



Trillium Community Health Plan  
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2016



## **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 2016 CAHPS© Medicaid survey of Trillium Community Health Plan members. Trillium Community Health Plan is one of 17 CCOs that participated in the survey. It was administered over a twelve-week period using a mixed-mode (mail and telephone) six-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:	January 14, 2016
1st mailing of survey packets:	January 21, 2016
1st mailing of reminder postcards:	January 28, 2016
2nd mailing of survey packets:	February 18, 2016
2nd mailing of reminder postcards:	February 26, 2016
Phone follow-up start:	March 14, 2016
Mail and phone field terminated:	April 10, 2016

### 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. There was one plan, HealthShare, that sampled 2700 members - 900 members from each of the three counties that make up HealthShare. Adults were defined as members aged 18 years or older and children as 17 years old or younger, both as of December 31, 2015. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2015. The final selected sample consisted of 17,100 adult OHP enrollees and 17,100 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. Five 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 three *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
- Q19/34. Personal doctor showed respect for what you had to say
- Q20/37. Personal doctor spent enough time with you/your child

### **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 OHP overall, age category, race/ethnicity, health status, and gender. If any demographic subgroup has fewer than 11 respondents then the data in that demographic subgroup are suppressed, no cases will be presented in the column. Suppressed banner points are marked with a '###' on the banner point label. Some banner points have zero respondents, these banner points are marked with a '#' on the banner point label.

Significance testing was conducted between the CCO results and the overall OHP results, and the plan 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. The symbol '~' is used to indicate the test was not valid. 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	
	Trillium Community Health Plan	Overall	Trillium Community Health Plan	Overall
<b>**First mailing - sent</b>	900	17100	900	17100
<b>*First mailing - usable survey returned</b>	158	3058	113	2302
<b>Second mailing - sent</b>	702	13527	754	14026
<b>*Second mailing - usable survey returned</b>	60	1118	56	1027
<b>*Phone - usable surveys</b>	81	1495	110	2309
<b>Total - usable surveys</b>	299	5671	279	5638
<b>†Ineligible: According to population criteria‡</b>	25	431	17	323
<b>†Ineligible: Deceased</b>	0	38	1	2
<b>†Ineligible: Mentally or physically unable to complete survey</b>	3	166	0	0
<b>†Ineligible: Language barrier</b>	2	78	3	81
<b>Incorrect address AND incorrect phone number</b>	45	915	42	878
<b>Refusal/Returned survey blank</b>	51	871	49	905
<b>Nonresponse - Unavailable by mail or phone</b>	475	8930	509	9273
<b>Adjusted Response Rate</b>	<b>34.4%</b>	<b>34.6%</b>	<b>31.7%</b>	<b>33.8%</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© 2016 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	224 46.2%	136 45.5%	-0.70%
Female	261 53.8%	163 54.5%	0.70%
18-24	93 19.2%	21 7.0%	-12.15%
25-34	157 32.4%	54 18.1%	-14.31%
35-44	97 20.0%	53 17.7%	-2.27%
45-54	75 15.5%	65 21.7%	6.28%
55-64	51 10.5%	87 29.1%	18.58%
65-74	9 1.9%	15 5.0%	3.16%
75 or Older	3 0.6%	4 1.3%	0.72%

### Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	260 50.3%	156 55.9%	5.62%
Female	257 49.7%	123 44.1%	-5.62%
<3	103 19.9%	48 17.2%	-2.72%
4-7	120 23.2%	70 25.1%	1.88%
8-12	159 30.8%	74 26.5%	-4.23%
13 or older	135 26.1%	87 31.2%	5.07%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	TCH 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-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE	MALE	
Q1 YES	297	5577	16	48	49	61	87	19	178					20	15	262	201	78	122	160
	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	2	94	1					1	2							1	1	1	1	1
VALID CASES	297	5577	16	48	49	61	87	19	178					20	15	262	201	78	122	160
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161
	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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE	FE- MALE		
Q3 YES	124 43%	2267 41%	5 29%~	21 44%~	14 29%~	34 58%*	35 41%	9 45%~	76 43%	~	~	~	~	~	11 55%~	7 47%~	112 43%~	80 40%	39 51%	51 42%	69 44%
NO	167 57%	3221 59%	12 71%~	27 56%~	35 71%~	25 42%*	50 59%	11 55%~	101 57%	~	~	~	~	~	9 45%~	8 53%~	147 57%~	120 60%	38 49%	71 58%	89 56%
NOT ANSWERED	8	183				2	2		3							4	2	2	1	3	
VALID CASES	291	5488	17	48	49	59	85	20	177						20	15	259	200	77	122	158
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%						20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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		
	TCH TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q4 NEVER	4 4%	61 3%	2 ~ 10%	1 ~ 3%	1 ~ 11%	4 6%	~	~	~	~	~	~	~	~	4 4%	1 1%	3 9%	3 7%	1 2%	
SOMETIMES	16 14%	267 13%	3 ~ 14%	1 8%	9 28%	1 3%	8 12%	~	~	~	~	~	~	1 14%	12 12%	7 9%	7 21%	5 11%	9 14%	
USUALLY	26 23%	526 26%	2 40%	7 33%	5 42%	5 16%	3 10%	2 22%	16 24%	~	~	~	~	1 14%	24 24%	16 21%	9 26%	10 22%	15 23%	
ALWAYS	68 60%	1196 58%	3 60%	9 43%	6 50%	17 53%	25 86%	6 67%	39 58%	~	~	~	~	11 ~100%	5 71%	62 61%	51 68%	15 44%	28 61%	39 61%
#ALWAYS + USUALLY (NET)	94 82%	1723 84%	5 100%	16 76%	11 92%	22 69%	28 97%	8 89%	55 82%	~	~	~	~	11 ~100%	6 86%	86 84%	67 89%	24 71%	38 83%	54 84%
TOP BOX SCORE	68 60%	1196 58%	3 60%	9 43%	6 50%	17 53%	25 86%	6 67%	39 58%	~	~	~	~	11 ~100%	5 71%	62 61%	51 68%	15 44%	28 61%	39 61%
NOT ANSWERED	10	187		2	2	6	9								10	5	5	5	5	
VALID CASES	114	2050	5	21	12	32	29	9	67					11	7	102	75	34	46	64
NUMBER OF RESPONDENTS	124 100%	2237 100%	5 100%	21 100%	14 100%	34 100%	35 100%	9 100%	76 100%					11 100%	7 100%	112 100%	80 100%	39 100%	51 100%	69 100%

[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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q5 YES	178 62%	3682 67%	5 31%~	25 52%~	24 50%~	43 73%*	55 68%	17 85%~	110 64%	~	~	~	~	~	13 65%~	12 80%~	158 62%~	109 55%*	60 82%*	71 61%	100 63%
NO	107 38%	1794 33%	11 69%~	23 48%~	24 50%~	16 27%*	26 32%	3 15%~	62 36%	~	~	~	~	~	7 35%~	3 20%~	95 38%~	89 45%*	13 18%*	45 39%	58 37%
NOT ANSWERED	14	196	1		1	2	6		8							10	4	6	7	3	
VALID CASES	285	5475	16	48	48	59	81	20	172					20	15	253	198	73	116	158	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	TCH TOT ADULT	OHP TOT ADULT	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 PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q6 NEVER	9 5%	120 4%	~	2 9%	1 4%	1 2%	4 8%	1 6%	6 6%	~	~	~	~	~	1 8%	~	9 6%	4 4%	5 9%	3 4%	6 7%
SOMETIMES	26 16%	637 19%	~	6 26%	4 17%	9 22%	5 10%	12 12%	~	~	~	~	~	2 17%	3 25%	21 14%	14 14%	10 17%	7 10%	17 19%	
USUALLY	44 27%	905 27%	~	3 13%	10 43%	9 22%	13 25%	5 31%	31 31%	~	~	~	~	3 25%	2 17%	40 27%	24 24%	17 29%	17 25%	25 27%	
ALWAYS	87 52%	1691 50%	100%	4 52%	12 52%	8 35%	22 54%	29 57%	10 63%	51 51%	~	~	~	~	6 50%	7 58%	77 52%	58 58%	26 45%	42 61%	43 47%
#ALWAYS + USUALLY (NET)	131 79%	2596 77%	100%	4 65%	15 78%	18 76%	31 82%	42 94%	15 82%	82 82%	~	~	~	~	9 75%	9 75%	117 80%	82 82%	43 74%	59 86%	68 75%
TOP BOX SCORE	87 52%	1691 50%	100%	4 52%	12 52%	8 35%	22 54%	29 57%	10 63%	51 51%	~	~	~	~	6 50%	7 58%	77 52%	58 58%	26 45%	42 61%	43 47%
NOT ANSWERED	12	330	1	2	1	2	4	1	10					1		11	9	2	2	9	
VALID CASES	166	3353	4	23	23	41	51	16	100					12	12	147	100	58	69	91	
NUMBER OF RESPONDENTS	178	3683	5	25	24	43	55	17	110					13	12	158	109	60	71	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 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?

	TCH 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-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q7 NONE	90 31%	1469 27%	9 53%~	21 44%~	19 39%~	13 22%	25 30%	2 10%	56 32%	~	~	~	~	~	4 21%~	4 27%~	81 32%~	77 38%*	10 14%*	39 33%	50 32%
1 TIME	50 17%	947 17%	3 18%~	5 10%~	11 22%~	12 21%	14 17%	5 25%~	30 17%	~	~	~	~	~	3 16%~	5 33%~	45 18%~	37 18%	13 18%	26 22%	24 15%
2	47 16%	900 17%	3 18%~	6 12%~	7 14%~	8 14%	12 14%	7 35%~	27 15%	~	~	~	~	~	6 32%~	2 13%~	41 16%~	30 15%	15 21%	20 17%	24 15%
3	36 13%	659 12%	~	7 15%~	4 8%~	9 16%	12 14%	2 10%~	23 13%	~	~	~	~	~	3 16%~	1 7%~	33 13%~	24 12%	9 12%	13 11%	21 13%
4	18 6%	465 9%	~	1 2%~	3 6%~	6 10%	7 8%	1 5%~	13 7%	~	~	~	~	~	1 5%~	~	18 7%~	8 4%*	9 12%*	7 6%	11 7%
5 TO 9	33 12%	673 12%	~	6 12%~	3 6%~	8 14%	11 13%	3 15%~	22 12%	~	~	~	~	~	1 5%~	2 13%~	28 11%~	19 9%	12 16%	13 11%	18 11%
10 OR MORE TIMES	12 4%	305 6%	2 12%~	2 4%~	2 4%~	2 3%	3 4%	~	6 3%	~	~	~	~	~	1 5%~	1 7%~	11 4%~	7 3%	5 7%	2 2%*	10 6%*
NOT ANSWERED	13	254				3	3		3						1		6		6	3	3
VALID CASES	286	5417	17	48	49	58	84	20	177						19	15	257	202	73	120	158
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180						20	15	263	202	79	123	161
	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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	TCH TOT ADULT	OHP TOT ADULT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE	MALE		
Q8 #YES	140 72%	2759 72%	6 75%	24 89%	20 67%	26 59%	47 80%	11 61%	88 73%	~	~	~	~	~	10 67%	8 73%	126 72%	92 74%	42 67%	59 73%	76 71%
NO	55 28%	1087 28%	2 25%	3 11%	10 33%	18 41%	12 20%	7 39%	33 27%	~	~	~	~	5 33%	3 27%	49 28%	32 26%	21 33%	22 27%	31 29%	
NOT ANSWERED	1	93				1										1	1			1	
VALID CASES	195	3846	8	27	30	44	59	18	121					15	11	175	124	63	81	107	
NUMBER OF RESPONDENTS	196 100%	3939 100%	8 100%	27 100%	30 100%	45 100%	59 100%	18 100%	121 100%					15 100%	11 100%	176 100%	125 100%	63 100%	81 100%	108 100%	

[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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q9 YES	122 63%	2168 56%	5 62%~	18 67%~	15 50%~	27 60%~	42 72%	10 56%~	77 64%	~	~	~	~	~	8 57%~	9 82%~	108 62%~	74 59%	44 71%	50 63%	68 63%
NO	73 37%	1687 44%	3 38%~	9 33%~	15 50%~	18 40%~	16 28%	8 44%~	44 36%	~	~	~	~	~	6 43%~	2 18%~	67 38%~	51 41%	18 29%	30 37%	40 37%
NOT ANSWERED	1	84					1							1		1		1		1	
VALID CASES	195	3855	8	27	30	45	58	18	121					14	11	175	125	62	80	108	
NUMBER OF RESPONDENTS	196 100%	3939 100%	8 100%	27 100%	30 100%	45 100%	59 100%	18 100%	121 100%					15 100%	11 100%	176 100%	125 100%	63 100%	81 100%	108 100%	

[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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q10 #YES	108 95%	1919 93%	5 100%	17 100%	13 100%	23 88%	37 93%	9 100%	66 94%	~	~	~	~	~	7 88%	9 100%	95 94%	66 96%	40 95%	46 94%	59 95%
NO	6 5%	152 7%	~	~	~	12% 7%	3 7%	3 ~	4 6%	~	~	~	~	~	1 13%	6 ~	6 6%	3 4%	2 5%	3 6%	3 5%
NOT ANSWERED	22	379	1	2	4	6	1	10							2	14	5	9	5	9	
VALID CASES	114	2072	5	17	13	26	40	9	70						8	9	101	69	42	49	62
NUMBER OF RESPONDENTS	136 100%	2451 100%	5 100%	18 100%	15 100%	30 100%	46 100%	10 100%	80 100%						10 100%	9 100%	115 100%	74 100%	51 100%	54 100%	71 100%

[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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q11 #YES	83 72%	1506 73%	4 80%~	14 82%~	10 71%~	17 65%~	29 73%~	5 56%~	52 73%~	~	~	~	~	~	4 50%~	5 56%~	74 73%~	50 71%~	30 71%~	34 69%~	46 73%~
NO	32 28%	555 27%	1 20%~	3 18%~	4 29%~	9 35%~	11 27%~	4 44%~	19 27%~	~	~	~	~	~	4 50%~	4 44%~	28 27%~	20 29%~	12 29%~	15 31%~	17 27%~
NOT ANSWERED	7	53		1	1	1	2	1	6								6	4	2	1	5
VALID CASES	115	2061	5	17	14	26	40	9	71						8	9	102	70	42	49	63
NUMBER OF RESPONDENTS	122 100%	2114 100%	5 100%	18 100%	15 100%	27 100%	42 100%	10 100%	77 100%						8 100%	9 100%	108 100%	74 100%	44 100%	50 100%	68 100%

[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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	MALE	FE- MALE	
Q12 #YES	83 74%	1561 76%	5 100%~	11 65%~	11 79%~	18 75%~	28 70%~	6 75%~	53 76%~	~	~	~	~	~	4 50%~	5 56%~	74 75%~	52 78%~	28 67%~	34 71%~	46 75%~
NO	29 26%	492 24%	~	6 35%~	3 21%~	6 25%~	12 30%~	2 25%~	17 24%~	~	~	~	~	~	4 50%~	4 44%~	25 25%~	15 22%~	14 33%~	14 29%~	15 25%~
NOT ANSWERED	10	61		1	1	3	2	2	7								9	7	2	2	7
VALID CASES	112	2053	5	17	14	24	40	8	70						8	9	99	67	42	48	61
NUMBER OF RESPONDENTS	122 100%	2114 100%	5 100%	18 100%	15 100%	27 100%	42 100%	10 100%	77 100%						8 100%	9 100%	108 100%	74 100%	44 100%	50 100%	68 100%

[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?

	TCH 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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE-MALE
Q13 WORST HEALTH CARE POSSIBLE	3	27		1			1	1	3							3	2	1	2	1
	2%	0.7%		~ 4%	~	~	2%	6%	2%	~	~	~	~	~	~	~ 2%	2%	2%	3%	0.9%
01		7		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		0.2%		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	3	49		~	~	~	3	~	2					1	3		3	2	1	
	2%	1%		~	~	~	5%	~	2%	~	~	~	~	7%	2%	~	5%	3%	0.9%	
03	6	78		1	1		4		4					1	6	4	2	1	5	
	3%	2%		~ 4%	3%	~	7%	~	3%	~	~	~	~	7%	3%	3%	3%	1%	5%	
04	6	87		1	1	2	1		4						4	4	1		5	
	3%	2%		~ 4%	3%	4%	2%	~	3%	~	~	~	~	~	2%	3%	2%	~	5%	
05	11	281		3	1	3	3	1	4					1	11	2	9	7	4	
	6%	7%		~ 11%	3%	7%	5%	6%	3%	~	~	~	~	7%	6%	2%*	14%*	9%	4%	
06	5	233		2		1	1	1	4						5	1	4	2	3	
	3%	6%*		~ 7%	~	2%	2%	6%	3%	~	~	~	~	~	3%	0.8%	6%	3%	3%	
07	29	502		2	7	8	8	1	19					4	26	18	8	13	13	
	15%	13%		~ 7%	24%	18%	14%	6%	16%	~	~	~	~	27%	15%	15%	13%	16%	12%	
08	52	866		3	7	9	12	16	4					3	5	46	40	10	32	
	27%	23%		38%	26%	31%	27%	27%	22%	~	~	~	~	20%	45%	26%	32%*	16%*	24%	
09	35	651		1	3	9	12	7	3					3	2	33	21	14	18	
	18%	17%		13%	11%	31%	27%	12%	17%	~	~	~	~	20%	18%	19%	17%	22%	21%	
BEST HEALTH CARE POSSIBLE	44	1054		4	7	1	7	15	7					2	4	38	32	11	26	
	23%	27%		50%	26%	3%	16%	25%	39%	~	~	~	~	13%	36%	22%	26%	17%	21%	
#8-10 (NET)	131	2571		8	17	19	31	38	14					8	11	117	93	35	76	
	68%	67%		100%	63%	66%	69%	64%	78%	~	~	~	~	53%	100%	67%	75%*	56%*	66%	

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				
	TCH TOT ADLT	OHP TOT ADLT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILLND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE		
9-10 (NET)	79 41%	1705 44%	5 62%	10 37%	10 34%	19 42%	22 37%	10 56%	51 42%	~	~	~	~	~	5 33%	6 55%	71 41%	53 43%	25 40%	34 43%	44 41%	
NOT ANSWERED	2	105	1													1	1	1				
VALID CASES	194	3834	8	27	29	45	59	18	121							15	11	175	124	63	80	108
NUMBER OF RESPONDENTS	196 100%	3939 100%	8 100%	27 100%	30 100%	45 100%	59 100%	18 100%	121 100%							15 100%	11 100%	176 100%	125 100%	63 100%	81 100%	108 100%
MEAN	7.77	7.91	9.13	7.44	7.72	7.98	7.46	8.17	7.73							7.27	8.91	7.73	8.06	7.25	7.75	7.81
p stat_(*=Sig @ p<=.05)		.299	~	~	~	~.233	~	~.725	~	~	~	~	~	~	~	~	~.018*	.032*	.923	.736		

[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?

	TCH 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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q14 NEVER	7 4%	112 3%		2 7%~	2 7%~	1 2%~	1 6%~	5 4%								5 3%~	4 3%~	2 3%~	1 1%	5 5%
SOMETIMES	24 12%	652 17%*		5 19%~	3 10%~	6 13%~	9 16%~	16 13%						3 20%~		23 13%~	11 9%	13 21%*	10 12%	13 12%
USUALLY	64 33%	1292 34%		3 38%~	6 22%~	11 38%~	18 40%~	17 29%	5 27%*					5 33%~	2 18%~	59 34%~	37 30%	24 38%	22 27%	39 36%
ALWAYS	98 51%	1764 46%		5 62%~	14 52%~	13 45%~	20 44%~	32 55%	12 67%~	66 55%				7 47%~	9 82%~	87 50%~	71 58%*	24 38%*	47 59%	50 47%
#ALWAYS + USUALLY (NET)	162 84%	3056 80%		8 100%~	20 74%~	24 83%~	38 84%~	49 84%	17 94%~	99 83%				12 80%~	11 100%~	146 84%~	108 88%	48 76%	69 86%	89 83%
TOP BOX SCORE	98 51%	1764 46%		5 62%~	14 52%~	13 45%~	20 44%~	32 55%	12 67%~	66 55%				7 47%~	9 82%~	87 50%~	71 58%*	24 38%*	47 59%	50 47%
NOT ANSWERED	3	119			1		1	1								2	2		1	1
VALID CASES	193	3820		8	27	29	45	58	18	120				15	11	174	123	63	80	107
NUMBER OF RESPONDENTS	196 100%	3939 100%		8 100%	27 100%	30 100%	45 100%	59 100%	18 100%	121 100%				15 100%	11 100%	176 100%	125 100%	63 100%	81 100%	108 100%

[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		
	TCH TOT ADULT	OHP TOT ADULT	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 PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q15 YES	235 82%	4350 80%	12 75%~	41 85%~	32 68%~	50 83%	74 88%	18 90%~	151 86%	~	~	~	~	~	14 70%~	13 87%~	213 83%~	162 81%	65 87%	94 80%	135 85%
Q15 NO	50 18%	1094 20%	4 25%~	7 15%~	15 32%~	10 17%	10 12%	2 10%~	25 14%	~	~	~	~	~	6 30%~	2 13%~	43 17%~	37 19%	10 13%	24 20%	24 15%
NOT ANSWERED	14	228	1		2	1	3		4							7	3	4	5	2	
VALID CASES	285	5443	16	48	47	60	84	20	176					20	15	256	199	75	118	159	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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

	TCH TOT ADLT	OHP TOT ADLT	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q16 NONE	74	890	7	17	14	13	20	1	50						2	2	69	63	9	28	44
	33%	22%*	58%~	44%~	44%~	28%~	29%	6%~	35%	~	~	~	~	~	15%~	15%~	34%~	41%*	15%*	31%	34%
1 TIME	39	1017	2	10	4	5	13	4	25						2	3	35	25	14	17	22
	17%	25%*	17%~	26%~	13%~	11%~	19%	24%~	18%	~	~	~	~	~	15%~	23%~	17%~	16%	23%	19%	17%
2	45	826	2	3	7	11	13	6	27						3	4	38	25	16	16	26
	20%	20%	17%~	8%~	22%~	24%~	19%	35%~	19%	~	~	~	~	~	23%~	31%~	19%~	16%*	26%	18%	20%
3	31	578		5	3	5	16	2	21						2	1	29	23	7	14	17
	14%	14%	~	13%~	9%~	11%~	23%*	12%~	15%	~	~	~	~	~	15%~	8%~	14%~	15%	11%	16%	13%
4	16	309		3	3	6	3	1	12						1		16	9	7	5	11
	7%	7%	~	8%~	9%~	13%~	4%	6%~	8%	~	~	~	~	~	8%~	~	8%~	6%	11%	6%	9%
5 TO 9	12	401		1	1	3	4	2	5						2	1	10	6	5	7	4
	5%	10%*	~	3%~	3%~	7%~	6%	12%~	4%	~	~	~	~	~	15%~	8%~	5%~	4%	8%	8%	3%
10 OR MORE TIMES	7	98		1			3	1	2						1	2	5	3	4	3	4
	3%	2%	8%~	~	~	7%~	1%	6%~	1%	~	~	~	~	~	8%~	15%~	2%~	2%	6%	3%	3%
NOT ANSWERED	11	232		2			4	4	1						1		11	8	3	4	7
VALID CASES	224	4118		12	39	32	46	70	17						13	13	202	154	62	90	128
NUMBER OF RESPONDENTS	235	4350		12	41	32	50	74	18						14	13	213	162	65	94	135
	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			
	TCH 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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
								WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR			
Q17 NEVER	3 2%	58 2%	~	~	~	~	4%	6%	1%	~	~	~	~	~	9%	1%	2%	1%	4%	2%	2%
SOMETIMES	17 11%	230 7%	~	9%	~	9%	18%	6%	15%*	~	~	~	~	~	9%	11%	5%*	19%*	8%	12%	
USUALLY	28 19%	675 21%	~	18%	33%	22%	14%	19%	21%	~	~	~	~	18%	~	20%	18%	21%	13%	23%	
ALWAYS	101 68%	2229 70%	100%	73%	67%	69%	64%	69%	63%	~	~	~	~	73%	82%	68%	76%*	56%*	77%*	63%	
#ALWAYS + USUALLY (NET)	129 87%	2905 91%	100%	91%	100%	91%	78%	88%	84%	~	~	~	~	91%	82%	88%	93%*	77%*	90%	86%	
TOP BOX SCORE	101 68%	2229 70%	100%	73%	67%	69%	64%	69%	63%	~	~	~	~	73%	82%	68%	76%*	56%*	77%*	63%	
NOT ANSWERED	1	27				1										1		1		1	
VALID CASES	149	3193	5	22	18	32	50	16	92					11	11	132	91	52	62	83	
NUMBER OF RESPONDENTS	150	3220	5	22	18	33	50	16	92					11	11	133	91	53	62	84	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	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		
	TCH 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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
								WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR			
Q18 NEVER	2 1%	63 2%	~	~	~	~	2%	6%	1%	~	~	~	~	~	9%	~	2%	~	4%	2%	1%
SOMETIMES	20 13%	266 8%	~	23%	11%	12%	14%	~	13%	~	~	~	~	~	9%	9%	13%	9%	19%	6%*	17%
USUALLY	30 20%	675 21%	1	~	33%	18%	24%	25%	26%*	~	~	~	~	~	~	21%	18%	25%	21%	19%	
ALWAYS	98 65%	2196 69%	4	17	10	23	30	11	55	~	~	~	~	~	82%	91%	65%	74%*	53%*	71%	63%
#ALWAYS + USUALLY (NET)	128 85%	2872 90%	5	17	16	29	42	15	79	~	~	~	~	~	82%	91%	86%	91%*	77%	92%*	82%
TOP BOX SCORE	98 65%	2196 69%	4	17	10	23	30	11	55	~	~	~	~	~	82%	91%	65%	74%*	53%*	71%	63%
NOT ANSWERED		19																			
VALID CASES	150	3201	5	22	18	33	50	16	92					11	11	133	91	53	62	84	
NUMBER OF RESPONDENTS	150 100%	3220 100%	5 100%	22 100%	18 100%	33 100%	50 100%	16 100%	92 100%					11 100%	11 100%	133 100%	91 100%	53 100%	62 100%	84 100%	

[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			
	TCH 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/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR ##	TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q19 NEVER	5 3%	78 2%	~	1 5%	1 6%	~	2 4%	1 6%	3 3%	~	~	~	~	~	2 18%	~	5 4%	2 2%	3 6%	2 3%	3 4%
SOMETIMES	13 9%	205 6%	~	1 5%	1 6%	4 13%	5 10%	~	9 10%	~	~	~	~	~	~	11 8%	6 7%	5 10%	1 2%*	10 12%	
USUALLY	31 21%	539 17%	1 20%	3 14%	5 28%	6 19%	12 24%	3 19%	23 25%	~	~	~	~	~	2 18%	1 9%	28 21%	15 16%	14 27%	17 27%	13 16%
ALWAYS	100 67%	2374 74%*	4 80%	17 77%	11 61%	22 69%	31 62%	12 75%	56 62%	~	~	~	~	~	7 64%	10 91%	88 67%	68 75%*	30 58%	42 68%	57 69%
#ALWAYS + USUALLY (NET)	131 88%	2913 91%	5 100%	20 91%	16 89%	28 88%	43 86%	15 94%	79 87%	~	~	~	~	~	9 82%	11 100%	116 88%	83 91%	44 85%	59 95%*	70 84%
TOP BOX SCORE	100 67%	2374 74%*	4 80%	17 77%	11 61%	22 69%	31 62%	12 75%	56 62%	~	~	~	~	~	7 64%	10 91%	88 67%	68 75%*	30 58%	42 68%	57 69%
NOT ANSWERED	1	24				1		1								1		1		1	
VALID CASES	149	3196	5	22	18	32	50	16	91					11	11	132	91	52	62	83	
NUMBER OF RESPONDENTS	150	3220	5	22	18	33	50	16	92					11	11	133	91	53	62	84	
	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]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
								WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR		
Q20 NEVER	4 3%	89 3%		1 ~ 5%			2 ~ 4%	1 6%	3 3%							4 3%	1 1%	3 6%		4 5%*
SOMETIMES	18 12%	317 10%		3 ~ 14%	3 ~ 17%	6 ~ 18%	4 8%	10 ~ 11%						3 27%	1 9%	14 11%	10 11%	6 11%	7 11%	9 11%
USUALLY	35 23%	782 24%	1 20%	2 9%	4 22%	11 33%	13 26%	3 19%	24 26%					1 9%	1 9%	33 25%	16 18%*	17 32%	17 27%	17 20%
ALWAYS	93 62%	2009 63%	4 80%	16 73%	11 61%	16 48%	31 62%	12 75%	55 60%					7 64%	9 82%	82 62%	64 70%*	27 51%*	38 61%	54 64%
#ALWAYS + USUALLY (NET)	128 85%	2790 87%	5 100%	18 82%	15 83%	27 82%	44 88%	15 94%	79 86%					8 73%	10 91%	115 86%	80 88%	44 83%	55 89%	71 85%
TOP BOX SCORE	93 62%	2009 63%	4 80%	16 73%	11 61%	16 48%	31 62%	12 75%	55 60%					7 64%	9 82%	82 62%	64 70%*	27 51%*	38 61%	54 64%
NOT ANSWERED		24																		
VALID CASES	150	3196	5	22	18	33	50	16	92					11	11	133	91	53	62	84
NUMBER OF RESPONDENTS	150 100%	3220 100%	5 100%	22 100%	18 100%	33 100%	50 100%	16 100%	92 100%					11 100%	11 100%	133 100%	91 100%	53 100%	62 100%	84 100%

[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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q21 YES	95 65%	2002 63%	2 40%~	14 64%~	9 50%~	20 65%~	36 73%~	11 69%~	68 75%*	~	~	~	~	~	6 60%~	5 45%~	87 67%~	59 66%	33 65%	37 62%	57 69%
NO	52 35%	1173 37%	3 60%~	8 36%~	9 50%~	11 35%~	13 27%~	5 31%~	23 25%*	~	~	~	~	~	4 40%~	6 55%~	43 33%~	31 34%	18 35%	23 38%	26 31%
NOT ANSWERED	3	45				2	1		1						1		3	1	2	2	1
VALID CASES	147	3175	5	22	18	31	49	16	91						10	11	130	90	51	60	83
NUMBER OF RESPONDENTS	150	3220	5	22	18	33	50	16	92						11	11	133	91	53	62	84
	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?

	TCH 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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q22 NEVER	5	115		1			4	4						1	5	2	3	1	4	
	5%	6%		~ 8%	~		~ 12%	~ 6%	~	~	~	~	~	~ 17%	~ 6%	4%	9%	3%	7%	
SOMETIMES	8	272		1		4	2	6						2	7	5	2	2	5	
	9%	14%		~ 8%	~	~ 20%	~ 6%	~ 9%	~	~	~	~	~	~ 33%	~ 8%	9%	6%	6%	9%	
USUALLY	27	568		3	7	2	12	3	20					2	1	25	16	10	12	15
	30%	30%		~ 23%	~ 78%	~ 10%	~ 36%	~ 27%	~ 31%	~	~	~	~	~ 33%	~ 20%	~ 30%	~ 29%	~ 30%	~ 33%	~ 28%
ALWAYS	51	925	2	8	2	14	15	8	34					1	4	46	32	18	21	30
	56%	49%	100%	~ 62%	~ 22%	~ 70%	~ 45%	~ 73%	~ 53%	~	~	~	~	~ 17%	~ 80%	~ 55%	~ 58%	~ 55%	~ 58%	~ 56%
#ALWAYS + USUALLY (NET)	78	1493	2	11	9	16	27	11	54					3	5	71	48	28	33	45
	86%	79%	100%	~ 85%	~ 100%	~ 80%	~ 82%	~ 100%	~ 84%	~	~	~	~	~ 50%	~ 100%	~ 86%	~ 87%	~ 85%	~ 92%	~ 83%
TOP BOX SCORE	51	925	2	8	2	14	15	8	34					1	4	46	32	18	21	30
	56%	49%	100%	~ 62%	~ 22%	~ 70%	~ 45%	~ 73%	~ 53%	~	~	~	~	~ 17%	~ 80%	~ 55%	~ 58%	~ 55%	~ 58%	~ 56%
NOT ANSWERED	4	69		1			3	4							4	4		1	3	
VALID CASES	91	1881	2	13	9	20	33	11	64					6	5	83	55	33	36	54
NUMBER OF RESPONDENTS	95	1950	2	14	9	20	36	11	68					6	5	87	59	33	37	57
	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?

			AGE					RACE						ETHNIC- ITY	HEALTH STATUS		GENDER									
	TCH 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 ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE						
Q23 WORST PERSONAL DOCTOR POSSIBLE	2 0.9%	21 0.5%	~	~	~	2%	~	6%	0.7%	~	~	~	~	~	8%	~	2%	1%	1%	1%	1%	1%	0.8%			
01	4 2%	38 0.9%	~	~	1	3%	~	4%	~	~	~	~	~	~	~	~	1%	2%	2%	1%	3%	1%	2%			
02	7 3%	42 1%*	~	2	5%	~	~	7%	~	~	~	~	~	1	8%	~	7%	~	7%	~	11%*	2%	5%	4%		
03	4 2%	61 2%	~	1	3%	1	3%	2%	~	~	~	~	~	~	~	8%	1	2%	2%	1%	3%	1%	2%			
04	5 2%	88 2%	~	1	3%	1	3%	2%	1%	~	~	~	~	~	~	~	4	2%	4	3%	~	1%	3%			
05	10 4%	212 5%	~	2	5%	~	~	4%	7%	~	~	~	~	~	8%	~	9	4%	5	3%	4	6%	5	4		
06	6 3%	181 4%	~	1	3%	~	~	2%	6%	~	~	~	~	~	~	~	6	3%	3	2%	3	5%	4	2		
07	26 12%	352 9%	8%	1	8%	3	20%	6	13%	10%	7	18%	3	18%	13%	~	2	18%	18	12%	8	13%	8	18		
08	36 16%	703 17%	17%	2	27%	11	30%	9	13%	6	9%*	6%	1	15%	~	~	3	23%	32	16%	24	11%	12	23		
09	41 18%	736 18%	25%	3	15%	6	13%	4	21%	10	15	22%	2	12%	~	~	4	31%	36	18%	33	7%	20	20		
BEST PERSONAL DOCTOR POSSIBLE	82 37%	1648 40%	50%	6	32%	13	27%	8	42%	20	32%	53%	9	39%	~	~	3	23%	5	38%	74	37%	61	17	34	46
#8-10 (NET)	159 71%	3087 76%	92%	11	75%	30	70%	21	75%	36	43	63%	12	71%	~	~	8	62%	12	92%	142	71%	118	35	66	89

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			
	TCH TOT ADULT	OHP TOT ADULT	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 PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE MALE			
9-10 (NET)	123 55%	2384 58%	9 75%~	19 47%~	12 40%~	30 63%~	37 54%	11 65%~	78 55%	~	~	~	~	~	7 54%~	9 69%~	110 55%~	94 61%*	24 39%*	54 61%	66 52%
NOT ANSWERED	12	266		1	2	2	6	1	10					1		12	9	3	5	7	
VALID CASES	223	4084	12	40	30	48	68	17	141					13	13	201	153	62	89	128	
NUMBER OF RESPONDENTS	235 100%	4350 100%	12 100%	41 100%	32 100%	50 100%	74 100%	18 100%	151 100%					14 100%	13 100%	213 100%	162 100%	65 100%	94 100%	135 100%	
MEAN	8.05	8.33	9.17	8.00	7.93	8.40	7.62	8.24	8.13					7.31	8.69	8.07	8.44	7.05	8.24	7.94	
p stat_(*=Sig @ p<=.05)		.060	~	~	~	~	.073	~	.521	~	~	~	~	~	~	~	~	.000*	.000*	.342	.417

[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	
	TCH 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 ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE
Q24 YES	112 39%	2150 40%	2 12%~	15 31%~	14 29%~	25 41%	44 51%*	7 37%~	78 44%*	~	~	~	~	9 ~ 45%~	5 33%~	101 38%~	68 34%*	39 50%*	41 34%	67 42%
Q24 NO	178 61%	3272 60%	15 88%~	33 69%~	35 71%~	36 59%	43 49%*	12 63%~	101 56%*	~	~	~	~	11 ~ 55%~	10 67%~	162 62%~	134 66%*	39 50%*	81 66%	94 58%
NOT ANSWERED	9	249						1	1									1	1	
VALID CASES	290	5422	17	48	49	61	87	19	179					20	15	263	202	78	122	161
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%



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	
	TCH 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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q25 NEVER	7 6%	123 6%	1 50%~	1 7%~	2 14%~	1 4%~	1 2%~	4 5%~	~	~	~	~	~	1 11%~	4 4%~	4 6%~	2 5%~	2 5%~	4 6%~	
SOMETIMES	25 23%	379 19%	~	6 40%~	4 29%~	5 21%~	10 23%~	16 21%~	~	~	~	~	~	3 33%~	1 20%~	24 24%~	15 22%~	10 26%~	4 10%~	21 32%~
USUALLY	30 27%	576 29%	1 50%~	2 13%~	2 14%~	7 29%~	13 30%~	4 57%~	21 28%~	~	~	~	~	1 11%~	29 29%~	19 28%~	9 24%~	14 35%~	15 23%~	
ALWAYS	48 44%	938 46%	~	6 40%~	6 43%~	11 46%~	19 44%~	3 43%~	35 46%~	~	~	~	~	4 44%~	4 80%~	42 42%~	29 43%~	17 45%~	20 50%~	26 39%~
#ALWAYS + USUALLY (NET)	78 71%	1514 75%	1 50%~	8 53%~	8 57%~	18 75%~	32 74%~	7 100%~	56 74%~	~	~	~	~	5 56%~	4 80%~	71 72%~	48 72%~	26 68%~	34 85%~	41 62%~
TOP BOX SCORE	48 44%	938 46%	~	6 40%~	6 43%~	11 46%~	19 44%~	3 43%~	35 46%~	~	~	~	~	4 44%~	4 80%~	42 42%~	29 43%~	17 45%~	20 50%~	26 39%~
NOT ANSWERED	2	70				1	1	2							2	1	1	1	1	
VALID CASES	110	2016	2	15	14	24	43	7	76					9	5	99	67	38	40	66
NUMBER OF RESPONDENTS	112 100%	2086 100%	2 100%	15 100%	14 100%	25 100%	44 100%	7 100%	78 100%					9 100%	5 100%	101 100%	68 100%	39 100%	41 100%	67 100%

[ASKED IF Q24 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q26 NONE	5 5%	110 5%	1 50%~	~	~	1 4%~	2 5%~	~	3 4%~	~	~	~	~	~	~	3 3%~	4 6%~	~	3 8%~	1 2%~
1 SPECIALIST	56 52%	1016 50%	~	9 64%~	7 54%~	11 46%~	23 53%~	5 71%~	37 49%~	~	~	~	~	6 67%~	3 60%~	52 54%~	37 57%~	19 50%~	22 56%~	33 51%~
2	26 24%	508 25%	1 50%~	3 21%~	2 15%~	6 25%~	11 26%~	1 14%~	19 25%~	~	~	~	~	1 11%~	~	24 25%~	13 20%~	9 24%~	8 21%~	16 25%~
3	14 13%	258 13%	~	1 7%~	2 15%~	6 25%~	3 7%~	1 14%~	11 15%~	~	~	~	~	1 11%~	2 40%~	11 11%~	7 11%~	7 18%~	5 13%~	9 14%~
4	6 6%	69 3%	~	1 7%~	1 8%~	~	4 9%~	~	4 5%~	~	~	~	~	1 11%~	~	6 6%~	4 6%~	2 5%~	1 3%~	5 8%~
5 OR MORE SPECIALISTS	1 0.9%	55 3%*	~	~	1 8%~	~	~	~	1 1%~	~	~	~	~	~	~	1 1%~	~	1 3%~	~	1 2%~
NOT ANSWERED	4	71	~	1	1	1	1	~	3	~	~	~	~	~	~	4	3	1	2	2
VALID CASES	108	2015	2	14	13	24	43	7	75	~	~	~	~	9	5	97	65	38	39	65
NUMBER OF RESPONDENTS	112 100%	2086 100%	2 100%	15 100%	14 100%	25 100%	44 100%	7 100%	78 100%	~	~	~	~	9 100%	5 100%	101 100%	68 100%	39 100%	41 100%	67 100%

[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?

	TCH 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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER ALSK ##	OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE-MALE
Q27 WORST SPECIALIST POSSIBLE	2	19			1	1		1						1		2	2	2	2	
	2%	1%	~	~	~ 5%	2%	~	1%	~	~	~	~	~	~ 11%	~	2%	3%	~	6%	
01		7																		
		0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	1	19		1										1		1	1	1	1	
	1%	1%	~	7%	~	~	~	~	~	~	~	~	~	~ 11%	~	1%	2%	~	3%	
03	1	32			1			1							1		1	1	1	
	1%	2%	~	~	~ 5%	~	~	1%	~	~	~	~	~	~	~ 1%	~	3%	~	2%	
04	1	32		1				1							1	1	1	1	1	
	1%	2%	~	7%	~	~	~	1%	~	~	~	~	~	~	~ 1%	2%	~	~	2%	
05	5	67		1	1	2	1	3							5	1	4	3	2	
	5%	4%	~	7%	~ 5%	5%	14%	4%	~	~	~	~	~	~	~ 5%	2%	11%	9%	3%	
06	5	73		1	1	3		2					1		5	2	3	1	4	
	5%	4%	~	7%	8%	~ 7%	~	3%	~	~	~	~	~ 11%	~	~ 5%	3%	8%	3%	6%	
07	13	158	1	2	3	3	3	7						2	12	8	4	5	7	
	13%	8%	100%	14%	23%	14%	7%	~ 10%	~	~	~	~	~ 22%	~	~ 13%	13%	11%	14%	11%	
08	23	318		3	6	14		17					1	1	22	14	8	6	17	
	23%	17%	~	21%	~ 27%	34%	~	~ 24%	~	~	~	~	~ 11%	20%	~ 24%	23%	22%	17%	27%	
09	17	355		1	5	2	7	2	14				1		16	10	7	6	11	
	17%	19%	~	7%	38%	9%	17%	29%	~ 20%	~	~	~	~ 11%	~ 17%	~ 16%	19%	~ 17%	~ 17%		
BEST SPECIALIST POSSIBLE	34	797		4	4	8	11	4	25				2	4	28	22	10	11	21	
	33%	42%	~	29%	31%	36%	27%	57%	~ 35%	~	~	~	~ 22%	80%	~ 30%	36%	27%	31%	33%	
#8-10 (NET)	74	1470		8	9	16	32	6	56				4	5	66	46	25	23	49	
	73%	78%	~	57%	69%	73%	78%	86%	~ 79%	~	~	~	~ 44%	100%	~ 71%	75%	68%	66%	77%	

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		
	TCH 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 ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	MALE
9-10 (NET)	51 50%	1152 61%*	18 ~ 36%	25 ~ 69%	35 ~ 45%	45 ~ 44%	55 ~ 86%	65 ~ 55%	~	~	~	~	~	3 ~ 33%	4 ~ 80%	44 ~ 47%	32 ~ 52%	17 ~ 46%	17 ~ 49%	32 ~ 50%
NOT ANSWERED	1	16				1		1								1		1		1
VALID CASES	102	1878	1	14	13	22	41	7						9	5	93	61	37	35	64
NUMBER OF RESPONDENTS	103 100%	1894 100%	1 100%	14 100%	13 100%	23 100%	41 100%	7 100%						9 100%	5 100%	94 100%	61 100%	38 100%	36 100%	64 100%
MEAN	8.16	8.45	7.00	7.43	8.62	7.95	8.15	9.00	8.38					6.56	9.60	8.04	8.21	8.00	7.71	8.36
p stat_(*=Sig @ p<=.05)		.126	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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?

	TCH TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE	MALE		
Q28 YES	53 18%	1069 20%	3 18%	10 21%	9 18%	10 17%	16 19%	1 5%	31 18%	~	~	~	~	~	3 15%	1 7%	49 19%	32 16%	17 22%	21 17%	29 18%
NO	234 82%	4323 80%	14 82%	38 79%	40 82%	49 83%	70 81%	18 95%	146 82%	~	~	~	~	~	17 85%	14 93%	211 81%	169 84%	59 78%	101 83%	129 82%
NOT ANSWERED	12	279				2	1	1	3							3	1	3	1	3	
VALID CASES	287	5392	17	48	49	59	86	19	177						20	15	260	201	76	122	158
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%						20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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?

	TCH 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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q29 NEVER	5 9%	102 11%	1 ~ 10%~	3 ~ 30%~	1 6%~	3 10%~	3 10%~	~	~	~	~	~	~	~	5 ~ 10%~	3 9%~	2 12%~	2 10%~	3 10%~	
SOMETIMES	21 40%	354 37%	1 33%~	6 60%~	4 44%~	3 30%~	5 31%~	11 35%~	~	~	~	~	1 33%~	19 39%~	13 41%~	6 35%~	7 33%~	12 41%~		
USUALLY	20 38%	333 35%	1 33%~	3 30%~	3 33%~	3 30%~	8 50%~	1 100%~	11 35%~	~	~	~	~	1 33%~	1 100%~	18 37%~	12 38%~	6 35%~	9 43%~	10 34%~
ALWAYS	7 13%	171 18%	1 33%~	2 ~ 22%~	1 10%~	2 13%~	6 19%~	~	~	~	~	~	1 33%~	7 ~ 14%~	4 13%~	3 18%~	3 14%~	4 14%~		
#ALWAYS + USUALLY (NET)	27 51%	504 52%	2 67%~	3 30%~	5 56%~	4 40%~	10 63%~	1 100%~	17 55%~	~	~	~	~	2 67%~	1 100%~	25 51%~	16 50%~	9 53%~	12 57%~	14 48%~
TOP BOX SCORE	7 13%	171 18%	1 33%~	2 ~ 22%~	1 10%~	2 13%~	6 19%~	~	~	~	~	~	1 33%~	7 ~ 14%~	4 13%~	3 18%~	3 14%~	4 14%~		
NOT ANSWERED		35																		
VALID CASES	53	961	3	10	9	10	16	1	31					3	1	49	32	17	21	29
NUMBER OF RESPONDENTS	53	996	3	10	9	10	16	1	31					3	1	49	32	17	21	29
	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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q30 YES	81 28%	1502 28%	3 18%~	16 33%~	15 31%~	16 27%	25 29%	2 11%~	42 24%*	~	~	~	~	~	8 40%~	4 27%~	73 28%~	56 28%	23 31%	29 24%	50 32%
NO	205 72%	3866 72%	14 82%~	32 67%~	34 69%~	43 73%	61 71%	16 89%~	134 76%*	~	~	~	~	~	12 60%~	11 73%~	186 72%~	145 72%	52 69%	93 76%	107 68%
NOT ANSWERED	13	303				2	1	2	4							4	1	4	1	4	
VALID CASES	286	5368	17	48	49	59	86	18	176						20	15	259	201	75	122	157
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180						20	15	263	202	79	123	161
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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			
	TCH 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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
								WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR		
Q31 NEVER	5 6%	56 4%	1 33%~	1 6%~	1 ~	2 6%~	2 8%~	3 7%~	~	~	~	~	~	~	5 7%~	3 6%~	2 9%~	2 7%~	3 6%~	
SOMETIMES	17 22%	267 20%	3 ~ 19%~	5 33%~	8 ~ 33%~	11 ~ 27%~	11 ~ 27%~	~	~	~	~	~	3 38%~	16 ~ 23%~	11 20%~	4 17%~	5 17%~	11 23%~		
USUALLY	22 28%	405 30%	2 ~ 13%~	8 53%~	5 31%~	5 21%~	1 100%~	9 22%~	~	~	~	~	~	3 75%~	16 23%~	13 24%~	9 39%~	10 34%~	11 23%~	
ALWAYS	35 44%	624 46%	2 67%~	10 63%~	2 13%~	10 63%~	9 37%~	18 44%~	~	~	~	~	~	5 62%~	1 25%~	34 48%~	27 50%~	8 35%~	12 41%~	23 48%~
#ALWAYS + USUALLY (NET)	57 72%	1029 76%	2 67%~	12 75%~	10 67%~	15 94%~	14 58%~	1 100%~	27 66%~	~	~	~	~	5 62%~	4 100%~	50 70%~	40 74%~	17 74%~	22 76%~	34 71%~
TOP BOX SCORE	35 44%	624 46%	2 67%~	10 63%~	2 13%~	10 63%~	9 37%~	18 44%~	~	~	~	~	~	5 62%~	1 25%~	34 48%~	27 50%~	8 35%~	12 41%~	23 48%~
NOT ANSWERED	2	48				1	1	1							2	2			2	
VALID CASES	79	1351	3	16	15	16	24	1	41					8	4	71	54	23	29	48
NUMBER OF RESPONDENTS	81	1399	3	16	15	16	25	2	42					8	4	73	56	23	29	50
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
Q32 NEVER		18 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	7 9%	102 8%	~	2 13%	2 13%	1 6%	2 8%	5 12%	~	~	~	~	~	~	7 10%	6 11%	1 4%	~	7 14%	
USUALLY	19 24%	291 21%	1 33%	3 19%	5 33%	2 13%	8 33%	10 24%	~	~	~	~	4 50%	1 25%	17 24%	13 24%	5 22%	8 28%	11 22%	
ALWAYS	54 68%	946 70%	2 67%	11 69%	8 53%	13 81%	14 58%	2 100%	26 63%	~	~	~	~	4 50%	3 75%	48 67%	36 65%	17 74%	21 72%	31 63%
#ALWAYS + USUALLY (NET)	73 91%	1237 91%	3 100%	14 88%	13 87%	15 94%	22 92%	2 100%	36 88%	~	~	~	~	8 100%	4 100%	65 90%	49 89%	22 96%	29 100%	42 86%
TOP BOX SCORE	54 68%	946 70%	2 67%	11 69%	8 53%	13 81%	14 58%	2 100%	26 63%	~	~	~	~	4 50%	3 75%	48 67%	36 65%	17 74%	21 72%	31 63%
NOT ANSWERED	1	41					1	1							1	1				1
VALID CASES	80	1358	3	16	15	16	24	2	41					8	4	72	55	23	29	49
NUMBER OF RESPONDENTS	81 100%	1399 100%	3 100%	16 100%	15 100%	16 100%	25 100%	2 100%	42 100%					8 100%	4 100%	73 100%	56 100%	23 100%	29 100%	50 100%

[ASKED IF Q30 = YES]

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

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q33 YES	102 36%	1713 32%	6 38%~	17 36%~	17 36%~	22 37%	27 32%	9 47%~	60 34%	~	~	~	~	~	7 37%~	6 40%~	92 36%~	70 36%	29 39%	45 38%	54 35%
NO	178 64%	3590 68%	10 63%~	30 64%~	30 64%~	37 63%	57 68%	10 53%~	114 66%	~	~	~	~	~	12 63%~	9 60%~	164 64%~	126 64%	46 61%	73 62%	102 65%
NOT ANSWERED	19	368	1	1	2	2	3	1	6						1		7	6	4	5	5
VALID CASES	280	5303	16	47	47	59	84	19	174						19	15	256	196	75	118	156
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%						20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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		
	TCH 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/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
PQ34 NEVER	5 2%	82 2%	1 6%	1 ~	2 2%	1 4%	1 1%	4 ~	~	~	~	~	~	~	~	5 2%	3 2%	2 3%	3 3%	2 1%
SOMETIMES	12 4%	286 5%	1 6%	~	3 6%	2 4%	5 6%	1 5%	~	~	~	~	~	1 5%	~	12 5%	5 3%	6 8%	4 3%	8 5%
USUALLY	45 16%	671 13%	2 13%	11 23%	9 19%	8 14%	10 12%	5 26%	~	~	~	~	~	3 16%	3 21%	41 16%	33 17%	12 16%	19 16%	26 17%
ALWAYS	214 78%	4198 80%	12 75%	36 77%	34 72%	44 79%	67 81%	13 68%	~	~	~	~	~	15 79%	11 79%	195 77%	152 79%	54 73%	91 78%	117 76%
#ALWAYS + USUALLY (NET)	259 94%	4868 93%	14 88%	47 100%	43 91%	52 93%	77 93%	18 95%	~	~	~	~	~	18 95%	14 100%	236 93%	185 96%	66 89%	110 94%	143 93%
TOP BOX SCORE	214 78%	4198 80%	12 75%	36 77%	34 72%	44 79%	67 81%	13 68%	~	~	~	~	~	15 79%	11 79%	195 77%	152 79%	54 73%	91 78%	117 76%
NOT ANSWERED	4	86				3	1	2							1	3	3	1	1	3
VALID CASES	276	5236	16	47	47	56	83	19						19	14	253	193	74	117	153
NUMBER OF RESPONDENTS	280	5322	16	47	47	59	84	19						19	15	256	196	75	118	156
	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

			AGE					RACE						ETHNICITY	HEALTH STATUS		GENDER			
	TCH TOT ADULT	OHP TOT ADULT	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 ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q35 WORST HEALTH PLAN POSSIBLE	31%	41 0.8%	2 13%	~	~	~	1 1%	~	3 2%	~	~	~	~	~	~	2 ~0.8%	1 ~0.5%	2 3%	2 2%	1 0.7%
01		47 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	6 2%	52 1%	~	1 2%	1 2%	~	4 5%	~	4 2%	~	~	~	~	~	~	6 2%	1 ~0.5%*	5 7%*	3 3%	3 2%
03	5 2%	102 2%	~	1 2%	2 5%	1 2%	~	~	3 2%	~	~	~	~	~	~	3 1%	4 2%	~	1 0.9%	3 2%
04	8 3%	122 2%	~	1 2%	~	4 7%	3 4%	~	6 4%	~	~	~	~	1 5%	~	8 3%	4 2%	4 5%	2 2%	6 4%
05	21 8%	466 9%	~	4 9%	4 9%	4 7%	6 7%	3 19%	11 7%	~	~	~	~	1 5%	1 7%	20 8%	16 9%	5 7%	11 10%	10 7%
06	15 6%	327 6%	1 6%	2 4%	4 9%	3 5%	3 4%	2 13%	8 5%	~	~	~	~	3 16%	1 7%	14 6%	12 6%	3 4%	7 6%	8 5%
07	30 11%	646 13%	1 6%	6 13%	7 16%	5 9%	8 10%	3 19%	15 9%	~	~	~	~	4 21%	~	28 11%	18 10%	12 16%	11 10%	19 13%
08	66 25%	1048 21%	5 31%	14 30%	12 27%	16 29%	16 19%	2 13%	44 27%	~	~	~	~	3 16%	4 29%	61 25%	47 25%	16 22%	30 26%	35 23%
09	47 18%	797 16%	2 13%	7 15%	7 16%	7 13%	20 24%	3 19%	29 18%	~	~	~	~	2 11%	6 43%	40 16%	33 18%	13 18%	21 18%	25 17%
BEST HEALTH PLAN POSSIBLE	67 25%	1383 27%	5 31%	10 22%	7 16%	16 29%	22 27%	3 19%	41 25%	~	~	~	~	5 26%	2 14%	63 26%	51 27%	13 18%	26 23%	39 26%
#8-10 (NET)	180 67%	3229 64%	12 75%	31 67%	26 59%	39 70%	58 70%	8 50%	114 70%	~	~	~	~	10 53%	12 86%	164 67%	131 70%	42 58%*	77 68%	99 66%

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		
	TCH 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 ##	AS-IAN ##	NATV HAW/ILLND ##	AMER IND/PAC/ALSK ##	OTHR ##	MULTI-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR		FE-MALE	MALE	
9-10 (NET)	114 43%	2180 43%	7 44%	17 37%	14 32%	23 41%	42 51%	6 38%	70 43%	~	~	~	~	~	7 37%	8 57%	103 42%	84 45%	26 36%	47 41%	64 43%
NOT ANSWERED	31	640	1	2	5	5	4	4	16					1	1	18	15	6	9	12	
VALID CASES	268	5031	16	46	44	56	83	16	164					19	14	245	187	73	114	149	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	
MEAN	7.78	7.78	7.56	7.78	7.50	7.91	7.86	7.56	7.76					7.74	8.36	7.80	7.97	7.23	7.72	7.82	
p stat_(*=Sig @ p<=.05)		.988	~	~	~.587	.712	~	.816	~	~	~	~	~	~	~	~	~.043*	.024*	.695	.743	

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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	TCH TOT ADULT	OHP TOT ADULT	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 PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q35A YES	27 10%	663 12%	18 ~	25 10%	35 10%	45 8%	55 8%	65 22%	19 11%	~	~	~	~	~	5%	2 13%	24 9%	12 6%*	13 17%*	6 5%*	20 13%*
NO	257 90%	4665 88%	17 100%	43 90%	43 90%	54 92%	79 92%	14 78%	157 89%	~	~	~	~	~	95%	13 87%	235 91%	187 94%*	63 83%*	114 95%*	138 87%*
NOT ANSWERED	15	342			1	2	1	2	4							4	3	3	3	3	
VALID CASES	284	5329	17	48	48	59	86	18	176					20	15	259	199	76	120	158	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE-MALE
Q35B NEVER	6 24%	127 21%	~ 20%	1 20%	1 20%	3 60%	1 25%	6 33%	~	~	~	~	~	~	~ 26%	6 45%	5 8%	1 17%	1 26%	5 26%
SOMETIMES	1 4%	93 16%	~	~	~	1 17%	~	~	~	~	~	~	~ 100%	~	1 4%	~	1 8%	1 17%	1 17%	~
USUALLY	10 40%	141 24%	~ 20%	1 40%	2 40%	1 20%	3 50%	3 75%	6 33%	~	~	~	~	~	1 50%	9 39%	2 18%	7 54%	2 33%	8 42%
ALWAYS	8 32%	234 39%	~ 60%	3 40%	2 40%	1 20%	2 33%	6 33%	~	~	~	~	~	~	1 50%	7 30%	4 36%	4 31%	2 33%	6 32%
#ALWAYS + USUALLY (NET)	18 72%	375 63%	~ 80%	4 80%	4 80%	2 40%	5 83%	3 75%	12 67%	~	~	~	~	~	2 100%	16 70%	6 55%	11 85%	4 67%	14 74%
TOP BOX SCORE	8 32%	234 39%	~ 60%	3 40%	2 40%	1 20%	2 33%	6 33%	~	~	~	~	~	~	1 50%	7 30%	4 36%	4 31%	2 33%	6 32%
NOT ANSWERED	2	32					1	1								1	1			1
VALID CASES	25	595		5	5	5	6	4	18				1	2	23	11	13	6	19	
NUMBER OF RESPONDENTS	27	627		5	5	5	7	4	19				1	2	24	12	13	6	20	
	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?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
TCH TOT ADULT	OHP TOT ADULT	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 PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE		
Q35C YES	42 15%	814 15%	1 6%	5 10%	8 17%	10 17%	13 15%	1 6%	25 14%	~	~	~	~	~	3 15%	2 13%	35 14%	18 9%*	18 24%*	10 8%*	28 17%
NO	242 85%	4498 85%	16 94%	43 90%	40 83%	50 83%	72 85%	17 94%	150 86%	~	~	~	~	~	17 85%	13 87%	223 86%	181 91%*	58 76%*	108 92%*	132 83%
NOT ANSWERED	15	359			1	1	2	2	5							5	3	3	5	1	
VALID CASES	284	5312	17	48	48	60	85	18	175				20	15	258	199	76	118	160		
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180				20	15	263	202	79	123	161		
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%



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

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE
			24	34	44	54	64	OVER	WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR	MALE
Q35D NEVER	8 20%	169 23%~100%	1 ~	2 25%	3 30%	2 18%	4 ~	~	~	~	~	~	1 33%	8 ~	24%	5 31%	3 17%	1 10%	7 27%	
SOMETIMES	5 13%	128 17%~	1 ~	1 20%	1 13%	1 9%	3 ~	~	~	~	~	~	~	3 ~	9%	2 13%	1 6%	~	3 12%	
USUALLY	13 33%	197 26%~	1 ~	3 20%	2 38%	6 20%	8 55%	~	~	~	~	~	1 33%	11 ~	33%	4 25%	7 39%	4 40%	8 31%	
ALWAYS	14 35%	251 34%~	3 ~	2 60%	5 25%	2 50%	1 18%	8 100%	~	~	~	~	1 33%	2 100%	11 33%	5 31%	7 39%	5 50%	8 31%	
#ALWAYS + USUALLY (NET)	27 68%	448 60%~	4 ~	5 80%	7 62%	8 70%	1 73%	16 100%	~	~	~	~	2 67%	2 100%	22 67%	9 56%	14 78%	9 90%	16 62%	
TOP BOX SCORE	14 35%	251 34%~	3 ~	2 60%	5 25%	2 50%	1 18%	8 100%	~	~	~	~	1 33%	2 100%	11 33%	5 31%	7 39%	5 50%	8 31%	
NOT ANSWERED	2	29				2	2							2	2	2			2	
VALID CASES	40	745	1	5	8	10	11	1	23					3	2	33	16	18	10	26
NUMBER OF RESPONDENTS	42	774	1	5	8	10	13	1	25					3	2	35	18	18	10	28
	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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35E YES	159 56%	2942 55%	9 53%~	25 52%~	17 35%~	39 66%	54 64%	9 47%~	98 56%	~	~	~	~	~	11 55%~	9 60%~	145 56%~	96 48%*	58 75%*	66 55%	89 56%
NO	124 44%	2408 45%	8 47%~	23 48%~	31 65%~	20 34%	31 36%	10 53%~	78 44%	~	~	~	~	~	9 45%~	6 40%~	114 44%~	102 52%*	19 25%*	53 45%	70 44%
NOT ANSWERED	16	321			1	2	2	1	4								4	4	2	4	2
VALID CASES	283	5350	17	48	48	59	85	19	176						20	15	259	198	77	119	159
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%						20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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

	TCH TOT ADLT	OHP TOT ADLT	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 ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q35F																					
NO EFFORT AT ALL	7 5%	101 4%	1 13%~	2 8%~	2 ~	1 5%~	1 2%	1 11%~	3 3%	~	~	~	~	~	1 9%~	1 11%~	6 4%~	3 3%	4 7%	3 5%	4 5%
A LITTLE EFFORT WAS MADE	11 7%	195 7%	~	1 4%~	~	3 8%~	6 12%	~	7 8%	~	~	~	~	~	~	1 11%~	9 6%~	3 3%*	8 14%*	4 6%	6 7%
SOME EFFORT WAS MADE	37 24%	696 25%	1 13%~	6 24%~	6 35%~	8 21%~	14 27%	~	25 27%	~	~	~	~	3 27%~	1 11%~	33 24%~	21 23%	14 24%	12 18%	23 27%	
A LOT OF EFFORT WAS MADE	99 64%	1801 64%	6 75%~	16 64%~	11 65%~	25 66%~	30 59%	8 89%~	58 62%	~	~	~	~	7 64%~	6 67%~	92 66%~	64 70%	32 55%	46 71%	52 61%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	136 88%	2497 89%	7 87%~	22 88%~	17 100%~	33 87%~	44 86%	8 89%~	83 89%	~	~	~	~	10 91%~	7 78%~	125 89%~	85 93%*	46 79%*	58 89%	75 88%	
TOP BOX SCORE	99 64%	1801 64%	6 75%~	16 64%~	11 65%~	25 66%~	30 59%	8 89%~	58 62%	~	~	~	~	7 64%~	6 67%~	92 66%~	64 70%	32 55%	46 71%	52 61%	
NOT ANSWERED	5	82	1			1	3		5							5	5		1	4	
VALID CASES	154	2794	8	25	17	38	51	9	93					11	9	140	91	58	65	85	
NUMBER OF RESPONDENTS	159	2876	9	25	17	39	54	9	98					11	9	145	96	58	66	89	
	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?

	TCH TOT ADLT	OHP TOT ADLT	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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q35G																					
NO EFFORT AT ALL	6 4%	101 4%	1 13%~	2 8%~	2 ~	5 5%~	1 ~	11 11%~	4 4%	~	~	~	~	~	18 18%~	~	4 4%~	3 3%	3 5%	3 5%	3 3%
A LITTLE EFFORT WAS MADE	11 7%	226 8%	~	8 8%~	1 6%~	1 3%~	5 10%	~	6 6%	~	~	~	~	~	9 9%~	~	6 6%~	3 3%*	7 12%	3 5%	6 7%
SOME EFFORT WAS MADE	45 29%	717 26%	~	7 28%~	6 38%~	10 26%~	17 33%	3 33%~	31 33%	~	~	~	~	~	9 9%~	4 44%~	38 27%~	24 26%	18 31%	20 31%	23 27%
A LOT OF EFFORT WAS MADE	92 60%	1741 63%	7 88%~	14 56%~	9 56%~	25 66%~	30 58%	5 56%~	53 56%	~	~	~	~	~	7 64%~	5 56%~	87 62%~	61 67%*	30 52%	38 59%	54 63%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	137 89%	2458 88%	7 88%~	21 84%~	15 94%~	35 92%~	47 90%	8 89%~	84 89%	~	~	~	~	~	8 73%~	9 100%~	125 89%~	85 93%*	48 83%	58 91%	77 90%
TOP BOX SCORE	92 60%	1741 63%	7 88%~	14 56%~	9 56%~	25 66%~	30 58%	5 56%~	53 56%	~	~	~	~	~	7 64%~	5 56%~	87 62%~	61 67%*	30 52%	38 59%	54 63%
NOT ANSWERED	5	91	1		1	1	2		4								5	5		2	3
VALID CASES	154	2785	8	25	16	38	52	9	94					11	9	140	91	58	64	86	
NUMBER OF RESPONDENTS	159	2876	9	25	17	39	54	9	98					11	9	145	96	58	66	89	
	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?

	TCH TOT ADLT	OHP TOT ADLT	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 ##	OTHR ##	MUL-TI TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	VERY POOR	MALE	FE-MALE
Q35H																				
NO EFFORT AT ALL	13 8%	190 7%	1 13%~	1 4%~	4 ~ 11%~	5 10%	1 11%~	9 10%	~	~	~	~	~	2 ~ 18%~	12 ~ 9%~	5 5%	7 12%	5 8%	7 8%	
A LITTLE EFFORT WAS MADE	15 10%	238 9%	5 ~ 20%~	2 12%~	4 11%~	4 8%	9 ~ 10%	~	~	~	~	~	~	2 ~ 18%~	1 11%~	13 9%~	7 8%	8 14%	6 9%	9 11%
SOME EFFORT WAS MADE	32 21%	749 27%*	1 13%~	4 16%~	2 12%~	7 19%~	13 25%	3 33%~	19 20%	~	~	~	~	1 ~ 9%~	30 ~ 22%~	18 20%	12 21%	14 22%	16 19%	
A LOT OF EFFORT WAS MADE	93 61%	1596 58%	6 75%~	15 60%~	13 76%~	22 59%~	29 57%	5 56%~	56 60%	~	~	~	~	6 ~ 55%~	8 89%~	84 60%~	62 67%*	29 52%	39 61%	53 62%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	125 82%	2345 85%	7 87%~	19 76%~	15 88%~	29 78%~	42 82%	8 89%~	75 81%	~	~	~	~	7 ~ 64%~	8 89%~	114 82%~	80 87%*	41 73%	53 83%	69 81%
TOP BOX SCORE	93 61%	1596 58%	6 75%~	15 60%~	13 76%~	22 59%~	29 57%	5 56%~	56 60%	~	~	~	~	6 ~ 55%~	8 89%~	84 60%~	62 67%*	29 52%	39 61%	53 62%
NOT ANSWERED	6	103	1		2	3		5							6	4	2	2	4	
VALID CASES	153	2773	8	25	17	37	51	9	93					11	9	139	92	56	64	85
NUMBER OF RESPONDENTS	159	2876	9	25	17	39	54	9	98					11	9	145	96	58	66	89
	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?

	TCH TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35I YES	97 35%	1870 35%	6 35%~	18 37%~	14 29%~	27 47%*	26 31%	3 17%~	55 31%	~	~	~	~	~	11 55%~	6 40%~	88 34%~	62 32%	32 43%	44 37%	52 34%
NO	182 65%	3406 65%	11 65%~	30 63%~	34 71%~	31 53%*	57 69%	15 83%~	120 69%	~	~	~	~	~	9 45%~	9 60%~	168 66%~	134 68%	43 57%	75 63%	103 66%
NOT ANSWERED	20	394			1	3	4	2	5							7	6	4	4	6	
VALID CASES	279	5277	17	48	48	58	83	18	175						20	15	256	196	75	119	155
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%						20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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?

	TCH 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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE	
Q35J #YES	74 80%	1588 89%*	3 60%~	17 94%~	12 86%~	18 75%~	19 73%~	3 100%~	41 80%~	~	~	~	~	~	7 64%~	6 100%~	67 80%~	47 78%~	27 87%~	31 74%~	43 86%~
NO	18 20%	204 11%*	2 40%~	1 6%~	2 14%~	6 25%~	7 27%~	10 20%~	~	~	~	~	~	4 36%~	~	17 20%~	13 22%~	4 13%~	11 26%~	7 14%~	
NOT ANSWERED	5	60	1			3		4								4	2	1	2	2	
VALID CASES	92	1792	5	18	14	24	26	3	51					11	6	84	60	31	42	50	
NUMBER OF RESPONDENTS	97	1852	6	18	14	27	26	3	55					11	6	88	62	32	44	52	
	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?

	TCH TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35K #YES	71 77%	1484 84%	3 60%	15 83%	10 71%	17 71%	21 81%	3 100%	39 76%	~	~	~	~	~	9 82%	5 83%	66 79%	46 77%	24 77%	32 76%	39 78%
NO	21 23%	292 16%	2 40%	3 17%	4 29%	7 29%	5 19%	~	12 24%	~	~	~	~	~	2 18%	1 17%	18 21%	14 23%	7 23%	10 24%	11 22%
NOT ANSWERED	5	76	1			3		4								4	2	1	2	2	2
VALID CASES	92	1776	5	18	14	24	26	3	51						11	6	84	60	31	42	50
NUMBER OF RESPONDENTS	97	1852	6	18	14	27	26	3	55						11	6	88	62	32	44	52
	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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
			24	34	44	54	64	OVER	WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR	MALE	MALE
Q35L NEVER	48 18%	692 13%*	4 24%~	8 18%~	11 24%~	6 11%	15 18%	3 15%~	33 19%	~	~	~	~	~	6 30%~	~	44 18%~	33 17%	14 18%	27 23%	20 13%*
SOMETIMES	27 10%	623 12%	~	4 9%~	4 9%~	8 15%	7 8%	3 15%~	16 9%	~	~	~	~	~	~	1 7%~	25 10%~	14 7%	12 16%	10 8%	16 11%
USUALLY	61 22%	1195 23%	~	8 18%~	16 35%~	16 29%	17 20%	3 15%~	38 22%	~	~	~	~	~	6 30%~	5 33%~	54 22%~	45 24%	14 18%	27 23%	33 22%
ALWAYS	137 50%	2698 52%	13 76%~	24 55%~	15 33%~	25 45%	46 54%	11 55%~	86 50%	~	~	~	~	~	8 40%~	9 60%~	127 51%~	98 52%	37 48%	55 46%	81 54%
#ALWAYS + USUALLY (NET)	198 73%	3894 75%	13 76%~	32 73%~	31 67%~	41 75%	63 74%	14 70%~	124 72%	~	~	~	~	~	14 70%~	14 93%~	181 72%~	143 75%	51 66%	82 69%	114 76%
TOP BOX SCORE	137 50%	2698 52%	13 76%~	24 55%~	15 33%~	25 45%	46 54%	11 55%~	86 50%	~	~	~	~	~	8 40%~	9 60%~	127 51%~	98 52%	37 48%	55 46%	81 54%
NOT ANSWERED	26	462	~	4	3	6	2	~	7	~	~	~	~	~	~	13	12	2	4	11	
VALID CASES	273	5209	17	44	46	55	85	20	173	~	~	~	~	~	20	15	250	190	77	119	150
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%	~	~	~	~	~	20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	TCH 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/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q35M ALWAYS	14 5%	310 6%	2 12%	3 6%	1 2%	2 4%	6 7%	8 5%	~	~	~	~	~	2 10%	14 6%	9 5%	5 6%	7 6%	7 5%	
USUALLY	12 4%	270 5%	~	3 6%	2 4%	3 5%	1 1%*	3 16%	7 4%	~	~	~	~	~	2 13%	9 4%	8 4%	4 5%	6 5%	6 4%
SOMETIMES	60 22%	952 18%	2 12%	7 15%	14 30%	15 27%	19 23%	2 11%	41 24%	~	~	~	~	6 30%	3 20%	56 22%	36 19%	23 30%	24 20%	35 23%
NEVER	185 68%	3697 71%	13 76%	34 72%	29 63%	35 64%	56 68%	14 74%	113 67%	~	~	~	~	12 60%	10 67%	170 68%	136 72%	45 58%*	81 69%	102 68%
#NEVER + SOMETIMES (NET)	245 90%	4649 89%	15 88%	41 87%	43 93%	50 91%	75 91%	16 84%	154 91%	~	~	~	~	18 90%	13 87%	226 91%	172 91%	68 88%	105 89%	137 91%
TOP BOX SCORE	185 68%	3697 71%	13 76%	34 72%	29 63%	35 64%	56 68%	14 74%	113 67%	~	~	~	~	12 60%	10 67%	170 68%	136 72%	45 58%*	81 69%	102 68%
NOT ANSWERED	28	442		1	3	6	5	1	11						14	13	2	5	11	
VALID CASES	271	5229	17	47	46	55	82	19	169					20	15	249	189	77	118	150
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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	
	TCH 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/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q35N ALWAYS	5 2%	79 2%	1 6%~	1 2%~	1 2%~	1 2%	1 1%	2 1%	~	~	~	~	~	2 11%~	1 7%~	4 2%~	2 1%	3 4%	3 3%	2 1%
USUALLY	9 3%	129 2%	~	3 7%~	1 2%~	1 2%	3 4%	1 5%~	5 3%	~	~	~	~	2 11%~	~	9 4%~	5 3%	4 5%	7 6%	2 1%
SOMETIMES	47 17%	739 14%	3 18%~	8 17%~	4 9%~	13 24%	13 15%	4 20%~	29 17%	~	~	~	~	4 21%~	2 13%~	42 17%~	29 15%	16 21%	15 13%	30 20%
NEVER	212 78%	4276 82%	13 76%~	34 74%~	40 87%~	40 73%	68 80%	15 75%~	135 79%	~	~	~	~	11 58%~	12 80%~	197 78%~	157 81%*	53 70%	94 79%	118 78%
#NEVER + SOMETIMES (NET)	259 95%	5015 96%	16 94%~	42 91%~	44 96%~	53 96%	81 95%	19 95%~	164 96%	~	~	~	~	15 79%~	14 93%~	239 95%~	186 96%	69 91%	109 92%*	148 97%*
TOP BOX SCORE	212 78%	4276 82%	13 76%~	34 74%~	40 87%~	40 73%	68 80%	15 75%~	135 79%	~	~	~	~	11 58%~	12 80%~	197 78%~	157 81%*	53 70%	94 79%	118 78%
NOT ANSWERED	26	448		2	3	6	2		9					1		11	9	3	4	9
VALID CASES	273	5223	17	46	46	55	85	20	171					19	15	252	193	76	119	152
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH TOT ADULT	OHP TOT ADULT	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 PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q350 ALWAYS	4 1%	62 1%	1 7%	~	~	~	1 5%	1 2%	~	~	~	~	~	~	~	3 1%	3 4%	1 0.8%	2 1%	
USUALLY	3 1%	77 1%	~	1 2%	2 4%	~	~	2 1%	~	~	~	~	~	~	~	3 1%	1 0.5%	2 3%	1 0.8%	2 1%
SOMETIMES	38 14%	505 10%*	~	8 17%	4 9%	12 22%	12 14%	2 10%	26 15%	~	~	~	~	4 20%	2 13%	34 14%	21 11%*	17 22%*	11 9%*	27 18%*
NEVER	227 83%	4589 88%*	14 93%	38 81%	41 87%	43 78%	71 85%	17 85%	139 82%	~	~	~	~	16 80%	13 87%	211 84%	170 89%*	54 71%*	105 89%*	121 80%*
#NEVER + SOMETIMES (NET)	265 97%	5094 97%	14 93%	46 98%	45 96%	55 100%	83 99%	19 95%	165 97%	~	~	~	~	20 100%	15 100%	245 98%	191 99%*	71 93%	116 98%	148 97%
TOP BOX SCORE	227 83%	4589 88%*	14 93%	38 81%	41 87%	43 78%	71 85%	17 85%	139 82%	~	~	~	~	16 80%	13 87%	211 84%	170 89%*	54 71%*	105 89%*	121 80%*
NOT ANSWERED	27	438	2	1	2	6	3	10							12	10	3	5	9	
VALID CASES	272	5233	15	47	47	55	84	20	170					20	15	251	192	76	118	152
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161
	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		
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35P																					
#YES DEFINITELY	180 66%	3547 69%	14 82%~	32 70%~	28 64%~	31 55%	58 67%	14 70%~	113 66%	~	~	~	~	~	12 60%~	14 93%~	163 65%~	139 72%*	38 49%*	74 63%	105 68%
YES SOMEWHAT	62 23%	1203 23%	1 6%~	6 13%~	14 32%~	19 34%*	18 21%	3 15%~	37 22%	~	~	~	~	6 30%~	~	59 24%~	38 20%	23 30%	28 24%	33 21%	
NO	31 11%	417 8%	2 12%~	8 17%~	2 5%~	6 11%	10 12%	3 15%~	22 13%	~	~	~	~	2 10%~	1 7%~	29 12%~	15 8%*	16 21%*	15 13%	16 10%	
NOT ANSWERED	26	503		2	5	5	1		8							12	10	2	6	7	
VALID CASES	273	5168	17	46	44	56	86	20	172					20	15	251	192	77	117	154	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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?

	TCH 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/ ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35Q YES	164 59%	2983 57%	9 53%~	28 60%~	28 57%~	40 69%	49 58%	8 40%~	109 63%	~	~	~	~	~	7 35%~	8 53%~	153 60%~	128 64%*	36 47%*	69 58%	94 59%
NO	115 41%	2289 43%	8 47%~	19 40%~	21 43%~	18 31%	36 42%	12 60%~	65 37%	~	~	~	~	~	13 65%~	7 47%~	104 40%~	72 36%*	40 53%*	51 42%	64 41%
NOT ANSWERED	20	399		1		3	2		6							6	2	3	3	3	
VALID CASES	279	5272	17	47	49	58	85	20	174					20	15	257	200	76	120	158	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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 ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35R NEVER	53 40%	917 37%	2 25%	14 47%	5 23%	8 30%	17 50%	7 64%	27 38%	~	~	~	~	~	44%	2 40%	50 39%	32 36%	20 47%	20 38%	33 41%
SOMETIMES	21 16%	468 19%	1 13%	4 13%	5 23%	6 22%	2 6%	1 9%	14 19%	~	~	~	~	~	11%	1 20%	19 15%	17 19%	4 9%	8 15%	12 15%
USUALLY	24 18%	470 19%	1 13%	4 13%	8 36%	3 11%	6 18%	2 18%	12 17%	~	~	~	~	~	11%	1 20%	23 18%	17 19%	7 16%	10 19%	14 17%
ALWAYS	36 27%	619 25%	4 50%	8 27%	4 18%	10 37%	9 26%	1 9%	19 26%	~	~	~	~	~	33%	3 20%	35 28%	24 27%	12 28%	15 28%	21 26%
#ALWAYS + USUALLY (NET)	60 45%	1089 44%	5 62%	12 40%	12 55%	13 48%	15 44%	3 27%	31 43%	~	~	~	~	~	44%	4 40%	58 46%	41 46%	19 44%	25 47%	35 44%
TOP BOX SCORE	36 27%	619 25%	4 50%	8 27%	4 18%	10 37%	9 26%	1 9%	19 26%	~	~	~	~	~	33%	3 20%	35 28%	24 27%	12 28%	15 28%	21 26%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	144	2730	9	18	27	29	51	9	102					11	10	130	109	33	68	76	
NOT ANSWERED	21	467				5	2		6							6	3	3	2	5	
VALID CASES	134	2474	8	30	22	27	34	11	72					9	5	127	90	43	53	80	
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
			%	%	%	%	%	%	##	##	##	##	##	##	##	##	%	%	%	%
Q36																				
EXCELLENT	33 12%	556 10%	6 38%	12 25%	4 8%	3 5%*	7 8%	18 10%	~	~	~	~	~	3 15%	1 7%	29 11%	33 16%	~	11 9%	22 14%
VERY GOOD	63 22%	1282 24%	6 38%	14 29%	14 29%	14 23%	13 15%*	2 10%	43 25%	~	~	~	~	2 10%	2 13%	60 23%	63 31%*	~	27 22%	36 23%
GOOD	106 38%	1849 35%	3 19%	14 29%	24 49%	21 35%	36 42%	7 35%	65 37%	~	~	~	~	11 55%	5 33%	99 38%	106 52%	~	47 39%	58 36%
FAIR	61 22%	1201 23%	1 6%	6 13%	7 14%	15 25%	21 25%	10 50%	36 21%	~	~	~	~	3 15%	6 40%	55 21%	~	61 77%	27 22%	34 21%
POOR	18 6%	406 8%	~	2 4%	~	7 12%	8 9%	1 5%	13 7%	~	~	~	~	1 5%	1 7%	16 6%	~	18 23%*	8 7%	10 6%
#EXCELLENT + VERY GOOD + GOOD (NET)	202 72%	3686 70%	15 94%	40 83%	42 86%	38 63%	56 66%	9 45%	126 72%	~	~	~	~	16 80%	8 53%	188 73%	202 100%	~	85 71%	116 73%
NOT ANSWERED	18	377	1			1	2		5							4			3	1
VALID CASES	281	5294	16	48	49	60	85	20	175					20	15	259	202	79	120	160
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161
	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?

	TCH 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/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q37																					
EXCELLENT	45 16%	956 18%	5 29%	12 25%	4 8%	7 12%	15 17%	1 5%	26 15%	~	~	~	~	~	3 15%	1 7%	42 16%	42 21%*	3 4%*	15 12%	30 19%
VERY GOOD	82 29%	1444 27%	6 35%	12 25%	17 35%	16 27%	27 31%	4 20%	52 29%	~	~	~	~	~	4 20%	5 33%	75 29%	68 34%*	12 15%*	37 30%	45 28%
GOOD	86 30%	1591 30%	1 6%	8 17%	18 37%	17 29%	34 39%*	8 40%	58 33%	~	~	~	~	~	7 35%	5 33%	80 31%	59 29%	26 33%	40 33%	46 29%
FAIR	58 20%	1030 19%	4 24%	13 27%	9 18%	16 27%	8 9%*	7 35%	36 20%	~	~	~	~	~	4 20%	3 20%	54 21%	27 13%*	31 39%*	24 20%	34 21%
POOR	12 4%	303 6%	1 6%	3 6%	1 2%	3 5%	3 3%	~	6 3%	~	~	~	~	~	2 10%	1 7%	10 4%	5 2%	7 9%	6 5%	5 3%
#EXCELLENT + VERY GOOD + GOOD (NET)	213 75%	3991 75%	12 71%	32 67%	39 80%	40 68%	76 87%*	13 65%	136 76%	~	~	~	~	~	14 70%	11 73%	197 75%	169 84%*	41 52%*	92 75%	121 76%
NOT ANSWERED	16	348				2			2								2	1		1	1
VALID CASES	283	5323	17	48	49	59	87	20	178						20	15	261	201	79	122	160
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180						20	15	263	202	79	123	161
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

Q38 HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2015?

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q38 #YES	99 36%	1949 37%	5 31%~	10 21%~	7 15%~	25 43%	39 45%*	12 63%~	66 38%	~	~	~	~	4 21%~	8 53%~	90 35%~	58 29%*	40 51%*	34 29%*	65 41%*
NO	178 64%	3261 63%	11 69%~	37 79%~	41 85%~	33 57%	47 55%*	7 37%~	107 62%	~	~	~	~	15 79%~	7 47%~	165 65%~	139 71%*	38 49%*	84 71%*	93 59%*
DON'T KNOW	7	134	1	1	1	2	1	1	5					1		7	5	1	4	3
NOT ANSWERED	15	327				1			2							1			1	
VALID CASES	277	5210	16	47	48	58	86	19	173					19	15	255	197	78	118	158
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161
	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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q39 EVERY DAY	65 23%	1034 20%	3 18%	8 17%	13 27%	14 24%	25 29%	2 10%	41 23%	~	~	~	~	~	4 20%	63 24%	47 23%	18 23%	33 27%	32 20%	
SOME DAYS	26 9%	461 9%	1 6%	7 15%	5 10%	5 9%	7 8%	1 5%	14 8%	~	~	~	~	~	5 25%	1 7%	25 10%	17 8%	9 12%	13 11%	13 8%
NOT AT ALL	190 68%	3773 72%	13 76%	33 69%	30 63%	39 67%	55 63%	17 85%	121 69%	~	~	~	~	~	11 55%	14 93%	171 66%	136 68%	51 65%	76 62%	113 72%
DON'T KNOW	2	42			1	1			2							2	2			2	
NOT ANSWERED	16	360				2			2							2		1	1	1	
VALID CASES	281	5269	17	48	48	58	87	20	176						20	15	259	200	78	122	158
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180						20	15	263	202	79	123	161
	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?

	TCH 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-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q40 NEVER	23 25%	477 30%	2 50%~	7 47%~	6 33%~	2 11%~	6 19%~	16 29%~	~	~	~	~	~	1 11%~	1 100%~	22 25%~	17 27%~	6 22%~	12 26%~	11 24%~
SOMETIMES	19 21%	309 20%	1 25%~	1 7%~	3 17%~	7 37%~	7 22%~	12 22%~	~	~	~	~	~	3 33%~	~	18 20%~	15 23%~	4 15%~	8 17%~	11 24%~
USUALLY	19 21%	270 17%	~	2 13%~	4 22%~	2 11%~	9 28%~	2 67%~	11 20%~	~	~	~	~	1 11%~	~	18 20%~	14 22%~	5 19%~	9 20%~	10 22%~
ALWAYS	30 33%	513 33%	1 25%~	5 33%~	5 28%~	8 42%~	10 31%~	1 33%~	16 29%~	~	~	~	~	4 44%~	~	30 34%~	18 28%~	12 44%~	17 37%~	13 29%~
#ALWAYS + USUALLY (NET)	49 54%	782 50%	1 25%~	7 47%~	9 50%~	10 53%~	19 59%~	3 100%~	27 49%~	~	~	~	~	5 56%~	~	48 55%~	32 50%~	17 63%~	26 57%~	23 51%~
TOP BOX SCORE	30 33%	513 33%	1 25%~	5 33%~	5 28%~	8 42%~	10 31%~	1 33%~	16 29%~	~	~	~	~	4 44%~	~	30 34%~	18 28%~	12 44%~	17 37%~	13 29%~
NOT ANSWERED		25																		
VALID CASES	91	1569	4	15	18	19	32	3	55					9	1	88	64	27	46	45
NUMBER OF RESPONDENTS	91	1594	4	15	18	19	32	3	55					9	1	88	64	27	46	45
	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.

	TCH 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 ##	NATV AS- IAN ##	AMER HAW/ IND/ PAC ALSK ##	ILND NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q41 NEVER	45 49%	796 51%	4 100%	9 60%	10 56%	8 42%	14 44%	26 47%	~	~	~	~	~	5 56%	1 100%	43 49%	32 50%	13 48%	19 41%	26 58%
SOMETIMES	19 21%	318 20%	~	1 7%	4 22%	4 21%	8 25%	2 67%	10 18%	~	~	~	~	2 22%	~	18 20%	15 23%	4 15%	10 22%	9 20%
USUALLY	9 10%	179 11%	~	1 7%	2 11%	2 11%	4 13%	6 11%	~	~	~	~	~	~	~	9 10%	4 6%	5 19%	6 13%	3 7%
ALWAYS	18 20%	266 17%	~	4 27%	2 11%	5 26%	6 19%	1 33%	13 24%	~	~	~	~	2 22%	~	18 20%	13 20%	5 19%	11 24%	7 16%
#ALWAYS + USUALLY (NET)	27 30%	445 29%	~	5 33%	4 22%	7 37%	10 31%	1 33%	19 35%	~	~	~	~	2 22%	~	27 31%	17 27%	10 37%	17 37%	10 22%
TOP BOX SCORE	18 20%	266 17%	~	4 27%	2 11%	5 26%	6 19%	1 33%	13 24%	~	~	~	~	2 22%	~	18 20%	13 20%	5 19%	11 24%	7 16%
NOT ANSWERED		34																		
VALID CASES	91	1560	4	15	18	19	32	3	55					9	1	88	64	27	46	45
NUMBER OF RESPONDENTS	91 100%	1594 100%	4 100%	15 100%	18 100%	19 100%	32 100%	3 100%	55 100%					9 100%	1 100%	88 100%	64 100%	27 100%	46 100%	45 100%

[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.

	TCH 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 ##	NATV AS- IAN ##	AMER HAW/ IND/ PAC ALSK ##	ILND NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q42																				
NEVER	48 53%	888 57%	3 75%	10 67%	12 67%	10 53%	13 41%	31 56%	~	~	~	~	~	5 56%	1 100%	46 52%	34 53%	14 52%	20 43%	28 62%
SOMETIMES	22 24%	301 19%	~	1 7%	3 17%	4 21%	12 38%	2 67%	12 22%	~	~	~	~	1 11%	21 24%	15 23%	7 26%	14 30%	8 18%	
USUALLY	9 10%	175 11%	~	1 7%	1 6%	4 21%	3 9%	5 9%	~	~	~	~	~	1 11%	9 10%	6 9%	3 11%	6 13%	3 7%	
ALWAYS	12 13%	191 12%	1 25%	3 20%	2 11%	1 5%	4 13%	1 33%	7 13%	~	~	~	~	2 22%	12 14%	9 14%	3 11%	6 13%	6 13%	
#ALWAYS + USUALLY (NET)	21 23%	367 24%	1 25%	4 27%	3 17%	5 26%	7 22%	1 33%	12 22%	~	~	~	~	3 33%	21 24%	15 23%	6 22%	12 26%	9 20%	
TOP BOX SCORE	12 13%	191 12%	1 25%	3 20%	2 11%	1 5%	4 13%	1 33%	7 13%	~	~	~	~	2 22%	12 14%	9 14%	3 11%	6 13%	6 13%	
NOT ANSWERED		39																		
VALID CASES	91	1555	4	15	18	19	32	3	55					9	1	88	64	27	46	45
NUMBER OF RESPONDENTS	91 100%	1594 100%	4 100%	15 100%	18 100%	19 100%	32 100%	3 100%	55 100%					9 100%	1 100%	88 100%	64 100%	27 100%	46 100%	45 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q43 YES	50 18%	1073 20%	~	~	12%~	5 8%*	29 34%*	9 45%~	37 21%	~	~	~	~	~	3 15%~	3 20%~	45 17%~	30 15%	18 23%	22 18%	28 17%
NO	233 82%	4210 80%	100%~	100%~	88%~	43 92%*	55 66%*	11 55%~	140 79%	~	~	~	~	~	17 85%~	12 80%~	216 83%~	172 85%	60 77%	100 82%	132 83%
DON'T KNOW	1	36					1		1							1		1		1	
NOT ANSWERED	15	352				1			2							1				1	
VALID CASES	283	5283	17	48	49	60	86	20	177					20	15	261	202	78	122	160	
NUMBER OF RESPONDENTS	299	5671	100%	100%	100%	100%	100%	100%	180					20	15	263	202	79	123	161	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	TCH 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/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q44 YES	228	481	~	24%~	36%~	311	112	213	149	~	~	~	~	~	~	7%~	9%~	7%~	11%~	8%~	13%~
NO	24492	439990	100%~	1596%~	4694%~	4595%~	5386%~	6987%~	1491%~	~	~	~	~	~	20100%~	1393%~	22591%~	17993%~	6289%~	10792%~	13691%~
DON'T KNOW	16	432			14	47	44	14								115	88	88	44	1212	
NOT ANSWERED	17	359				11		44								22	11	11		33	
VALID CASES	266	4880	15100%	48100%	48100%	56100%	80100%	16100%						20100%	14100%	246100%	193100%	70100%	116100%	149100%	
NUMBER OF RESPONDENTS	299	5671	17100%	48100%	49100%	61100%	87100%	20100%						20100%	15100%	263100%	202100%	79100%	123100%	161100%	
	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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q45 YES	93 33%	1760 33%	1 6%	10 21%	8 16%	25 42%	36 42%*	12 60%	57 32%	~	~	~	~	~	9 45%	5 33%	88 34%	55 27%*	37 47%*	39 32%	54 34%
NO	189 67%	3528 67%	16 94%	38 79%	41 84%	35 58%	49 58%*	8 40%	119 68%	~	~	~	~	~	11 55%	10 67%	172 66%	145 73%*	42 53%*	82 68%	106 66%
NOT ANSWERED	17	383				1	2		4								3	2		2	1
VALID CASES	282	5288	17	48	49	60	85	20	176					20	15	260	200	79	121	160	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q46.1																				
YES	53 18%	1193 21%	2 4%	5 10%	13 21%	21 24%	11 55%	35 19%	~	~	~	~	~	1 5%	4 27%	48 18%	29 14%*	24 30%*	22 18%	31 19%
NO	246 82%	4478 79%	17 100%	46 100%	44 90%	48 79%	66 76%	9 45%	145 81%	~	~	~	~	19 95%	11 73%	215 82%	173 86%*	55 70%*	101 82%	130 81%
VALID CASES	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q46.2																					
YES	89 30%	1634 29%	1 6%	7 15%	6 12%	17 28%	45 52%*	13 34%*	62 34%*	~	~	~	~	~	4 20%~	4 27%~	84 32%~	53 26%	35 44%*	46 37%*	43 27%
NO	210 70%	4037 71%	16 94%~	41 85%~	43 88%~	44 72%	42 48%*	7 35%~	118 66%*	~	~	~	~	16 80%~	11 73%~	179 68%~	149 74%	44 56%*	77 63%*	118 73%	
VALID CASES	299	5671	17	48	49	61	87	20	180				20	15	263	202	79	123	161		
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%				20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%		

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	
TCH 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/ ILND PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q46.3																					
YES	44 15%	883 16%	2 12%	4 8%	5 10%	13 21%	17 20%	3 15%	25 14%	~	~	~	~	~	25%	3 20%	40 15%	29 14%	14 18%	20 16%	24 15%
NO	255 85%	4788 84%	15 88%	44 92%	44 90%	48 79%	70 80%	17 85%	155 86%	~	~	~	~	~	75%	15 80%	223 85%	173 86%	65 82%	103 84%	137 85%
VALID CASES	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161	
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

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

			AGE					RACE						ETHNIC-ITY		HEALTH STATUS		GENDER				
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
Q47.1 YES	9 3%	231 4%	~	~	~	3%	6%	10%	6 3%	~	~	~	~	~	5%	1 7%	8 3%	4 2%	5 6%	5 4%	4 2%	
NO	290 97%	5440 96%	100%	100%	100%	97%	94%	90%	174 97%	~	~	~	~	~	95%	19 93%	14 97%	255 98%	198 94%	74 94%	118 96%	157 98%
VALID CASES	299	5671	100%	100%	100%	100%	100%	100%	180					20		15	263	202	79	123	161	
NUMBER OF RESPONDENTS	299 100%	5671 100%	100%	100%	100%	100%	100%	100%	180 100%					20 100%		15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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					
	TCH 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/IND/PAC ILND	AMER ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	POOR	MALE	FE-MALE	
Q47.2 YES	7 2%	220 4%	~	~	~	7%	2%	5%	3%	~	~	~	~	~	5%	7%	2%	1%	5%	3%	4%	3%	2%
NO	292 98%	5451 96%	100%	100%	100%	93%	98%	95%	97%	~	~	~	~	~	95%	93%	98%	99%	95%	97%	98%	97%	98%
VALID CASES	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161			
NUMBER OF RESPONDENTS	299 100%	5671 100%	100%	100%	100%	100%	100%	100%	100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%			

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-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q47.3	TCH TOT ADLT	18	25	35	45	55	65	WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR	MALE	MALE	
YES	7 2%	243 4%*	1 ~	1 2%~	1 2%~	2 2%	2 10%~	6 3%	~	~	~	~	~	~	7 3%~	4 2%	2 3%	2 2%	5 3%		
NO	292 98%	5428 96%*	17 100%~	47 98%~	48 98%~	60 98%	85 98%	18 90%~	174 97%	~	~	~	~	20 ~100%	15 ~100%	256 97%~	198 98%	77 97%	121 98%	156 97%	
VALID CASES	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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	
TCH 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/ ILND PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q47.4																					
YES	35 12%	955 17%*	1 ~	2 2%~	10 4%~	16 16%	5 25%~	27 15%*	~	~	~	~	~	1 5%~	3 20%~	32 12%~	12 6%*	23 29%*	15 12%	20 12%	
NO	264 88%	4716 83%*	17 100%~	47 98%~	47 96%~	51 84%	71 82%*	15 75%~	~	~	~	~	~	19 95%~	12 80%~	231 88%~	190 94%*	56 71%*	108 88%	141 88%	
VALID CASES	299	5671	17	48	49	61	87	20						20	15	263	202	79	123	161	
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20						20	15	263	202	79	123	161	
	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	



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

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE- MALE	
Q48 YES	81 29%	1695 32%	4 25%~	9 19%~	11 22%~	21 34%	29 34%	6 30%~	52 29%	~	~	~	~	~	5 25%~	4 27%~	76 29%~	43 22%*	36 46%*	32 26%	49 30%
NO	201 71%	3585 68%	12 75%~	39 81%~	38 78%~	40 66%	57 66%	14 70%~	125 71%	~	~	~	~	~	15 75%~	11 73%~	186 71%~	156 78%*	43 54%*	89 74%	112 70%
NOT ANSWERED	17	392	1				1		3							1	3			2	
VALID CASES	282	5279	16	48	49	61	86	20	177						20	15	262	199	79	121	161
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%						20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q49 YES	64 82%	1392 87%	3 75%	9 100%	9 82%	15 79%	25 89%	3 50%	41 84%	~	~	~	~	~	4 80%	2 50%	62 85%	33 79%	29 85%	26 84%	38 81%
NO	14 18%	208 13%	1 25%	~	2 18%	4 21%	3 11%	3 50%	8 16%	~	~	~	~	~	1 20%	2 50%	11 15%	9 21%	5 15%	5 16%	9 19%
NOT ANSWERED	3	69				2	1		3								3	1	2	1	2
VALID CASES	78	1600	4	9	11	19	28	6	49						5	4	73	42	34	31	47
NUMBER OF RESPONDENTS	81 100%	1669 100%	4 100%	9 100%	11 100%	21 100%	29 100%	6 100%	52 100%						5 100%	4 100%	76 100%	43 100%	36 100%	32 100%	49 100%

[ASKED IF Q48 = YES]

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

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q50 YES	179 63%	3271 62%	4 24%~	20 42%~	22 45%~	44 72%	71 83%*	17 85%~	123 69%*	~	~	~	~	~	11 55%~	10 67%~	167 63%~	113 57%*	64 81%*	73 59%	106 66%
NO	104 37%	2030 38%	13 76%~	28 58%~	27 55%~	17 28%	15 17%*	3 15%~	56 31%*	~	~	~	~	~	9 45%~	5 33%~	96 37%~	87 44%*	15 19%*	50 41%	54 34%
NOT ANSWERED	16	369					1		1									2			1
VALID CASES	283	5302	17	48	49	61	86	20	179						20	15	263	200	79	123	160
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%						20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q51 YES	165 96%	2939 94%	4 100%	19 95%	19 90%	40 98%	66 99%	16 94%	115 98%	~	~	~	~	~	10 91%	9 90%	155 97%	104 95%*	60 100%	68 96%	97 97%
NO	6 4%	176 6%	~	1 5%	2 10%	1 2%	1 1%	1 6%	2 2%	~	~	~	~	~	1 9%	1 10%	4 3%	6 5%*	~	3 4%	3 3%
NOT ANSWERED	8	111			1	3	4		6								8	3	4	2	6
VALID CASES	171	3115	4	20	21	41	67	17	117					11	10	159	110	60	71	100	
NUMBER OF RESPONDENTS	179 100%	3226 100%	4 100%	20 100%	22 100%	44 100%	71 100%	17 100%	123 100%					11 100%	10 100%	167 100%	113 100%	64 100%	73 100%	106 100%	

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	TCH 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/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ52																				
18 TO 24	18 6%	544 10%*	17 100%~	~	~	~	~	9 5%	~	~	~	~	~	1 7%~	15 6%~	15 7%	1 1%*	10 8%	7 4%	
25 TO 34	55 18%	1042 18%	48 ~100%~	~	~	~	~	18 10%*	~	~	~	~	7 35%~	4 27%~	44 17%~	40 20%	8 10%*	16 13%*	32 20%	
35 TO 44	53 18%	924 16%	~	49 ~100%~	~	~	~	34 19%	~	~	~	~	3 15%~	2 13%~	46 17%~	43 21%*	7 9%*	25 20%	25 16%	
45 TO 54	64 21%	1138 20%	~	~	61 ~100%~	~	~	41 23%	~	~	~	~	5 25%~	4 27%~	57 22%~	38 19%	22 28%	26 21%	35 22%	
55 TO 64	87 29%	1472 26%	~	~	~	87 ~100%~	~	65 36%*	~	~	~	~	4 20%~	1 7%~	84 32%~	56 28%	29 37%	38 31%	49 30%	
65 TO 74	18 6%	326 6%	~	~	~	~	~	16 80%~	10 6%	~	~	~	1 5%~	3 20%~	14 5%~	9 4%	9 11%	6 5%	11 7%	
75 OR OLDER	4 1%	225 4%*	~	~	~	~	~	4 20%~	3 2%	~	~	~	~	~	3 1%~	1 0.5%	3 4%	2 2%	2 1%	
VALID CASES	299	5671	17	48	49	61	87	20	180				20	15	263	202	79	123	161	
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180				20	15	263	202	79	123	161	
	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		
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE	MALE		
NQ53																					
MALE	134 45%	2300 41%	10 59%~	16 33%~	24 49%~	26 43%	38 44%	7 35%~	73 41%	~	~	~	~	~	11 55%~	7 47%~	113 43%~	86 43%	35 44%	123 100%~	~
FEMALE	165 55%	3371 59%	7 41%~	32 67%~	25 51%~	35 57%	49 56%	13 65%~	107 59%	~	~	~	~	~	9 45%~	8 53%~	150 57%~	116 57%	44 56%	161 ~100%~	
VALID CASES	299	5671	17	48	49	61	87	20	180						20	15	263	202	79	123	161
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%						20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

[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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	TCH TOT ADULT	OHP TOT ADULT	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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q54																					
8TH GRADE OR LESS	12 4%	328 6%	~	1 2%~	1 2%~	5 8%	2 2%	3 15%~	8 4%	~	~	~	~	~	~	4 29%~	7 3%~	3 2%*	9 12%*	3 2%	9 6%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	31 11%	614 12%	13%~	2 4%~	2 12%~	6 18%	11 8%	7 15%~	3 11%	~	~	~	~	~	4 21%~	1 7%~	30 11%~	19 10%	12 16%	14 12%	17 11%
HIGH SCHOOL GRADUATE OR GED	71 25%	1659 31%*	38%~	6 21%~	10 21%~	10 26%	16 29%	25 20%~	4 29%	~	~	~	~	~	4 21%~	1 7%~	69 26%~	54 27%	15 19%	36 30%	35 22%
SOME COLLEGE OR 2-YEAR DEGREE	132 47%	1998 38%*	38%~	6 52%~	25 54%~	26 38%	23 49%	43 45%~	9 44%	~	~	~	~	~	9 47%~	7 50%~	124 48%~	96 48%	34 44%	57 48%	75 47%
4-YEAR COLLEGE GRADUATE	26 9%	437 8%	13%~	2 19%~	9 8%~	4 7%	4 7%	6 5%~	1 8%	~	~	~	~	~	2 11%~	1 7%~	24 9%~	22 11%	4 5%	8 7%	18 11%
MORE THAN 4-YEAR COLLEGE DEGREE	8 3%	242 5%	~	1 2%~	1 2%~	2 3%	4 5%	~	6 3%	~	~	~	~	~	~	~	7 3%~	5 3%	3 4%	2 2%	6 4%
NOT ANSWERED	19	392	1		1				2					1	1	2	3	2	3	3	1
VALID CASES	280	5279	16	48	48	61	87	20	178					19	14	261	199	77	120	160	
NUMBER OF RESPONDENTS	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161	
	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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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/IND/PAC ILND NATV	AMER ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q55																				
YES HISPANIC OR LATINO	15 5%	668 13%*	1 6%~	4 8%~	2 4%~	4 7%	1 1%*	2 11%~	~	~	~	~	~	~100%~	15	8	7	7	8	8
NO NOT HISPANIC OR LATINO	263 95%	4589 87%*	15 94%~	44 92%~	45 96%~	57 93%	84 99%*	17 89%~	176 100%~	~	~	~	~	~100%~	20	263	188	71	113	150
NOT ANSWERED	21	413	1		2		2	1	4								6	1	3	3
VALID CASES	278	5258	16	48	47	61	85	19	176					20	15	263	196	78	120	158
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%



Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
TCH 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 AMR	ASIAN	NATV HAW/IND/PAC	AMR ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q56.1 YES	202 68%	3500 62%*	8 47%~	27 56%~	37 76%~	46 75%	69 79%*	13 65%~	180 100%~	~	~	~	~	~	18 90%~	4 27%~	194 74%~	142 70%	55 70%	85 69%	116 72%
NO	97 32%	2171 38%*	9 53%~	21 44%~	12 24%~	15 25%	18 21%*	7 35%~	~	~	~	~	~	2 10%~	11 73%~	69 26%~	60 30%	24 30%	38 31%	45 28%	
VALID CASES	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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	BLK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q56.2																				
YES	TCH TOT ADLT	8	3	1	2	2	~	~	~	~	~	~	15%	7%	2%	3%	1%	4%	2%	
	OHP TOT ADLT	117	6%	2%	3%	2%														
NO	TCH TOT ADLT	291	17	45	48	59	85	20	180				17	14	257	195	78	118	158	
	OHP TOT ADLT	5554	100%	94%	98%	97%	98%	100%	100%	~	~	~	85%	93%	98%	97%	99%	96%	98%	
VALID CASES	TCH TOT ADLT	299	17	48	49	61	87	20	180				20	15	263	202	79	123	161	
NUMBER OF RESPONDENTS	OHP TOT ADLT	5671	100%	100%	100%	100%	100%	100%	100%				20	15	263	202	79	123	161	
		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		
TCH 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-AMER ##	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 & POOR	MALE	FE-MALE	
Q56.3 YES	7 2%	212 4%	1 6%~	1 2%~	1 2%~	3 5%	1 5%~	~	~	~	~	~	2 10%~	1 7%~	6 2%~	5 2%	2 3%	4 3%	3 2%	
NO	292 98%	5459 96%	16 94%~	47 98%~	48 98%~	58 95%	87 100%~	19 95%~	180 100%~	~	~	~	~	18 90%~	14 93%~	257 98%~	197 98%	77 97%	119 97%	158 98%
VALID CASES	299	5671	17	48	49	61	87	20	180				20	15	263	202	79	123	161	
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%				20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%	

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
TCH 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-OTHR ##	TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	POOR	MALE	FE-MALE
Q56.4 YES	5 2%		2 4%	3 5%									3 15%	1 7%	4 2%	5 2%				2 2%	3 2%
NO	294 98%	17 100%	46 96%	49 100%	58 95%	87 100%	20 100%	180 100%					17 85%	14 93%	259 98%	197 98%	79 100%			121 98%	158 98%
VALID CASES	299	17	48	49	61	87	20	180					20	15	263	202	79			123	161
NUMBER OF RESPONDENTS	299 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%			123 100%	161 100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
TCH 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-AMER	AS-IAN	NATV HAW/IND/PAC ILND	AMER ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE	
Q56.5 YES	17 6%	211 4%	4 ~	2 8%~	8 4%~	1 13%*	1 1%*	1 5%~	~	~	~	~	~	10 50%~	4 27%~	13 5%~	14 7%	3 4%	12 10%*	5 3%*
NO	282 94%	5460 96%	17 100%~	44 92%~	47 96%~	53 87%*	86 99%*	19 95%~	180 100%~	~	~	~	~	10 50%~	11 73%~	250 95%~	188 93%	76 96%	111 90%*	156 97%*
VALID CASES	299	5671	17	48	49	61	87	20	180					20	15	263	202	79	123	161
NUMBER OF RESPONDENTS	299 100%	5671 100%	17 100%	48 100%	49 100%	61 100%	87 100%	20 100%	180 100%					20 100%	15 100%	263 100%	202 100%	79 100%	123 100%	161 100%

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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q56.6																			
YES	TCH TOT ADLT	180	307	16	5	307	5	16	5	307	16	5	307	16	5	307	16	5	307
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NO	OHP TOT ADLT	17	45	47	57	82	18	180	11	11	251	194	71	115	153	93%	95%		
		100%	94%	96%	93%	94%	90%	100%	55%	73%	95%	96%	90%	93%	95%				
VALID CASES		17	48	49	61	87	20	180	20	15	263	202	79	123	161	100%	100%		
NUMBER OF RESPONDENTS		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?

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q57 YES	28 13%	630 15%	1 10%~	4 13%~	4 10%~	8 16%	6 9%	3 21%~	21 12%~	~	~	~	~	~	3 27%~	2 22%~	26 13%~	18 11%	10 19%	17 18%*	11 9%*
NO	189 87%	3507 85%	9 90%~	26 87%~	37 90%~	42 84%	64 91%	11 79%~	158 88%~	~	~	~	~	~	8 73%~	7 78%~	176 87%~	141 89%	44 81%	76 82%*	113 91%*
NOT ANSWERED	1	39							1												
VALID CASES	217	4137	10	30	41	50	70	14	179						11	9	202	159	54	93	124
NUMBER OF RESPONDENTS	218 100%	4176 100%	10 100%	30 100%	41 100%	50 100%	70 100%	14 100%	180 100%						11 100%	9 100%	202 100%	159 100%	54 100%	93 100%	124 100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

		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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q58.1																				
YES	14 50%	257 48%	~	~	2 50%	5 62%	3 50%	3 100%	9 43%	~	~	~	~	1 33%	2 100%	12 46%	7 39%	7 70%	9 53%	5 45%
NO	14 50%	281 52%	1 100%	4 100%	2 50%	3 38%	3 50%	~	12 57%	~	~	~	~	2 67%	14 54%	11 61%	3 30%	8 47%	6 55%	
VALID CASES	28	538	1	4	4	8	6	3	21				3	2	26	18	10	17	11	
NUMBER OF RESPONDENTS	28 100%	538 100%	1 100%	4 100%	4 100%	8 100%	6 100%	3 100%	21 100%				3 100%	2 100%	26 100%	18 100%	10 100%	17 100%	11 100%	

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



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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q58.2 YES	13 46%	220 41%	1 100%	1 25%	1 25%	4 50%	4 67%	1 33%	8 38%	~	~	~	~	~	2 67%	1 50%	12 46%	8 44%	5 50%	8 47%	5 45%
NO	15 54%	318 59%	~	3 75%	3 75%	4 50%	2 33%	2 67%	13 62%	~	~	~	~	~	1 33%	1 50%	14 54%	10 56%	5 50%	9 53%	6 55%
VALID CASES	28	538	1	4	4	8	6	3	21					3	2	26	18	10	17	11	
NUMBER OF RESPONDENTS	28 100%	538 100%	1 100%	4 100%	4 100%	8 100%	6 100%	3 100%	21 100%					3 100%	2 100%	26 100%	18 100%	10 100%	17 100%	11 100%	

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

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE
Q58.3 YES	10 36%	203 38%	~	2 50%	2 50%	4 50%	1 17%	~	8 38%	~	~	~	~	1 33%	~	10 38%	7 39%	3 30%	5 29%	5 45%
NO	18 64%	335 62%	1 100%	2 50%	2 50%	4 50%	5 83%	3 100%	13 62%	~	~	~	~	2 67%	2 100%	16 62%	11 61%	7 70%	12 71%	6 55%
VALID CASES	28	538	1	4	4	8	6	3	21					3	2	26	18	10	17	11
NUMBER OF RESPONDENTS	28 100%	538 100%	1 100%	4 100%	4 100%	8 100%	6 100%	3 100%	21 100%					3 100%	2 100%	26 100%	18 100%	10 100%	17 100%	11 100%

[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			
	TCH 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/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	FE-MALE		
Q58.4 YES	2	79				1									1	1	1	1	1	1
	7%	15%	~	~	~	13%	~	~	~	~	~	~	~	~	50%	4%	6%	10%	6%	9%
NO	26	459	1	4	4	7	6	3	21					3	1	25	17	9	16	10
	93%	85%	100%	100%	100%	88%	100%	100%	100%	~	~	~	~	100%	50%	96%	94%	90%	94%	91%
VALID CASES	28	538	1	4	4	8	6	3	21					3	2	26	18	10	17	11
NUMBER OF RESPONDENTS	28	538	1	4	4	8	6	3	21					3	2	26	18	10	17	11
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	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		
		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	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE	FE-MALE	
Q58.5	TCH TOT ADLT																			
YES	2 7%	32 6%	~	~	~	13%~	~	~	~	~	~	~	~	~	2 8%~	1 6%~	1 10%~	~	2 18%~	
NO	26 93%	506 94%~	1 100%~	4 100%~	4 100%~	7 88%~	6 100%~	2 67%~	20 95%~	~	~	~	3 100%~	2 100%~	24 92%~	17 94%~	9 90%~	17 100%~	9 82%~	
VALID CASES	28	538	1	4	4	8	6	3	21				3	2	26	18	10	17	11	
NUMBER OF RESPONDENTS	28 100%	538 100%	1 100%	4 100%	4 100%	8 100%	6 100%	3 100%	21 100%				3 100%	2 100%	26 100%	18 100%	10 100%	17 100%	11 100%	

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

NQ13 RATING OF ALL HEALTH CARE

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ13 0-6	34 18%	761 20%	8 ~ 30%	3 ~ 10%	6 ~ 13%	13 ~ 22%	3 17%	21 17%	~	~	~	~	~	3 20%	32 ~ 18%	13 10%*	20 32%*	14 17%	19 18%	
7-8	81 42%	1368 36%	3 38%	9 ~ 33%	16 ~ 55%	20 ~ 44%	5 41%	49 28%	~	~	~	~	~	7 47%	5 45%	72 41%	58 47%	18 29%*	32 40%	45 42%
9-10	79 41%	1705 44%	5 62%	10 ~ 37%	10 ~ 34%	19 ~ 42%	22 37%	10 56%	51 42%	~	~	~	~	5 33%	6 55%	71 41%	53 43%	25 40%	34 43%	44 41%
VALID CASES	194	3835	8	27	29	45	59	18	121					15	11	175	124	63	80	108
NUMBER OF RESPONDENTS	194 100%	3835 100%	8 100%	27 100%	29 100%	45 100%	59 100%	18 100%	121 100%					15 100%	11 100%	175 100%	124 100%	63 100%	80 100%	108 100%
MEAN	2.23	2.25	2.63	2.07	2.24	2.29	2.15	2.39	2.25					2.13	2.55	2.22	2.32	2.08	2.25	2.23
p stat_(*=Sig @ p<=.05)		.783	~	~	~	~.317	~.694	~	~	~	~	~	~	~	~	~.030*	.065	.774	.992	

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ23 0-6	38 17%	642 16%	7 ~ 18%	3 ~ 10%	6 ~ 12%	18 ~ 26%*	2 12%	24 17%	~	~	~	~	~	3 ~ 23%	1 8%	33 16%	17 11%*	19 31%*	15 17%	21 16%
7-8	62 28%	1053 26%	3 25%~	14 35%~	15 50%~	12 25%~	13 19%*	4 24%~	39 28%	~	~	~	~	3 ~ 23%	3 23%	58 29%	42 27%	19 31%	20 22%	41 32%
9-10	123 55%	2378 58%	9 75%~	19 48%~	12 40%~	30 63%~	37 54%	11 65%~	78 55%	~	~	~	~	7 ~ 54%	9 69%	110 55%	94 61%*	24 39%*	54 61%	66 52%
VALID CASES	223	4074	12	40	30	48	68	17	141					13	13	201	153	62	89	128
NUMBER OF RESPONDENTS	223 100%	4074 100%	12 100%	40 100%	30 100%	48 100%	68 100%	17 100%	141 100%					13 100%	13 100%	201 100%	153 100%	62 100%	89 100%	128 100%
MEAN	2.38	2.43	2.75	2.30	2.30	2.50	2.28	2.53	2.38					2.31	2.62	2.38	2.50	2.08	2.44	2.35
p stat_(*=Sig @ p<=.05)		.332	~	~	~	~.186		~.963	~	~	~	~	~	~	~	~	~.000*	.000*	.364	.503

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	TCH TOT ADLT	OHP TOT ADLT	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 NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
NQ27 0-6	15 15%	249 13%		4 ~ 29%~	1 8%~	3 14%~	6 15%~	1 14%~	8 11%~	~	~	~	~	~	3 33%~	15 ~ 16%~	7 11%~	8 22%~	7 20%~	8 12%~
7-8	36 35%	475 25%*	1 100%~	5 36%~	3 23%~	9 41%~	17 41%~	24 34%~	~	~	~	~	~	3 33%~	1 20%~	34 37%~	22 36%~	12 32%~	11 31%~	24 38%~
9-10	51 50%	1151 61%*		5 ~ 36%~	9 69%~	10 45%~	18 44%~	6 86%~	39 55%~	~	~	~	~	3 33%~	4 80%~	44 47%~	32 52%~	17 46%~	17 49%~	32 50%~
VALID CASES	102	1875	1	14	13	22	41	7	71					9	5	93	61	37	35	64
NUMBER OF RESPONDENTS	102	1875	1	14	13	22	41	7	71					9	5	93	61	37	35	64
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%
MEAN	2.35	2.48	2.00	2.07	2.62	2.32	2.29	2.71	2.44					2.00	2.80	2.31	2.41	2.24	2.29	2.37
p stat_(*=Sig @ p<=.05)		.054	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ35 RATING OF HEALTH PLAN

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
NQ35																					
0-6	58 22%	1160 23%	3 19%	9 20%	11 25%	12 21%	17 20%	5 31%	35 21%	~	~	~	~	~	5 26%	2 14%	53 22%	38 20%	19 26%	26 23%	31 21%
7-8	96 36%	1699 34%	6 38%	20 43%	19 43%	21 38%	24 29%	5 31%	59 36%	~	~	~	~	~	7 37%	4 29%	89 36%	65 35%	28 38%	41 36%	54 36%
9-10	114 43%	2187 43%	7 44%	17 37%	14 32%	23 41%	42 51%	6 38%	70 43%	~	~	~	~	~	7 37%	8 57%	103 42%	84 45%	26 36%	47 41%	64 43%
VALID CASES	268	5046	16	46	44	56	83	16	164					19	14	245	187	73	114	149	
NUMBER OF RESPONDENTS	268 100%	5046 100%	16 100%	46 100%	44 100%	56 100%	83 100%	16 100%	164 100%					19 100%	14 100%	245 100%	187 100%	73 100%	114 100%	149 100%	
MEAN	2.21	2.20	2.25	2.17	2.07	2.20	2.30	2.06	2.21					2.11	2.43	2.20	2.25	2.10	2.18	2.22	
p stat_(*=Sig @ p<=.05)		.903	~	~	~.892	.199	~	.906	~	~	~	~	~	~	~	~	.237	.149	.654	.768	



GETTING NEEDED CARE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
TCH 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/IND/PAC ILND	AMER ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR & POOR	FE-MALE	MALE		
NPRBSEE4	NQ25	2.15	2.22	1.50	1.93	2.00	2.21	2.19	2.43	2.20			2.00	2.60	2.14	2.15	2.13	2.35	2.02			
p stat_(*=Sig @ p<=.05)		.333		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NCARNES4	NQ14	2.35	2.26	2.63	2.26	2.28	2.29	2.40	2.61	2.37			2.27	2.82	2.34	2.46	2.14	2.45	2.30			
p stat_(*=Sig @ p<=.05)		.099		~	~	~	~.545	~.505	~	~	~	~	~	~	~	~.007*	.010*	.104	.316			
COMPOSITE		2.25	2.24	2.06	2.10	2.14	2.25	2.29	2.52	2.29	x	x	x	x	x	2.13	2.71	2.24	2.30	2.14	2.40	2.16
p stat_(*=Sig @ p<=.05)		.937		~	~	~	~.767	~.573	~	~	~	~	~	~	~	~.417	.429	.174	.274			

GETTING CARE QUICKLY

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	TCH 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/IND/PAC ILND	AMER ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE			
NCARSN4 NQ4	2.42	2.42	2.60	2.19	2.42	2.22	2.83	2.56	2.40					3.00	2.57	2.45	2.57	2.15	2.43	2.45	
p stat_(*=Sig @ p<=.05)		.965	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.618
NAPGET4 NQ6	2.31	2.28	3.00	2.17	2.13	2.29	2.39	2.56	2.33					2.25	2.33	2.32	2.40	2.19	2.46	2.22	
p stat_(*=Sig @ p<=.05)		.555	~	~	~	~	.392	~	.741	~	~	~	~	~	~	~	.085	.145	.037*	.094	
COMPOSITE	2.37	2.35	2.80	2.18	2.27	2.26	2.61	2.56	2.37	x	x	x	x	x	2.63	2.45	2.39	2.49	2.17	2.45	2.34
p stat_(*=Sig @ p<=.05)		.866	~	~	~	.496	.117	~	.993	~	~	~	~	~	~	~	~	.109	.149	.484	.724

HOW WELL DOCTORS COMMUNICATE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	TCH 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 AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
NDREXPL4 NQ17	2.54	2.61	3.00	2.64	2.67	2.59	2.42	2.56	2.47				2.64	2.64	2.56	2.69	2.33	2.68	2.48		
p stat_(*=Sig @ p<=.05)		.244	~	~	~	~.172	~	.101	~	~	~	~	~	~	~	~.003*	.014*	.049*	.239		
NDRLSTN4 NQ18	2.51	2.58	2.80	2.55	2.44	2.58	2.44	2.63	2.46				2.64	2.82	2.50	2.65	2.30	2.63	2.45		
p stat_(*=Sig @ p<=.05)		.133	~	~	~	~.436	~	.296	~	~	~	~	~	~	~	~.005*	.018*	.077	.303		
NDRESPU4 NQ19	2.55	2.65	2.80	2.68	2.50	2.56	2.48	2.69	2.48				2.45	2.91	2.55	2.66	2.42	2.63	2.53		
p stat_(*=Sig @ p<=.05)		.054	~	~	~	~.386	~	.138	~	~	~	~	~	~	~	~.017*	.105	.226	.688		
NDRTMEN4 NQ20	2.47	2.50	2.80	2.55	2.44	2.30	2.50	2.69	2.46				2.36	2.73	2.48	2.58	2.34	2.50	2.49		
p stat_(*=Sig @ p<=.05)		.602	~	~	~	~.755	~	.727	~	~	~	~	~	~	~	~.024*	.101	.707	.783		
COMPOSITE	2.52	2.59	2.85	2.60	2.51	2.51	2.46	2.64	2.47	x	x	x	x	x	2.52	2.77	2.52	2.65	2.35	2.61	2.49
p stat_(*=Sig @ p<=.05)		.617	~	~	~	~.767	~	.635	~	~	~	~	~	~	~	~.256	.364	.586	.806		

CUSTOMER SERVICE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	TCH 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/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE			
NPBCLCS4 NQ31	2.16	2.22	2.33	2.38	1.80	2.56	1.96	2.00	2.10					2.25	2.25	2.18	2.24	2.09	2.17	2.19	
p stat_(*=Sig @ p<=.05)		.507	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ32	2.59	2.61	2.67	2.56	2.40	2.75	2.50	3.00	2.51					2.50	2.75	2.57	2.55	2.70	2.72	2.49	
p stat_(*=Sig @ p<=.05)		.755	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.38	2.42	2.50	2.47	2.10	2.66	2.23	2.50	2.30	x	x	x	x	x	2.38	2.50	2.38	2.39	2.39	2.45	2.34
p stat_(*=Sig @ p<=.05)		.844	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NNRXWHY NQ10																					
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NNRXWYNT NQ11	2.44	2.46	2.60	2.65	2.43	2.31	2.45	2.11	2.46				2.00	2.11	2.45	2.43	2.43	2.39	2.46		
p stat_(*=Sig @ p<=.05)	.819		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~.826		
NRXBST NQ12	2.48	2.52	3.00	2.29	2.57	2.50	2.40	2.50	2.51				2.00	2.11	2.49	2.55	2.33	2.42	2.51		
p stat_(*=Sig @ p<=.05)	.611		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~.733		
COMPOSITE	2.46	2.49	2.80	2.47	2.50	2.40	2.42	2.31	2.49	x	x	x	x	x	2.00	2.11	2.47	2.49	2.38	2.40	2.48
p stat_(*=Sig @ p<=.05)	.809		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~.832		

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE-MALE	
PRBSEE4 Q25	71%	75%	50%	53%	57%	75%	74%	100%	74%					56%	80%	72%	72%	68%	85%	62%	
CARNES4 Q14	84%	80%	100%	74%	83%	84%	84%	94%	83%					80%	100%	84%	88%	76%	86%	83%	
AVERAGE	77.42	77.53	75.00	63.70	69.95	79.72	79.45	97.22	78.09	x	x	x	x	x	67.78	90.00	77.81	79.72	72.31	85.63	72.65

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	TCH 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-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHER	MULTI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE-MALE	
CARSN4 Q4	82%	84%	100%	76%	92%	69%	97%	89%	82%					100%	86%	84%	89%	71%	83%	84%	
APGET4 Q6	79%	77%	100%	65%	78%	76%	82%	94%	82%					75%	75%	80%	82%	74%	86%	75%	
AVERAGE	80.69	80.73	100.0	70.70	84.96	72.18	89.45	91.32	82.04	x	x	x	x	x	87.50	80.36	81.95	85.67	72.36	84.06	79.55

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

	TCH 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/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE			
DREXPL4 Q17	87%	91%	100%	91%	100%	91%	78%	88%	84%							91%	82%	88%	93%	77%	90%	86%
DRLSTN4 Q18	85%	90%	100%	77%	89%	88%	84%	94%	86%							82%	91%	86%	91%	77%	92%	82%
DRESPU4 Q19	88%	91%	100%	91%	89%	88%	86%	94%	87%							82%	100%	88%	91%	85%	95%	84%
DRTMEN4 Q20	85%	87%	100%	82%	83%	82%	88%	94%	86%							73%	91%	86%	88%	83%	89%	85%
AVERAGE	86.3	89.8	100	85.2	90.3	87.0	84.0	92.2	85.6	x	x	x	x	x	81.8	90.9	87.0	90.9	80.5	91.5	84.1	



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

	TCH 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	
PBCLCS4 Q31	72%	76%	67%	75%	67%	94%	58%	100%	66%						62%	100%	70%	74%	74%	76%	71%
CSRESP Q32	91%	91%	100%	88%	87%	94%	92%	100%	88%						100%	100%	90%	89%	96%	100%	86%
AVERAGE	81.70	83.64	83.33	81.25	76.67	93.75	75.00	100.0	76.83	x	x	x	x	x	81.25	100.0	80.35	81.58	84.78	87.93	78.27

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	TCH 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/ILND	AMER IND/ALS	OTH	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE		
NRXWHY Q10	95%	93%	100%	100%	100%	88%	93%	100%	94%					88%	100%	94%	96%	95%	94%	95%	
NRXWYNT Q11	72%	73%	80%	82%	71%	65%	73%	56%	73%					50%	56%	73%	71%	71%	69%	73%	
RXBST Q12	74%	76%	100%	65%	79%	75%	70%	75%	76%					50%	56%	75%	78%	67%	71%	75%	
AVERAGE	80.3	80.6	93.3	82.4	83.3	76.3	78.3	76.9	81.1	x	x	x	x	x	62.5	70.4	80.5	81.6	77.8	78.0	81.2

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC	ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q1 YES	276	5578	44	70	72	90	111						17	59	193	250	7	216	60
	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NOT ANSWERED	3	60		1	2		1							2	1	2	1	2	1
VALID CASES	276	5578	44	70	72	90	111						17	59	193	250	7	216	60
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q3 YES	91 33%	1643 30%	18 42%	26 37%	20 27%	27 31%	40 36%	~	~	~	~	~	3 18%	18 30%	66 34%	81 32%	3 38%	65 30%	26 43%
Q3 NO	184 67%	3803 70%	25 58%	44 63%	54 73%	61 69%	71 64%	~	~	~	~	~	14 82%	43 70%	126 66%	169 68%	5 63%	149 70%	35 57%
NOT ANSWERED	4	191	1	1		2	1								2	2		4	
VALID CASES	275	5447	43	70	74	88	111						17	61	192	250	8	214	61
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	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?

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q4 NEVER	2 2%	21 1%	~	~	11%~	2	~	~	~	~	~	~	2 11%~	~	1 1%	1 33%~	1 2%~	1 4%~
SOMETIMES	4 5%	109 7%	~	3 12%~	1 6%~	~	~	~	~	~	~	1 33%~	~	4 6%~	4 5%~	~	2 3%~	2 8%~
USUALLY	13 15%	253 16%	3 17%~	~	2 11%~	8 30%~	7 18%~	~	~	~	~	1 33%~	1 6%~	11 17%~	10 13%~	2 67%~	8 13%~	5 20%~
ALWAYS	68 78%	1212 76%	15 83%~	21 88%~	13 72%~	19 70%~	31 82%~	~	~	~	~	1 33%~	15 83%~	49 77%~	64 81%~	~	51 82%~	17 68%~
#ALWAYS + USUALLY (NET)	81 93%	1464 92%	18 100%~	21 88%~	15 83%~	27 100%~	38 100%~	~	~	~	~	2 67%~	16 89%~	60 94%~	74 94%~	2 67%~	59 95%~	22 88%~
TOP BOX SCORE	68 78%	1212 76%	15 83%~	21 88%~	13 72%~	19 70%~	31 82%~	~	~	~	~	1 33%~	15 83%~	49 77%~	64 81%~	~	51 82%~	17 68%~
NOT ANSWERED	4	102		2	2		2							2	2		3	1
VALID CASES	87	1594	18	24	18	27	38					3	18	64	79	3	62	25
NUMBER OF RESPONDENTS	91	1696	18	26	20	27	40					3	18	66	81	3	65	26
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q5 YES	157 58%	3547 65%*	37 84%~	41 61%	32 44%*	47 54%	64 57%	~	~	~	~	~	12 ~ 71%~	37 62%	109 57%	142 57%~	4 50%~	114 54%*	43 72%*
Q5 NO	114 42%	1877 35%*	7 16%~	26 39%	41 56%*	40 46%	48 43%	~	~	~	~	~	5 ~ 29%~	23 38%	82 43%	106 43%~	4 50%~	97 46%*	17 28%*
NOT ANSWERED	8	214		4	1	3								1	3	4		7	1
VALID CASES	271	5424	44	67	73	87	112						17	60	191	248	8	211	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q6 NEVER	1 0.7%	50 2%	~	~	3%	~	~	~	~	~	~	~	1 3%	1 0.7%	1 0.9%	~	~	
SOMETIMES	27 18%	468 14%	7 19%	6 16%	6 21%	8 18%	9 15%	~	~	~	~	2 18%	7 19%	18 18%	24 18%	17 15%	10 26%	
USUALLY	39 26%	881 27%	8 22%	11 29%	10 34%	10 22%	20 34%	~	~	~	~	1 9%	11 31%	24 24%	34 25%	1 33%	30 27%	9 24%
ALWAYS	81 55%	1910 58%	21 58%	21 55%	12 41%	27 60%	30 51%	~	~	~	~	8 73%	17 47%	59 58%	75 56%	2 67%	62 56%	19 50%
#ALWAYS + USUALLY (NET)	120 81%	2792 84%	29 81%	32 84%	22 76%	37 82%	50 85%	~	~	~	~	9 82%	28 78%	83 82%	109 81%	3 100%	92 84%	28 74%
TOP BOX SCORE	81 55%	1910 58%	21 58%	21 55%	12 41%	27 60%	30 51%	~	~	~	~	8 73%	17 47%	59 58%	75 56%	2 67%	62 56%	19 50%
NOT ANSWERED	9	232	1	3	3	2	5					1	1	8	8	1	4	5
VALID CASES	148	3310	36	38	29	45	59					11	36	101	134	3	110	38
NUMBER OF RESPONDENTS	157	3542	37	41	32	47	64					12	37	109	142	4	114	43
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q7 NONE	96 36%	1626 30%	9 21%	18 27%	31 43%	38 43%	41 37%	~	~	~	~	~	6 35%	23 39%	67 35%	91 37%	2 25%	80 38%	16 27%
1 TIME	71 26%	1614 30%	9 21%	25 37%*	21 29%	16 18%*	33 30%	~	~	~	~	~	4 24%	20 34%	50 26%	69 28%	1 13%	61 29%*	10 17%*
2	50 19%	1048 20%	15 36%	10 15%	10 14%	15 17%	16 14%	~	~	~	~	~	3 18%	7 12%	34 18%	41 17%	1 13%	41 20%	9 15%
3	29 11%	512 10%	4 10%	6 9%	7 10%	12 14%	11 10%	~	~	~	~	~	4 24%	7 12%	20 10%	26 11%	3 38%	18 9%	11 19%
4	9 3%	232 4%	2 5%	2 3%	1 1%	4 5%	5 5%	~	~	~	~	~	~	~	8 4%	7 3%	~	3 1%*	6 10%*
5 TO 9	14 5%	256 5%	3 7%	6 9%	2 3%	3 3%	5 5%	~	~	~	~	~	~	2 3%	12 6%	13 5%	1 13%	7 3%	7 12%
10 OR MORE TIMES	57 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	10	293	2	4	2	2	1							2	3	5		8	2
VALID CASES	269	5345	42	67	72	88	111						17	59	191	247	8	210	59
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	NO CCC	CCC
Q8 #YES	118 70%	2462 67%	26 81%~	30 61%~	29 74%~	33 67%~	49 71%	~	~	~	~	~	8 ~ 73%~	23 66%~	87 71%~	107 70%~	3 50%~	88 69%~	30 71%~
NO	51 30%	1197 33%	6 19%~	19 39%~	10 26%~	16 33%~	20 29%	~	~	~	~	~	3 ~ 27%~	12 34%~	35 29%~	46 30%~	3 50%~	39 31%~	12 29%~
NOT ANSWERED	4	87	1			2 1	1							1	2	3		3	1
VALID CASES	169	3659	32	49	39	49	69						11	35	122	153	6	127	42
NUMBER OF RESPONDENTS	173	3746	33	49	41	50	70						11	36	124	156	6	130	43
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q9 NEVER	2 1%	111 3%		1 2%		1 2%	1 1%	~	~	~	~	~	1 9%	2 2%	2 1%		2 2%		
SOMETIMES	14 8%	330 9%	1 3%	4 8%	5 13%	4 8%	4 6%	~	~	~	~	~	2 6%	11 9%	12 8%	1 17%	11 9%	3 7%	
USUALLY	38 22%	815 22%	5 16%	12 24%	10 26%	11 22%	18 26%	~	~	~	~	~	2 18%	8 23%	28 23%	33 21%	3 50%	24 19%	14 33%
ALWAYS	116 68%	2400 66%	26 81%	32 65%	24 62%	34 68%	46 67%	~	~	~	~	~	8 73%	25 71%	82 67%	107 69%	2 33%	91 71%	25 60%
#ALWAYS + USUALLY (NET)	154 91%	3215 88%	31 97%	44 90%	34 87%	45 90%	64 93%	~	~	~	~	~	10 91%	33 94%	110 89%	140 91%	5 83%	115 90%	39 93%
TOP BOX SCORE	116 68%	2400 66%	26 81%	32 65%	24 62%	34 68%	46 67%	~	~	~	~	~	8 73%	25 71%	82 67%	107 69%	2 33%	91 71%	25 60%
NOT ANSWERED	3	90	1		2		1							1	1	2		2	1
VALID CASES	170	3656	32	49	39	50	69					11	35	123	154	6	128	42	
NUMBER OF RESPONDENTS	173	3746	33	49	41	50	70					11	36	124	156	6	130	43	
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q10 YES	54 33%	1058 29%	6 19%	17 35%	11 29%	20 42%	20 29%	~	~	~	~	~	3 27%	9 26%	41 34%	46 30%	3 50%	28 23%	26 62%
Q10 NO	112 67%	2578 71%	26 81%	31 65%	27 71%	28 58%	49 71%	~	~	~	~	~	8 73%	25 74%	80 66%	105 70%	3 50%	96 77%	16 38%
NOT ANSWERED	7	110	1	1	3	2	1							2	3	5		6	1
VALID CASES	166	3636	32	48	38	48	69						11	34	121	151	6	124	42
NUMBER OF RESPONDENTS	173	3746	33	49	41	50	70						11	36	124	156	6	130	43
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q11 #YES	53 98%	931 93%*	6 100%	17 100%	11 100%	19 95%	20 100%	~	~	~	~	~	3 ~100%	9 100%	40 98%	46 100%	2 67%	28 100%	25 96%
NO	1 2%	71 7%*	~	~	~	1 5%	~	~	~	~	~	~	~	1 2%	~	1 33%	~	1 4%	
NOT ANSWERED	17	408	3	5	5	4	2						4	6	10		14	3	
VALID CASES	54	1002	6	17	11	20	20					3	9	41	46	3	28	26	
NUMBER OF RESPONDENTS	71	1410	9	22	16	24	22					3	13	47	56	3	42	29	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q12 #YES	38 72%	722 71%	4 67%~	9 53%~	9 90%~	16 80%~	15 75%~	~	~	~	~	~	2 67%~	7 88%~	29 71%~	35 76%~	19 68%~	19 76%~	
NO	15 28%	300 29%	2 33%~	8 47%~	1 10%~	4 20%~	5 25%~	~	~	~	~	~	1 33%~	1 13%~	12 29%~	11 24%~	2 100%~	9 32%~	6 24%~
NOT ANSWERED	1	19			1									1		1		1	
VALID CASES	53	1022	6	17	10	20	20					3	8	41	46	2	28	25	
NUMBER OF RESPONDENTS	54	1041	6	17	11	20	20					3	9	41	46	3	28	26	
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q13 #YES	41 77%	804 80%	5 83%~	9 53%~	11 100%~	16 84%~	17 85%~	~	~	~	~	~	2 ~100%~	8 89%~	30 75%~	35 78%~	2 67%~	21 78%~	20 77%~
NO	12 23%	202 20%	1 17%~	8 47%~	~	3 16%~	3 15%~	~	~	~	~	~	1 11%~	10 25%~	10 22%~	1 33%~	6 22%~	6 23%~	
NOT ANSWERED	1	35				1						1		1	1		1		
VALID CASES	53	1006	6	17	11	19	20					2	9	40	45	3	27	26	
NUMBER OF RESPONDENTS	54	1041	6	17	11	20	20					3	9	41	46	3	28	26	
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q14 WORST HEALTH CARE POSSIBLE	7	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	7	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	15	0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	17	0.5%	~	~	~	1	~	~	~	~	~	~	~	~	~	~	~	1	
04	22	0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05	133	4%	1	2	2	1	~	~	~	~	~	~	2	3	5	~	6	~	
06	105	3%	~	3	~	2	1	~	~	~	~	~	2	5	5	~	1	4	
07	327	9%	2	7	6	5	13	~	~	~	~	~	1	19	18	1	10	10	
08	776	21%	7	8	11	16	16	~	~	~	~	~	3	9	28	36	2	33	9
09	815	22%	8	10	7	9	17	~	~	~	~	~	7	25	32	1	26	8	
BEST HEALTH CARE POSSIBLE	1412	39%	14	19	12	15	22	~	~	~	~	~	5	15	42	56	2	49	11
#8-10 (NET)	3003	83%	29	37	30	40	55	~	~	~	~	~	8	31	95	124	5	108	28

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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER PAC	IND/ALSK	OTHER	MULTI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
9-10 (NET)	94 56%	2227 61%	22 69%~	29 59%~	19 50%~	24 49%~	39 57%	~	~	~	~	~	5 50%~	22 65%~	67 55%~	88 58%~	3 50%~	75 60%~	19 45%~
NOT ANSWERED	5	109	1		3	1	1						1	2	2	4		4	1
VALID CASES	168	3637	32	49	38	49	69						10	34	122	152	6	126	42
NUMBER OF RESPONDENTS	173 100%	3746 100%	33 100%	49 100%	41 100%	50 100%	70 100%						11 100%	36 100%	124 100%	156 100%	6 100%	130 100%	43 100%
MEAN	8.60	8.64	8.97	8.59	8.50	8.45	8.67						8.60	8.88	8.58	8.66	8.67	8.71	8.29
p stat_(*=Sig @ p<=.05)		.697	~	~	~	~	.598	~	~	~	~	~	~	~	~	~	~	~	~

[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						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q15 NEVER	2 1%	66 2%	1 3%	~	1 3%	~	1 1%	~	~	~	~	~	1 3%	1 0.8%	2 1%	~	1 0.8%	1 2%
SOMETIMES	12 7%	356 10%	~	5 10%	2 5%	5 10%	3 4%	~	~	~	~	1 9%	4 12%	7 6%	10 7%	2 33%	8 6%	4 10%
USUALLY	63 38%	1161 32%	8 25%	13 27%	18 46%	24 49%	30 43%	~	~	~	~	3 27%	12 35%	47 38%	56 37%	3 50%	47 37%	16 38%
ALWAYS	91 54%	2060 57%	23 72%	30 63%	18 46%	20 41%	35 51%	~	~	~	~	7 64%	17 50%	68 55%	85 56%	1 17%	70 56%	21 50%
#ALWAYS + USUALLY (NET)	154 92%	3220 88%	31 97%	43 90%	36 92%	44 90%	65 94%	~	~	~	~	10 91%	29 85%	115 93%	141 92%	4 67%	117 93%	37 88%
TOP BOX SCORE	91 54%	2060 57%	23 72%	30 63%	18 46%	20 41%	35 51%	~	~	~	~	7 64%	17 50%	68 55%	85 56%	1 17%	70 56%	21 50%
NOT ANSWERED	5	104	1	1	2	1	1						2	1	3		4	1
VALID CASES	168	3642	32	48	39	49	69					11	34	123	153	6	126	42
NUMBER OF RESPONDENTS	173	3746	33	49	41	50	70					11	36	124	156	6	130	43
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q16 YES	207 76%	3847 71%*	16 38%~	56 84%	58 81%	77 86%*	92 83%*	~	~	~	~	~	14 ~ 82%~	36 61%*	159 82%*	193 77%~	4 57%~	154 73%*	53 88%*
NO	64 24%	1561 29%*	26 62%~	11 16%	14 19%	13 14%*	19 17%*	~	~	~	~	~	3 ~ 18%~	23 39%*	34 18%*	57 23%~	3 43%~	57 27%*	7 12%*
NOT ANSWERED	8	230	2	4	2		1							2	1	2	1	7	1
VALID CASES	271	5408	42	67	72	90	111						17	59	193	250	7	211	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q17 YES	20 10%	421 11%	~	13%	13%	9%	10%	~	~	~	~	~	15%	11%	10%	9%~	50%~	7%~	21%~
NO	174 90%	3279 89%	100%~	87%~	87%~	91%~	90%	~	~	~	~	~	85%~	89%~	90%~	91%~	50%~	93%~	79%~
NOT ANSWERED	13	221		3	3	7	12						1		12	13		8	5
VALID CASES	194	3699	16	53	55	70	80						13	36	147	180	4	146	48
NUMBER OF RESPONDENTS	207 100%	3920 100%	16 100%	56 100%	58 100%	77 100%	92 100%						14 100%	36 100%	159 100%	193 100%	4 100%	154 100%	53 100%

[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			
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q18 #YES	16 80%	351 89%	~	6 86%	4 57%	6 100%	6 75%	~	~	~	~	~	2 ~100%	3 75%	12 80%	13 81%	2 100%	8 80%	8 80%	
NO	4 20%	44 11%	~	1 14%	3 43%	~	2 25%	~	~	~	~	~	~	1 25%	3 20%	3 19%	~	2 20%	2 20%	
NOT ANSWERED		4																		
VALID CASES	20	394		7	7	6	8						2	4	15	16	2	10	10	
NUMBER OF RESPONDENTS	20 100%	398 100%		7 100%	7 100%	6 100%	8 100%						2 100%	4 100%	15 100%	16 100%	2 100%	10 100%	10 100%	

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	NO CCC	CCC	
Q19 YES	11 4%	201 4%	~	4%	7%	3%	5 4%	~	~	~	~	~	1 6%	4 7%	7 4%	11 4%	8	7 3%	4 7%
NO	262 96%	5179 96%	43 100%	65 96%	67 93%	87 97%	107 96%	~	~	~	~	~	16 94%	56 93%	187 96%	240 96%	8 100%	205 97%	57 93%
NOT ANSWERED	6	258	1	3	2									1	1			6	
VALID CASES	273	5380	43	68	72	90	112						17	60	194	251	8	212	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q20 NEVER	2 20%	19 10%	~	2 67%	~	~	1 20%	~	~	~	~	~	1 33%	1 14%	2 20%	~	1 17%	1 25%
SOMETIMES	1 10%	32 16%	~	~	1 25%	~	~	~	~	~	~	1 100%	1 14%	1 10%	~	~	1 25%	
USUALLY	2 20%	40 20%	~	1 33%	1 33%	2 40%	~	~	~	~	~	~	2 29%	2 20%	~	2 33%	~	
ALWAYS	5 50%	107 54%	~	3 75%	2 67%	2 40%	~	~	~	~	~	~	2 67%	3 43%	5 50%	~	3 50%	2 50%
#ALWAYS + USUALLY (NET)	7 70%	147 74%	~	1 33%	3 75%	3 100%	4 80%	~	~	~	~	~	2 67%	5 71%	7 70%	~	5 83%	2 50%
TOP BOX SCORE	5 50%	107 54%	~	3 75%	2 67%	2 40%	~	~	~	~	~	~	2 67%	3 43%	5 50%	~	3 50%	2 50%
NOT ANSWERED	1	9			1								1		1		1	
VALID CASES	10	198		3	4	3	5					1	3	7	10		6	4
NUMBER OF RESPONDENTS	11	207		3	5	3	5					1	4	7	11		7	4
	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q21 #YES	9 90%	166 83%		3	4	2	4	~	~	~	~	~	1 ~100%	3 ~100%	6 86%	9 90%	5 ~83%	4 ~100%
NO	1 10%	35 17%	~	~	~	1 33%	1 20%	~	~	~	~	~	~	1 ~14%	1 10%	~	1 ~17%	~
NOT ANSWERED	1	6			1								1		1		1	
VALID CASES	10	201		3	4	3	5					1	3	7	10		6	4
NUMBER OF RESPONDENTS	11 100%	207 100%		3 100%	5 100%	3 100%	5 100%					1 100%	4 100%	7 100%	11 100%		7 100%	4 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q22																			
YES	26 10%	487 9%	3 7%	13 19%*	4 6%	6 7%	15 13%	~	~	~	~	~	~	2 3%*	22 11%	23 9%~	1 13%~	9 4%*	17 28%*
NO	247 90%	4887 91%	40 93%~	55 81%*	68 94%	84 93%	97 87%	~	~	~	~	~	17 ~100%~	58 97%*	172 89%	228 91%~	7 88%~	203 96%*	44 72%*
NOT ANSWERED	6	264	1	3	2									1		1		6	
VALID CASES	273	5374	43	68	72	90	112						17	60	194	251	8	212	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%



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

	TCH TOT CHLD	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q23 NEVER	5 20%	64 14%~	1 33%~	1 8%~	2 50%~	1 17%~	4 29%~	~	~	~	~	~	~	4 19%~	4 18%~	~	5 29%~		
SOMETIMES	1 4%	82 18%~	1 33%~	~	~	~	1 7%~	~	~	~	~	~	~	1 5%~	1 5%~	~	1 13%~		
USUALLY	6 24%	105 23%~	~	4 33%~	~	2 33%~	5 36%~	~	~	~	~	~	~	6 29%~	6 27%~	~	1 13%~	5 29%~	
ALWAYS	13 52%	198 44%~	1 33%~	7 58%~	2 50%~	3 50%~	4 29%~	~	~	~	~	~	~	2 100%~	10 48%~	11 50%~	1 100%~	6 75%~	7 41%~
#ALWAYS + USUALLY (NET)	19 76%	303 68%~	1 33%~	11 92%~	2 50%~	5 83%~	9 64%~	~	~	~	~	~	~	2 100%~	16 76%~	17 77%~	1 100%~	7 88%~	12 71%~
TOP BOX SCORE	13 52%	198 44%~	1 33%~	7 58%~	2 50%~	3 50%~	4 29%~	~	~	~	~	~	~	2 100%~	10 48%~	11 50%~	1 100%~	6 75%~	7 41%~
NOT ANSWERED	1	21		1			1							1	1		1		
VALID CASES	25	448	3	12	4	6	14							2	21	22	1	8	17
NUMBER OF RESPONDENTS	26	469	3	13	4	6	15							2	22	23	1	9	17
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q24 #YES	15 60%	310 69%	1 33%	7 58%	2 50%	5 83%	8 57%	~	~	~	~	~	~	13 62%	14 64%	5 63%	10 59%	
NO	10 40%	142 31%	2 67%	5 42%	2 50%	1 17%	6 43%	~	~	~	~	~	2 100%	8 38%	8 36%	1 100%	7 41%	
NOT ANSWERED	1	17	1				1						1	1	1			
VALID CASES	25	452	3	12	4	6	14						2	21	22	1	8	17
NUMBER OF RESPONDENTS	26 100%	469 100%	3 100%	13 100%	4 100%	6 100%	15 100%						2 100%	22 100%	23 100%	1 100%	9 100%	17 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q25 YES	40 15%	692 13%	1 2%	11 16%	15 21%	13 14%	19 17%	~	~	~	~	~	3 18%	2 3%*	34 18%*	34 14%~	1 13%~	13 6%*	27 44%*
NO	231 85%	4667 87%	41 98%~	57 84%	56 79%	77 86%	93 83%	~	~	~	~	~	14 82%~	57 97%*	159 82%*	215 86%~	7 88%~	197 94%*	34 56%*
NOT ANSWERED	8	279	2	3	3									2	1	3		8	
VALID CASES	271	5359	42	68	71	90	112						17	59	193	249	8	210	61
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q26 NEVER	8 21%	86 13%	~	1 9%	4 31%	3 23%	4 24%	~	~	~	~	~	3 100%	8 25%	7 22%	1 8%	7 27%		
SOMETIMES	6 16%	135 20%	~	2 18%	1 8%	3 23%	4 24%	~	~	~	~	~	~	1 50%	5 16%	6 19%	4 33%	2 8%	
USUALLY	8 21%	147 22%	100%	1 18%	2 23%	3 15%	2 24%	~	~	~	~	~	~	1 50%	6 19%	7 22%	2 17%	6 23%	
ALWAYS	16 42%	290 44%	~	6 55%	5 38%	5 38%	5 29%	~	~	~	~	~	~	13 41%	12 38%	1 100%	5 42%	11 42%	
#ALWAYS + USUALLY (NET)	24 63%	437 66%	100%	1 73%	8 62%	8 54%	7 53%	~	~	~	~	~	~	1 50%	19 59%	19 59%	1 100%	7 58%	17 65%
TOP BOX SCORE	16 42%	290 44%	~	6 55%	5 38%	5 38%	5 29%	~	~	~	~	~	~	13 41%	12 38%	1 100%	5 42%	11 42%	
NOT ANSWERED	2	25			2		2							2	2		1	1	
VALID CASES	38	658	1	11	13	13	17						3	2	32	32	1	12	26
NUMBER OF RESPONDENTS	40	683	1	11	15	13	19						3	2	34	34	1	13	27
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q27 #YES	9 24%	342 52%	1 100%	3 27%	3 23%	2 15%	3 18%	~	~	~	~	~	~	1 50%	7 22%	8 25%	3 25%	6 23%	
NO	29 76%	320 48%	~	8 73%	10 77%	11 85%	14 82%	~	~	~	~	~	3 100%	1 50%	25 78%	24 75%	1 100%	9 75%	20 77%
NOT ANSWERED	2	21			2	2								2	2	2	1	1	
VALID CASES	38	662	1	11	13	13	17						3	2	32	32	1	12	26
NUMBER OF RESPONDENTS	40	683	1	11	15	13	19						3	2	34	34	1	13	27
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q28 YES	61 23%	1125 21%	8 19%	14 21%	20 29%	19 21%	23 21%	~	~	~	~	~	2 ~ 12%	11 19%	44 23%	52 21%	3 43%	32 15%*	29 48%*
NO	208 77%	4219 79%	34 81%	54 79%	50 71%	70 79%	89 79%	~	~	~	~	~	15 ~ 88%	46 81%	150 77%	197 79%	4 57%	177 85%*	31 52%*
NOT ANSWERED	10	294	2	3	4	1								4		3	1	9	1
VALID CASES	269	5344	42	68	70	89	112						17	57	194	249	7	209	60
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q29 #YES	32 54%	616 57%	5 63%~	8 57%~	8 42%~	11 61%~	11 52%~	~	~	~	~	~	10 91%~	18 43%~	28 56%~	1 33%~	18 58%~	14 50%~
NO	27 46%	465 43%	3 38%~	6 43%~	11 58%~	7 39%~	10 48%~	~	~	~	~	2 ~100%~	1 9%~	24 57%~	22 44%~	2 67%~	13 42%~	14 50%~
NOT ANSWERED	2	36			1	1	2							2	2		1	1
VALID CASES	59	1081	8	14	19	18	21					2	11	42	50	3	31	28
NUMBER OF RESPONDENTS	61 100%	1117 100%	8 100%	14 100%	20 100%	19 100%	23 100%					2 100%	11 100%	44 100%	52 100%	3 100%	32 100%	29 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q30 YES	249 94%	4642 88%*	42 100%~	60 91%	64 91%	83 94%	99 90%	~	~	~	~	~	16 94%~	57 97%	175 92%	229 93%~	8 100%~	193 93%	56 97%
NO	17 6%	640 12%*	~	6 9%	6 9%	5 6%	11 10%	~	~	~	~	~	1 6%~	2 3%	15 8%	17 7%~	~	15 7%	2 3%
NOT ANSWERED	13	357	2	5	4	2	2							2	4	6		10	3
VALID CASES	266	5281	42	66	70	88	110						17	59	190	246	8	208	58
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%



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

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q31 NONE	82 34%	1245 28%*	9 22%~	16 27%	25 42%	32 40%	28 30%	~	~	~	~	~	6 38%~	20 36%	56 34%	78 35%~	2 25%~	71 39%*	11 20%*
1 TIME	84 35%	1677 37%	15 37%~	24 41%	22 37%	23 29%	37 40%	~	~	~	~	~	3 19%~	24 43%	57 34%	77 35%~	3 38%~	66 36%	18 33%
2	39 16%	850 19%	11 27%~	8 14%	7 12%	13 16%	18 20%	~	~	~	~	~	3 19%~	4 7%*	30 18%	35 16%~	~	29 16%	10 18%
3	21 9%	387 9%	3 7%~	5 8%	3 5%	10 12%	5 5%	~	~	~	~	~	4 25%~	5 9%	15 9%	19 9%~	2 25%~	13 7%	8 15%
4	4 2%	160 4%*	1 2%~	1 2%	~	2 2%	2 2%	~	~	~	~	~	~	~	3 2%	3 1%~	~	3 2%	1 2%
5 TO 9	9 4%	163 4%	2 5%~	5 8%	2 3%	~	2 2%	~	~	~	~	~	~	3 5%	6 4%	8 4%~	1 13%~	2 1%*	7 13%*
10 OR MORE TIMES		21 0.5%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	10	173	1	1	5	3	7							1	8	9		9	1
VALID CASES	239	4503	41	59	59	80	92						16	56	167	220	8	184	55
NUMBER OF RESPONDENTS	249	4676	42	60	64	83	99						16	57	175	229	8	193	56
	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			
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC	
Q31A ALWAYS	2 1%	87 3%	~	2%	~	2%	~	~	~	~	~	~	2 6%	~	1 0.7%	1 17%	2 2%	~	
USUALLY	1 0.6%	60 2%	~	2%	~	~	~	~	~	~	~	~	1 3%	~	1 0.7%	~	~	1 2%	
SOMETIMES	4 3%	220 7%*	~	~	6%	4%	~	~	~	~	~	~	3 9%	1 0.9%	2 1%	2 33%	1 0.9%	3 7%	
NEVER	148 95%	2850 89%*	100%	95%	94%	94%	100%	~	~	~	~	~	9 100%	29 83%	109 99%	136 97%	3 50%	108 97%	40 91%
#NEVER + SOMETIMES (NET)	152 98%	3070 95%*	100%	95%	100%	98%	100%	~	~	~	~	~	9 100%	32 91%	110 100%	138 99%	5 83%	109 98%	43 98%
TOP BOX SCORE	148 95%	2850 89%*	100%	95%	94%	94%	100%	~	~	~	~	~	9 100%	29 83%	109 99%	136 97%	3 50%	108 97%	40 91%
NOT ANSWERED	2	23	1	1									1	1	1	2		2	
VALID CASES	155	3216	31	42	34	48	64						9	35	110	140	6	111	44
NUMBER OF RESPONDENTS	157	3239	32	43	34	48	64						10	36	111	142	6	113	44
	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q32 NEVER	3 2%	78 2%	1 3%	1 2%	1 3%	1 2%	~	~	~	~	~	~	2 6%	1 0.9%	3 2%	~	2 2%	1 2%
SOMETIMES	8 5%	156 5%	2 7%	1 2%	2 6%	3 6%	~	~	~	~	~	~	6 17%	2 2%	6 4%	2 33%	5 5%	3 7%
USUALLY	22 14%	485 15%	2 7%	9 21%	3 9%	8 17%	11 17%	~	~	~	~	1 11%	5 14%	15 14%	18 13%	1 17%	11 10%	11 25%
ALWAYS	121 79%	2499 78%	25 83%	31 74%	28 82%	37 77%	52 81%	~	~	~	~	8 89%	23 64%	92 84%	114 81%	3 50%	92 84%	29 66%
#ALWAYS + USUALLY (NET)	143 93%	2984 93%	27 90%	40 95%	31 91%	45 94%	63 98%*	~	~	~	~	9 100%	28 78%	107 97%	132 94%	4 67%	103 94%	40 91%
TOP BOX SCORE	121 79%	2499 78%	25 83%	31 74%	28 82%	37 77%	52 81%	~	~	~	~	8 89%	23 64%	92 84%	114 81%	3 50%	92 84%	29 66%
NOT ANSWERED	3	21	2	1								1	1	1			3	
VALID CASES	154	3218	30	42	34	48	64					9	36	110	141	6	110	44
NUMBER OF RESPONDENTS	157	3239	32	43	34	48	64					10	36	111	142	6	113	44
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER ALSK NATV ##	OTH MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q33 NEVER		35 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	8 5%	139 4%	~	3 7%	4 12%	1 2%	4 6%	~	~	~	~	~	2 6%	6 5%	7 5%	~	6 5%	2 5%	
USUALLY	25 16%	518 16%	4 13%	5 12%	4 12%	12 26%	9 14%	~	~	~	~	~	2 22%	7 20%	16 15%	22 16%	1 20%	15 14%	10 23%
ALWAYS	120 78%	2521 78%	27 87%	34 81%	25 76%	34 72%	51 80%	~	~	~	~	~	7 78%	26 74%	88 80%	112 79%	4 80%	89 81%	31 72%
#ALWAYS + USUALLY (NET)	145 95%	3039 95%	31 100%	39 93%	29 88%	46 98%	60 94%	~	~	~	~	~	9 100%	33 94%	104 95%	134 95%	5 100%	104 95%	41 95%
TOP BOX SCORE	120 78%	2521 78%	27 87%	34 81%	25 76%	34 72%	51 80%	~	~	~	~	~	7 78%	26 74%	88 80%	112 79%	4 80%	89 81%	31 72%
NOT ANSWERED	4	26	1	1	1	1							1	1	1	1	1	3	1
VALID CASES	153	3213	31	42	33	47	64						9	35	110	141	5	110	43
NUMBER OF RESPONDENTS	157	3239	32	43	34	48	64						10	36	111	142	6	113	44
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q34 NEVER	28	0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	5 3%	104 3%	1 3%	1 2%	2 6%	1 2%	3 5%	~	~	~	~	~	~	2 6%	3 3%	3 2%	1 17%	2 2%	3 7%
USUALLY	19 12%	398 12%	1 3%	6 14%	5 15%	7 15%	6 9%	~	~	~	~	~	2 22%	5 14%	12 11%	16 11%	1 17%	12 11%	7 16%
ALWAYS	130 84%	2679 83%	29 94%	35 83%	27 79%	39 83%	55 86%	~	~	~	~	~	7 78%	29 81%	95 86%	122 87%	4 67%	96 87%	34 77%
#ALWAYS + USUALLY (NET)	149 97%	3077 96%	30 97%	41 98%	32 94%	46 98%	61 95%	~	~	~	~	~	9 100%	34 94%	107 97%	138 98%	5 83%	108 98%	41 93%
TOP BOX SCORE	130 84%	2679 83%	29 94%	35 83%	27 79%	39 83%	55 86%	~	~	~	~	~	7 78%	29 81%	95 86%	122 87%	4 67%	96 87%	34 77%
NOT ANSWERED	3	30	1	1		1							1		1	1		3	
VALID CASES	154	3209	31	42	34	47	64						9	36	110	141	6	110	44
NUMBER OF RESPONDENTS	157 100%	3239 100%	32 100%	43 100%	34 100%	48 100%	64 100%						10 100%	36 100%	111 100%	142 100%	6 100%	113 100%	44 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q35 YES	105 69%	2175 68%	1 3%	28 67%	31 91%	45 98%	40 63%	~	~	~	~	~	7 78%	30 88%	71 65%	97 69%	4 80%	73 67%	32 74%
NO	47 31%	1015 32%	29 97%	14 33%	3 9%	1 2%	24 38%	~	~	~	~	~	2 22%	4 12%	39 35%	43 31%	1 20%	36 33%	11 26%
NOT ANSWERED	5	49	2	1		2							1	2	1	2	1	4	1
VALID CASES	152	3190	30	42	34	46	64						9	34	110	140	5	109	43
NUMBER OF RESPONDENTS	157 100%	3239 100%	32 100%	43 100%	34 100%	48 100%	64 100%						10 100%	36 100%	111 100%	142 100%	6 100%	113 100%	44 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q36 NEVER	1 1%	30 1%	~	~	3%	~	3%	~	~	~	~	~	~	1%	~	~	~	3%
SOMETIMES	8 8%	137 6%	~	4%	13%	7%	5%	~	~	~	~	14%	10%	6%	6%	25%	7%	10%
USUALLY	28 27%	493 23%	100%	36%	16%	27%	26%	~	~	~	~	29%	23%	29%	27%	25%	26%	29%
ALWAYS	67 64%	1509 70%	~	61%	68%	66%	67%	~	~	~	~	57%	67%	64%	67%	50%	67%	58%
#ALWAYS + USUALLY (NET)	95 91%	2002 92%	100%	96%	84%	93%	92%	~	~	~	~	86%	90%	93%	94%	75%	93%	87%
TOP BOX SCORE	67 64%	1509 70%	~	61%	68%	66%	67%	~	~	~	~	57%	67%	64%	67%	50%	67%	58%
NOT ANSWERED	1	40				1	1							1	1			1
VALID CASES	104	2170	1	28	31	44	39					7	30	70	96	4	73	31
NUMBER OF RESPONDENTS	105	2210	1	28	31	45	40					7	30	71	97	4	73	32
	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						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR ##	TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q37 NEVER	4 3%	96 3%	~	3 7%	1 3%	~	2 3%	~	~	~	~	~	~	1 3%	3 3%	3 2%	~	3 3%	1 2%
SOMETIMES	16 11%	305 10%	2 7%	4 10%	5 15%	5 11%	5 8%	~	~	~	~	~	1 11%	7 20%	7 6%	12 9%	2 33%	11 10%	5 11%
USUALLY	33 22%	799 25%	6 20%	8 19%	6 18%	13 28%	11 17%	~	~	~	~	~	2 22%	10 29%	23 21%	30 21%	3 50%	22 20%	11 25%
ALWAYS	99 65%	1981 62%	22 73%	27 64%	22 65%	28 61%	46 72%	~	~	~	~	~	6 67%	17 49%	77 70%	95 68%	1 17%	72 67%	27 61%
#ALWAYS + USUALLY (NET)	132 87%	2780 87%	28 93%	35 83%	28 82%	41 89%	57 89%	~	~	~	~	~	8 89%	27 77%	100 91%	125 89%	4 67%	94 87%	38 86%
TOP BOX SCORE	99 65%	1981 62%	22 73%	27 64%	22 65%	28 61%	46 72%	~	~	~	~	~	6 67%	17 49%	77 70%	95 68%	1 17%	72 67%	27 61%
NOT ANSWERED	5	58	2	1		2							1	1	1	2		5	
VALID CASES	152	3181	30	42	34	46	64						9	35	110	140	6	108	44
NUMBER OF RESPONDENTS	157	3239	32	43	34	48	64						10	36	111	142	6	113	44
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q38 #YES	131 86%	2742 86%	28 97%~	37 88%~	27 79%~	39 83%~	55 87%	~	~	~	~	~	9 ~100%~	29 81%~	97 89%~	122 87%~	4 67%~	92 85%~	39 89%~
NO	21 14%	440 14%	1 3%~	5 12%~	7 21%~	8 17%~	8 13%	~	~	~	~	~	7 ~19%~	12 11%~	18 13%~	2 33%~	16 15%~	5 11%~	
NOT ANSWERED	5	57	3	1		1						1		2	2		5		
VALID CASES	152	3182	29	42	34	47	63					9	36	109	140	6	108	44	
NUMBER OF RESPONDENTS	157	3239	32	43	34	48	64					10	36	111	142	6	113	44	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q39 YES	76 50%	1245 39%*	15 50%~	17 41%~	20 59%~	24 52%~	29 45%	~	~	~	~	~	5 63%~	16 44%~	55 51%~	67 48%~	4 67%~	48 45%~	28 64%~
Q39 NO	75 50%	1935 61%*	15 50%~	24 59%~	14 41%~	22 48%~	35 55%	~	~	~	~	~	3 38%~	20 56%~	53 49%~	72 52%~	2 33%~	59 55%~	16 36%~
NOT ANSWERED	6	59	2	2		2							2		3	3		6	
VALID CASES	151	3180	30	41	34	46	64						8	36	108	139	6	107	44
NUMBER OF RESPONDENTS	157	3239	32	43	34	48	64						10	36	111	142	6	113	44
	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q40 NEVER	7 9%	77 7%	2 ~ 12%	3 16%	2 9%	2 7%	~	~	~	~	~ 20%	1 6%	5 9%	6 9%	4 9%	3 11%		
SOMETIMES	4 5%	132 11%	1 7%	1 5%	2 9%	2 7%	~	~	~	~	~	1 6%	3 6%	2 3%	1 25%	1 2%	3 11%	
USUALLY	20 27%	337 29%	5 33%	5 29%	5 26%	5 22%	7 25%	~	~	~	~	1 20%	5 31%	14 26%	17 26%	2 50%	14 30%	6 21%
ALWAYS	43 58%	626 53%	9 60%	10 59%	10 53%	14 61%	17 61%	~	~	~	~	3 60%	9 56%	31 58%	40 62%	1 25%	27 59%	16 57%
#ALWAYS + USUALLY (NET)	63 85%	962 82%	14 93%	15 88%	15 79%	19 83%	24 86%	~	~	~	~	4 80%	14 88%	45 85%	57 88%	3 75%	41 89%	22 79%
TOP BOX SCORE	43 58%	626 53%	9 60%	10 59%	10 53%	14 61%	17 61%	~	~	~	~	3 60%	9 56%	31 58%	40 62%	1 25%	27 59%	16 57%
NOT ANSWERED	2	42			1	1	1							2	2		2	
VALID CASES	74	1171	15	17	19	23	28					5	16	53	65	4	46	28
NUMBER OF RESPONDENTS	76	1213	15	17	20	24	29					5	16	55	67	4	48	28
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND NATV ##	AMER ALSK OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE	8	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	20	0.5%	1	~	~	1	2	~	~	~	~	~	~	2	2	0.9%	1	1
02	19	0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	22	0.5%	~	~	2	1	1	~	~	~	~	~	2	1	0.9%	1	1	2
04	26	0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05	122	3%	~	3	2	5	6	~	~	~	~	~	1	1	8	10	10	~
06	114	3%*	2	3	4	4	3	~	~	~	~	~	1	3	10	13	11	2
07	260	6%	~	3	7	5	6	~	~	~	~	~	1	2	12	14	8	7
08	703	16%	8	9	5	12	12	~	~	~	~	~	2	10	24	32	2	9
09	904	20%	8	15	12	18	23	~	~	~	~	~	3	11	40	49	3	11
BEST PERSONAL DOCTOR POSSIBLE	2271	51%*	19	24	25	32	39	~	~	~	~	~	8	24	68	94	1	23
#8-10 (NET)	3877	87%*	35	48	42	62	74	~	~	~	~	~	13	45	132	175	6	43

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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	153 67%	3175 71%	27 71%~	39 68%	37 65%	50 64%	62 67%	~	~	~	~	~	11 ~69%	35 66%	108 65%	143 66%~	4 57%~	119 68%	34 62%
NOT ANSWERED	19	208	4	3	7	5	7							4	10	13	1	18	1
VALID CASES	230	4468	38	57	57	78	92					16	53	165	216	7	175	55	
NUMBER OF RESPONDENTS	249 100%	4676 100%	42 100%	60 100%	64 100%	83 100%	99 100%					16 100%	57 100%	175 100%	229 100%	8 100%	193 100%	56 100%	
MEAN	8.67	8.91	8.92	8.79	8.54	8.54	8.57					8.81	8.72	8.61	8.66	8.00	8.71	8.53	
p stat_(*=Sig @ p<=.05)		.014*	~.485	.557	.442	.493	~	~	~	~	~	~.803	.452	~	~	~.531	.532		

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q42 YES	53 23%	1079 24%	5 12%	15 26%	14 24%	19 24%	22 24%	~	~	~	~	~	5 31%	8 14%	41 24%	46 21%	3 38%	11 6%*	42 76%*
NO	182 77%	3404 76%	35 88%	42 74%	45 76%	60 76%	71 76%	~	~	~	~	~	11 69%	48 86%	127 76%	175 79%	5 63%	169 94%*	13 24%*
NOT ANSWERED	14	193	2	3	5	4	6							1	7	8		13	1
VALID CASES	235	4483	40	57	59	79	93						16	56	168	221	8	180	55
NUMBER OF RESPONDENTS	249 100%	4676 100%	42 100%	60 100%	64 100%	83 100%	99 100%						16 100%	57 100%	175 100%	229 100%	8 100%	193 100%	56 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER PAC NATV	IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q43 #YES	46 88%	932 89%	4 80%~	12 80%~	13 100%~	17 89%~	17 77%~	~	~	~	~	~	5 ~100%~	7 ~100%~	35 85%~	40 87%~	2 100%~	11 100%~	35 85%~
NO	6 12%	112 11%	1 20%~	3 20%~	~	2 11%~	5 23%~	~	~	~	~	~	~	6 ~15%~	6 13%~	~	~	6 ~15%~	
NOT ANSWERED	1	26				1								1		1		1	
VALID CASES	52	1045	5	15	13	19	22						5	7	41	46	2	11	41
NUMBER OF RESPONDENTS	53	1071	5	15	14	19	22						5	8	41	46	3	11	42
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q44 #YES	45 87%	903 87%	4 80%~	12 80%~	12 92%~	17 89%~	16 73%~	~	~	~	~	~	5 ~100%	7 100%	34 83%~	40 87%~	2 100%	11 100%	34 83%~
NO	7 13%	141 13%	1 20%~	3 20%~	1 8%~	2 11%~	6 27%~	~	~	~	~	~	~	~	7 17%~	6 13%~	~	~	7 17%~
NOT ANSWERED	1	27			1									1		1			1
VALID CASES	52	1044	5	15	13	19	22						5	7	41	46	2	11	41
NUMBER OF RESPONDENTS	53	1071	5	15	14	19	22						5	8	41	46	3	11	42
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q45 YES	52 20%	851 16%	9 21%	14 22%	16 23%	13 15%	18 16%	~	~	~	~	~	2 12%	14 23%	35 18%	47 19%	4 57%	30 15%*	22 37%*
NO	210 80%	4406 84%	33 79%	51 78%	53 77%	73 85%	94 84%	~	~	~	~	~	15 88%	46 77%	158 82%	204 81%	3 43%	173 85%*	37 63%*
NOT ANSWERED	17	381	2	6	5	4								1	1	1	1	15	2
VALID CASES	262	5257	42	65	69	86	112						17	60	193	251	7	203	59
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q46 NEVER		36 5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	4 8%	163 21%*	~	1 7%	2 13%	1 8%	2 11%	~	~	~	~	~	1 7%	2 6%	4 9%	~	3 10%	1 5%	
USUALLY	23 45%	221 28%*	6 67%	6 43%	6 38%	5 42%	5 28%	~	~	~	~	~	11 79%	11 32%	22 48%	1 25%	14 48%	9 41%	
ALWAYS	24 47%	367 47%	3 33%	7 50%	8 50%	6 50%	11 61%	~	~	~	~	~	1 ~100%	2 14%	21 62%	20 43%	3 75%	12 41%	12 55%
#ALWAYS + USUALLY (NET)	47 92%	589 75%*	9 100%	13 93%	14 88%	11 92%	16 89%	~	~	~	~	~	1 ~100%	13 93%	32 94%	42 91%	4 100%	26 90%	21 95%
TOP BOX SCORE	24 47%	367 47%	3 33%	7 50%	8 50%	6 50%	11 61%	~	~	~	~	~	1 ~100%	2 14%	21 62%	20 43%	3 75%	12 41%	12 55%
NOT ANSWERED	1	15				1							1	1	1		1		
VALID CASES	51	787	9	14	16	12	18						1	14	34	46	4	29	22
NUMBER OF RESPONDENTS	52	802	9	14	16	13	18						2	14	35	47	4	30	22
	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q47 NONE	2 4%	55 7%	1 11%	~	~	1 8%	~	~	~	~	~	~	1 7%	~	1 2%	1 25%	2 7%	~
1 SPECIALIST	33 63%	514 65%	4 44%	10 71%	12 75%	7 54%	11 61%	~	~	~	~	~	10 71%	23 66%	32 68%	1 25%	24 80%	9 41%
2	12 23%	134 17%	3 33%	3 21%	4 25%	2 15%	4 22%	~	~	~	~	1 50%	2 14%	8 23%	9 19%	2 50%	3 10%	9 41%
3	4 8%	51 6%	1 11%	1 7%	~	2 15%	2 11%	~	~	~	~	1 50%	1 7%	3 9%	4 9%	~	1 3%	3 14%
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	1 2%	19 2%	~	~	~	1 8%	1 6%	~	~	~	~	~	~	1 3%	1 2%	~	~	1 5%
NOT ANSWERED		16																
VALID CASES	52	786	9	14	16	13	18					2	14	35	47	4	30	22
NUMBER OF RESPONDENTS	52	802	9	14	16	13	18					2	14	35	47	4	30	22
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q48 WORST SPECIALIST POSSIBLE		7 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		4 0.5%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03		5 0.6%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
04		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05	1 2%	29 4%	1 13%~	~	~	~	~	~	~	~	~	~	1 3%~	1 2%~	~	1 4%~	~	~
06	2 4%	32 4%	~	~	2 13%~	~	2 11%~	~	~	~	~	~	~	2 6%~	2 4%~	~	2 7%~	~
07	2 4%	59 8%	~	1 7%~	~	1 8%~	~	~	~	~	1 50%~	~	2 6%~	2 4%~	~	1 4%~	1 5%~	
08	10 20%	116 16%	1 13%~	4 29%~	3 19%~	2 17%~	4 22%~	~	~	~	~	~	3 23%~	7 20%~	10 22%~	~	7 25%~	3 14%~
09	8 16%	143 20%	~	2 14%~	4 25%~	2 17%~	3 17%~	~	~	~	~	~	3 23%~	4 11%~	6 13%~	2 67%~	4 14%~	4 18%~
BEST SPECIALIST POSSIBLE	27 54%	312 43%	6 75%~	7 50%~	7 44%~	7 58%~	9 50%~	~	~	~	~	1 50%~	7 54%~	19 54%~	25 54%~	1 33%~	13 46%~	14 64%~

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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND PAC ##	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
#8-10 (NET)	45 90%	570 80%	7 88%	13 93%	14 88%	11 92%	16 89%	~	~	~	~	~	1 50%	13 100%	30 86%	41 89%	3 100%	24 86%	21 95%
9-10 (NET)	35 70%	455 63%	6 75%	9 64%	11 69%	9 75%	12 67%	~	~	~	~	~	1 50%	10 77%	23 66%	31 67%	3 100%	17 61%	18 82%
NOT ANSWERED		7																	
VALID CASES	50	717	8	14	16	12	18						2	13	35	46	3	28	22
NUMBER OF RESPONDENTS	50 100%	724 100%	8 100%	14 100%	16 100%	12 100%	18 100%						2 100%	13 100%	35 100%	46 100%	3 100%	28 100%	22 100%
MEAN	9.06	8.55	9.13	9.07	8.87	9.25	8.94						8.50	9.31	8.94	9.02	9.33	8.79	9.41
p stat_(*=Sig @ p<=.05)		.005*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q49 YES	59 23%	1347 26%	9 21%~	18 28%	15 22%	17 20%	17 15%*	~	~	~	~	~	4 ~ 24%~	20 35%*	37 19%*	54 22%~	2 29%~	43 22%	16 27%
NO	201 77%	3870 74%	33 79%~	46 72%	53 78%	69 80%	95 85%*	~	~	~	~	~	13 ~ 76%~	37 65%*	157 81%*	195 78%~	5 71%~	157 78%	44 73%
NOT ANSWERED	19	421	2	7	6	4								4		3	1	18	1
VALID CASES	260	5217	42	64	68	86	112						17	57	194	249	7	200	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q50 NEVER	1 2%	45 3%	~	~	7%~	~	1 6%~	~	~	~	~	~	~	1 3%~	~	~	1 6%~	
SOMETIMES	9 16%	221 17%	~	39%~	7%~	6%~	4 24%~	~	~	~	~	1 25%~	2 10%~	7 19%~	9 17%~	7 17%~	2 13%~	
USUALLY	19 33%	378 29%	5 63%~	3 17%~	3 20%~	8 47%~	8 47%~	~	~	~	~	2 50%~	3 15%~	16 43%~	19 35%~	13 31%~	6 38%~	
ALWAYS	29 50%	651 50%	3 38%~	8 44%~	10 67%~	8 47%~	4 24%~	~	~	~	~	1 25%~	15 75%~	13 35%~	26 48%~	2 100%~	7 52%~	
#ALWAYS + USUALLY (NET)	48 83%	1029 79%	8 100%~	11 61%~	13 87%~	16 94%~	12 71%~	~	~	~	~	3 75%~	18 90%~	29 78%~	45 83%~	2 100%~	13 81%~	
TOP BOX SCORE	29 50%	651 50%	3 38%~	8 44%~	10 67%~	8 47%~	4 24%~	~	~	~	~	1 25%~	15 75%~	13 35%~	26 48%~	2 100%~	7 52%~	
NOT ANSWERED	1	28	1														1	
VALID CASES	58	1295	8	18	15	17	17					4	20	37	54	2	42	16
NUMBER OF RESPONDENTS	59	1323	9	18	15	17	17					4	20	37	54	2	43	16
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q51 NEVER		23 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	5 9%	90 7%	13% 13%	17% 17%	7% 7%	18% 18%	~	~	~	~	~	~	5% 5%	11% 11%	7% 7%	3% 7%	2% 13%	
USUALLY	14 24%	268 21%	38% 38%	17% 17%	7% 7%	41% 41%	~	~	~	~	~	50% 50%	20% 20%	27% 27%	26% 26%	21% 21%	31% 31%	
ALWAYS	39 67%	903 70%	50% 50%	67% 67%	87% 87%	59% 59%	41% 41%	~	~	~	~	50% 50%	75% 75%	62% 62%	67% 67%	100% 100%	71% 71%	56% 56%
#ALWAYS + USUALLY (NET)	53 91%	1171 91%	88% 88%	83% 83%	93% 93%	100% 100%	82% 82%	~	~	~	~	100% 100%	95% 95%	89% 89%	93% 93%	100% 100%	93% 93%	88% 88%
TOP BOX SCORE	39 67%	903 70%	50% 50%	67% 67%	87% 87%	59% 59%	41% 41%	~	~	~	~	50% 50%	75% 75%	62% 62%	67% 67%	100% 100%	71% 71%	56% 56%
NOT ANSWERED	1	39	1														1	
VALID CASES	58	1284	8	18	15	17	17					4	20	37	54	2	42	16
NUMBER OF RESPONDENTS	59	1323	9	18	15	17	17					4	20	37	54	2	43	16
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q52 YES	82 32%	1805 35%	23 55%	25 39%	13 19%*	21 25%	30 27%	~	~	~	~	~	7 41%	23 40%	57 30%	80 32%	7 ~	64 32%	18 30%
NO	176 68%	3343 65%	19 45%	39 61%	55 81%*	63 75%	82 73%	~	~	~	~	~	10 59%	35 60%	135 70%	167 68%	7 100%	134 68%	42 70%
NOT ANSWERED	21	490	2	7	6	6								3	2	5	1	20	1
VALID CASES	258	5148	42	64	68	84	112						17	58	192	247	7	198	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PQ53 NEVER	7 3%	124 2%	~	3 5%	2 3%	2 2%	3 3%	~	~	~	~	~	1 6%	3 5%	4 2%	7 3%	~	5 3%	2 3%
SOMETIMES	16 6%	397 8%	7%~	3 8%	5 5%	3 6%	6 5%	~	~	~	~	~	3 18%	4 7%	11 6%	15 6%	~	12 6%	4 7%
USUALLY	32 13%	575 11%	24%~	10 17%	11 3%*	2 11%	9 13%	~	~	~	~	~	2 12%	10 18%	22 12%	32 13%	~	24 12%	8 13%
ALWAYS	200 78%	3983 78%	69%~	29 70%	45 89%*	59 81%	67 79%	~	~	~	~	~	11 65%	39 70%	154 81%	190 78%	7 100%	154 79%	46 77%
#ALWAYS + USUALLY (NET)	232 91%	4559 90%	93%~	39 87%	56 92%	61 92%	76 92%	~	~	~	~	~	13 76%	49 88%	176 92%	222 91%	7 100%	178 91%	54 90%
TOP BOX SCORE	200 78%	3983 78%	69%~	29 70%	45 89%*	59 81%	67 79%	~	~	~	~	~	11 65%	39 70%	154 81%	190 78%	7 100%	154 79%	46 77%
NOT ANSWERED	24	559	2	7	8	7								5	3	8	1	23	1
VALID CASES	255	5079	42	64	66	83	112						17	56	191	244	7	195	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

[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			
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q54 WORST HEALTH PLAN POSSIBLE	1 0.4%	17 0.3%	~	1 2%	~	1 0.9%	~	~	~	~	~	~	~	~	1 ~0.5%	1 0.4%	~	1 ~0.5%	~	
01	1 0.4%	27 0.5%	~	~	1 1%	1 0.9%	~	~	~	~	~	~	~	~	1 ~0.5%	1 0.4%	~	1 ~0.5%	~	
02	2 0.8%	33 0.6%	~	~	2 3%	1 0.9%	~	~	~	~	~	~	~	~	2 ~1%	1 0.4%	~	~	2 3%	
03	2 0.8%	44 0.9%	~	1 2%	1 1%	~	~	~	~	~	~	~	1 6%	~	2 ~1%	2 0.8%	~	2 1%	~	
04	6 2%	62 1%	1 2%	2 3%	1 1%	2 2%	4 4%	~	~	~	~	~	~	~	4 ~2%	6 2%	~	5 3%	1 2%	
05	24 9%	275 5%*	1 2%	5 8%	9 13%	9 11%	15 14%*	~	~	~	~	~	~	1 6%	3 5%	21 11%	24 10%	~	15 8%	9 15%
06	17 7%	233 5%	1 2%	7 11%	4 6%	5 6%	6 5%	~	~	~	~	~	~	~	5 8%	12 6%	17 7%	~	13 7%	4 7%
07	31 12%	496 10%	4 10%	7 11%	9 13%	11 13%	13 12%	~	~	~	~	~	~	3 19%	4 7%	26 14%	29 12%	2 29%	21 11%	10 17%
08	53 21%	982 19%	6 15%	13 20%	16 24%	18 21%	29 26%	~	~	~	~	~	~	4 25%	7 12%*	45 24%*	51 21%	1 14%	40 20%	13 22%
09	37 14%	974 19%*	7 17%	11 17%	4 6%*	15 18%	15 14%	~	~	~	~	~	~	1 6%	10 17%	27 14%	36 15%	1 14%	29 15%	8 14%
BEST HEALTH PLAN POSSIBLE	84 33%	2033 39%*	21 51%	18 28%	21 31%	24 29%	25 23%*	~	~	~	~	~	~	6 38%	30 51%*	49 26%*	79 32%	3 43%	72 36%*	12 20%*
#8-10 (NET)	174 67%	3988 77%*	34 83%	42 65%	41 60%	57 68%	69 63%	~	~	~	~	~	~	11 69%	47 80%*	121 64%*	166 67%	5 71%	141 71%*	33 56%*

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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	121 47%	3007 58%*	28 68%~	29 45%	25 37%*	39 46%	40 36%*	~	~	~	~	~	7 44%~	40 68%*	76 40%*	115 47%~	4 57%~	101 51%*	20 34%*
NOT ANSWERED	21	462	3	6	6	6	2						1	2	4	5	1	19	2
VALID CASES	258	5176	41	65	68	84	110						16	59	190	247	7	199	59
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%
MEAN	8.03	8.44	8.88	7.85	7.62	8.08	7.62						8.12	8.80	7.78	8.02	8.71	8.18	7.51
p stat_(*=Sig @ p<=.05)		.000*	~.416	.073	.738	.005*	~	~	~	~	~	~	~.000*	.000*	~	~	~.022*	.022*	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q55 YES	102 39%	1994 38%	20 50%~	26 40%	21 30%	35 41%	47 42%	~	~	~	~	~	8 47%~	16 28%*	83 43%*	97 39%~	3 43%~	61 31%*	41 68%*
NO	158 61%	3218 62%	20 50%~	39 60%	48 70%	51 59%	64 58%	~	~	~	~	~	9 53%~	42 72%*	110 57%*	152 61%~	4 57%~	139 69%*	19 32%*
NOT ANSWERED	19	425	4	6	5	4	1							3	1	3	1	18	1
VALID CASES	260	5213	40	65	69	86	111						17	58	193	249	7	200	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q56 NEVER		36 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	6 6%	176 9%	~	2 8%	3 16%	1 3%	2 4%	~	~	~	~	~	2 13%	3 4%	5 5%	~	4 7%	2 5%	
USUALLY	17 17%	474 24%	1 5%	3 12%	2 11%	11 31%	9 20%	~	~	~	~	~	1 13%	2 13%	15 19%	17 18%	~	8 14%	9 22%
ALWAYS	76 77%	1301 65%	18 95%	21 81%	14 74%	23 66%	34 76%	~	~	~	~	~	7 88%	11 73%	63 78%	72 77%	3 100%	47 80%	29 73%
#ALWAYS + USUALLY (NET)	93 94%	1775 89%	19 100%	24 92%	16 84%	34 97%	43 96%	~	~	~	~	~	8 100%	13 87%	78 96%	89 95%	3 100%	55 93%	38 95%
TOP BOX SCORE	76 77%	1301 65%	18 95%	21 81%	14 74%	23 66%	34 76%	~	~	~	~	~	7 88%	11 73%	63 78%	72 77%	3 100%	47 80%	29 73%
NOT ANSWERED	3	29	1		2		2							1	2	3		2	1
VALID CASES	99	1988	19	26	19	35	45						8	15	81	94	3	59	40
NUMBER OF RESPONDENTS	102	2017	20	26	21	35	47						8	16	83	97	3	61	41
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q57 #YES	51 52%	1177 60%	6 33%~	14 56%~	11 52%~	20 57%~	17 38%~	~	~	~	~	~	6 75%~	9 60%~	41 51%~	49 52%~	1 50%~	27 46%~	24 60%~
NO	48 48%	795 40%	12 67%~	11 44%~	10 48%~	15 43%~	28 62%~	~	~	~	~	~	2 25%~	6 40%~	40 49%~	46 48%~	1 50%~	32 54%~	16 40%~
NOT ANSWERED	3	45	2	1			2							1	2	2	1	2	1
VALID CASES	99	1972	18	25	21	35	45						8	15	81	95	2	59	40
NUMBER OF RESPONDENTS	102 100%	2017 100%	20 100%	26 100%	21 100%	35 100%	47 100%						8 100%	16 100%	83 100%	97 100%	3 100%	61 100%	41 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q57A YES	202 78%	4014 79%	22 52%	50 78%	61 87%*	69 83%	81 74%	~	~	~	~	~	13 81%	46 78%	150 79%	193 78%	6 86%	152 76%	50 83%
NO	57 22%	1085 21%	20 48%	14 22%	9 13%*	14 17%	29 26%	~	~	~	~	~	3 19%	13 22%	41 21%	55 22%	1 14%	47 24%	10 17%
NOT ANSWERED	20	539	2	7	4	7	2						1	2	3	4	1	19	1
VALID CASES	259	5099	42	64	70	83	110						16	59	191	248	7	199	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%



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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q57B NEVER	23 22%	667 28%	2 25%	5 17%	5 15%	11 32%	10 36%	~	~	~	~	~	2 7%	20 27%	22 22%	1 25%	15 19%	8 30%
SOMETIMES	19 18%	484 20%	2 25%	8 27%	5 15%	4 12%	4 14%	~	~	~	~	~	7 25%	12 16%	18 18%	1 25%	16 20%	3 11%
USUALLY	27 25%	468 20%	2 25%	8 27%	7 21%	10 29%	3 11%	~	~	~	~	2 50%	8 29%	18 24%	25 25%	1 25%	23 29%	4 15%
ALWAYS	37 35%	771 32%	2 25%	9 30%	17 50%	9 26%	11 39%	~	~	~	~	2 50%	11 39%	25 33%	35 35%	1 25%	25 32%	12 44%
#ALWAYS + USUALLY (NET)	64 60%	1239 52%	4 50%	17 57%	24 71%	19 56%	14 50%	~	~	~	~	4 100%	19 68%	43 57%	60 60%	2 50%	48 61%	16 59%
TOP BOX SCORE	37 35%	771 32%	2 25%	9 30%	17 50%	9 26%	11 39%	~	~	~	~	2 50%	11 39%	25 33%	35 35%	1 25%	25 32%	12 44%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	155	2768	33	34	36	52	84					12	31	118	150	3	122	33
NOT ANSWERED	18	480	3	7	4	4						1	2	1	2	1	17	1
VALID CASES	106	2390	8	30	34	34	28					4	28	75	100	4	79	27
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%					17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	49 19%	1124 22%	7 17%	13 21%	15 22%	14 17%	16 14%	~	~	~	~	~	18 31%*	28 15%*	46 19%	1 13%	35 18%	14 23%
NO	207 81%	3960 78%	35 83%	49 79%	53 78%	70 83%	95 86%	~	~	~	~	16 ~100%	41 69%*	161 85%*	199 81%	7 88%	161 82%	46 77%
NOT ANSWERED	23	553	2	9	6	6	1					1	2	5	7		22	1
VALID CASES	256	5085	42	62	68	84	111					16	59	189	245	8	196	60
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112					17	61	194	252	8	218	61
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q57D #YES	40 85%	945 87%	5 71%	11 92%	13 93%	11 79%	15 94%	~	~	~	~	~	14 82%	25 89%	39 87%	1 100%	27 82%	13 93%
NO	7 15%	135 13%	2 29%	1 8%	1 7%	3 21%	1 6%	~	~	~	~	~	3 18%	3 11%	6 13%	~	6 18%	1 7%
NOT ANSWERED	2	16		1	1								1		1		2	
VALID CASES	47	1081	7	12	14	14	16						17	28	45	1	33	14
NUMBER OF RESPONDENTS	49	1097	7	13	15	14	16						18	28	46	1	35	14
	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q57E #YES	40 89%	905 84%~	6 86%~	11 92%~	11 85%~	12 92%~	15 100%~	~	~	~	~	~	14 88%~	25 93%~	39 91%~	1 100%~	27 84%~	13 100%~
NO	5 11%	169 16%~	1 14%~	1 8%~	2 15%~	1 8%~	~	~	~	~	~	~	2 12%~	2 7%~	4 9%~	~	5 16%~	~
NOT ANSWERED	4	24		1	2	1	1						2	1	3		3	1
VALID CASES	45	1073	7	12	13	13	15						16	27	43	1	32	13
NUMBER OF RESPONDENTS	49 100%	1097 100%	7 100%	13 100%	15 100%	14 100%	16 100%						18 100%	28 100%	46 100%	1 100%	35 100%	14 100%

[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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC			
Q57F NEVER	20	2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	3	9%	~	~	1	2	~	~	~	~	~	~	~	2	1	3	~	3	
USUALLY	12	24%	1	5	3	3	19%	~	~	~	~	~	~	2	9	11	~	8	4
ALWAYS	32	66%	6	7	10	9	81%	~	~	~	~	~	~	13	18	31	1	22	10
#ALWAYS + USUALLY (NET)	44	94%	7	12	13	12	100%	~	~	~	~	~	~	15	27	42	1	30	14
TOP BOX SCORE	32	68%	6	7	10	9	81%	~	~	~	~	~	~	13	18	31	1	22	10
NOT ANSWERED	2		1	1										1		1		2	
VALID CASES	47	1074	7	12	14	14	16							17	28	45	1	33	14
NUMBER OF RESPONDENTS	49	1097	7	13	15	14	16							18	28	46	1	35	14
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57G NEVER	3 7%	53 5%	~	~	8%	14%	~	~	~	~	~	~	~	3 18%	3 7%	3 9%	~	~	
SOMETIMES	2 4%	120 11%	~	8%	~	7%	~	~	~	~	~	~	~	2 12%	2 5%	1 3%	1 7%	~	
USUALLY	14 30%	238 22%	14%	25%	54%	21%	4 25%	~	~	~	~	~	~	4 24%	9 33%	13 30%	9 28%	5 36%	
ALWAYS	27 59%	662 62%	86%	67%	38%	57%	8 75%	~	~	~	~	~	~	8 47%	18 67%	26 59%	1 100%	19 59%	8 57%
#ALWAYS + USUALLY (NET)	41 89%	901 84%	100%	92%	92%	79%	16 100%	~	~	~	~	~	~	12 71%	27 100%	39 89%	1 100%	28 88%	13 93%
TOP BOX SCORE	27 59%	662 62%	86%	67%	38%	57%	8 75%	~	~	~	~	~	~	8 47%	18 67%	26 59%	1 100%	19 59%	8 57%
NOT ANSWERED	3	23		1	2									1	1	2		3	
VALID CASES	46	1074	7	12	13	14	16							17	27	44	1	32	14
NUMBER OF RESPONDENTS	49	1097	7	13	15	14	16							18	28	46	1	35	14
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC			
Q57H NEVER	1 2%	23 2%	~	~	~	7%	~	~	~	~	~	~	~	~	1 6%	1 2%	1 3%	~		
SOMETIMES	2 4%	97 9%	~	~	1 7%	1 7%	~	~	~	~	~	~	~	~	1 6%	1 4%	2 4%	2 6%	~	
USUALLY	8 17%	214 20%	1 14%	2 17%	1 7%	4 29%	2 12%	~	~	~	~	~	~	~	2 12%	5 18%	7 16%	6 18%	2 14%	
ALWAYS	36 77%	741 69%	6 86%	10 83%	12 86%	8 57%	14 88%	~	~	~	~	~	~	~	13 76%	22 79%	35 78%	1 100%	24 73%	12 86%
#ALWAYS + USUALLY (NET)	44 94%	955 89%	7 100%	12 100%	13 93%	12 86%	16 100%	~	~	~	~	~	~	~	15 88%	27 96%	42 93%	1 100%	30 91%	14 100%
TOP BOX SCORE	36 77%	741 69%	6 86%	10 83%	12 86%	8 57%	14 88%	~	~	~	~	~	~	~	13 76%	22 79%	35 78%	1 100%	24 73%	12 86%
NOT ANSWERED	2	23	1	1										1	1	2				
VALID CASES	47	1074	7	12	14	14	16							17	28	45	1	33	14	
NUMBER OF RESPONDENTS	49	1097	7	13	15	14	16							18	28	46	1	35	14	
	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q58																		
EXCELLENT	113 43%	2143 41%	23 56%~	26 41%	35 50%	29 34%*	44 40%	~	~	~	~	6 35%~	24 39%	86 45%	113 45%~	~	97 48%*	16 27%*
VERY GOOD	107 41%	1856 36%	15 37%~	27 43%	28 40%	37 43%	50 45%	~	~	~	~	7 41%~	24 39%	82 42%	107 42%~	~	87 44%	20 33%
GOOD	32 12%	944 18%*	3 7%~	7 11%	6 9%	16 19%*	17 15%	~	~	~	~	4 24%~	8 13%	23 12%	32 13%~	~	13 7%*	19 32%*
FAIR	7 3%	237 5%	~	3 5%	~	4 5%	~	~	~	~	~	~	4 7%	2 1%	~	7 88%~	3 2%	4 7%
POOR	1 0.4%	15 0.3%	~	~	1 1%~	~	~	~	~	~	~	~	1 2%	~	~	1 13%~	~	1 2%~
#EXCELLENT + VERY GOOD + GOOD (NET)	252 97%	4943 95%	41 100%~	60 95%	69 99%	82 95%	111 100%~	~	~	~	~	17 ~100%~	56 92%	191 99%*	252 100%~	~	197 99%	55 92%
NOT ANSWERED	19	443	3	8	4	4	1							1			18	1
VALID CASES	260	5195	41	63	70	86	111					17	61	193	252	8	200	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%					17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	112 43%	2231 43%	28 68%	25 40%	27 38%	32 37%	44 39%	~	~	~	~	6 35%	29 48%	79 41%	111 44%	1 13%	100 50%*	12 20%*
VERY GOOD	82 31%	1483 29%	11 27%	20 32%	25 35%	26 30%	38 34%	~	~	~	~	6 35%	16 26%	65 34%	81 32%	1 13%	68 34%	14 23%
GOOD	42 16%	1030 20%	2 5%	11 17%	12 17%	17 20%	18 16%	~	~	~	~	3 18%	11 18%	31 16%	40 16%	2 25%	25 13%*	17 28%*
FAIR	23 9%	368 7%	~	7 11%	6 8%	10 12%	10 9%	~	~	~	~	2 12%	5 8%	17 9%	19 8%	4 50%	7 4%*	16 26%*
POOR	2 0.8%	70 1%	~	~	1 1%	1 1%	2 2%	~	~	~	~	~	~	2 1%	1 0.4%	~	~	2 3%
#EXCELLENT + VERY GOOD + GOOD (NET)	236 90%	4745 92%	41 100%	56 89%	64 90%	75 87%	100 89%	~	~	~	~	15 88%	56 92%	175 90%	232 92%	4 50%	193 96%*	43 70%*
NOT ANSWERED	18	455	3	8	3	4												18
VALID CASES	261	5183	41	63	71	86	112					17	61	194	252	8	200	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%					17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q60 YES	60 23%	1055 20%	8 19%	16 25%	12 17%	24 28%	28 25%	~	~	~	~	~	6 35%	7 12%*	52 27%*	56 22%	3 38%	19 10%*	41 67%*
NO	201 77%	4144 80%	34 81%	47 75%	58 83%	62 72%	84 75%	~	~	~	~	~	11 65%	53 88%*	142 73%*	195 78%	5 63%	181 90%*	20 33%*
NOT ANSWERED	18	439	2	8	4	4								1		1		18	
VALID CASES	261	5199	42	63	70	86	112						17	60	194	251	8	200	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC	ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q61 YES	42 72%	796 77%	5 63%~	10 67%~	9 82%~	18 75%~	19 70%~	~	~	~	~	~	6 ~100%~	3 50%~	39 76%~	39 71%~	2 100%~	3 16%~	39 100%~
NO	16 28%	235 23%	3 38%~	5 33%~	2 18%~	6 25%~	8 30%~	~	~	~	~	~	~	3 50%~	12 24%~	16 29%~	~	16 84%~	~
NOT ANSWERED	2	22		1	1		1							1	1	1	1		2
VALID CASES	58	1030	8	15	11	24	27						6	6	51	55	2	19	39
NUMBER OF RESPONDENTS	60 100%	1052 100%	8 100%	16 100%	12 100%	24 100%	28 100%						6 100%	7 100%	52 100%	56 100%	3 100%	19 100%	41 100%

[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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q62 YES	39	716	3	10	9	17	18					5	3	36	36	2	39
	95%	91%	75%	100%	100%	94%	95%	~	~	~	~	~100%	~100%	95%	95%	100%	~100%
NO	2	75	1			1	1							2	2		2
	5%	9%	25%	~	~	6%	5%	~	~	~	~	~	~	5%	5%	~100%	~
NOT ANSWERED	1	15	1									1		1	1		1
VALID CASES	41	791	4	10	9	18	19					5	3	38	38	2	2
NUMBER OF RESPONDENTS	42	806	5	10	9	18	19					6	3	39	39	2	3
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	NO CCC	CCC
Q63 YES	42 16%	788 15%	2 5%	15 24%	10 14%	15 18%	20 18%	~	~	~	~	~	4 ~ 24%	5 8%*	36 19%*	36 14%~	5 71%~	6 3%*	36 59%*
Q63 NO	218 84%	4394 85%	40 95%~	47 76%	61 86%	70 82%	92 82%	~	~	~	~	~	13 ~ 76%	54 92%*	158 81%*	215 86%~	2 29%~	193 97%*	25 41%*
Q63 NOT ANSWERED	19	456	2	9	3	5								2		1	1	19	
VALID CASES	260	5182	42	62	71	85	112						17	59	194	251	7	199	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q64 YES	33 80%	637 85%	2 100%	11 73%	9 90%	11 79%	15 79%	~	~	~	~	~	3 75%	4 80%	29 81%	28 80%	4 80%	1 17%	32 91%
NO	8 20%	110 15%	~	4 27%	1 10%	3 21%	4 21%	~	~	~	~	~	1 25%	1 20%	7 19%	7 20%	1 20%	5 83%	3 9%
NOT ANSWERED	1	19				1	1									1			1
VALID CASES	41	747	2	15	10	14	19						4	5	36	35	5	6	35
NUMBER OF RESPONDENTS	42	766	2	15	10	15	20						4	5	36	36	5	6	36
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q65 YES	31 94%	591 96%	2 100%	10 91%	8 89%	11 100%	15 100%	~	~	~	~	~	3 100%	4 100%	27 93%	26 93%	4 100%	31 97%	
NO	2 6%	26 4%	~	1 9%	1 11%	~	~	~	~	~	~	~	~	2 7%	2 7%	~	1 100%	1 3%	
NOT ANSWERED		7																	
VALID CASES	33	617	2	11	9	11	15						3	4	29	28	4	1	32
NUMBER OF RESPONDENTS	33 100%	624 100%	2 100%	11 100%	9 100%	11 100%	15 100%						3 100%	4 100%	29 100%	28 100%	4 100%	1 100%	32 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q66 YES	31 12%	639 12%	1 2%	9 15%	6 8%	15 17%	17 15%	~	~	~	~	~	3 18%	5 8%	25 13%	26 10%	4 50%	4 2%*	27 44%*
NO	230 88%	4546 88%	41 98%	53 85%	65 92%	71 83%	95 85%	~	~	~	~	~	14 82%	56 92%	168 87%	225 90%	4 50%	196 98%*	34 56%*
NOT ANSWERED	18	453	2	9	3	4								1	1		18		
VALID CASES	261	5185	42	62	71	86	112						17	61	193	251	8	200	61
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	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?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q67 YES	27 90%	445 77%~100%	1 ~100%	8 ~89%	6 ~100%	12 86%~	15 94%~	~	~	~	~	~	2 ~67%	5 ~100%	21 ~88%	22 88%~	4 ~100%	1 33%~	26 96%~
NO	3 10%	136 23%~	~	1 ~11%	~	2 ~14%	1 6%~	~	~	~	~	~	1 ~33%	~	3 ~12%	3 12%~	~	2 ~67%	1 4%~
NOT ANSWERED	1	22				1	1								1	1		1	
VALID CASES	30	582	1	9	6	14	16						3	5	24	25	4	3	27
NUMBER OF RESPONDENTS	31 100%	604 100%	1 100%	9 100%	6 100%	15 100%	17 100%						3 100%	5 100%	25 100%	26 100%	4 100%	4 100%	27 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q68 YES	26	427	1	8	5	12	15	~	~	~	~	2	4	21	21	4	26	
	96%	96%	100%	100%	83%	100%	100%	~	~	~	~	100%	80%	100%	95%	100%	100%	
NO	1	17	~	~	1	~	~	~	~	~	~	~	1	~	1	1	~	
	4%	4%	~	~	17%	~	~	~	~	~	~	~	20%	~	5%	100%	~	
NOT ANSWERED		6																
VALID CASES	27	444	1	8	6	12	15					2	5	21	22	4	1	26
NUMBER OF RESPONDENTS	27	450	1	8	6	12	15					2	5	21	22	4	1	26
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q69 YES	29 11%	531 10%	2 5%	14 22%*	8 11%	5 6%*	13 12%	~	~	~	~	~	1 6%	6 10%	23 12%	26 10%	2 29%~	9 5%*	20 33%*
NO	230 89%	4648 90%	40 95%~	49 78%*	62 89%	79 94%*	98 88%	~	~	~	~	~	16 94%~	53 90%	170 88%	224 90%~	5 71%~	190 95%*	40 67%*
NOT ANSWERED	20	459	2	8	4	6	1							2	1	2	1	19	1
VALID CASES	259	5179	42	63	70	84	111						17	59	193	250	7	199	60
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q70 YES	19 66%	336 68%	9 ~	7 64%	3 88%	69%	~	~	~	~	~	1 ~100%	3 50%	16 70%	16 62%	2 100%	1 11%	18 90%	
NO	10 34%	157 32%	2 100%	5 36%	1 13%	2 40%	4 31%	~	~	~	~	~	3 50%	7 30%	10 38%	~	8 89%	2 10%	
NOT ANSWERED		8																	
VALID CASES	29	493	2	14	8	5	13					1	6	23	26	2	9	20	
NUMBER OF RESPONDENTS	29	501	2	14	8	5	13					1	6	23	26	2	9	20	
	100%	100%	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q71 YES	17	293		9	5	3	8					1	2	15	14	2		17
	89%	92%	~100%	~71%	~100%	~89%	~	~	~	~	~100%	~67%	~94%	~88%	~100%	~	~94%	~
NO	2	24			2		1						1	1	2		1	1
	11%	8%	~	~	29%	~	11%	~	~	~	~	~	33%	6%	12%	~	100%	6%
NOT ANSWERED		3																
VALID CASES	19	317		9	7	3	9					1	3	16	16	2	1	18
NUMBER OF RESPONDENTS	19	320		9	7	3	9					1	3	16	16	2	1	18
	100%	100%	100%	100%	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q72																		
YES	36 14%	736 14%	~	14%	20%	15%	17%	~	~	~	~	~ 24%	4 7%*	32 17%*	32 13%~	3 38%~	2 1%*	34 56%*
NO	224 86%	4444 86%	100%~	86%	80%	85%	94 85%	~	~	~	~	~ 76%	13 93%*	161 83%*	218 87%~	5 63%~	197 99%*	27 44%*
NOT ANSWERED	19	458	2	8	4	5	1						1	1	2		19	
VALID CASES	260	5180	42	63	70	85	111					17	60	193	250	8	199	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%					17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q73 YES	31 89%	628 90%	~	89%	77%	100%	15 94%	~	~	~	~	~100%	4 75%	3 90%	28 87%	27 100%	3 ~	31 94%
NO	4 11%	72 10%	~	11%	23%	~	1 6%	~	~	~	~	~	~25%	1 10%	3 13%	4 ~	2 100%	2 6%
NOT ANSWERED	1	16			1		1							1	1			1
VALID CASES	35	700		9	13	13	16					4	4	31	31	3	2	33
NUMBER OF RESPONDENTS	36 100%	716 100%		9 100%	14 100%	13 100%	17 100%					4 100%	4 100%	32 100%	32 100%	3 100%	2 100%	34 100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	44 16%	971 17%	44 100%	~	~	~	19 17%	~	~	~	~	4 24%	8 13%	32 16%	41 16%	~	40 18%*	4 7%*
4 TO 7 YEARS OLD	71 25%	1380 24%	~	71 ~100%	~	~	29 26%	~	~	~	~	2 12%	13 21%	50 26%	60 24%	3 38%	55 25%	16 26%
8 TO 12 YEARS OLD	74 27%	1689 30%	~	~	74 ~100%	~	23 21%	~	~	~	~	4 24%	19 31%	50 26%	69 27%	1 13%	57 26%	17 28%
13 OR OLDER	90 32%	1597 28%	~	~	90 ~100%	~	41 37%	~	~	~	~	7 41%	21 34%	62 32%	82 33%	4 50%	66 30%	24 39%
VALID CASES	279	5638	44	71	74	90	112					17	61	194	252	8	218	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%					17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

[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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ75 MALE	157 56%	2948 52%	27 61%	42 59%	36 49%	52 58%	66 59%	~	~	~	~	~	8 47%	33 54%	110 57%	141 56%	7 88%	122 56%	35 57%
FEMALE	122 44%	2690 48%	17 39%	29 41%	38 51%	38 42%	46 41%	~	~	~	~	~	9 53%	28 46%	84 43%	111 44%	1 13%	96 44%	26 43%
VALID CASES	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

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

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q76 HISPANIC OR LATINO	61 24%	2037 40%*	8 20%~	13 21%	19 28%	21 25%	~	~	~	~	~	~	~	~	~	61 ~100%~	56 ~	5 71%~	53 27%*	8 13%*
NOT HISPANIC OR LATINO	194 76%	3094 60%*	32 80%~	50 79%	50 72%	62 75%	111 100%~	~	~	~	~	~	16 ~100%~	194 ~100%~	191 77%~	2 29%~	142 73%*	52 87%*		
NOT ANSWERED	24	507	4	8	5	7	1						1				5	1	23	1
VALID CASES	255	5131	40	63	69	83	111						16	61	194	247	7	195	60	
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%	

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTH	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.1 YES	149 53%	2548 45%*	26 59%~	36 51%	33 45%	54 60%	112 100%~	~	~	~	~	16 94%~	21 34%*	126 65%*	148 59%~	~	109 50%*	40 66%*
NO	130 47%	3090 55%*	18 41%~	35 49%	41 55%	36 40%	~	~	~	~	~	1 6%~	40 66%*	68 35%*	104 41%~	8 100%~	109 50%*	21 34%*
VALID CASES	279	5638	44	71	74	90	112					17	61	194	252	8	218	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%					17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTH	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.2 YES	9 3%	139 2%	1 2%	2 3%	2 3%	4 4%	~	~	~	~	~	5 29%	3 5%	5 3%	9 4%	~	7 3%	2 3%
NO	270 97%	5499 98%	43 98%	69 97%	72 97%	86 96%	112 100%	~	~	~	~	12 71%	58 95%	189 97%	243 96%	8 100%	211 97%	59 97%
VALID CASES	279	5638	44	71	74	90	112					17	61	194	252	8	218	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%					17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.3	TCH TOT CHLD																
YES	4 1%	186 3%*	1 2%~	1 1%	2 ~ 2%	~	~	~	~	~	2 12%~	1 2%	3 2%	4 2%~	~	3 1%	1 2%
NO	275 99%	5452 97%*	43 98%~	70 99%	74 100%~	88 98%	112 100%~	~	~	~	15 ~ 88%~	60 98%	191 98%	248 98%~	8 100%~	215 99%	60 98%
VALID CASES	279	5638	44	71	74	90	112				17	61	194	252	8	218	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%				17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q77.4	TCH TOT CHLD																		
YES	4 1%	61 1%	1 2%~	1 1%	2 3%	~	~	~	~	~	2 ~12%	1 2%	3 2%	4 2%~	~	1 ~0.5%	3 5%		
NO	275 99%	5577 99%	43 98%~	70 99%	72 97%	90 100%~	112 ~	~	~	~	15 ~88%	60 98%	191 98%	248 98%~	8 100%	217 ~100%	58 95%		
VALID CASES	279	5638	44	71	74	90	112				17	61	194	252	8	218	61		
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%				17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%		

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

		AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q77.5	TCH TOT CHLD																
YES	16 6%	168 3%*	2 5%~	3 4%	6 8%	5 6%					10 ~ 59%~	3 5%	13 7%	15 6%~	1 13%~	10 5%	6 10%
NO	263 94%	5470 97%*	42 95%~	68 96%	68 92%	85 94%	112 100%~				7 ~ 41%~	58 95%	181 93%	237 94%~	7 88%~	208 95%	55 90%
VALID CASES	279	5638	44	71	74	90	112				17	61	194	252	8	218	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%				17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER IND/ALS PAC NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.6	TCH TOT CHLD																	
YES	17 6%	486 9%	3 7%~	1 1%*	6 8%	7 8%					1 6%~	14 23%*	3 2%*	16 6%~	1 13%~	15 7%	2 3%	
NO	262 94%	5152 91%	41 93%~	70 99%*	68 92%	83 92%	112 100%~				16 94%~	47 77%*	191 98%*	236 94%~	7 88%~	203 93%	59 97%	
VALID CASES	279	5638	44	71	74	90	112				17	61	194	252	8	218	61	
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%				17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%	



Q78 WHAT IS YOUR AGE?

	TCH TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q78 UNDER 18	8 3%	196 4%	1 2%	2 3%	3 4%	2 2%	5 5%	~	~	~	~	~	~	2 3%	5 3%	6 2%	2 25%	4 2%	4 7%
18 TO 24	10 4%	176 3%	7 17%	2 3%	~	1 1%	0.9%*	~	~	~	~	~	2 12%	2 3%	7 4%	10 4%	~	10 5%	~
25 TO 34	78 30%	1691 33%	23 58%	29 47%*	18 26%	8 9%*	40 36%	~	~	~	~	~	3 18%	17 28%	61 32%	78 31%	~	63 32%	15 25%
35 TO 44	107 42%	2049 40%	9 22%	23 37%	30 43%	45 53%*	33 30%*	~	~	~	~	~	10 59%	32 53%*	73 38%*	104 42%	3 38%	83 42%	24 40%
45 TO 54	41 16%	738 14%	~	2 3%*	15 21%	24 28%*	24 22%*	~	~	~	~	~	1 6%	7 12%	34 18%	39 16%	1 13%	30 15%	11 18%
55 TO 64	12 5%	229 4%	~	4 6%	3 4%	5 6%	7 6%	~	~	~	~	~	1 6%	~	11 6%	10 4%	2 25%	6 3%	6 10%
65 TO 74	1 0.4%	87 2%*	~	~	1 1%	~	1 0.9%	~	~	~	~	~	~	~	1 0.5%	0.4%*	~	1 0.5%	~
75 OR OLDER		15 0.3%*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	22	457	4	9	4	5	1							1	2	4		21	1
VALID CASES	257	5181	40	62	70	85	111						17	60	192	248	8	197	60
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q79																			
MALE	35 14%	711 14%	2 5%	9 15%	10 14%	14 17%	17 15%	~	~	~	~	~	2 12%	5 8%	29 15%	35 14%	~	30 15%	5 8%
FEMALE	223 86%	4484 86%	39 95%	53 85%	61 86%	70 83%	95 85%	~	~	~	~	~	15 88%	55 92%	164 85%	214 86%	8 100%	167 85%	56 92%
NOT ANSWERED	21	443	3	9	3	6								1	1	3		21	
VALID CASES	258	5195	41	62	71	84	112						17	60	193	249	8	197	61
NUMBER OF RESPONDENTS	279 100%	5638 100%	44 100%	71 100%	74 100%	90 100%	112 100%						17 100%	61 100%	194 100%	252 100%	8 100%	218 100%	61 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	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		
Q80																			
8TH GRADE OR LESS	18 7%	593 12%*	2 5%~	4 6%	5 7%	7 8%	~	~	~	~	~	~	18 30%*	~	15 6%~	3 43%~	15 8%	3 5%	
SOME HIGH SCHOOL BUT DID NOT GRADUATE	15 6%	565 11%*	~	10%~	6 6%	5 6%	4 4%	~	~	~	~	~	1 6%~	7 12%	8 4%	13 5%~	2 29%~	12 6%	3 5%
HIGH SCHOOL GRADUATE OR GED	63 25%	1483 29%	12 29%~	12 19%	15 22%	24 29%	28 25%	~	~	~	~	~	2 13%~	18 30%	42 22%	62 25%~	1 14%~	49 25%	14 23%
SOME COLLEGE OR 2-YEAR DEGREE	107 42%	1722 33%*	18 44%~	25 40%	31 45%	33 39%	51 46%	~	~	~	~	~	7 44%~	9 15%*	98 51%*	106 43%~	1 14%~	81 41%	26 43%
4-YEAR COLLEGE GRADUATE	35 14%	491 10%*	6 15%~	13 21%	7 10%	9 11%	19 17%	~	~	~	~	~	2 13%~	6 10%	27 14%	34 14%~	~	27 14%	8 13%
MORE THAN 4-YEAR COLLEGE DEGREE	18 7%	290 6%	3 7%~	2 3%	7 10%	6 7%	9 8%	~	~	~	~	~	4 25%~	2 3%	16 8%	18 7%~	~	12 6%	6 10%
NOT ANSWERED	23	495	3	9	5	6	1						1	1	3	4	1	22	1
VALID CASES	256	5143	41	62	69	84	111						16	60	191	248	7	196	60
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112						17	61	194	252	8	218	61
	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		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q81																			
MOTHER OR FATHER	247 96%	4883 95%	41 100%~	59 95%	67 94%	80 96%	105 95%	~	~	~	~	~	15 94%~	61 100%~	181 95%~	238 96%~	8 100%~	194 98%*	53 88%*
GRANDPARENT	3 1%	145 3%*	~	2%~	1 3%	2 ~	3 3%	~	~	~	~	~	~	3 2%	3 1%~	~	1 0.5%~	2 3%	
AUNT OR UNCLE	1 0.4%	13 0.2%	~	~	~	1 1%~	~	~	~	~	~	~	1 6%~	1 0.5%~	1 0.4%~	~	1 0.5%~	~	
OLDER BROTHER OR SISTER		12 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
OTHER RELATIVE		4 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
LEGAL GUARDIAN	3 1%	51 1%	~	2 3%	1 1%	1 ~	1 0.9%	~	~	~	~	~	~	3 2%	3 1%~	~	1 0.5%~	2 3%	
SOMEONE ELSE	3 1%	36 0.7%	~	~	1 1%	2 2%	2 2%	~	~	~	~	~	~	3 2%	3 1%~	~	~	3 5%	
NOT ANSWERED	22	494	3	9	3	7	1					1		3	4		21	1	
VALID CASES	257	5144	41	62	71	83	111					16	61	191	248	8	197	60	
NUMBER OF RESPONDENTS	279	5638	44	71	74	90	112					17	61	194	252	8	218	61	
	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	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q82 YES	4 2%	143 4%	~	~	7%	2%	1 0.9%	~	~	~	~	~	2 7%	2 1%	4 2%	~	2 2%	2 5%
NO	163 98%	3143 96%	29 100%	38 100%	39 93%	57 98%	111 99%	~	~	~	~	16 ~100%	28 93%	132 99%	160 98%	2 100%	123 98%	40 95%
NOT ANSWERED	2	43	1	1										1	1		2	
VALID CASES	167	3286	29	38	42	58	112					16	30	134	164	2	125	42
NUMBER OF RESPONDENTS	169 100%	3329 100%	30 100%	39 100%	42 100%	58 100%	112 100%					16 100%	30 100%	135 100%	165 100%	2 100%	127 100%	42 100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	2	56			1	1	1						1	1	2		2	
	50%	41%	~	~	33%	100%	100%	~	~	~	~	~	~	50%	50%	50%	~100%	
NO	2	79			2								1	1	2		2	
	50%	59%	~	~	67%	~	~	~	~	~	~	~	~	50%	50%	50%	~100%	
VALID CASES	4	135			3	1	1						2	2	4		2	
NUMBER OF RESPONDENTS	4	135			3	1	1						2	2	4		2	
	100%	100%			100%	100%	100%						100%	100%	100%		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						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.2 YES	2	44				2							1	1	2	1	1	
	50%	32%	~	~	67%	~	~	~	~	~	~	~	50%	50%	50%	~	50%	
NO	2	91				1	1	1					1	1	2	1	1	
	50%	68%	~	~	33%	100%	100%	~	~	~	~	~	50%	50%	50%	~	50%	
VALID CASES	4	135				3	1	1					2	2	4	2	2	
NUMBER OF RESPONDENTS	4	135				3	1	1					2	2	4	2	2	
	100%	100%				100%	100%	100%					100%	100%	100%	100%	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	
TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.3 YES	11 8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	4 100%	124 92%	~	~100%	1 100%	1 100%	~	~	~	~	~	2 100%	2 100%	4 100%	2 100%	2 100%	
VALID CASES	4	135		3	1	1						2	2	4	2	2	
NUMBER OF RESPONDENTS	4 100%	135 100%		3 100%	1 100%	1 100%						2 100%	2 100%	4 100%	2 100%	2 100%	

[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						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTH	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.4 YES	2	76				2								2	2	1	1	
	50%	56%	~	~	67%	~	~	~	~	~	~	~	~	100%	50%	50%	50%	
NO	2	59				1	1	1						2	2	1	1	
	50%	44%	~	~	33%	100%	100%	~	~	~	~	~	~	100%	50%	50%	50%	
VALID CASES	4	135				3	1	1						2	2	4	2	
NUMBER OF RESPONDENTS	4	135				3	1	1						2	2	4	2	
	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						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER PAC ALSK	OTH	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
TCH TOT CHLD	OHP TOT CHLD					WHTE	##	##	##	##	##	##	##					
Q83.5 YES	7 5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NO	4 100%	128 95%	~	3 ~100%	1 ~100%	1 ~100%	~	~	~	~	~	2 ~100%	2 ~100%	4 ~100%	2 ~100%	2 ~100%		
VALID CASES	4	135		3	1	1						2	2	4	2	2		
NUMBER OF RESPONDENTS	4 100%	135 100%		3 100%	1 100%	1 100%						2 100%	2 100%	4 100%	2 100%	2 100%		

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ14 0-6	12 7%	307 8%	1 3%	5 10%	2 5%	4 8%	1 1%*	~	~	~	~	~	2 20%	2 6%	8 7%	10 7%	8 6%	4 10%	
7-8	62 37%	1107 30%	9 28%	15 31%	17 45%	21 43%	29 42%	~	~	~	~	~	3 30%	10 29%	47 39%	54 36%	3 50%	43 34%	19 45%
9-10	94 56%	2234 61%	22 69%	29 59%	19 50%	24 49%	39 57%	~	~	~	~	~	5 50%	22 65%	67 55%	88 58%	3 50%	75 60%	19 45%
VALID CASES	168	3648	32	49	38	49	69						10	34	122	152	6	126	42
NUMBER OF RESPONDENTS	168 100%	3648 100%	32 100%	49 100%	38 100%	49 100%	69 100%						10 100%	34 100%	122 100%	152 100%	6 100%	126 100%	42 100%
MEAN	2.49	2.53	2.66	2.49	2.45	2.41	2.55						2.30	2.59	2.48	2.51	2.50	2.53	2.36
p stat_(*=Sig @ p<=.05)		.395	~	~	~	~	.260	~	~	~	~	~	~	~	~	~	~	~	~

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
NQ41 0-6	28 12%	330 7%*	3 8%~	6 11%	8 14%	11 14%	12 13%	~	~	~	~	~	2 12%~	6 11%	21 13%	27 13%~	1 14%~	23 13%	5 9%	
7-8	49 21%	960 22%	8 21%~	12 21%	12 21%	17 22%	18 20%	~	~	~	~	~	3 19%~	12 23%	36 22%	46 21%~	2 29%~	33 19%	16 29%	
9-10	153 67%	3168 71%	27 71%~	39 68%	37 65%	50 64%	62 67%	~	~	~	~	~	11 69%~	35 66%	108 65%	143 66%~	4 57%~	119 68%	34 62%	
VALID CASES	230	4459	38	57	57	78	92						16	53	165	216	7	175	55	
NUMBER OF RESPONDENTS	230 100%	4459 100%	38 100%	57 100%	57 100%	78 100%	92 100%							16 100%	53 100%	165 100%	216 100%	7 100%	175 100%	55 100%
MEAN	2.54	2.64	2.63	2.58	2.51	2.50	2.54						2.56	2.55	2.53	2.54	2.43	2.55	2.53	
p stat_(*=Sig @ p<=.05)		.033*	~.654	.678	.512		1.00	~	~	~	~	~	~.965	.571		~	~.838	.839		

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTH	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ48 0-6	3 6%	88 12%	1 13%~	2 ~	2 12%~	2 ~	2 11%~	~	~	~	~	~	~	3 9%~	3 7%~	3 11%~	~	
7-8	12 24%	175 24%	1 13%~	5 36%~	3 19%~	3 25%~	4 22%~	~	~	~	~	1 50%~	3 23%~	9 26%~	12 26%~	8 29%~	4 18%~	
9-10	35 70%	456 63%	6 75%~	9 64%~	11 69%~	9 75%~	12 67%~	~	~	~	~	1 50%~	10 77%~	23 66%~	31 67%~	3 100%~	17 61%~	18 82%~
VALID CASES	50	718	8	14	16	12	18					2	13	35	46	3	28	22
NUMBER OF RESPONDENTS	50 100%	718 100%	8 100%	14 100%	16 100%	12 100%	18 100%					2 100%	13 100%	35 100%	46 100%	3 100%	28 100%	22 100%
MEAN	2.64	2.51	2.63	2.64	2.56	2.75	2.56					2.50	2.77	2.57	2.61	3.00	2.50	2.82
p stat_(*=Sig @ p<=.05)		.112	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ54 0-6	53 21%	696 13%*	3 7%	16 25%	18 26%	16 19%	28 25%	~	~	~	~	~	2 13%	8 14%	43 23%	52 21%	~	37 19%	16 27%
7-8	84 33%	1488 29%	10 24%	20 31%	25 37%	29 35%	42 38%	~	~	~	~	~	7 44%	11 19%*	71 37%*	80 32%	3 43%	61 31%	23 39%
9-10	121 47%	3026 58%*	28 68%	29 45%	25 37%*	39 46%	40 36%*	~	~	~	~	~	7 44%	40 68%*	76 40%*	115 47%	4 57%	101 51%*	20 34%*
VALID CASES	258	5210	41	65	68	84	110						16	59	190	247	7	199	59
NUMBER OF RESPONDENTS	258 100%	5210 100%	41 100%	65 100%	68 100%	84 100%	110 100%						16 100%	59 100%	190 100%	247 100%	7 100%	199 100%	59 100%
MEAN	2.26	2.45	2.61	2.20	2.10	2.27	2.11						2.31	2.54	2.17	2.26	2.57	2.32	2.07
p stat_(*=Sig @ p<=.05)		.000*		~.462	.052	.883	.006*	~	~	~	~	~	~.001*	.002*		~	~	~.028*	.028*

GETTING NEEDED CARE

			AGE				RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER IND/ ALSK ##	MUL-OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NPRBSEE4 NQ46	2.39	2.21	2.33	2.43	2.37	2.42	2.50				3.00	2.07	2.56	2.35	2.75	2.31	2.50		
p stat_(*=Sig @ p<=.05)		.039*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NCARNES4 NQ15	2.46	2.45	2.69	2.52	2.38	2.31	2.45				2.55	2.35	2.49	2.48	1.83	2.48	2.38		
p stat_(*=Sig @ p<=.05)		.865	~	~	~	~	.878	~	~	~	~	~	~	~	~	~	~		
COMPOSITE	2.43	2.33	2.51	2.47	2.38	2.36	2.47	x	x	x	x	x	2.77	2.21	2.52	2.41	2.29	2.40	2.44
p stat_(*=Sig @ p<=.05)		.234	~	.676	~	.573	.585	~	~	~	~	~	~	~	~	~	~		

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NCARSN4 NQ4	2.71	2.68	2.83	2.75	2.56	2.70	2.82					2.00	2.72	2.70	2.75	1.67	2.77	2.56	
p stat_(*=Sig @ p<=.05)	.581		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.36	2.42	2.39	2.39	2.17	2.42	2.36				2.55	2.25	2.41	2.37	2.67	2.40	2.24		
p stat_(*=Sig @ p<=.05)	.281		~	~	~	~	.978	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.54	2.55	2.61	2.57	2.36	2.56	2.59	x	x	x	x	x	2.27	2.49	2.55	2.56	2.17	2.59	2.40
p stat_(*=Sig @ p<=.05)	.861		~.782		~.830		.605	~	~	~	~	~	~.728		~	~	~	~	



HOW WELL DOCTORS COMMUNICATE

			AGE				RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/PAC/ALSK NATV ##	MUL-OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NDREXPL4 NQ32	2.71	2.70	2.73	2.69	2.74	2.71	2.80					2.89	2.42	2.81	2.74	2.17	2.77	2.57	
p stat_(*=Sig @ p<=.05)	.821		~	~	~		~.118	~	~	~	~	~	~	~	~	~	~	~	
NDRLSTN4 NQ33	2.73	2.73	2.87	2.74	2.64	2.70	2.73				2.78	2.69	2.75	2.74	2.80	2.75	2.67		
p stat_(*=Sig @ p<=.05)	.968		~	~	~		~.964	~	~	~	~	~	~	~	~	~	~	~	
NDRESPU4 NQ34	2.81	2.79	2.90	2.81	2.74	2.81	2.81				2.78	2.75	2.84	2.84	2.50	2.85	2.70		
p stat_(*=Sig @ p<=.05)	.634		~	~	~		~.986	~	~	~	~	~	~	~	~	~	~	~	
NDRTMEN4 NQ37	2.52	2.50	2.67	2.48	2.47	2.50	2.61				2.56	2.26	2.61	2.57	1.83	2.54	2.48		
p stat_(*=Sig @ p<=.05)	.674		~	~	~		~.184	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.69	2.68	2.79	2.68	2.64	2.68	2.74	x	x	x	x	x	2.75	2.53	2.75	2.73	2.33	2.73	2.61
p stat_(*=Sig @ p<=.05)	.912		~	~	~		~.763	~	~	~	~	~	~	~	~	~	~	~	~

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER ##	AS-IAN ##	NATV ILND ##	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NPBCLCS4 NQ50	2.33	2.30	2.38	2.06	2.53	2.41	1.94						2.00	2.65	2.14	2.31	3.00	2.36	2.25
p stat_(*=Sig @ p<=.05)		.758	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.59	2.62	2.38	2.50	2.80	2.59	2.24						2.50	2.70	2.51	2.59	3.00	2.64	2.44
p stat_(*=Sig @ p<=.05)		.720	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.46	2.46	2.38	2.28	2.67	2.50	2.09	x	x	x	x	x	2.25	2.67	2.32	2.45	3.00	2.50	2.34
p stat_(*=Sig @ p<=.05)		1.00	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY	HEALTH STATUS		CCC SCREENER			
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NNRXWYNT NQ12	2.43	2.41	2.33	2.06	2.80	2.60	2.50					2.33	2.75	2.41	2.52	1.00	2.36	2.52	
p stat_(*=Sig @ p<=.05)	.857		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ13	2.55	2.60	2.67	2.06	3.00	2.68	2.70					3.00	2.78	2.50	2.56	2.33	2.56	2.54	
p stat_(*=Sig @ p<=.05)	.638		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.49	2.51	2.50	2.06	2.90	2.64	2.60	x	x	x	x	x	2.67	2.76	2.46	2.54	1.67	2.46	2.53
p stat_(*=Sig @ p<=.05)	.915		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NEZMDEQ NQ20	2.20	2.28	1.33	2.50	2.67	2.20					1.00	2.33	2.14	2.20				2.33	2.00
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTHP NQ23	2.28	2.12	1.67	2.50	2.00	2.33	1.93					3.00	2.24	2.27	3.00	2.63	2.12		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTC NQ26	2.05	2.11	2.00	2.27	2.00	1.92	1.82				1.00	1.50	2.00	1.97	3.00	2.00	2.08		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.18	2.17	1.83	2.04	2.17	2.31	1.98	x	x	x	x	x	1.00	2.28	2.13	2.15	3.00	2.32	2.06
p stat_(*=Sig @ p<=.05)	.934		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PRBSEE4 Q46	92%	75%	100%	93%	88%	92%	89%						100%	93%	94%	91%	100%	90%	95%
CARNES4 Q15	92%	88%	97%	90%	92%	90%	94%						91%	85%	93%	92%	67%	93%	88%
AVERAGE	91.91	81.59	98.44	91.22	89.90	90.73	91.55	x	x	x	x	x	95.45	89.08	93.81	91.73	83.33	91.26	91.77

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
CARSN4 Q4	93%	92%	100%	88%	83%	100%	100%					67%	89%	94%	94%	67%	95%	88%	
APGET4 Q6	81%	84%	81%	84%	76%	82%	85%					82%	78%	82%	81%	100%	84%	74%	
AVERAGE	87.09	88.10	90.28	85.86	79.60	91.11	92.37	x	x	x	x	x	74.24	83.33	87.96	87.51	83.33	89.40	80.84

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DREXPL4 Q32	93%	93%	90%	95%	91%	94%	98%					100%	78%	97%	94%	67%	94%	91%	
DRLSTN4 Q33	95%	95%	100%	93%	88%	98%	94%					100%	94%	95%	95%	100%	95%	95%	
DRESPU4 Q34	97%	96%	97%	98%	94%	98%	95%					100%	94%	97%	98%	83%	98%	93%	
DRTMEN4 Q37	87%	87%	93%	83%	82%	89%	89%					89%	77%	91%	89%	67%	87%	86%	
AVERAGE	92.8	92.6	95.0	92.3	88.9	94.7	94.1	x	x	x	x	x	97.2	85.9	95.0	94.0	79.2	93.4	91.5

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PBCLCS4 Q50	83%	79%	100%	61%	87%	94%	71%						75%	90%	78%	83%	100%	83%	81%
CSRESP Q51	91%	91%	88%	83%	93%	100%	82%						100%	95%	89%	93%	100%	93%	88%
AVERAGE	87.07	85.33	93.75	72.22	90.00	97.06	76.47	x	x	x	x	x	87.50	92.50	83.78	87.96	100.0	88.10	84.38



SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NRXWHY Q11	98%	93%	100%	100%	100%	95%	100%					100%	100%	98%	100%	67%	100%	96%	
NRXWYNT Q12	72%	71%	67%	53%	90%	80%	75%					67%	88%	71%	76%	0%	68%	76%	
RXBST Q13	77%	80%	83%	53%	100%	84%	85%					100%	89%	75%	78%	67%	78%	77%	
AVERAGE	82.4	81.2	83.3	68.6	96.7	86.4	86.7	x	x	x	x	x	88.9	92.1	81.1	84.6	44.4	81.9	83.0

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
EZMDEQ Q20	70%	74%	33%	75%	100%	80%						0%	67%	71%	70%	83%	50%	
EZTHP Q23	76%	68%	33%	92%	50%	83%	64%						100%	76%	77%	100%	88%	71%
EZTC Q26	63%	66%	100%	73%	62%	54%	53%					0%	50%	59%	59%	100%	58%	65%
AVERAGE	69.7	69.4	66.7	65.9	62.2	79.1	65.7	x	x	x	x	x	72.2	69.0	68.9	100	76.4	62.0

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	86%	86%	97%	88%	79%	83%	87%					100%	81%	89%	87%	67%	85%	89%	
DRUNCON Q43	88%	89%	80%	80%	100%	89%	77%					100%	100%	85%	87%	100%	100%	85%	
DRUNFAM Q44	87%	87%	80%	80%	92%	89%	73%					100%	100%	83%	87%	100%	100%	83%	
AVERAGE	87.1	87.3	85.5	82.7	90.6	87.3	79.1	x	x	x	x	x	100	93.5	85.8	87.0	88.9	95.1	85.6

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	TCH TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTH	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
HELPCONT Q18	80%	89%	86%	57%	100%	75%						100%	75%	80%	81%	100%	80%	80%	
HLPCOORD Q29	54%	57%	63%	57%	42%	61%	52%					0%	91%	43%	56%	33%	58%	50%	
AVERAGE	67.1	73.0	62.5	71.4	49.6	80.6	63.7	x	x	x	x	x	50.0	83.0	61.4	68.6	66.7	69.0	65.0

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, 2015?
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*







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, 2015?

- 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 doctor 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

### 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

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

### 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 Plan Possible Best Health 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**

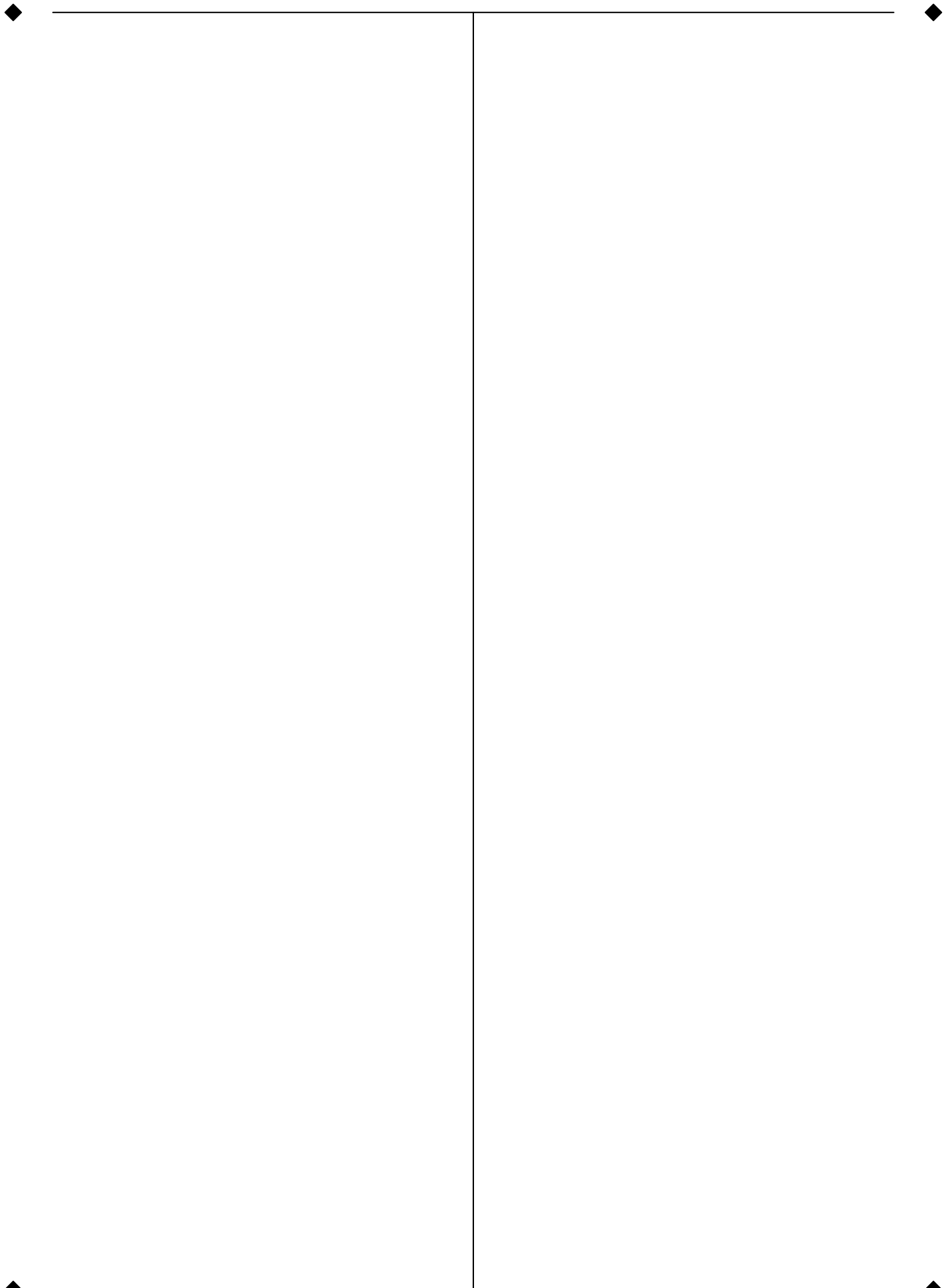
**Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.**

**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. El personal de la encuesta 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 (aquellos con impedimentos de audición, favor llamar al 1-888-631-2097).

**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** ↓

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







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 2015, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o espray 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. El personal de la encuesta 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 (aquellos con impedimentos de audición, favor llamar al 1-888-631-2097).

**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



## 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

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

### 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



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



## 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, 2015?

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 NEWNUMBER 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 --> 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 --> 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 --&gt; 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 --&gt; CHCOUNS

WHYSTA

70. / WHYSTA

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

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --&gt; 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 --&gt; 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.