscó alguna información en materiales escritos o en la Internet sobre cómo funciona su plan de salud?

Sí  
 No → *Pase a la pregunta 30*

29. En los últimos 6 meses, ¿con qué frecuencia encontró la información que usted necesitaba sobre cómo funciona su plan de salud en materiales escritos o en la Internet?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

30. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente de su plan de salud?

Sí  
 No → *Pase a la pregunta 33*

31. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

32. En los últimos 6 meses, ¿con qué frecuencia el personal de servicio al cliente de su plan de salud le trató con cortesía y respeto?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

33. En los últimos 6 meses, ¿le dio su plan de salud algún formulario para que lo llenara?

Sí  
 No → *Pase a la pregunta 35*

34. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios de su plan de salud?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

35. Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?

0 1 2 3 4 5 6 7 8 9 10  
El peor plan de salud posible El mejor plan de salud posible

## PREGUNTAS ADICIONALES

Un proveedor de salud puede ser un doctor generalista, un doctor especialista, una enfermera practicante, un asistente médico, una enfermera o cualquiera que usted vería para cuidado de salud.

35e. En los últimos 6 meses, ¿visitó usted a un profesional médico para un problema de salud específico?

- Sí
- No → *Pase a la pregunta 35i*

35f. ¿Cuánto esfuerzo se hizo para ayudarlo/a a entender su problema de salud?

- Ningún esfuerzo en absoluto
- Se hizo un poco de esfuerzo
- Se hizo algún esfuerzo
- Se hizo un gran esfuerzo

35g. ¿Cuánto esfuerzo se hizo para escuchar las cosas que más le importan a usted sobre su problema de salud?

- Ningún esfuerzo en absoluto
- Se hizo un poco de esfuerzo
- Se hizo algún esfuerzo
- Se hizo un gran esfuerzo

35h. ¿Cuánto esfuerzo se hizo para incluir lo que más le importa a usted en escoger que hacer próximamente?

- Ningún esfuerzo en absoluto
- Se hizo un poco de esfuerzo
- Se hizo algún esfuerzo
- Se hizo un gran esfuerzo

35a. En los últimos 6 meses, ¿tuvo usted un problema de salud para el cuál necesitó equipo especial tal como un bastón, silla de rueda, o equipo de oxígeno?

- Sí
- No → *Pase a la pregunta 35c*

35b. En los últimos 6 meses, ¿con qué frecuencia fue fácil para usted conseguir el equipo médico que usted necesitaba a través de su plan de salud?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35c. En los últimos 6 meses, ¿tuvo usted un problema de salud para el cuál necesitó terapia especial, tal como terapia física, ocupacional o terapia del habla?

- Sí
- No → *Pase a la pregunta 35e*

35d. En los últimos 6 meses, ¿con qué frecuencia fue fácil para usted conseguir la terapia especial que usted necesitaba a través de su plan de salud?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35i. Opciones para su tratamiento o atención médica pueden ser opciones sobre medicinas, cirugías u otros tratamientos. En los últimos 6 meses, ¿le dijo este profesional médico que había más de una opción para su tratamiento o atención médica?

- Sí
- No → *Pase a la pregunta 35l*

35j. En los últimos 6 meses, ¿habló su profesional médico con usted acerca de las ventajas y desventajas de cada opción de tratamiento o atención médica?

- Sí
- No

35k. En los últimos 6 meses, cuando había más de una opción de tratamiento o atención médica, ¿su profesional médico le preguntó cuál opción le convenía más a usted?

- Sí
- No

35l. En los últimos 6 meses, ¿con qué frecuencia le hizo fácil su profesional médico el hacer preguntas o plantear inquietudes?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

Las siguientes preguntas son sobre cuánto usted piensa que su doctor u otro proveedor de salud respeta sus creencias, actitudes, lenguaje y comportamiento.

35m. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud habló muy rápido cuando le habló usted?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35n. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud le interrumpió cuando usted estaba hablando?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35o. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud uso un tono condesendiente, sarcástico o grosero con usted?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35p. En los últimos 6 meses, ¿sintió usted que podría confiar en el doctor u otro proveedor de salud con su cuidado médico?

- Sí, definitivamente
- Sí, algo
- No

## ACCESO A CUIDADO DENTAL

35q. Un dentista regular es a quien usted va a ver para un chequeo y limpieza o tiene una carie o un dolor de diente. ¿Usted tiene un dentista regular?

- Sí
- No

35r. En los últimos 6 meses, si usted necesitó ver a un dentista de inmediato por una emergencia dental, ¿pudo ver usted a un dentista tan pronto como quería?

- Nunca
- A veces
- La mayoría de las veces
- Siempre
- Yo no tuve una emergencia dental en los últimos 6 meses

## ACERCA DE USTED

36. En general, ¿cómo calificaría toda su salud?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

37. En general, ¿cómo calificaría toda su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

38. Desde el 1 de julio del 2014, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o spray nasal?

- Sí
- No
- No sé

39. Actualmente, ¿fuma cigarrillos o usa tabaco todos los días, algunos días o nunca?

- Todos los días
- Algunos días
- No fumo en absoluto → **Pase a la pregunta 43**
- No sé → **Pase a la pregunta 43**

40. En los últimos 6 meses, ¿qué tan seguido le aconsejó un doctor u otro profesional médico de su seguro que dejara de fumar o usar tabaco?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

41. En los últimos 6 meses, ¿qué tan seguido le recomendó, o habló un doctor o profesional médico sobre medicamentos para ayudarlo(a) a dejar de fumar o usar tabaco? Ejemplos de medicamentos son: chicle o goma de mascar con nicotina, parche, rociador o aerosol nasal, inhalador o medicamentos con receta.

- Nunca
- A veces
- La mayoría de las veces
- Siempre

42. En los últimos 6 meses, ¿qué tan seguido le ofreció o habló con su doctor o profesional médico sobre métodos y estrategias, aparte de medicamentos, para ayudarlo(a) a dejar de fumar o usar tabaco? Ejemplos de métodos y estrategias son: una línea telefónica de ayuda, consejería individual o terapia de grupo o un programa para dejar de fumar.
- Nunca
  - A veces
  - La mayoría de las veces
  - Siempre
43. ¿Toma aspirina todos los días o un día sí y otro día no?
- Sí
  - No
  - No sé
44. ¿Tiene algún problema de salud o toma algún medicamento que hace que sea peligroso para usted tomar aspirina?
- Sí
  - No
  - No sé
45. ¿Ha hablado alguna vez un doctor o profesional médico con usted acerca de los riesgos y beneficios de la aspirina para prevenir un infarto o un derrame cerebral?
- Sí
  - No

46. Que usted sepa, ¿tiene alguna de las siguientes enfermedades? Marque una o más.
- Colesterol alto
  - Presión sanguínea alta (hipertensión arterial)
  - Padres o hermanos que hayan tenido un infarto antes de los 60 años
47. ¿Alguna vez le ha dicho un doctor que usted tiene alguna de las siguientes enfermedades? Marque una o más.
- Un infarto
  - Angina de pecho o cardiopatía coronaria
  - Un derrame cerebral
  - Algún tipo de diabetes o niveles altos de azúcar en la sangre
48. En los últimos 6 meses, ¿recibió usted atención médica 3 veces o más para la misma enfermedad o problema?
- Sí
  - No → *Pase a la pregunta 50*
49. ¿Se trata de una enfermedad o problema que ha durado al menos 3 meses? No incluya el embarazo ni la menopausia.
- Sí
  - No
50. ¿Necesita o toma ahora alguna medicina recetada por un doctor? No incluya anticonceptivos.
- Sí
  - No → *Pase a la pregunta 52*



51. ¿Es esta medicina para tratar una enfermedad o problema que ha durado al menos 3 meses? **No** incluya el embarazo ni la menopausia.

- Sí
- No

52. ¿Qué edad tiene?

- 18 a 24 años
- 25 a 34
- 35 a 44
- 45 a 54
- 55 a 64
- 65 a 74
- 75 años o más

53. ¿Es usted hombre o mujer?

- Hombre
- Mujer

54. ¿Cuál es el grado o nivel escolar más alto que usted ha completado?

- 8 años de escuela o menos
- 9 a 12 años de escuela, pero sin graduarse
- Graduado de la escuela secundaria (high school), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
- Algunos cursos universitarios o un título universitario de un programa de 2 años
- Título universitario de 4 años
- Título universitario de más de 4 años

55. ¿Es usted de origen o ascendencia hispana o latina?

- Sí, hispano o latino
- No, ni hispano ni latino

56. ¿A qué raza pertenece? Marque una o más.

- Blanca
  - Negra o afroamericana
  - Asiática
  - Nativo de Hawái o de otras islas del Pacífico
  - Indígena americano o nativo de Alaska
  - Otra (Por favor escriba en letra de molde)
- 

57. ¿Le ayudó alguien a completar esta encuesta?

- Sí → **Pase a la pregunta 58**
- No → **Gracias. Por favor devuelva esta encuesta en el sobre con el porte o franqueo pagado.**

58. ¿Cómo le ayudó a usted esta persona? Marque una o más.

- Me leyó las preguntas
  - Anotó las respuestas que le di
  - Contestó las preguntas por mí
  - Tradujo las preguntas a mi idioma
  - Me ayudó de otra forma (Por favor escriba en letra de molde)
- 

**Gracias nuevamente por tomar el tiempo de completar el cuestionario! Sus respuestas son sumamente apreciadas.**

**Cuando haya terminado, por favor envíe la encuesta en el sobre con el porte pagado a:**

**DataStat, 3975 Research Park Dr, Ann Arbor, MI 48108**





Sus respuestas a esta encuesta son completamente confidenciales. Toda información que pueda identificarle a usted o a su familia se mantendrá privada. DataStat, Inc. no divulgará su información personal sin su permiso.

Usted puede elegir si quiere contestar este cuestionario o no. Si decide no participar, esto no afectará los beneficios que usted recibe. El número en la cubierta de este cuestionario sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.

Si quiere recibir más información acerca de este estudio, llame al 1-888-506-5136.

**INSTRUCCIONES PARA EL CUESTIONARIO**

- Por favor llene el círculo de su respuesta completamente. Use solamente tinta NEGRA o AZUL o un lápiz oscuro para completar la encuesta.

Marca  
Correcta



Marca  
Incorrecta



- A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará cuál es la siguiente pregunta a la que tiene que pasar. Por ejemplo:

- Sí → *Pase a la Pregunta 1*
- No



**COMIENCE AQUI**



Por favor conteste las preguntas para el niño cuyo nombre está anotado en el sobre. No las conteste para ningún otro niño.

1. Nuestros registros muestran que su niño está ahora con Oregon Health Plan. ¿Es correcta esta información?

- Sí → *Pase a la pregunta 3*
- No

2. ¿Cómo se llama el plan de salud de su niño? (Por favor escriba en letra de molde)

\_\_\_\_\_

**LA ATENCIÓN MÉDICA QUE  
RECIBIÓ  
SU NIÑO EN LOS ÚLTIMOS 6 MESES**

Estas preguntas son acerca de la atención médica que ha recibido su niño. **No** incluya la atención que recibió su niño cuando pasó la noche hospitalizado. **No** incluya las consultas de su niño con el dentista.

3. En los últimos 6 meses, ¿tuvo su niño una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata en una clínica, en una sala de emergencia o en un consultorio médico?

Sí  
 No → *Pase a la pregunta 5*

4. En los últimos 6 meses, cuando su niño necesitó atención inmediata, ¿con qué frecuencia atendieron a su niño tan pronto como él o ella lo necesitaba?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

5. En los últimos 6 meses, ¿hizo alguna cita para un chequeo o una consulta regular para su niño en un consultorio médico o en una clínica?

Sí  
 No → *Pase a la pregunta 7*

6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular para su niño en un consultorio médico o en una clínica tan pronto como su niño la necesitaba?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

7. En los últimos 6 meses, sin contar las veces en que su niño fue a una sala de emergencia, ¿cuántas veces fue su niño a un consultorio médico o a una clínica para que lo atendieran?

Ninguna vez → *Pase a la pregunta 16*  
 1 vez  
 2  
 3  
 4  
 5 a 9  
 10 veces o más

8. En los últimos 6 meses, ¿hablaron usted y el doctor u otro profesional médico de su niño sobre cosas específicas que usted podría hacer para prevenir que su niño se enferme?

Sí  
 No

9. En los últimos 6 meses, ¿con qué frecuencia le contestaron sus preguntas los doctores u otros profesionales médicos de su niño?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

10. En los últimos 6 meses, ¿hablaron usted y el doctor u otro profesional médico de su niño sobre comenzar o suspender una medicina recetada?

- Sí
- No → *Pase a la pregunta 14*

11. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez usted quiera que su niño tome una medicina?

- Sí
- No

12. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez usted no quiera que su niño tome una medicina?

- Sí
- No

13. Cuando hablaron de comenzar o suspender una medicina recetada para su niño, ¿le preguntó un doctor u otro profesional médico sobre lo que usted creía que sería lo mejor para su niño?

- Sí
- No

14. Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que su niño ha recibido en los últimos 6 meses?

- 
- 0 1 2 3 4 5 6 7 8 9 10
- La peor atención médica posible                      La mejor atención médica posible

15. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención, las pruebas o el tratamiento que su niño necesitaba?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

16. ¿Está matriculado actualmente su niño en algún tipo de escuela o guardería/cuidado infantil?

- Sí
- No → *Pase a la pregunta 19*

17. En los últimos 6 meses, ¿necesitó que los doctores o los otros profesionales médicos de su niño se pusieran en contacto con una escuela o guardería acerca de la salud o la atención médica de su niño?

- Sí
- No → *Pase a la pregunta 19*

18. En los últimos 6 meses, ¿consiguió la ayuda de los doctores o los otros profesionales médicos de su niño que necesitaba para ponerse en contacto con la escuela o guardería de su niño?

- Sí
- No

## SERVICIOS ESPECIALIZADOS

19. En el equipo o dispositivo médico especial se incluye un andador, silla de ruedas, nebulizador, tubos de alimentación o equipo de oxígeno. En los últimos 6 meses, ¿consiguió o intentó conseguir algún equipo o dispositivo médico especial para su niño?

- Sí
- No → *Pase a la pregunta 22*

20. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir equipo o dispositivos médicos especiales para su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

21. ¿Alguien del plan de salud, del consultorio médico o clínica de su niño le ayudó a conseguir el equipo o dispositivos médicos especiales para su niño?

- Sí
- No

22. En los últimos 6 meses, ¿consiguió o intentó conseguir terapia especial para su niño tal como terapia física, ocupacional o del habla?

- Sí
- No → *Pase a la pregunta 25*

23. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir esta terapia para su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

24. ¿Alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a conseguir esta terapia para su niño?

- Sí
- No

25. En los últimos 6 meses, ¿consiguió o intentó conseguir tratamiento o consejería para su niño, para un problema emocional, de desarrollo o de comportamiento?

- Sí
- No → *Pase a la pregunta 28*

26. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir este tratamiento o consejería para su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

27. ¿Alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a conseguir este tratamiento o consejería para su niño?

- Sí
- No

28. En los últimos 6 meses, ¿recibió su niño atención de más de un tipo de profesional médico, o usó más de un tipo de servicio de salud?

- Sí
- No → *Pase a la pregunta 30*

29. En los últimos 6 meses, ¿alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a coordinar la atención médica de su niño entre estos profesionales o servicios diferentes?

- Sí
- No

### EL DOCTOR PERSONAL DE SU NIÑO

30. El doctor personal es aquel a quien su niño va si necesita un chequeo, tiene un problema de salud o si se enferma o lastima. ¿Tiene su niño un doctor personal?

- Sí
- No → *Pase a la pregunta 45*

31. En los últimos 6 meses, ¿cuántas veces fue su niño a ver a su doctor personal para recibir atención médica?

- Ninguna vez → *Pase a la pregunta 41*
- 1 vez
- 2
- 3
- 4
- 5 a 9
- 10 veces o más

31a. En los últimos 6 meses, ¿con qué frecuencia se le hizo difícil hablar o entender al doctor personal de su niño porque hablaban idiomas diferentes?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

32. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño le explicó las cosas sobre la salud de su niño de una manera fácil de entender?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

33. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño le escuchó a usted con atención?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

34. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño demostró respeto por lo que usted tenía que decir?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35. ¿Su niño puede hablar con los doctores sobre su atención médica?

- Sí
- No → *Pase a la pregunta 37*

36. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño le explicó las cosas a su niño de una manera fácil de entender?

- Nunca
- A veces
- La mayoría de las veces
- Siempre





37. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño pasó suficiente tiempo con su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

38. En los últimos 6 meses, ¿habló el doctor personal de su niño con usted sobre cómo su niño se estaba sintiendo, estaba creciendo o se estaba comportando?

- Sí
- No

39. En los últimos 6 meses, ¿atendió a su niño algún doctor u otro profesional médico además de su doctor personal?

- Sí
- No → *Pase a la pregunta 41*

40. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño parecía estar informado y al día acerca de la atención que su niño había recibido de estos doctores u otros profesionales médicos?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

41. Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar al doctor personal de su niño?

- |                                 |                       |                       |                       |                       |                       |                       |                                  |                       |                       |                       |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                               | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                                | 8                     | 9                     | 10                    |
| El peor doctor personal posible |                       |                       |                       |                       |                       |                       | El mejor doctor personal posible |                       |                       |                       |

42. ¿Tiene su niño alguna condición médica, de comportamiento u otra condición de salud que ha durado por más de 3 meses?

- Sí
- No → *Pase a la pregunta 45*

43. ¿El doctor o enfermera personal de su niño entiende cómo estas condiciones médicas, de comportamiento u otras condiciones de salud afectan la vida cotidiana de su niño?

- Sí
- No

44. ¿El doctor o enfermera personal de su niño entiende cómo estas condiciones médicas, de comportamiento u otras condiciones de salud afectan la vida cotidiana de su familia?

- Sí
- No



## LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

Al contestar las siguientes preguntas no incluya las veces que su niño fue a ver al dentista ni la atención que recibió cuando pasó la noche hospitalizado.

45. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. En los últimos 6 meses, ¿hizo alguna cita para su niño con un especialista?

- Sí
- No → *Pase a la pregunta 49*

46. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista para su niño tan pronto como él o ella la necesitaba?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

47. ¿Cuántos especialistas ha visto su niño en los últimos 6 meses?

- Ninguno → *Pase a la pregunta 49*
- 1 especialista
- 2
- 3
- 4
- 5 especialistas o más

48. Queremos saber cómo califica al especialista al que su niño fue con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| El peor               |                       |                       |                       |                       |                       |                       |                       | El mejor              |                       |                       |
| especialista          |                       |                       |                       |                       |                       |                       |                       | especialista          |                       |                       |
| posible               |                       |                       |                       |                       |                       |                       |                       | posible               |                       |                       |

## EL PLAN DE SALUD DE SU NIÑO

Las siguientes preguntas se refieren a su experiencia con el plan de salud de su niño.

49. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente del plan de salud de su niño?

- Sí
- No → *Pase a la pregunta 52*

50. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente del plan de salud de su niño le dio la información o ayuda que usted necesitaba?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

◆ **51. En los últimos 6 meses, ¿con qué frecuencia el personal de servicio al cliente del plan de salud de su niño le trató con cortesía y respeto?**

- Nunca
- A veces
- La mayoría de las veces
- Siempre

**52. En los últimos 6 meses, ¿le dio el plan de salud de su niño algún formulario para llenar?**

- Sí
- No ➔ *Pase a la pregunta 54*

**53. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios del plan de salud de su niño?**

- Nunca
- A veces
- La mayoría de las veces
- Siempre

**54. Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar al plan de salud de su niño?**

- |                               |                       |                       |                       |                       |                       |                                |                       |                       |                       |                       |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                             | 1                     | 2                     | 3                     | 4                     | 5                     | 6                              | 7                     | 8                     | 9                     | 10                    |
| El peor plan de salud posible |                       |                       |                       |                       |                       | El mejor plan de salud posible |                       |                       |                       |                       |

<b>MEDICINAS RECETADAS</b>
----------------------------

**55. En los últimos 6 meses, ¿consiguió alguna medicina recetada o renovó una receta para una medicina recetada para su niño?**

- Sí
- No ➔ *Pase a la pregunta 57a*

◆ **56. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir medicinas recetadas para su niño a través de su plan de salud?**

- Nunca
- A veces
- La mayoría de las veces
- Siempre

**57. ¿Alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a conseguir las medicinas recetadas para su niño?**

- Sí
- No

<b>ACCESO A CUIDADO DENTAL</b>
--------------------------------

**57a. Un dentista regular es a quien su niño va a ver para un chequeo y limpieza o cuando tiene una carie o un dolor de diente. ¿Su niño tiene un dentista regular?**

- Sí
- No

**57b. En los últimos 6 meses, si su niño necesitó ver a un dentista de inmediato por una emergencia dental, ¿el/ella pudo ver a un dentista tan pronto como usted quería?**

- Nunca
- A veces
- La mayoría de las veces
- Siempre
- Mi niño no tuvo una emergencia dental en los últimos 6 meses



## PREGUNTAS ADICIONALES

57c. Las opciones de tratamiento o atención médica para su niño pueden incluir opciones sobre medicinas, cirugía u otro tratamiento.

En los últimos 6 meses, ¿le dijo su profesional médico que había más de una opción para el tratamiento o atención médica de su niño?

- Sí
- No → *Pase a la pregunta 58*

57d. En los últimos 6 meses, ¿le habló su profesional médico acerca de las cosas buenas y las cosas malas de cada opción de tratamiento o de atención médica de su niño?

- Sí
- No

57e. En los últimos 6 meses, cuando había más de una opción de tratamiento o de atención médica para su niño, ¿su profesional médico le preguntó cuál opción le convenía más a su niño?

- Sí
- No

57f. En los últimos 6 meses, ¿con qué frecuencia su profesional médico considero y respeto las opciones de atención médica que usted penso funcionarían mejor para su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

57g. En los últimos 6 meses, ¿con qué frecuencia el profesional médico de su niño le animo a usted a hacer preguntas y plantear inquietudes?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

57h. En los últimos 6 meses, ¿con qué frecuencia el profesional médico de su niño le hizo fácil a usted el hacer preguntas y plantear inquietudes?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

## ACERCA DE USTED Y DE SU NIÑO

58. En general, ¿cómo calificaría toda la salud de su niño?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

59. En general, ¿cómo calificaría toda la salud mental o emocional de su niño?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

60. ¿Actualmente necesita o usa su niño una medicina recetada por un doctor (aparte de vitaminas)?

- Sí
- No → *Pase a la pregunta 63*

61. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí  
 No → *Pase a la pregunta 63*
62. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí  
 No
63. ¿Necesita o usa su niño más servicios médicos, de salud mental o educativos de lo que es normal para la mayoría de los niños de la misma edad?
- Sí  
 No → *Pase a la pregunta 66*
64. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí  
 No → *Pase a la pregunta 66*
65. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí  
 No
66. ¿Está su niño limitado o impedido de alguna manera en su habilidad de hacer lo que pueden hacer la mayoría de los niños de la misma edad?
- Sí  
 No → *Pase a la pregunta 69*

67. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí  
 No → *Pase a la pregunta 69*
68. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí  
 No
69. ¿Necesita o recibe su niño terapia especial, tal como terapia física, ocupacional o del habla?
- Sí  
 No → *Pase a la pregunta 72*
70. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí  
 No → *Pase a la pregunta 72*
71. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí  
 No
72. ¿Tiene su niño algún problema emocional, de desarrollo o de comportamiento, para el cual necesita o recibe tratamiento o consejería?
- Sí  
 No → *Pase a la pregunta 74*
73. ¿Ha durado este problema o se espera que dure por lo menos 12 meses?
- Sí  
 No

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

75. ¿Es su niño de sexo masculino o femenino?

Masculino

Femenino

76. ¿Es su niño de origen o ascendencia hispana o latina?

Sí, hispano o latino

No, ni hispano ni latino

77. ¿A qué raza pertenece su niño?  
Marque una o más.

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

---

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

80. ¿Cuál es el grado o nivel escolar más alto que usted ha completado?

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

Graduado de la escuela secundaria (high school), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)

Algunos cursos universitarios o un título universitario de un programa de 2 años

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

No → **Gracias. Por favor devuelva esta encuesta en el sobre con el porte o franqueo pagado.**

83. ¿Cómo le ayudó a usted esta persona? Marque una o más.

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

Me ayudó de otra forma (Por favor escriba en letra de molde)

---

**Gracias nuevamente por tomar el tiempo de completar el cuestionario! Sus respuestas son sumamente apreciadas.**

**Cuando haya terminado, por favor envíe la encuesta en el sobre con el porte pagado a:**

**DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108**



DIAL.SCREEN

DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH ONLY THE NAMED  
RESPONDENT.

PHONE NUMBER ---> [1 CELL PHONE - HAND DIAL ([AREA\$]) [FRST3\$] -  
[LAST4\$] /\*\*\* \*\*\*-\*\*\*\*]

(IWER: THIS IS NOT A PROXY INTERVIEW.)

Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may  
be monitored and recorded for quality control. May I please speak with  
[MEMBER FIRST NAME] [MEMBER LAST NAME]?

(IF NEEDED: "We are conducting an important study to find out how  
satisfied people are with Oregon Health Plan. The results of the  
study will help Oregon Health Plan improve the care they provide and will also  
help consumers when they choose health care plans.")

(IF NEEDED: "The interview is completely confidential and voluntary,  
and will not affect your health care or benefits in any way.")

(IF NEEDED: "This is purely a research study -- we are polling people  
about their health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD  
LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the  
deadline for mailing surveys has passed and we're now in the telephone  
phase of this study. May I continue?")

01. CONTINUE
02. ALREADY COMPLETED AND MAILED SURVEY BACK
03. NEW PHONE NUMBER
04. REFUSAL
05. APPOINTMENT
06. NEVER HEARD OF R
07. KNOWS R BUT HAS NO NEW NUMBER FOR R
08. RNA, ANS MACH, RETURN TO COVERSHEET
09. LANGUAGE PROBLEM -- SPEAKS SPANISH
10. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

IF DIAL.SCREEN = 01, GO TO RE.INTRO

IF DIAL.SCREEN = 02, GO TO MAIL.SCREEN

IF DIAL.SCREEN = 03, ENTER NEW NUMBER ON COVERSHEET AND RE-DIAL

RETURN TO COVERSHEET



## RE.INTRO

RE.INTRO. (INTERVIEWER: READ PARENS TEXT IF R ISN'T PERSON WHO ANSWERED  
PHONE OR HAS NOT HEARD IT YET.)

(Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may  
be monitored and recorded for quality control.)

We are conducting an important study to find out how satisfied  
people are with Oregon Health Plan. The results of the study will help  
Oregon Health Plan improve the care they provide and will also help consumers  
when they choose health care plans.

The interview is completely confidential and voluntary, and will not  
affect your health care or benefits in any way.

(IF R ASKS: "How long will this take?", EXPLAIN: "The questions should  
take about 12-15 minutes to answer.")

(IF NEEDED: "This is purely a research study -- we are polling people  
about their health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD  
LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the  
deadline for mailing surveys has passed and we're now in the telephone  
phase of this study. May I continue?")

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
  
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

## SEX

SEX. (IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

1. MALE
2. FEMALE

## SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

Our records show that you are now in Oregon Health Plan. Is that right?

(IWER: IF R SAYS "LEFT PLAN" OR "SWITCHED PLANS" OR "NO LONGER INSURED" ENTER "2". IF R IS NOT SURE IF HE/SHE IS PART OF Oregon Health Plan, ENTER "2".)

- 1. YES --> CK.PLMSTCR
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

(IF R SAYS SOMETHING CLOSE TO Oregon Health Plan, ENTER "2")

(IF R NOT SURE OF PLAN NAME, ENTER "2")

- 1. EXACT MATCH -----> CK.PLMSTCR
- 2. POSSIBLE MATCH -----> PLNAME
- 3. NOT A MATCH -----> PLNAME
- 4. RESPONDENT NO LONGER INSURED -----> NO.INSUR
- 5. RESPONDENT INSURED BY MEDICAID BUT DOESN'T -----> CK.PLMSTCR  
KNOW PLAN NAME
- 6. RESPONDENT INSURED BUT NOT BY MEDICAID -----> NO.INSUR

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

-----  
IF NPLNAME = NOT A MATCH (3), GO TO END.SCREEN

INTRO.INCARE

INTRO.INCARE

Now I'm going to ask you some questions about your own health care. When you answer these questions, please do NOT include dental visits or care you got when you stayed overnight in a hospital.

INCARE

Q3. / INCARE

In the last 6 months, did you have an illness, injury, or condition that NEEDED CARE RIGHT AWAY in a clinic, emergency room, or doctor's office?

- 1. YES
- 2. NO -----> APMAKE4

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

In the last 6 months, when you NEEDED CARE RIGHT AWAY, how often did you get care as soon as you needed? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

In the last 6 months, did you make any appointments for a CHECK-UP OR ROUTINE CARE at a doctor's office or clinic?

- 1. YES
- 2. NO -----> OFCTIM4

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

In the last 6 months, how often did you get an appointment for a CHECK-UP OR ROUTINE CARE at a doctor's office or clinic as soon as you needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

In the last 6 months, NOT counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

(IWER: IF NECESSARY: "Your best estimate would be fine.")

(IWER: IF NEEDED CLARIFY: "Please don't include dental care you received.")

(IWER: IF NEEDED CLARIFY, "Please include ALL doctor visits including those for routine, regular care and for an illness or injury.")

(READ LIST IF NEEDED: "Would you say...")

0. NONE,
1. 1 TIME,
2. 2,
3. 3,
4. 4,
5. 5 TO 9, OR
6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

IF OFCTIM4=0 OR DK/REFUSAL THEN GO TO PRSNLD4

PRVENT5

Q8. / PRVENT5

In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- 1. YES
- 2. NO -----> RTALLCR

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

Did you and a doctor or other health provider talk about the reasons you might NOT want to take a medicine?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

(IF NEEDED: "Please do not include any dental care you may have received.")

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt.

Do you have a personal doctor?

- 1. YES
- 2. NO -----> INTRO.SPDR

DK/REFUSAL/NOT ASCERTAINED --> INTRO.SPDR

DRTMS

16. / DRTMS

In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

(IF NEEDED: "Your best estimate would be fine.")

(READ LIST IF NEEDED: "Would you say...")

- 0. NONE, -----> RATEDR4
- 1. 1 TIME,
- 2. 2,
- 3. 3,
- 4. 4,
- 5. 5 TO 9, OR
- 6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> RATEDR4

DREXPL4

17. / DREXPL4

In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1. YES
- 2. NO -----> RATEDR4

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)



RATEDR4

23. / RATEDR4

Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

Now I'm going to ask you some questions about specialists. When you answer these questions, please do NOT include dental visits or care you got when you stayed overnight in a hospital

NDSPDR4

24. / NDSPDR4

SPECIALISTS are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments to see a specialist?

(CLARIFY IF NEEDED: "Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists, but do not include any dental visits.")

(IWER: IF RESPONDENT ASKS IF A PARTICULAR TYPE OF DOCTOR IS A SPECIALIST, CLARIFY, "I don't have any information about that, so please just interpret it however it seems best to you.")

(CLARIFY IF NEEDED: "You can interpret this question however it seems best to you.")

- 1. YES
- 2. NO -----> INTRO.PLAN

DK/REFUSAL/NOT ASCERTAINED --> INTRO.PLAN

PRBSEE4

25. / PRBSEE4

In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

How many specialists have you seen in the last 6 months?

(CLARIFY IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say you've seen...")

(READ LIST IF NEEDED: "Would you say...")

- 0. NONE, -----> INTRO.PLAN
- 1. 1 SPECIALIST,
- 2. 2,
- 3. 3,
- 4. 4, OR
- 5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN

RTSPDR4

27. / RTSPDR4

We want to know your rating of the specialist you saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

(Clarify if necessary: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.")

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

Now I'm going to ask you some questions about your experience with your health plan.

LOOMAT4

28. / LOOMAT4

In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- 1. YES
- 2. NO -----> CLCSRV4

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

UNDINF4

29. / UNDINF4

In the last 6 months, how often did the written materials OR the Internet provide the information you needed about how your health plan works? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, or
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4

30. / CLCSRV4

In the last 6 months, did you get information or help from your health plan's customer service?

- 1. YES
- 2. NO -----> PLPRWK4

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

31. / PBCLCS4

In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, or
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, or
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

In the last 6 months, did your health plan give you any forms to fill out?

- 1. YES
- 2. NO -----> RTPLEXP

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, or
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

HPMDEQ

35a. / HPMDEQ

In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

- 1. YES
  - 2. NO -----> POSTHP
- DK/REFUSAL/NOT ASCERTAINED

EZMDHP

35b. / EZMDHP

In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- 1. NEVER
  - 2. SOMETIMES
  - 3. USUALLY
  - 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

POSTHP

35c. / POSTHP

In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

- 1. YES
  - 2. NO -----> DTLKTF
- DK/REFUSAL/NOT ASCERTAINED

EZPOST

35d. / EZPOST

In the last 6 months, how often was it easy to get the special therapy you needed through your health plan?

- 1. NEVER
  - 2. SOMETIMES
  - 3. USUALLY
  - 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

INTRO.SHLTHIS

INTRO.SHLTHIS

A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else you would see for health care. Please keep this in mind as you answer the following questions.

SHLTHIS

35e. / SHLTHIS

In the last 6 months, did you visit a provider for a specific health issue?

- 1. YES
- 2. NO -----> CHTREAT

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

How much effort was made to help you understand your health issue? Would you say...?

(READ LIST)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

ELISTEN

35g. / ELISTEN

How much effort was made to listen to the things that matter most to you about your health issue?

(READ LIST IF NECESSARY)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

How much effort was made to include what matters most to you in choosing what to do next?

(READ LIST IF NECESSARY)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

## CHTREAT

35i. / CHTREAT

Choices for your treatment or health care can include choices about medicine, surgery, or other treatment.

In the last 6 months, did this provider tell you there was more than one choice for your treatment or health care?

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

## PCTREAT

35j. / PCTREAT

In the last 6 months, did your provider talk with you about the pros and cons of each choice for your treatment or health care?

1. YES
  2. NO
- DK/REFUSAL/NOT ASCERTAINED

## BSTREAT

35k. / BSTREAT

In the last 6 months, when there was more than one choice for your treatment or health care, did your provider ask you which choice was best for you ?

1. YES
  2. NO
- DK/REFUSAL/NOT ASCERTAINED

## EASYQC

35l. / EASYQC

In the last 6 months, how often did your provider make it easy for you to ask questions or raise concerns? Would you say...?

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

In the last 6 months, how often did a doctor or other health provider talk too fast when talking to you? Would you say...?

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

In the last 6 months, how often did a doctor or other health provider interrupt you when you were talking? Would you say...?

(READ LIST IF NECESSARY)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

In the last 6 months, how often did a doctor or other health provider use a condescending, sarcastic or rude tone or manner with you? Would you say...?

(READ LIST IF NECESSARY)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

In the last 6 months, did you feel you could trust a doctor or other health provider with your medical care?

(READ LIST)

1. YES DEFINITELY,
2. YES SOMEWHAT, OR
3. NO?

DK/REFUSAL/NOT ASCERTAINED



REGDENT

35q. / REGDENT

A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?

1. YES
2. NO
- DK/REFUSAL/NOT ASCERTAINED

DNTASAP

35r.

In the last 6 months, if you needed to see a dentist right away because of a DENTAL EMERGENCY, did you get to see a dentist as soon as you wanted?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

36. / HLTSTA4

In general, how would you rate your overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

37. / MNTLSTAT

In general, how would you rate your overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

FLUSHOTQ

38. / FLUSHOTQ

Have you had either a flu shot or flu spray in the nose since July 1, 2014?

- 1. YES
- 2. NO
- 3. DON'T KNOW
- 9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

NOWSMOK

39. / NOWSMOK

Do you now smoke cigarettes or use tobacco...

(READ LIST)

- 1. EVERY DAY,
- 2. SOME DAYS, OR
- 3. NOT AT ALL? -----> ASPDAY
- 4. DON'T KNOW (DO NOT READ) -----> ASPDAY
- 9. REFUSAL/NOT ASCERTAINED (DO NOT READ) --> ASPDAY

ADVQUIT9

40. / ADVQUIT9

In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PATCH9

41. / PATCH9

In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication. Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

WILLPWR9

42. / WILLPWR9

In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program. Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPDAY

43. / ASPDAY

Do you take aspirin daily or every other day?

(IF NEEDED: "Would you say YES or NO?")

(IWER: If the R asks about whether a particular medication or Brand name is considered aspirin, you may provide the following clarification:

Aspirin: Bayer and Bufferin

Not Aspirin: Tylenol, Motrin, Aleve, Advil, ibuprofen and acetaminophen)

1. YES
2. NO
3. DON'T KNOW
9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPUSF

44. / ASPUSF

Do you have a health problem or take medication that makes taking aspirin unsafe for you?

(IF NEEDED: "Would you say YES or NO?")

1. YES
2. NO
3. DON'T KNOW

9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPPRV

45. / ASPPRV

Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.AWCOND  
INTRO.AWCOND

When I read the following list, please tell me if you are aware that you have any of these conditions.

PHAWCD.(1-3)  
46.(1-3) / PHAWCD.(1-3)

[First,/(Next/How About...)]

1. "High cholesterol"
2. "High blood pressure"
3. "Parent or sibling who had a heart attack before the age of 60"

(IWER IF NECESSARY: "Are you aware if you have this condition?")

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.DRCOND  
INTRO.DRCOND

When I read the following list, please tell me if a doctor has ever told you that you have any of these conditions.

PHDRCD.(1-4)  
47.(1-4) / PHDRCD.(1-4)

[First,/(Next/How About...)]

1. "A heart attack"
2. "Angina or coronary heart disease"
3. "A stroke"
4. "Any kind of diabetes or high blood sugar"

(IWER IF NECESSARY: "Has a doctor ever told you that you have this condition?")

[FOR PHDRCD.2: (IWER IF NEEDED, CLARIFY: Angina pectoris (an-JYE-nuh or AN-jin-uh PECK-ter-iss) is severe pain in the chest associated with insufficient blood supply to the heart.)]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SMPROB

48. / SMPROB

I have just a few more questions.

In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- 1. YES
- 2. NO -----> TKMED

DK/REFUSAL/NOT ASCERTAINED --> TKMED

PRBLST

49. / PRBLST

Is this a condition or problem that has lasted for at least 3 months? [Please do NOT include pregnancy or menopause.]

[(IWER IF NEEDED, CLARIFY: Menopause (men-ne-paws) is the time in a woman's life when she stops having menstrual periods. It is sometimes called 'the change of life' or 'the change'.)]

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

TKMED

50. / TKMED

Do you now need or take medicine prescribed by a doctor? [Please do NOT include birth control.]

- 1. YES
- 2. NO -----> QAGE4

DK/REFUSAL\NOT ASCERTAINED --> QAGE4

TRTCOND

51. / TRTCOND

Is this medicine to treat a condition that has lasted for at least three months? [Please do NOT include pregnancy or menopause.]

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

## QAGE4

52. / QAGE4

What is your age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ LIST IF NEEDED, "Are you...")

1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## QGENDER

53. / QGENDER

(IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

(ASK IF NECESSARY, "Are you male or female?")

1. MALE
2. FEMALE

## EDUCAT

54. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?  
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

LATINO

55. / LATINO

Are you of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

56.(1-6) / PQRACE3.(1-6)

[(Are you)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY RACE?" SAY "We ask about your race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.

RETURN TO COVERSHEET

## DIAL.SCREEN

DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH ONLY THE PARENT OR GUARDIAN WHO KNOWS MOST ABOUT FNAME LNAME'S HEALTH CARE.  
PHONE NUMBER ---> [1 CELL PHONE - HAND DIAL ([AREA\$]) [FRST3\$] - [LAST4\$] /\*\*\* \*\*\*-\*\*\*\*]

(IWER: THIS IS A PROXY INTERVIEW.)

Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may be monitored and recorded for quality control. May I please speak with the person who knows the most about [NAME OF CHILD]'s health care?

(IF NEEDED: "We are conducting an important study to find out how satisfied families are with Oregon Health Plan. The results of the study will help Oregon Health Plan improve the care they provide and will also help consumers when they choose health care plans.")

(IF NEEDED: "The interview is completely confidential and voluntary, and will not affect your child's health care or benefits in any way.")

(IF NEEDED: "This is purely a research study -- we are polling people about their child's health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

01. CONTINUE
02. ALREADY COMPLETED AND MAILED SURVEY BACK
03. NEW PHONE NUMBER
04. REFUSAL
05. APPOINTMENT
06. NEVER HEARD OF R
07. KNOWS R BUT HAS NO NEW NUMBER FOR R
08. RNA, ANS MACH, RETURN TO COVERSHEET
09. LANGUAGE PROBLEM -- SPEAKS SPANISH
10. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

IF DIAL.SCREEN = 01, GO TO RE.INTRO

IF DIAL.SCREEN = 02, GO TO MAIL.SCREEN

IF DIAL.SCREEN = 03, ENTER NEW NUMBER ON COVERSHEET AND RE-DIAL

RETURN TO COVERSHEET



## MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN  
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been lost in the mail. And since the deadline for mailing surveys has passed, we're now in the telephone phase of this study. May I continue?

(IF NEEDED: "This is purely a research study -- we are polling people about their child's health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO  
RETURN TO COVERSHEET

## RE.INTRO

RE.INTRO. (INTERVIEWER: READ PARENS TEXT IF R ISN'T PERSON WHO ANSWERED  
PHONE OR HAS NOT HEARD IT YET.)

(Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may be monitored and recorded for quality control.)

We are conducting an important study to find out how satisfied families are with Oregon Health Plan. The results of the study will help Oregon Health Plan improve the care they provide and will also help consumers when they choose health care plans.

The interview is completely confidential and voluntary, and will not affect your child's health care or benefits in any way.

(IF R ASKS: "How long will this take?", EXPLAIN: "The questions should take about 12-15 minutes to answer.")

(IF NEEDED: "This is purely a research study -- we are polling people about their child's health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

## SEX

SEX. (IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

1. MALE
2. FEMALE

## SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

## MEMBER

Q1. / MEMBER

I will be asking you about [NAME OF CHILD]'s health care. Please answer these questions based on the experiences you have had in getting health care for [NAME OF CHILD], and not on any experiences you may have had getting care for yourself or other members of your family.

Our records show that your child is now in Oregon Health Plan. Is that right?

(IWER: IF R SAYS "LEFT PLAN" OR "SWITCHED PLANS" OR "NO LONGER INSURED" ENTER "2". IF R IS NOT SURE IF HE/SHE IS PART OF Oregon Health Plan, ENTER "2".)

1. YES --> CK.PLMSTCR
2. NO

DK/REFUSAL/NOT ASCERTAINED

## NPLNAME

Q2. / NPLNAME

What is the name of your child's health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

(IF R SAYS SOMETHING CLOSE TO Oregon Health Plan, ENTER "2")

(IF R NOT SURE OF PLAN NAME, ENTER "2")

1. EXACT MATCH -----> CK.PLMSTCR
2. POSSIBLE MATCH -----> PLNAME
3. NOT A MATCH -----> PLNAME
4. CHILD NO LONGER INSURED -----> NO.INSUR
5. CHILD INSURED BY MEDICAID BUT DOESN'T -----> CK.PLMSTCR  
KNOW PLAN NAME
6. CHILD INSURED BUT NOT BY MEDICAID -----> NO.INSUR

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

-----

IF NPLNAME = NOT A MATCH (3), GO TO END.SCREEN

INTRO.INCARE

INTRO.INCARE

Now I'm going to ask you some questions about your child's health care. When you answer these questions, please do NOT include dental visits or care your child got when [he/she] stayed overnight in a hospital.

INCARE

Q3. / INCARE

In the last 6 months, did your child have an illness, injury, or condition that NEEDED CARE RIGHT AWAY in a clinic, emergency room, or doctor's office?

1. YES
2. NO -----> APMAKE4

DK/REFUSAL/NOT ASCERTAINED --&gt; APMAKE4

CARSN4

Q4. / CARSN4

In the last 6 months, when your child NEEDED CARE RIGHT AWAY, how often did your child get care as soon as [he/she] needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

In the last 6 months, did you make any appointments for a CHECK-UP OR ROUTINE CARE for your child at a doctor's office or clinic?

1. YES
2. NO -----> OFCTIM4

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

In the last 6 months, when you made an appointment for a CHECK-UP OR ROUTINE CARE for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

In the last 6 months, NOT counting the times your child went to an emergency room, how many times did [he/she] go to a doctor's office or clinic to get health care?

(IWER: IF NECESSARY: "Your best estimate would be fine.")

(IWER: IF NEEDED CLARIFY: "Please don't include dental care your child received.")

(IWER: IF NEEDED CLARIFY, "Please include ALL doctor visits including those for routine, regular care and for an illness or injury.")

(READ LIST IF NEEDED: "Would you say...")

0. NONE,
1. 1 TIME,
2. 2,
3. 3,
4. 4,
5. 5 TO 9, OR
6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

IF OFCTIM4=0 OR DK/REFUSAL THEN GO TO CHSCHL

## PRVENT5

Q8. / PRVENT5

In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## OFTQUES

9. / OFTQUES

In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## RXSTP

10. / RXSTP

In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

1. YES
2. NO -----> RTALLCR

DK/REFUSAL/NOT ASCERTAINED --&gt; RTALLCR

## NRXWHY

11. / NRXWHY

Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

12. / NRXWYNT

Did you and a doctor or other health provider talk about the reasons you might NOT want your child to take a medicine?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

13. / RXBST

When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

14. / RTALLCR

Using ANY NUMBER FROM 0 TO 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

(IF NEEDED: "Please do not include any dental care your child may have received.")

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## CHSCHL

16. / CHSCHL

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

1. YES
2. NO -----> MEDEQUIP

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## CONTSCHL

17. / CONTSCHL

In the last 6 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?

1. YES
2. NO -----> MEDEQUIP

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## HELPCONT

18. / HELPCONT

In the last 6 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?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MEDEQUIP

19. / MEDEQUIP

Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

1. YES
2. NO -----> SPCTHY

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

## EZMDEQ

20. / EZMDEQ

In the last 6 months, how often was it easy to get special medical equipment or devices for your child? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPMDEQ

21. / HELPMDEQ

Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## SPCTHY

22. / SPCTHY

In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

1. YES
2. NO -----> TCPBLM

DK/REFUSAL/NOT ASCERTAINED --&gt; TCPBLM

## EZTHP

23. / EZTHP

In the last 6 months, how often was it easy to get this therapy for your child? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPTHP

24. / HELPTHP

Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## TCPBLM

25. / TCPBLM

In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

1. YES
2. NO -----> PLUSCARE

DK/REFUSAL/NOT ASCERTAINED --&gt; PLUSCARE



EZTC

26. / EZTC

In the last 6 months, how often was it easy to get this treatment or counseling for your child? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PLUSCARE

28. / PLUSCARE

In the last 6 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?

1. YES
2. NO -----> PRSNLD4

DK/REFUSAL/NOT ASCERTAINED --&gt; PRSNLD4

HLPCOORD

29. / HLPCOORD

In the last 6 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?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

A personal doctor is the one your child would see if [he/she] needs a check-up, has a health problem or gets sick or hurt.

Does your child have a personal doctor?

1. YES
2. NO -----> INTRO.SPDR

DK/REFUSAL/NOT ASCERTAINED --&gt; INTRO.SPDR

DRTMS

31. / DRTMS

In the last 6 months, how many times did your child visit  
[his/her] personal doctor for care?

(IF NEEDED: "Your best estimate would be fine.")

(READ LIST IF NEEDED: "Would you say...")

0. NONE, -----> RATEDR4
1. 1 TIME,
2. 2,
3. 3,
4. 4,
5. 5 TO 9, OR
6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> RATEDR4

PBDRNG

31a. / PBDRNG

In the last 6 months, how often did you have a hard time speaking with  
or understanding your child's personal doctor because you spoke different  
languages? Would you say...?

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DREXPL4

32. / DREXPL4

In the last 6 months, how often did your child's personal  
doctor explain things about your child's health in a way that was  
easy to understand? Would you say...?

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

33. / DRLSTN4

In the last 6 months, how often did your child's personal doctor listen carefully to you? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

34. / DRESPU4

In the last 6 months, how often did your child's personal doctor show respect for what you had to say? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK

35. / CABLTLK

Is your child able to talk with doctors about [his/her] health care?

1. YES
2. NO -----> DRTMEN4

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL

36. / CDREXPL

In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for YOUR CHILD to understand? Would you say...

(READ LIST)

1. NEVER
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

37. / DRTMEN4

In the last 6 months, how often did your child's personal doctor spend enough time with your child? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTLKU

38. / DRTLKU

In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DIFFDR

39. / DIFFDR

In the last 6 months, did your child get care from a doctor or other health provider besides [his/her] personal doctor?

1. YES
2. NO -----> RATEDR4

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

40. / DRINFO

In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

41. / RATEDR4

Using ANY NUMBER FROM 0 TO 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

COND3MO

42. / COND3MO

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

(IWER: "We are looking for a condition that the child CURRENTLY HAS that has lasted for more than 3 months." )

1. YES
2. NO -----> INTRO.SPDR

DK/REFUSAL/NOT ASCERTAINED --> INTRO.SPDR

DRUNCON

43. / DRUNCON

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DRUNFAM

44. / DRUNFAM

Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your FAMILY'S day-to-day life?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

INTRO.SPDR

Now I'm going to ask you some questions about specialists. When you answer these questions, please do NOT include dental visits or care your child got when (he/she) stayed overnight in a hospital.

NDSPDR4

45. / NDSPDR4

SPECIALISTS are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments for your child to see a specialist?

(CLARIFY IF NEEDED: "Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists, but do not include any dental visits.")

(IWER: IF RESPONDENT ASKS IF A PARTICULAR TYPE OF DOCTOR IS A SPECIALIST, CLARIFY, "I don't have any information about that, so please just interpret it however it seems best to you.")

(CLARIFY IF NEEDED: "You can interpret this question however it seems best to you.")

1. YES
2. NO -----> INTRO.PLAN

DK/REFUSAL/NOT ASCERTAINED --> INTRO.PLAN

PRBSEE4

46. / PRBSEE4

In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

47. / SPDRS

How many specialists has your child seen in the last 6 months?

(CLARIFY IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say your child has seen...")

(READ LIST IF NEEDED: "Would you say...")

0. NONE, -----> INTRO.PLAN
1. 1 SPECIALIST,
2. 2,
3. 3,
4. 4, OR
5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN

RTSPDR4

48. / RTSPDR4

We want to know your rating of the specialist your child saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

(Clarify if necessary: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.")

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

INTRO.PLAN

Now I'm going to ask you some questions about your experience with your child's health plan.

CLCSRV4

49. / CLCSRV4

In the last 6 months, did you get information or help from customer service at your child's health plan?

1. YES
2. NO -----> PLPRWK4

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

In the last 6 months, did your child's health plan give you any forms to fill out?

1. YES
2. NO -----> RTPLEXP

DK/REFUSAL/NOT ASCERTAINED --&gt; RTPLEXP

PBPLPW4

53. / PBPLPW4

In the last 6 months, how often were the forms from your child's health plan easy to fill out? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

In the last 6 months, did you get or refill any prescription medicines for your child?

1. YES
2. NO -----> REGDENT

DK/REFUSAL/NOT ASCERTAINED --&gt; REGDENT



## EZPRES

56. / EZPRES

In the last 6 months, how often was it easy to get prescription medicines for your child through [his/her] health plan? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPPRES

57. / HELPPRES

Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## REGDENT

57a. / REGDENT

A regular dentist is one you would go to for check-ups and cleanings or when [he/she] has a cavity or tooth pain.

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## DNTASAP

57b. / DNTASAP

In the last 6 months, if your child needed to see a dentist right away because of a DENTAL EMERGENCY, did [he/she] get to see a dentist as soon as you wanted? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

## CHTREAT

57c. / CHTREAT

Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment.

In the last 6 months, did your provider tell you there was more than one choice for your child's treatment or health care?

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

## PCTREAT

57d. / PCTREAT

In the last 6 months, did your provider talk with you about the pros and cons of each choice for your child's treatment or health care?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## BSTREAT

57e. / BSTREAT

In the last 6 months, when there was more than one choice for your child's treatment or health care, did your provider ask you which choice was best for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## RESPCHT

57f. / RESPCHT

In the last 6 months, how often did your child's provider respect what health care and treatment choices you thought work best for your child? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

## ENCORQC

57g. / ENCORQC

In the last 6 months, how often did your child's provider encourage you to ask questions and raise concerns? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

## EASYQC

57h. / EASYQC

In the last 6 months, how often did your child's provider make it easy for you to ask questions and raise concerns? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

## HLTSTA4

58. / HLTSTA4

In general, how would you rate your child's overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## MNTLSTAT

59. / MNTLSTAT

In general, how would you rate your child's overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## CUSEMED

60. / CUSEMED

Other than vitamins, does your child currently need or use medicine prescribed by a doctor?

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --&gt; MOREMED

## WHYMEDA

61. / WHYMEDA

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

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

## WHYMEDB

62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MOREMED

63. / MOREMED

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

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREA

64. / WHYMOREA

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

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREB

65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## LIMITED

66. / LIMITED

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

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

## WHYLIMA

67. / WHYLIMA

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

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

## WHYLIMB

68. / WHYLIMB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## SPECTHP

69. / SPECTHP

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

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

## WHYSTA

70. / WHYSTA

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

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

## WHYSTB

71. / WHYSTB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## CHCOUNS

72. / CHCOUNS

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

1. YES
2. NO -----> CAGE

DK/REFUSAL/NOT ASCERTAINED --> CAGE

## TIMCOUNA

73. / TIMCOUNA

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

(IWER: IF NEEDED CLARIFY, "Please answer based on your child's age as of their last birthday.")

\_\_\_ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

## CGENDER

75. / CGENDER

(IF NEEDED: "Is your child male or female?")

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

## LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

## INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your child's race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

77.1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT

80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?  
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE  
SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT  
LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS  
SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH  
SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT

81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.