



Western Oregon Advanced Health
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 Western Oregon Advanced Health members. Western Oregon Advanced Health 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	
	Western Oregon Advanced Health	Overall	Western Oregon Advanced Health	Overall
**First mailing - sent	900	17100	900	17100
*First mailing - usable survey returned	213	3058	125	2302
Second mailing - sent	665	13527	710	14026
*Second mailing - usable survey returned	53	1118	56	1027
*Phone - usable surveys	63	1495	105	2309
Total - usable surveys	329	5671	286	5638
†Ineligible: According to population criteria‡	29	431	12	323
†Ineligible: Deceased	7	38	0	2
†Ineligible: Mentally or physically unable to complete survey	9	166	0	0
†Ineligible: Language barrier	1	78	1	81
Incorrect address AND incorrect phone number	50	915	54	878
Refusal/Returned survey blank	56	871	62	905
Nonresponse - Unavailable by mail or phone	419	8930	485	9273
Adjusted Response Rate	38.5%	34.6%	32.2%	33.8%

*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	196 43.6%	150 45.6%	2.04%
Female	254 56.4%	179 54.4%	-2.04%
18-24	70 15.6%	33 10.0%	-5.53%
25-34	133 29.6%	45 13.7%	-15.88%
35-44	90 20.0%	45 13.7%	-6.32%
45-54	87 19.3%	70 21.3%	1.94%
55-64	55 12.2%	114 34.7%	22.43%
65-74	10 2.2%	15 4.6%	2.34%
75 or Older	5 1.1%	7 2.1%	1.02%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	241 48.0%	150 52.4%	4.44%
Female	261 52.0%	136 47.6%	-4.44%
<3	111 22.1%	54 18.9%	-3.23%
4-7	120 23.9%	67 23.4%	-0.48%
8-12	144 28.7%	85 29.7%	1.04%
13 or older	127 25.3%	80 28.0%	2.67%

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

	WORA 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	
Q1 YES	323 100%	5577 100%	27 100%	41 100%	42 100%	68 100%	104 100%	27 100%	204 100%	~	~	~	~	~	19 100%	19 100%	283 100%	209 100%	101 100%	135 100%	173 100%
NOT ANSWERED	6	94	2		1		1	3							1	3	5		3	1	
VALID CASES	323	5577	27	41	42	68	104	27	204						19	19	283	209	101	135	173
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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?

	WORA 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	
Q3 YES	131 41%	2267 41%	9 35%~	19 44%~	14 33%~	30 45%	43 41%	12 44%~	80 39%	~	~	~	~	~	11 58%~	7 37%~	118 42%~	74 35%*	53 53%*	50 37%	76 44%
NO	187 59%	3221 59%	17 65%~	24 56%~	28 67%~	36 55%	61 59%	15 56%~	125 61%	~	~	~	~	~	8 42%~	12 63%~	164 58%~	136 65%*	47 47%*	86 63%	95 56%
NOT ANSWERED	11	183	1			2	1	1	2							1	4	4	1	2	3
VALID CASES	318	5488	26	43	42	66	104	27	205						19	19	282	210	100	136	171
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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	
	WORA 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
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q4 NEVER	7 6%	61 3%	~	~	9%~	4%~	11%~	~	4%~	~	~	~	~	10%~	~	6%~	3%	9%~	~	9%~
SOMETIMES	21 19%	267 13%	38%~	29%~	27%~	16%~	16%~	~	16%~	~	~	~	~	30%~	~	21%~	23%	15%~	21%~	18%~
USUALLY	24 21%	526 26%	25%~	24%~	36%~	16%~	16%~	27%~	22%~	~	~	~	~	10%~	~	22%~	21%	23%~	28%~	17%~
ALWAYS	61 54%	1196 58%	38%~	47%~	27%~	64%~	57%~	73%~	57%~	~	~	~	~	50%~	100%~	52%~	53%	53%~	51%~	56%~
#ALWAYS + USUALLY (NET)	85 75%	1723 84%*	63%~	71%~	64%~	80%~	73%~	100%~	79%~	~	~	~	~	60%~	100%~	74%~	74%	77%~	79%~	73%~
TOP BOX SCORE	61 54%	1196 58%	38%~	47%~	27%~	64%~	57%~	73%~	57%~	~	~	~	~	50%~	100%~	52%~	53%	53%~	51%~	56%~
NOT ANSWERED	18	187	1	2	3	5	6	1	13					1	1	16	12	6	7	10
VALID CASES	113	2050	8	17	11	25	37	11	67					10	6	102	62	47	43	66
NUMBER OF RESPONDENTS	131 100%	2237 100%	9 100%	19 100%	14 100%	30 100%	43 100%	12 100%	80 100%					11 100%	7 100%	118 100%	74 100%	53 100%	50 100%	76 100%

[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			
	WORA 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	206 66%	3682 67%	15 63%~	24 57%~	20 49%~	42 63%	78 76%*	22 81%~	137 67%	~	~	~	~	~	14 74%~	11 61%~	186 66%~	131 63%	73 74%*	75 56%*	127 75%*
NO	107 34%	1794 33%	9 37%~	18 43%~	21 51%~	25 37%	25 24%*	5 19%~	67 33%	~	~	~	~	~	5 26%~	7 39%~	94 34%~	77 37%	25 26%*	58 44%*	43 25%*
NOT ANSWERED	16	196	3	1	1	1	2	1	3							2	6	6	3	5	4
VALID CASES	313	5475	24	42	41	67	103	27	204						19	18	280	208	98	133	170
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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		
	WORA 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	GOOD & FAIR & POOR	FE-MALE	MALE
Q6 NEVER	8 4%	120 4%	1 8%	2 9%	~	1 3%	4 6%	~	6 5%	~	~	~	~	~	~	8 5%	6 5%	2 3%	5 8%	3 3%
SOMETIMES	35 19%	637 19%	3 23%	8 35%	3 19%	8 21%	9 13%	2 11%	19 16%	~	~	~	~	1 7%	4 40%	29 18%	22 19%	13 20%	10 16%	23 20%
USUALLY	52 29%	905 27%	5 38%	5 22%	8 50%	11 28%	18 26%	5 28%	34 29%	~	~	~	~	5 36%	3 30%	47 29%	30 26%	22 34%	21 33%	31 27%
ALWAYS	86 48%	1691 50%	4 31%	8 35%	5 31%	19 49%	37 54%	11 61%	57 49%	~	~	~	~	8 57%	3 30%	80 49%	56 49%	28 43%	28 44%	56 50%
#ALWAYS + USUALLY (NET)	138 76%	2596 77%	9 69%	13 57%	13 81%	30 77%	55 81%	16 89%	91 78%	~	~	~	~	13 93%	6 60%	127 77%	86 75%	50 77%	49 77%	87 77%
TOP BOX SCORE	86 48%	1691 50%	4 31%	8 35%	5 31%	19 49%	37 54%	11 61%	57 49%	~	~	~	~	8 57%	3 30%	80 49%	56 49%	28 43%	28 44%	56 50%
NOT ANSWERED	25	330	2	1	4	3	10	4	21						1	22	17	8	11	14
VALID CASES	181	3353	13	23	16	39	68	18	116					14	10	164	114	65	64	113
NUMBER OF RESPONDENTS	206	3683	15	24	20	42	78	22	137					14	11	186	131	73	75	127
	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?

	WORA 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 ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	24 & POOR	56 MALE	40 FE- MALE	
Q7 NONE	99 32%	1469 27%	10 40%~	18 42%~	20 48%~	19 29%	27 26%	2 7%~	64 32%	~	~	~	~	~	6 32%~	7 37%~	88 31%~	70 34%	24 24%*	56 42%*	40 23%*
1 TIME	53 17%	947 17%	3 12%~	5 12%~	5 12%~	13 20%	19 19%	6 22%~	32 16%	~	~	~	~	~	3 16%~	5 26%~	44 16%~	44 21%*	9 9%*	28 21%	24 14%
2	62 20%	900 17%	5 20%~	8 19%~	6 14%~	11 17%	21 21%	8 30%~	37 18%	~	~	~	~	~	4 21%~	5 26%~	53 19%~	36 17%	25 25%	17 13%*	41 24%*
3	31 10%	659 12%	2 8%~	2 5%~	1 2%~	6 9%	15 15%	4 15%~	22 11%	~	~	~	~	~	3 16%~	1 5%~	28 10%~	20 10%	10 10%	11 8%	19 11%
4	18 6%	465 9%*	~	3 7%~	3 7%~	3 5%	6 6%	3 11%~	15 7%	~	~	~	~	~	1 5%~	~	18 6%~	10 5%	8 8%	8 6%	10 6%
5 TO 9	39 12%	673 12%	4 16%~	5 12%~	7 17%~	10 15%	10 10%	3 11%~	27 13%	~	~	~	~	~	1 5%~	~	38 14%~	23 11%	16 16%	11 8%*	28 16%*
10 OR MORE TIMES	12 4%	305 6%	1 4%~	2 5%~	~	4 6%	4 4%	1 4%~	6 3%	~	~	~	~	~	1 5%~	1 5%~	11 4%~	5 2%	7 7%	3 2%	9 5%
NOT ANSWERED	15	254	2			2	3	1	4							1	6	6	2	4	3
VALID CASES	314	5417	25	43	42	66	102	27	203						19	19	280	208	99	134	171
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207						19	20	286	214	101	138	174
	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?

	WORA 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	GOOD & FAIR & POOR	FE- MALE	MALE	
Q8 #YES	152 72%	2759 72%	8 53%~	15 60%~	15 71%~	35 76%~	58 79%~	18 75%~	102 75%	~	~	~	~	~	10 77%~	9 82%~	136 72%~	93 68%	58 81%*	54 72%	96 74%
NO	58 28%	1087 28%	7 47%~	10 40%~	6 29%~	11 24%~	15 21%	6 25%~	34 25%	~	~	~	~	~	3 23%~	2 18%~	52 28%~	43 32%	14 19%*	21 28%	34 26%
NOT ANSWERED	5	93			1	1	2	1	3							1	4	2	3	3	1
VALID CASES	210	3846	15	25	21	46	73	24	136						13	11	188	136	72	75	130
NUMBER OF RESPONDENTS	215 100%	3939 100%	15 100%	25 100%	22 100%	47 100%	75 100%	25 100%	139 100%						13 100%	12 100%	192 100%	138 100%	75 100%	78 100%	131 100%

[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?

	WORA 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	
Q9 YES	106 50%	2168 56%	6 40%~	12 50%~	11 52%~	25 53%~	36 49%	13 54%~	70 51%	~	~	~	~	~	7 54%~	4 36%~	96 51%~	57 42%*	48 67%*	34 46%	69 53%
NO	104 50%	1687 44%	9 60%~	12 50%~	10 48%~	22 47%~	37 51%	11 46%~	66 49%	~	~	~	~	~	6 46%~	7 64%~	92 49%~	79 58%*	24 33%*	40 54%	61 47%
NOT ANSWERED	5	84		1	1		2	1	3							1	4	2	3	4	1
VALID CASES	210	3855	15	24	21	47	73	24	136						13	11	188	136	72	74	130
NUMBER OF RESPONDENTS	215	3939	15	25	22	47	75	25	139						13	12	192	138	75	78	131
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

		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 AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE		
Q10 #YES	98 94%	1919 93%	6 100%	10 83%	11 100%	21 88%	34 97%	13 100%	65 96%	~	~	~	~	~	7 100%	3 75%	90 95%	53 95%	44 94%	33 97%	62 93%
NO	6 6%	152 7%	~	2 17%	~	3 12%	1 3%	~	3 4%	~	~	~	~	~	1 25%	5 5%	3 5%	3 6%	1 3%	5 7%	
NOT ANSWERED	22	379	2	1	1	3	6	2	9						2	11	9	6	8	6	
VALID CASES	104	2072	6	12	11	24	35	13	68						7	4	95	56	47	34	67
NUMBER OF RESPONDENTS	126	2451	8	13	12	27	41	15	77						7	6	106	65	53	42	73
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		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		
Q11 #YES	76 73%	1506 73%	4 67%	7 58%	9 82%	18 75%	27 77%	9 69%	54 79%	~	~	~	~	~	5 71%	1 25%	73 77%	41 73%	35 74%	23 68%	51 76%
NO	28 27%	555 27%	2 33%	5 42%	2 18%	6 25%	8 23%	4 31%	14 21%	~	~	~	~	~	2 29%	3 75%	22 23%	15 27%	12 26%	11 32%	16 24%
NOT ANSWERED	2	53			1	1			2							1	1	1			2
VALID CASES	104	2061	6	12	11	24	35	13	68				7		4	95	56	47	34	67	
NUMBER OF RESPONDENTS	106	2114	6	12	11	25	36	13	70				7		4	96	57	48	34	69	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	100%	100%	100%	100%	100%	100%	100%

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

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?

	WORA 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	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q12 #YES	75 73%	1561 76%	4 67%~	5 42%~	9 82%~	17 71%~	28 82%~	9 69%~	47 70%~	~	~	~	~	~	5 71%~	2 50%~	69 73%~	38 68%~	36 78%~	22 67%~	50 75%~
NO	28 27%	492 24%	2 33%~	7 58%~	2 18%~	7 29%~	6 18%~	4 31%~	20 30%~	~	~	~	~	~	2 29%~	2 50%~	25 27%~	18 32%~	10 22%~	11 33%~	17 25%~
NOT ANSWERED	3	61				1	2		3							2		1	2	1	2
VALID CASES	103	2053	6	12	11	24	34	13	67						7	4	94	56	46	33	67
NUMBER OF RESPONDENTS	106	2114	6	12	11	25	36	13	70						7	4	96	57	48	34	69
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

	WORA 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 ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q13 WORST HEALTH CARE POSSIBLE	2 1%	27 0.7%	~	~	~	2%	1%	~	~	~	~	~	~	~	~	2	1	1	~	2%
01	4 2%	7 0.2%	~	~	5%	2%	3%	~	~	~	~	~	~	~	~	3	2	2	1%	3%
02	6 3%	49 1%	~	~	~	6%	4%	~	~	~	~	~	1	8%	~	6	3	3	3%	4%
03	5 2%	78 2%	~	~	~	2%	4%	4%	~	~	~	~	1	8%	1	4	4	1	3%	1%
04	6 3%	87 2%	~	2	8%	1	5%	2	4%	~	~	~	~	~	~	6	4	2	3%	3%
05	20 10%	281 7%	~	4	16%	4	19%	3	6%	7	10%	2	8%	10%	~	14	13	7	9%	10%
06	17 8%	233 6%	13%	2	8%	1	5%	3	6%	6	8%	2	8%	9%	~	12	11	6	8%	8%
07	32 15%	502 13%	13%	2	16%	4	19%	2	4%	15	21%	4	17%	16%	~	22	20	12	17%	14%
08	43 20%	866 23%	47%	7	28%	5	24%	9	19%	10	14%	4	17%	18%	~	25	32	11	16%	23%
09	29 14%	651 17%	13%	2	12%	~	19%	9	14%	10	14%	4	17%	14%	~	19	16	12	15%	13%
BEST HEALTH CARE POSSIBLE	46 22%	1054 27%	13%	2	12%	5	24%	13	28%	16	22%	7	29%	24%	~	33	30	16	21%	23%
#8-10 (NET)	118 56%	2571 67%*	73%	11	52%	10	48%	31	66%	36	49%	15	63%	57%	~	77	78	39	52%	59%

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		
	WORA 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		FE- MALE	MALE	
9-10 (NET)	75 36%	1705 44%*	4 27%~	6 24%~	5 24%~	22 47%~	26 36%	11 46%~	52 38%	~	~	~	~	~	5 38%~	7 64%~	66 35%~	46 34%	28 38%	27 36%	47 36%
NOT ANSWERED	5	105			1		2	1	3							1	3	2	2	3	1
VALID CASES	210	3834	15	25	21	47	73	24	136					13	11	189	136	73	75	130	
NUMBER OF RESPONDENTS	215 100%	3939 100%	15 100%	25 100%	22 100%	47 100%	75 100%	25 100%	139 100%					100%	13 100%	12 100%	192 100%	138 100%	75 100%	78 100%	131 100%
MEAN	7.36	7.91	8.00	7.24	7.10	7.40	7.16	7.96	7.54					6.77	8.45	7.36	7.40	7.26	7.40	7.38	
p stat_(*=Sig @ p<=.05)		.001*	~	~	~	~	.397	~	.156	~	~	~	~	~	~	~	~	.735	.662	.858	.905

[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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	WORA 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	GOOD & FAIR & POOR	MALE	FE-MALE	
Q14 NEVER	13 6%	112 3%*	~	1 4%~	2 10%~	4 9%~	4 6%~	2 8%~	8 6%	~	~	~	~	~	~	1 9%~	11 6%~	9 7%	4 5%	~	12 9%*
SOMETIMES	41 20%	652 17%	13%~	2 40%~	10 19%~	4 17%~	8 20%	14 8%~	21 16%	~	~	~	~	3 23%~	1 9%~	38 20%~	24 18%	17 23%	15 20%	25 20%	
USUALLY	57 27%	1292 34%*	33%~	5 16%~	4 38%~	8 26%~	12 27%	19 25%~	35 26%	~	~	~	~	4 31%~	2 18%~	51 27%~	35 26%	22 30%	22 29%	33 26%	
ALWAYS	98 47%	1764 46%	53%~	8 40%~	10 33%~	7 49%~	23 48%	34 58%	14 52%*	~	~	~	~	6 46%~	7 64%~	87 47%~	66 49%	30 41%	38 51%	58 45%	
#ALWAYS + USUALLY (NET)	155 74%	3056 80%	87%~	13 56%~	14 71%~	15 74%~	35 75%	53 83%~	20 78%	~	~	~	~	10 77%~	9 82%~	138 74%~	101 75%	52 71%	60 80%	91 71%	
TOP BOX SCORE	98 47%	1764 46%	53%~	8 40%~	10 33%~	7 49%~	23 48%	34 58%	14 52%*	~	~	~	~	6 46%~	7 64%~	87 47%~	66 49%	30 41%	38 51%	58 45%	
NOT ANSWERED	6	119			1		4	1	5						1	5	4	2	3	3	
VALID CASES	209	3820	15	25	21	47	71	24	134					13	11	187	134	73	75	128	
NUMBER OF RESPONDENTS	215 100%	3939 100%	15 100%	25 100%	22 100%	47 100%	75 100%	25 100%	139 100%					13 100%	12 100%	192 100%	138 100%	75 100%	78 100%	131 100%	

[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?

	WORA 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	GOOD & FAIR & POOR	FE- MALE	MALE	
Q15 YES	255 81%	4350 80%	20 77%~	32 74%~	29 69%~	52 79%	91 89%*	25 96%~	171 84%	~	~	~	~	~	16 84%~	14 74%~	230 82%~	166 80%	85 85%	108 81%	142 83%
NO	58 19%	1094 20%	6 23%~	11 26%~	13 31%~	14 21%	11 11%*	1 4%~	32 16%	~	~	~	~	~	3 16%~	5 26%~	50 18%~	41 20%	15 15%	26 19%	29 17%
NOT ANSWERED	16	228	1			2	3	2	4							1	6	7	1	4	3
VALID CASES	313	5443	26	43	42	66	102	26	203						19	19	280	207	100	134	171
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

	WORA 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	
Q16 NONE	67 28%	890 22%*	10 53%~	13 41%~	11 38%~	11 22%~	18 22%	2 8%~	43 27%	~	~	~	~	~	19%~	3 23%~	61 28%~	49 31%	16 20%	32 30%	33 25%
1 TIME	63 26%	1017 25%	3 16%~	6 19%~	6 21%~	14 29%~	24 29%	9 36%~	43 27%	~	~	~	~	~	12%~	2 62%~	53 24%~	46 29%	17 22%	33 31%	30 23%
2	51 21%	826 20%	3 16%~	6 19%~	4 14%~	9 18%~	17 20%	9 36%~	32 20%	~	~	~	~	~	31%~	5 15%~	44 20%~	32 20%	18 23%	17 16%	31 23%
3	28 12%	578 14%	1 5%~	3 9%~	3 10%~	5 10%~	13 16%	3 12%~	19 12%	~	~	~	~	~	31%~	5 ~	28 ~	14 9%	14 18%	10 10%	18 14%
4	13 5%	309 7%	1 5%~	3 9%~	3 10%~	1 2%~	5 6%	~	11 7%	~	~	~	~	~	~	~	13 6%~	7 4%	6 8%	6 6%	7 5%
5 TO 9	19 8%	401 10%	1 5%~	~	1 3%~	9 18%~	6 7%	2 8%~	13 8%	~	~	~	~	~	6%~	1 ~	19 9%~	11 7%	7 9%	7 7%	12 9%
10 OR MORE TIMES	2 0.8%	98 2%*	~	1 3%~	1 3%~	~	~	~	1 0.6%	~	~	~	~	~	~	~	2 0.9%~	1 0.6%	1 1%	~	2 2%
NOT ANSWERED	12	232	1			3	8		9							1	10	6	6	3	9
VALID CASES	243	4118	19	32	29	49	83	25	162						16	13	220	160	79	105	133
NUMBER OF RESPONDENTS	255	4350	20	32	29	52	91	25	171						16	14	230	166	85	108	142
	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		
	WORA 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
Q17 NEVER	7 4%	58 2%	~	5%~	~	8%~	3%~	4%~	4%	~	~	~	~	~	~	4%~	5%~	3%~	3%	5%
SOMETIMES	15 9%	230 7%	~	26%~	6%~	8%~	8%~	4%~	8%	~	~	~	~	15%~	10%~	9%~	8%~	10%~	10%	8%
USUALLY	34 19%	675 21%	44%~	26%~	22%~	13%~	12%~	22%~	17%	~	~	~	~	15%~	20%~	18%~	23%~	13%~	21%	17%
ALWAYS	119 68%	2229 70%	56%~	42%~	72%~	71%~	77%~	70%~	71%	~	~	~	~	69%~	70%~	69%~	65%~	75%~	67%	70%
#ALWAYS + USUALLY (NET)	153 87%	2905 91%	100%~	68%~	94%~	84%~	89%~	91%~	88%	~	~	~	~	85%~	90%~	87%~	87%~	87%	88%	87%
TOP BOX SCORE	119 68%	2229 70%	56%~	42%~	72%~	71%~	77%~	70%~	71%	~	~	~	~	69%~	70%~	69%~	65%~	75%~	67%	70%
NOT ANSWERED	1	27					1		1							1	1		1	
VALID CASES	175	3193	9	19	18	38	64	23	118					13	10	158	110	63	72	100
NUMBER OF RESPONDENTS	176	3220	9	19	18	38	65	23	119					13	10	159	111	63	73	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]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	WORA 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
Q18 NEVER	8 5%	63 2%	~	~	~	11%	3%	4%	5%	~	~	~	~	~	~	8%	6%	3%	2%	6%
SOMETIMES	17 10%	266 8%	11%	37%	~	8%	8%	4%	10%	~	~	~	~	~	10%	10%	11%	8%	7%	12%
USUALLY	26 15%	675 21%*	22%	11%	11%	11%	19%	13%	14%	~	~	~	~	8%	20%	13%	14%	17%	20%	11%
ALWAYS	123 71%	2196 69%	67%	53%	89%	71%	70%	78%	71%	~	~	~	~	92%	70%	71%	70%	71%	70%	71%
#ALWAYS + USUALLY (NET)	149 86%	2872 90%	89%	63%	100%	82%	89%	91%	85%	~	~	~	~	100%	90%	85%	83%	89%	90%	82%
TOP BOX SCORE	123 71%	2196 69%	67%	53%	89%	71%	70%	78%	71%	~	~	~	~	92%	70%	71%	70%	71%	70%	71%
NOT ANSWERED	2	19					2		1					1	2	2			2	
VALID CASES	174	3201	9	19	18	38	63	23	118					12	10	157	109	63	71	100
NUMBER OF RESPONDENTS	176 100%	3220 100%	9 100%	19 100%	18 100%	38 100%	65 100%	23 100%	119 100%					13 100%	10 100%	159 100%	111 100%	63 100%	73 100%	100 100%

[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	
	WORA 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
Q19 NEVER	106%	782%	11%~	~	~	11%~	5%	4%~	7%	~	~	~	~	~	~	10%	8%	7%	3%	7%
SOMETIMES	106%	2056%	~	16%~	~	3%~	6%	9%~	7%	~	~	~	~	~	10%~	9%	7%	3%	4%	7%
USUALLY	2213%	53917%	22%~	16%~	6%~	11%~	14%	9%~	15%	~	~	~	~	17%~	10%~	12%~	13%	13%	14%	11%
ALWAYS	13276%	237474%	67%~	68%~	94%~	76%~	75%	78%~	89%	~	~	~	~	83%~	80%~	76%~	72%	81%	55%	75%
#ALWAYS + USUALLY (NET)	15489%	291391%	89%~	84%~	100%~	87%~	89%	87%~	104%	~	~	~	~	100%~	90%~	88%~	85%	94%	65%	86%
TOP BOX SCORE	13276%	237474%	67%~	68%~	94%~	76%~	75%	78%~	89%	~	~	~	~	83%~	80%~	76%~	72%	81%	55%	75%
NOT ANSWERED	2	24					2	1					1		2	2			2	
VALID CASES	174	3196	9	19	18	38	63	23	118					12	10	157	109	63	71	100
NUMBER OF RESPONDENTS	176	3220	9	19	18	38	65	23	119					13	10	159	111	63	73	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		
	WORA 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	
Q20 NEVER	12 7%	89 3%*	2 ~ 11%	2 ~ 11%	5 ~ 13%	3 5%	2 9%	7 6%	~	~	~	~	~	~	10%	11% 7%	7 6%	5 8%	2 3%	10 10%*	
SOMETIMES	18 10%	317 10%	1 11%	2 11%	3 17%	1 3%	8 13%	2 9%	14 12%	~	~	~	~	~	8% 10%	1 10%	16 10%	11 10%	7 11%	6 8%	12 12%
USUALLY	30 17%	782 24%*	4 44%	5 26%	2 11%	6 16%	10 16%	3 13%	19 16%	~	~	~	~	~	17% 20%	2 17%	27 17%	16 15%	13 21%	15 21%	15 15%
ALWAYS	114 66%	2009 63%	4 44%	10 53%	13 72%	26 68%	42 67%	16 70%	78 66%	~	~	~	~	~	75% 60%	9 60%	103 66%	75 69%	38 60%	48 68%	63 63%
#ALWAYS + USUALLY (NET)	144 83%	2790 87%	8 89%	15 79%	15 83%	32 84%	52 83%	19 83%	97 82%	~	~	~	~	~	92% 80%	11 80%	130 83%	91 83%	51 81%	63 89%	78 78%*
TOP BOX SCORE	114 66%	2009 63%	4 44%	10 53%	13 72%	26 68%	42 67%	16 70%	78 66%	~	~	~	~	~	75% 60%	9 60%	103 66%	75 69%	38 60%	48 68%	63 63%
NOT ANSWERED	2	24					2	1						1		2	2		2		
VALID CASES	174	3196	9	19	18	38	63	23	118					12	10	157	109	63	71	100	
NUMBER OF RESPONDENTS	176 100%	3220 100%	9 100%	19 100%	18 100%	38 100%	65 100%	23 100%	119 100%					13 100%	10 100%	159 100%	111 100%	63 100%	73 100%	100 100%	

[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?

	WORA 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	
Q21 YES	106 61%	2002 63%	7 78%~	15 79%~	10 59%~	23 61%~	36 56%~	14 61%~	75 64%	~	~	~	~	~	5 38%~	3 30%~	99 63%~	66 60%	39 63%	38 53%	67 68%*
NO	68 39%	1173 37%	2 22%~	4 21%~	7 41%~	15 39%~	28 44%~	9 39%~	43 36%	~	~	~	~	~	8 62%~	7 70%~	58 37%~	44 40%	23 37%	34 47%	32 32%*
NOT ANSWERED	2	45			1		1		1								2	1	1	1	1
VALID CASES	174	3175	9	19	17	38	64	23	118						13	10	157	110	62	72	99
NUMBER OF RESPONDENTS	176	3220	9	19	18	38	65	23	119						13	10	159	111	63	73	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

	WORA 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	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q22 NEVER	11 11%	115 6%	2 33%	4 27%	3 ~	2 13%	7 6%	10%	~	~	~	~	~	~	1 33%	10 10%	7 11%	4 10%	3 8%	8 12%
SOMETIMES	11 11%	272 14%	~	1 7%	2 ~	7 9%	1 20%	8 11%	~	~	~	~	1 20%	10 ~	8 ~	3 12%	5 8%	6 14%	9 9%	
USUALLY	26 25%	568 30%	~	4 27%	5 50%	5 22%	6 17%	6 43%	18 25%	~	~	~	~	1 20%	24 ~	18 28%	8 21%	12 32%	14 21%	
ALWAYS	56 54%	925 49%	4 67%	6 40%	5 50%	13 57%	20 57%	7 50%	40 55%	~	~	~	~	3 60%	2 67%	53 55%	31 48%	24 62%	17 46%	38 58%
#ALWAYS + USUALLY (NET)	82 79%	1493 79%	4 67%	10 67%	10 100%	18 78%	26 74%	13 93%	58 79%	~	~	~	~	4 80%	2 67%	77 79%	49 77%	32 82%	29 78%	52 79%
TOP BOX SCORE	56 54%	925 49%	4 67%	6 40%	5 50%	13 57%	20 57%	7 50%	40 55%	~	~	~	~	3 60%	2 67%	53 55%	31 48%	24 62%	17 46%	38 58%
NOT ANSWERED	2	69	1			1		2							2	2			1	1
VALID CASES	104	1881	6	15	10	23	35	14	73					5	3	97	64	39	37	66
NUMBER OF RESPONDENTS	106	1950	7	15	10	23	36	14	75					5	3	99	66	39	38	67
	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						ETHNICITY	HEALTH STATUS		GENDER				
	WORA 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	MALE	FE-MALE		
Q23 WORST PERSONAL DOCTOR POSSIBLE	4 2%	21 0.5%	~	~	1 4%	1 2%	1 1%	1 4%	1 0.6%	~	~	~	~	~	1 6%	4 2%	2 1%	2 3%	4 ~	3%	
01	1 0.4%	38 0.9%	~	~	~	~	1 1%	~	~	~	~	~	~	~	~	1 ~0.5%	1 0.7%	~	~	1 ~0.8%	
02	6 3%	42 1%	~	~	~	4 9%	2 2%	~	5 3%	~	~	~	~	~	~	6 3%	4 3%	2 3%	1 1%	5 4%	
03	5 2%	61 2%	~	1 4%	~	~	3 4%	~	3 2%	~	~	~	~	1 6%	1 8%	4 2%	5 3%	~	~	1 1%	4 3%
04	9 4%	88 2%	11%~	2 7%	2 7%	2 4%	1 1%	~	7 5%	~	~	~	~	~	~	9 4%	8 5%	1 1%	3 3%	6 5%	
05	16 7%	212 5%	6%~	1 11%	3 11%	~	2 4%	7 8%	2 8%	~	~	~	~	2 13%	~	14 7%	9 6%	6 8%	9 9%	6 5%	
06	12 5%	181 4%	22%~	4 22%	~	3 11%	1 2%	3 4%	1 4%	~	~	~	~	~	~	9 4%	10 7%	2 3%	7 7%	5 4%	
07	21 9%	352 9%	11%~	2 14%	4 14%	2 7%	3 6%	7 8%	3 13%	~	~	~	~	2 13%	2 15%	19 9%	14 9%	7 9%	10 10%	11 9%	
08	32 14%	703 17%	22%~	4 21%	6 21%	5 18%	7 15%	6 7%*	2 8%	~	~	~	~	3 19%	3 23%	27 13%	24 16%	8 10%	13 13%	17 13%	
09	37 16%	736 18%	17%~	3 14%	4 14%	3 11%	9 19%	15 18%	3 13%	~	~	~	~	2 13%	1 8%	36 17%	22 14%	14 18%	20 20%	17 13%	
BEST PERSONAL DOCTOR POSSIBLE	90 39%	1648 40%	11%~	2 29%	8 29%	12 43%	18 38%	37 45%	12 50%	~	~	~	~	5 31%	6 46%	82 39%	53 35%	36 46%	36 36%	53 41%	
#8-10 (NET)	159 68%	3087 76%*	50%~	9 64%	18 64%	20 71%	34 72%	58 70%	17 71%	~	~	~	~	10 63%	10 77%	145 69%	99 65%	58 74%	69 69%	87 67%	

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?

	WORA 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	GOOD & FAIR & POOR	FE- MALE	MALE		
9-10 (NET)	127 55%	2384 58%	5 28%~	12 43%~	15 54%~	27 57%~	52 63%~	15 63%~	90 58%	~	~	~	~	~	7 44%~	7 54%~	118 56%~	75 49%*	50 64%*	56 56%	70 54%	
NOT ANSWERED	22	266	2	4	1	5	8	1	16							1	19	14	7	8	13	
VALID CASES	233	4084	18	28	28	47	83	24	155						16	13	211	152	78	100	129	
NUMBER OF RESPONDENTS	255 100%	4350 100%	20 100%	32 100%	29 100%	52 100%	91 100%	25 100%	171 100%						16 100%	14 100%	230 100%	166 100%	85 100%	108 100%	142 100%	
MEAN	7.95	8.33	7.22	7.79	8.11	7.87	8.11	8.33	8.06						7.44	8.46	7.95	7.76	8.32	8.18	7.78	
p stat_(*=Sig @ p<=.05)		.019*	~	~	~	~	.467	~	.313	~	~	~	~	~	~	~	~	~	.104	.098	.194	.216

[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	
	WORA 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 & POOR	FE- MALE	MALE
Q24 YES	116 37%	2150 40%	7 26%	12 28%	13 31%	25 37%	45 45%	12 46%	80 39%	~	~	~	~	5 28%	5 25%	105 38%	70 33%	44 45%	40 30%*	75 44%*
NO	197 63%	3272 60%	20 74%	31 72%	29 69%	42 63%	55 55%	14 54%	123 61%	~	~	~	~	13 72%	15 75%	173 62%	139 67%	54 55%	95 70%*	94 56%*
NOT ANSWERED	16	249				1	5	2	4					1		8	5	3	3	5
VALID CASES	313	5422	27	43	42	67	100	26	203					18	20	278	209	98	135	169
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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		
	WORA 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		
Q25 NEVER	9	123			2	2	4	1	6							7	5	4	3	6
	8%	6%	~	~	15%~	8%~	9%~	8%~	8%~	~	~	~	~	~	~	7%~	7%~	9%~	7%~	8%~
SOMETIMES	28	379	3	5	4	4	11	1	21					1	1	27	18	10	13	15
	25%	19%	43%~	42%~	31%~	17%~	26%~	8%~	27%~	~	~	~	~	20%~	20%~	26%~	26%~	23%~	33%~	21%~
USUALLY	28	576		3	2	6	13	3	20					1		26	18	10	9	19
	25%	29%	~	25%~	15%~	25%~	30%~	25%~	26%~	~	~	~	~	20%~	~	25%~	26%~	23%~	22%~	26%~
ALWAYS	48	938	4	4	5	12	15	7	31					3	4	43	27	19	15	32
	42%	46%	57%~	33%~	38%~	50%~	35%~	58%~	40%~	~	~	~	~	60%~	80%~	42%~	40%~	44%~	38%~	44%~
#ALWAYS + USUALLY (NET)	76	1514	4	7	7	18	28	10	51					4	4	69	45	29	24	51
	67%	75%	57%~	58%~	54%~	75%~	65%~	83%~	65%~	~	~	~	~	80%~	80%~	67%~	66%~	67%~	60%~	71%~
TOP BOX SCORE	48	938	4	4	5	12	15	7	31					3	4	43	27	19	15	32
	42%	46%	57%~	33%~	38%~	50%~	35%~	58%~	40%~	~	~	~	~	60%~	80%~	42%~	40%~	44%~	38%~	44%~
NOT ANSWERED	3	70				1	2		2							2	2	1		3
VALID CASES	113	2016	7	12	13	24	43	12	78					5	5	103	68	43	40	72
NUMBER OF RESPONDENTS	116	2086	7	12	13	25	45	12	80					5	5	105	70	44	40	75
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	WORA 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
Q26 NONE	9	110	1	1	1	6		9							9	5	3	4	5	
	8%	5%	14%~	~	8%~	4%~	14%~	~	12%~	~	~	~	~	~	~	9%~	7%~	7%~	10%~	7%~
1 SPECIALIST	60	1016	4	9	5	14	21	5	40					4	3	54	37	22	21	38
	54%	50%	57%~	75%~	38%~	58%~	50%~	42%~	51%~	~	~	~	~	~100%~	60%~	52%~	54%~	52%~	54%~	53%~
2	26	508	1	2	6	6	7	4	18						2	23	15	11	9	17
	23%	25%	14%~	17%~	46%~	25%~	17%~	33%~	23%~	~	~	~	~	~	40%~	22%~	22%~	26%~	23%~	24%~
3	13	258				3	7	3	9							13	8	5	4	9
	12%	13%	~	~	~	13%~	17%~	25%~	12%~	~	~	~	~	~	~	13%~	12%~	12%~	10%~	12%~
4	3	69		1	1		1		1							3	2	1	1	2
	3%	3%	~	8%~	8%~	~	2%~	~	1%~	~	~	~	~	~	~	3%~	3%~	2%~	3%~	3%~
5 OR MORE SPECIALISTS	1	55	1						1							1	1			1
	0.9%	3%	14%~	~	~	~	~	~	1%~	~	~	~	~	~	~	1%~	1%~	~	~	1%~
NOT ANSWERED	4	71				1	3		2					1		2	2	2	1	3
VALID CASES	112	2015	7	12	13	24	42	12	78					4	5	103	68	42	39	72
NUMBER OF RESPONDENTS	116	2086	7	12	13	25	45	12	80					5	5	105	70	44	40	75
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

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

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q27 WORST SPECIALIST POSSIBLE		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	3 3%	7 0.4%	~	1 8%	~	~	2 6%	~	2 3%	~	~	~	~	~	~	3 3%	2 3%	1 3%	1 3%	2 3%	
02	2 2%	19 1%	~	~	~	1 5%	1 3%	~	2 3%	~	~	~	~	~	~	2 2%	1 2%	1 3%	1 3%	1 2%	
03	2 2%	32 2%	~	~	~	2 9%	~	~	~	~	~	~	~	~	~	2 2%	2 3%	~	2 6%	~	
04	1 1%	32 2%	~	~	~	~	1 3%	~	1 1%	~	~	~	~	~	~	1 1%	~	1 3%	~	1 2%	
05	4 4%	67 4%	~	2 17%	~	1 5%	1 3%	~	4 6%	~	~	~	~	~	~	4 4%	3 5%	1 3%	1 3%	3 5%	
06	5 5%	73 4%	~	~	2 17%	1 5%	1 3%	1 8%	3 4%	~	~	~	~	~	~	4 4%	1 2%	4 11%	2 6%	3 5%	
07	12 12%	158 8%	1 17%	~	3 25%	1 5%	4 11%	3 25%	9 13%	~	~	~	~	~	~	11 12%	10 16%	2 5%	6 18%	6 9%	
08	14 14%	318 17%	1 17%	2 17%	2 17%	3 14%	5 14%	1 8%	11 16%	~	~	~	~	~	~	1 20%	13 14%	10 16%	4 11%	6 18%	8 12%
09	18 18%	355 19%	~	2 17%	2 17%	5 23%	8 23%	~	14 21%	~	~	~	~	1 25%	~	18 20%	10 16%	8 21%	4 12%	14 21%	
BEST SPECIALIST POSSIBLE	40 40%	797 42%	4 67%	5 42%	3 25%	8 36%	12 34%	7 58%	22 32%	~	~	~	~	~	3 75%	4 80%	34 37%	23 37%	16 42%	11 32%	28 42%
#8-10 (NET)	72 71%	1470 78%	5 83%	9 75%	7 58%	16 73%	25 71%	8 67%	47 69%	~	~	~	~	~	4 100%	5 100%	65 71%	43 69%	28 74%	21 62%	50 76%

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?

	WORA 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	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	58 57%	1152 61%	4 67%	7 58%	5 42%	13 59%	20 57%	7 58%	36 53%	~	~	~	~	~	~100%	4 80%	52 57%	33 53%	24 63%	15 44%	42 64%
NOT ANSWERED	2	16				1	1		1								2	1	1	1	1
VALID CASES	101	1878	6	12	12	22	35	12	68						4	5	92	62	38	34	66
NUMBER OF RESPONDENTS	103 100%	1894 100%	6 100%	12 100%	12 100%	23 100%	36 100%	12 100%	69 100%						4 100%	5 100%	94 100%	63 100%	39 100%	35 100%	67 100%
MEAN	8.17	8.45	9.17	7.92	8.08	7.95	7.97	8.75	8.01						9.75	9.60	8.09	8.08	8.26	7.71	8.38
p stat_(*=Sig @ p<=.05)		.179	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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?

	WORA 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	GOOD & POOR	FE- MALE	MALE	
Q28 YES	34 11%	1069 20%*	18 ~	25 5%~	35 22%~	45 11%	55 14%	65 4%~	27 13%*	~	~	~	~	~	2 11%~	1 5%~	31 11%~	19 9%	15 15%	14 10%	19 11%
NO	278 89%	4323 80%*	27 100%~	41 95%~	32 78%~	59 89%	88 86%	25 96%~	176 87%*	~	~	~	~	~	16 89%~	19 95%~	247 89%~	191 91%	82 85%	120 90%	152 89%
NOT ANSWERED	17	279			1	2	3	2	4						1		8	4	4	4	3
VALID CASES	312	5392	27	43	41	66	102	26	203						18	20	278	210	97	134	171
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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?

	WORA 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	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	GOOD & FAIR & POOR	MALE
Q29 NEVER	4	102		1	1	2		4							4	1	3	1	3
	13%	11%~		~ 50%~	13%~	33%~	~	16%~	~	~	~	~	~	~	~ 14%~	6%~	21%~	8%~	16%~
SOMETIMES	10	354			3	2	4	1	8					1	9	7	3	5	5
	31%	37%~		~	~ 38%~	33%~	29%~	100%~	32%~	~	~	~	~	~ 50%~	~ 31%~	39%~	21%~	42%~	26%~
USUALLY	10	333		1	2	2	4		7					1	8	5	5	1	8
	31%	35%~		~ 50%~	25%~	33%~	29%~	~	28%~	~	~	~	~	~ 100%~	28%~	28%~	36%~	8%~	42%~
ALWAYS	8	171			2		6		6					1	8	5	3	5	3
	25%	18%~		~	~ 25%~	~	43%~	~	24%~	~	~	~	~	~ 50%~	~ 28%~	28%~	21%~	42%~	16%~
#ALWAYS + USUALLY (NET)	18	504		1	4	2	10		13					1	16	10	8	6	11
	56%	52%~		~ 50%~	50%~	33%~	71%~	~	52%~	~	~	~	~	~ 50%~	100%~	55%~	56%~	57%~	50%~
TOP BOX SCORE	8	171			2		6		6					1	8	5	3	5	3
	25%	18%~		~	~ 25%~	~	43%~	~	24%~	~	~	~	~	~ 50%~	~ 28%~	28%~	21%~	42%~	16%~
NOT ANSWERED	2	35			1	1			2						2	1	1		2
VALID CASES	32	961		2	8	6	14	1	25				2	1	29	18	14	12	19
NUMBER OF RESPONDENTS	34	996		2	9	7	14	1	27				2	1	31	19	15	14	19
	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?

	WORA 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	61 20%	1502 28%*	4 15%~	8 19%~	8 19%~	16 25%	22 22%	3 12%~	35 17%	~	~	~	~	~	4 22%~	5 25%~	55 20%~	39 19%	21 22%	23 17%	38 22%
NO	249 80%	3866 72%*	23 85%~	35 81%~	34 81%~	49 75%	78 78%	23 88%~	166 83%	~	~	~	~	~	14 78%~	15 75%~	221 80%~	169 81%	76 78%	111 83%	131 78%
NOT ANSWERED	19	303				3	5	2	6						1		10	6	4	4	5
VALID CASES	310	5368	27	43	42	65	100	26	201						18	20	276	208	97	134	169
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

	WORA 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
			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
Q31 NEVER		56 4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	11 18%	267 20%	2 ~	3 25%	4 38%	2 25%	9 10%	9 26%	~	~	~	~	~	~	11 20%	8 21%	3 14%	5 23%	6 16%	
USUALLY	19 32%	405 30%	2 50%	1 13%	3 38%	3 19%	9 43%	1 33%	11 31%	~	~	~	~	2 50%	1 25%	17 31%	11 29%	8 38%	5 23%	14 37%
ALWAYS	30 50%	624 46%	2 50%	5 63%	2 25%	9 56%	10 48%	2 67%	15 43%	~	~	~	~	2 50%	3 75%	27 49%	19 50%	10 48%	12 55%	18 47%
#ALWAYS + USUALLY (NET)	49 82%	1029 76%	4 100%	6 75%	5 63%	12 75%	19 90%	3 100%	26 74%	~	~	~	~	4 100%	4 100%	44 80%	30 79%	18 86%	17 77%	32 84%
TOP BOX SCORE	30 50%	624 46%	2 50%	5 63%	2 25%	9 56%	10 48%	2 67%	15 43%	~	~	~	~	2 50%	3 75%	27 49%	19 50%	10 48%	12 55%	18 47%
NOT ANSWERED	1	48				1								1		1		1		
VALID CASES	60	1351	4	8	8	16	21	3	35					4	4	55	38	21	22	38
NUMBER OF RESPONDENTS	61	1399	4	8	8	16	22	3	35					4	5	55	39	21	23	38
	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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	WORA 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 WHTE ##	ASIAN ##	NATV HAW/ ILND #	AMR IND/ ALSK NATV ##	OTHR ##	MULTI TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q32 NEVER	1 2%	18 1%	~	~	~	1 6%	~	1 3%	~	~	~	~	~	~	~	1 2%	~	1 5%	~	1 3%
SOMETIMES	3 5%	102 8%	1 25%	1 13%	~	~	1 5%	2 6%	~	~	~	~	~	~	~	3 5%	3 8%	~	2 9%	1 3%
USUALLY	10 17%	291 21%	1 25%	2 25%	2 25%	3 19%	2 10%	3 9%	~	~	~	~	~	2 50%	9 16%	6 16%	4 19%	1 5%	9 24%	
ALWAYS	46 77%	946 70%	2 50%	5 63%	6 75%	12 75%	18 86%	3 100%	29 83%	~	~	~	~	2 50%	4 100%	42 76%	29 76%	16 76%	19 86%	27 71%
#ALWAYS + USUALLY (NET)	56 93%	1237 91%	3 75%	7 88%	8 100%	15 94%	20 95%	3 100%	32 91%	~	~	~	~	4 100%	4 100%	51 93%	35 92%	20 95%	20 91%	36 95%
TOP BOX SCORE	46 77%	946 70%	2 50%	5 63%	6 75%	12 75%	18 86%	3 100%	29 83%	~	~	~	~	2 50%	4 100%	42 76%	29 76%	16 76%	19 86%	27 71%
NOT ANSWERED	1	41					1							1		1			1	
VALID CASES	60	1358	4	8	8	16	21	3	35					4	4	55	38	21	22	38
NUMBER OF RESPONDENTS	61	1399	4	8	8	16	22	3	35					4	5	55	39	21	23	38
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		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	AMR IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q33																					
YES	84 27%	1713 32%	6 23%~	12 29%~	9 22%~	18 27%	30 29%	5 19%~	46 23%*	~	~	~	~	~	7 39%~	3 16%~	77 28%~	58 28%	23 24%	38 28%	42 25%
NO	224 73%	3590 68%	20 77%~	29 71%~	32 78%~	48 73%	72 71%	21 81%~	157 77%*	~	~	~	~	~	11 61%~	16 84%~	199 72%~	149 72%	73 76%	96 72%	126 75%
NOT ANSWERED	21	368	1	2	1	2	3	2	4						1	1	10	7	5	4	6
VALID CASES	308	5303	26	41	41	66	102	26	203						18	19	276	207	96	134	168
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

	WORA 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	
PQ34 NEVER	8 3%	82 2%	~	3 7%	1 2%	1 2%	3 3%	3 1%	~	~	~	~	~	~	~	8 3%	5 2%	3 3%	4 3%	4 2%	
SOMETIMES	12 4%	286 5%	4%	1 7%	3 7%	1 2%	4 2%	1 4%	5 2%	~	~	~	~	2 11%	11 4%	6 3%	6 6%	6 4%	5 3%		
USUALLY	22 7%	671 13%*	~	2 5%	1 2%	6 9%	10 10%	2 8%	15 7%	~	~	~	~	2 11%	21 8%	14 7%	7 7%	7 5%	14 8%		
ALWAYS	265 86%	4198 80%*	96%	25 96%	33 80%	38 93%	58 88%	85 83%	23 88%	180 89%	~	~	~	~	14 78%	19 100%	236 86%	182 88%	80 83%	117 87%	145 86%
#ALWAYS + USUALLY (NET)	287 93%	4868 93%	96%	25 96%	35 85%	39 95%	64 97%	95 93%	25 96%	195 96%*	~	~	~	~	16 89%	19 100%	257 93%	196 95%	87 91%	124 93%	159 95%
TOP BOX SCORE	265 86%	4198 80%*	96%	25 96%	33 80%	38 93%	58 88%	85 83%	23 88%	180 89%	~	~	~	~	14 78%	19 100%	236 86%	182 88%	80 83%	117 87%	145 86%
NOT ANSWERED	1	86																			
VALID CASES	307	5236		26	41	41	66	102	26	203					18	19	276	207	96	134	168
NUMBER OF RESPONDENTS	308	5322	100%	26	41	41	66	102	26	203					18	19	276	207	96	134	168
	100%	100%	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?

	WORA 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 #	AMER IND/ 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	3 1%	41 0.8%		2 ~ 5%			1 ~ 1%		2 1%							3 ~ 1%	3 2%	2 ~ 2%	1 0.6%	
01	6 2%	47 0.9%			1 3%	2 3%	3 3%		3 2%							5 2%	3 2%	3 3%	2 1%	
02	5 2%	52 1%		1 3%	1 3%		3 3%		1 0.5%						6 ~ 6%	4 2%	2 1%	3 3%	2 1%	
03	8 3%	102 2%		3 8%	1 3%	1 2%	3 3%		7 4%							8 3%	4 2%	4 4%	2 2%	6 4%
04	10 4%	122 2%			1 3%	5 9%	3 3%	1 4%	5 3%					2 13%	1 6%	9 4%	6 3%	4 4%	3 2%	7 5%
05	34 12%	466 9%	4 15%	6 15%	5 14%	9 16%	6 7%*	4 15%	23 13%					2 13%	4 22%	30 12%	25 13%	9 10%	11 9%	23 15%
06	18 6%	327 6%	4 15%	1 3%	3 8%	3 5%	7 8%		9 5%					2 13%	1 6%	15 6%	12 6%	6 7%	10 8%	8 5%
07	38 13%	646 13%	2 8%	4 10%	5 14%	8 14%	15 16%	3 12%	26 14%					3 19%		35 14%	26 14%	12 13%	18 15%	19 12%
08	64 22%	1048 21%	5 19%	10 25%	10 28%	11 19%	21 23%	4 15%	40 22%					2 13%	3 17%	58 23%	46 24%	17 19%	24 19%	38 25%
09	29 10%	797 16%*	5 19%	6 15%	2 6%	7 12%	5 5%*	3 12%	19 10%					1 6%	1 6%	27 11%	20 11%	8 9%	15 12%	13 8%
BEST HEALTH PLAN POSSIBLE	70 25%	1383 27%	6 23%	7 18%	7 19%	12 21%	25 27%	11 42%	47 26%					4 25%	7 39%	60 24%	43 23%	24 27%	33 27%	35 23%
#8-10 (NET)	163 57%	3229 64%*	16 62%	23 58%	19 53%	30 52%	51 55%	18 69%	106 58%					7 44%	11 61%	145 57%	109 57%	49 54%	72 58%	86 56%

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	
		WORA 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	FE- MALE	MALE
9-10 (NET)	99 35%	2180 43%*	11 42%~	13 33%~	9 25%~	19 33%	30 33%	14 54%~	66 36%	~	~	~	~	~	5 31%~	8 44%~	87 34%~	63 33%	32 36%	48 39%	48 31%
NOT ANSWERED	44	640	1	3	6	10	13	2	25						3	2	32	24	11	14	20
VALID CASES	285	5031	26	40	36	58	92	26	182						16	18	254	190	90	124	154
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%
MEAN	7.36	7.78	7.81	6.97	7.11	7.16	7.28	8.23	7.46						7.25	7.50	7.34	7.37	7.22	7.46	7.27
p stat_(*=Sig @ p<=.05)		.003*	~	~	~.468	.716	~	.345	~	~	~	~	~	~	~	~	~	.920	.519	.532	.489

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?

	WORA 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	
Q35A YES	42 14%	663 12%	18 ~	25 7%	35 2%	45 15%	55 17%	65 38%	23 11%	~	~	~	~	~	5 28%	2 11%	37 13%	18 9%*	23 24%*	22 16%	19 11%
NO	268 86%	4665 88%	27 100%	40 93%	39 98%	57 85%	83 83%	16 62%	178 89%	~	~	~	~	~	13 72%	17 89%	241 87%	190 91%*	74 76%*	112 84%	150 89%
NOT ANSWERED	19	342			2	1	5	2	6						1	1	8	6	4	4	5
VALID CASES	310	5329	27	43	40	67	100	26	201						18	19	278	208	97	134	169
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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		
	WORA 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	OTH R	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
								WHTE	##	##	#	##	##	TI	IC	IC				
Q35B NEVER	4 10%	127 21%	~	~	~	22%	6%	11%	10%	~	~	~	~	~	~	11%	12%	9%	10%	11%
SOMETIMES	7 17%	93 16%	~	~	100%	18%	33%	14%	~	~	~	~	40%	~	17%	12%	23%	10%	28%	
USUALLY	8 20%	141 24%	~	33%	~	29%	11%	19%	~	~	~	~	~	~	20%	35%	9%	24%	11%	
ALWAYS	21 53%	234 39%	~	67%	~	78%	47%	44%	57%	~	~	~	~	60%	100%	51%	41%	59%	57%	50%
#ALWAYS + USUALLY (NET)	29 73%	375 63%	~	100%	~	78%	76%	56%	76%	~	~	~	~	60%	100%	71%	76%	68%	81%	61%
TOP BOX SCORE	21 53%	234 39%	~	67%	~	78%	47%	44%	57%	~	~	~	~	60%	100%	51%	41%	59%	57%	50%
NOT ANSWERED	2	32				1		1	2						2	1	1	1	1	
VALID CASES	40	595		3	1	9	17	9	21					5	2	35	17	22	21	18
NUMBER OF RESPONDENTS	42 100%	627 100%		3 100%	1 100%	10 100%	17 100%	10 100%	23 100%					5 100%	2 100%	37 100%	18 100%	23 100%	22 100%	19 100%

[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?

	WORA 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	GOOD & POOR	FE- MALE	MALE		
Q35C YES	50 16%	814 15%	3 11%~	2 5%~	4 10%~	16 24%	16 16%	8 31%~	35 17%	~	~	~	~	~	~	3 15%~	44 16%~	28 13%	20 21%	22 16%	27 16%	
NO	260 84%	4498 85%	24 89%~	41 95%~	36 90%~	51 76%	84 84%	18 69%~	165 83%	~	~	~	~	~	17 ~100%~	17 85%~	233 84%~	180 87%	77 79%	112 84%	142 84%	
NOT ANSWERED	19	359			2	1	5	2	7					2		9	6	4	4	5		
VALID CASES	310	5312	27	43	40	67	100	26	200					17	20	277	208	97	134	169		
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%		

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

	WORA 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
Q35D NEVER	15 32%	169 23%	1 33%	2 50%	6 43%	4 27%	2 25%	11 33%	~	~	~	~	~	~	15 37%	9 36%	6 30%	9 43%	6 24%	
SOMETIMES	6 13%	128 17%	1 50%	1 25%	2 14%	2 13%	3 9%	~	~	~	~	~	~	1 33%	4 10%	4 16%	2 10%	3 14%	3 12%	
USUALLY	11 23%	197 26%	1 33%	1 50%	1 25%	5 33%	2 25%	8 24%	~	~	~	~	~	10 24%	5 20%	5 25%	4 19%	6 24%		
ALWAYS	15 32%	251 34%	1 33%	~	6 43%	4 27%	4 50%	11 33%	~	~	~	~	~	2 67%	12 29%	7 28%	7 35%	5 24%	10 40%	
#ALWAYS + USUALLY (NET)	26 55%	448 60%	2 67%	1 50%	1 25%	6 43%	9 60%	6 75%	19 58%	~	~	~	~	2 67%	22 54%	12 48%	12 60%	9 43%	16 64%	
TOP BOX SCORE	15 32%	251 34%	1 33%	~	6 43%	4 27%	4 50%	11 33%	~	~	~	~	~	2 67%	12 29%	7 28%	7 35%	5 24%	10 40%	
NOT ANSWERED	3	29			2	1		2						3	3			1	2	
VALID CASES	47	745	3	2	4	14	15	8	33					3	41	25	20	21	25	
NUMBER OF RESPONDENTS	50	774	3	2	4	16	16	8	35					3	44	28	20	22	27	
	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?

	WORA 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	149 48%	2942 55%*	9 35%~	18 42%~	17 40%~	31 46%	55 54%	16 62%~	95 47%	~	~	~	~	~	10 56%~	6 30%~	136 49%~	83 40%*	62 63%*	58 43%	88 51%
NO	163 52%	2408 45%*	17 65%~	25 58%~	25 60%~	36 54%	46 46%	10 38%~	107 53%	~	~	~	~	~	8 44%~	14 70%~	143 51%~	125 60%*	37 37%*	76 57%	83 49%
NOT ANSWERED	17	321	1			1	4	2	5						1		7	6	2	4	3
VALID CASES	312	5350	26	43	42	67	101	26	202						18	20	279	208	99	134	171
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

	WORA 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 & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q35F																						
NO EFFORT AT ALL	6 4%	101 4%	~	~	~	2 6%~	4 7%	~	3 3%	~	~	~	~	~	~	17%~	5 4%~	3 4%	3 5%	1 2%	5 6%	
A LITTLE EFFORT WAS MADE	19 13%	195 7%*	22%~	2 11%~	4 25%~	4 13%~	5 9%	2 13%~	11 12%	~	~	~	~	~	10%~	~	18 13%~	11 13%	8 13%	5 9%	14 16%	
SOME EFFORT WAS MADE	42 29%	696 25%	33%~	3 33%~	6 31%~	5 19%~	6 31%	17 31%~	5 28%	~	~	~	~	~	60%~	6 17%~	1 29%~	39 30%	25 28%	17 33%	23 26%	
A LOT OF EFFORT WAS MADE	80 54%	1801 64%*	44%~	4 56%~	10 44%~	7 61%~	19 52%	28 56%~	9 57%	~	~	~	~	~	30%~	3 67%~	4 54%~	73 53%	44 53%	32 56%	45 52%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	122 83%	2497 89%*	78%~	7 89%~	16 75%~	12 81%~	25 83%	45 88%	14 85%	~	~	~	~	~	90%~	9 83%~	5 83%~	112 83%~	69 83%	49 82%	51 89%	68 78%*
TOP BOX SCORE	80 54%	1801 64%*	44%~	4 56%~	10 44%~	7 61%~	19 52%	28 56%~	9 57%	~	~	~	~	~	30%~	3 67%~	4 54%~	73 53%	44 53%	32 56%	45 52%	
NOT ANSWERED	2	82			1		1		2								1		2	1	1	
VALID CASES	147	2794		9	18	16	31	54	16	93					10	6	135	83	60	57	87	
NUMBER OF RESPONDENTS	149	2876		9	18	17	31	55	16	95					10	6	136	83	62	58	88	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35E = YES]

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

	WORA 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	
Q35G																					
NO EFFORT AT ALL	12 8%	101 4%*	1 11%~	1 ~	4 6%~	6 13%~	6 11%	6 6%	~	~	~	~	~	~	~	17%~	10 7%~	5 6%	7 12%	4 7%	8 9%
A LITTLE EFFORT WAS MADE	12 8%	226 8%	1 11%~	2 11%~	2 13%~	2 6%~	3 6%	2 13%~	9 10%	~	~	~	~	~	~	~	12 9%	9 11%	3 5%	3 5%	9 10%
SOME EFFORT WAS MADE	40 27%	717 26%	4 44%~	6 33%~	3 19%~	8 26%~	14 26%	4 25%~	21 23%	~	~	~	~	~	6 67%~	1 17%~	36 27%~	23 28%	17 28%	16 29%	23 26%
A LOT OF EFFORT WAS MADE	82 56%	1741 63%	3 33%~	10 56%~	10 62%~	17 55%~	30 57%	10 62%~	57 61%	~	~	~	~	~	3 33%~	4 67%~	76 57%~	45 55%	33 55%	33 59%	47 54%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	122 84%	2458 88%	7 78%~	16 89%~	13 81%~	25 81%~	44 83%	14 88%~	78 84%	~	~	~	~	~	9 ~100%~	5 83%~	112 84%~	68 83%	50 83%	49 88%	70 80%
TOP BOX SCORE	82 56%	1741 63%	3 33%~	10 56%~	10 62%~	17 55%~	30 57%	10 62%~	57 61%	~	~	~	~	~	3 33%~	4 67%~	76 57%~	45 55%	33 55%	33 59%	47 54%
NOT ANSWERED	3	91			1		2		2					1		2		1	2	2	1
VALID CASES	146	2785	9	18	16	31	53	16	93					9	6	134	82	60	56	87	
NUMBER OF RESPONDENTS	149	2876	9	18	17	31	55	16	95					10	6	136	83	62	58	88	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	WORA 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
Q35H NO EFFORT AT ALL	15 10%	190 7%	1 ~	2 6%	6 13%	6 19%	6 11%	6 7%	~	~	~	~	~	~	2 33%	12 9%	8 10%	7 12%	5 9%	10 12%
A LITTLE EFFORT WAS MADE	13 9%	238 9%	2 22%	1 6%	2 13%	2 6%	5 9%	1 6%	10 11%	~	~	~	~	~	~	13 10%	7 9%	5 8%	6 11%	7 8%
SOME EFFORT WAS MADE	45 31%	749 27%	4 44%	6 35%	3 19%	7 23%	18 34%	6 38%	27 30%	~	~	~	~	8 80%	43 32%	26 32%	19 32%	18 32%	26 31%	
A LOT OF EFFORT WAS MADE	71 49%	1596 58%	3 33%	9 53%	9 56%	16 52%	24 45%	9 56%	48 53%	~	~	~	~	2 20%	4 67%	65 49%	41 50%	28 47%	28 49%	42 49%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	116 81%	2345 85%	7 78%	15 88%	12 75%	23 74%	42 79%	15 94%	75 82%	~	~	~	~	10 100%	4 67%	108 81%	67 82%	47 80%	46 81%	68 80%
TOP BOX SCORE	71 49%	1596 58%	3 33%	9 53%	9 56%	16 52%	24 45%	9 56%	48 53%	~	~	~	~	2 20%	4 67%	65 49%	41 50%	28 47%	28 49%	42 49%
NOT ANSWERED	5	103	1	1		2		4							3	1	3	1	3	
VALID CASES	144	2773	9	17	16	31	53	16	91					10	6	133	82	59	57	85
NUMBER OF RESPONDENTS	149	2876	9	18	17	31	55	16	95					10	6	136	83	62	58	88
	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?

	WORA 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 #	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 32%	1870 35%	6 23%~	9 21%~	8 19%~	21 32%	36 36%	14 56%~	62 31%	~	~	~	~	~	5 29%~	6 30%~	87 32%~	56 27%*	40 41%*	36 28%	58 34%
NO	210 68%	3406 65%	20 77%~	33 79%~	34 81%~	45 68%	64 64%	11 44%~	138 69%	~	~	~	~	~	12 71%~	14 70%~	188 68%~	150 73%*	57 59%*	94 72%	113 66%
NOT ANSWERED	22	394	1	1		2	5	3	7						2		11	8	4	8	3
VALID CASES	307	5277	26	42	42	66	100	25	200						17	20	275	206	97	130	171
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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?

	WORA 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	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q35J #YES	86 91%	1588 89%	5 83%	9 100%	7 100%	18 86%	33 92%	11 85%	53 88%	~	~	~	~	~	5 100%	6 100%	76 89%	51 91%	34 89%	31 89%	52 91%
NO	9 9%	204 11%	1 17%	~	~	3 14%	3 8%	2 15%	7 12%	~	~	~	~	~	~	~	9 11%	5 9%	4 11%	4 11%	5 9%
NOT ANSWERED	2	60			1			1	2								2	2	1	1	
VALID CASES	95	1792	6	9	7	21	36	13	60					5	6	85	56	38	35	57	
NUMBER OF RESPONDENTS	97	1852	6	9	8	21	36	14	62					5	6	87	56	40	36	58	
	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?

	WORA 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	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q35K #YES	78 84%	1484 84%	5 83%	9 100%	6 86%	17 85%	29 83%	10 77%	50 85%	~	~	~	~	~	4 80%	5 100%	70 83%	49 89%	28 76%	30 86%	46 84%
NO	15 16%	292 16%	1 17%	~	1 14%	3 15%	6 17%	3 23%	9 15%	~	~	~	~	~	1 20%	14 ~	17%	6 11%	9 24%	5 14%	9 16%
NOT ANSWERED	4	76			1	1	1	1	3							1	3	1	3	1	3
VALID CASES	93	1776	6	9	7	20	35	13	59						5	5	84	55	37	35	55
NUMBER OF RESPONDENTS	97	1852	6	9	8	21	36	14	62						5	6	87	56	40	36	58
	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?

	WORA 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	OTH R	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q35L NEVER	63 21%	692 13%*	5 19%~	7 17%~	10 24%~	16 26%	21 21%	4 14%~	40 21%	~	~	~	~	~	4 22%~	4 21%~	58 21%~	47 23%	16 17%	28 22%	34 20%
SOMETIMES	39 13%	623 12%	6 23%~	7 17%~	5 12%~	8 13%	10 10%	3 11%~	25 13%	~	~	~	~	~	2 11%~	3 16%~	35 13%~	25 12%	14 15%	14 11%	25 15%
USUALLY	53 18%	1195 23%*	4 15%~	7 17%~	7 17%~	8 13%	19 19%	7 25%~	35 18%	~	~	~	~	~	3 17%~	3 16%~	48 18%~	34 17%	18 19%	26 20%	27 16%
ALWAYS	145 48%	2698 52%	11 42%~	19 48%~	19 46%~	30 48%	48 49%	14 50%~	95 49%	~	~	~	~	~	9 50%~	9 47%~	129 48%~	96 48%	47 49%	59 46%	82 49%
#ALWAYS + USUALLY (NET)	198 66%	3894 75%*	15 58%~	26 65%~	26 63%~	38 61%	67 68%	21 75%~	130 67%	~	~	~	~	~	12 67%~	12 63%~	177 66%~	130 64%	65 68%	85 67%	109 65%
TOP BOX SCORE	145 48%	2698 52%	11 42%~	19 48%~	19 46%~	30 48%	48 49%	14 50%~	95 49%	~	~	~	~	~	9 50%~	9 47%~	129 48%~	96 48%	47 49%	59 46%	82 49%
NOT ANSWERED	29	462	1	3	1	6	7		12						1	1	16	12	6	11	6
VALID CASES	300	5209	26	40	41	62	98	28	195						18	19	270	202	95	127	168
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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	
	WORA 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
			%	%	%	%	%	%	##	##	#	##	##	TI	IC	IC	%	%	%	%
Q35M ALWAYS	207%	3106%	28%~	13%~	13%~	35%	88%	415%~	116%	~	~	~	~	~	16%~	118%	105%	99%	76%	127%
USUALLY	155%	2705%	14%~	25%~	25%~	58%	22%* 11%~	105%	~	~	~	~	~	~	~	145%~	136%	22%	76%	85%
SOMETIMES	4916%	95218%	519%~	718%~	615%~	610%	2020% 11%~	3216%	~	~	~	~	~	211%~	317%~	4316%~	2814%	2122%	1310%*	3521%*
NEVER	21472%	369771%	1869%~	2974%~	3077%~	4978%	6970% 63%~	1773%	~	~	~	~	~	1583%~	1478%~	19472%~	15075%	6366%	10079%*	11167%*
#NEVER + SOMETIMES (NET)	26388%	464989%	2388%~	3692%~	3692%~	5587%	8990% 74%~	2089%	~	~	~	~	~	1794%~	1794%~	23788%~	17889%	8488%	11389%	14688%
TOP BOX SCORE	21472%	369771%	1869%~	2974%~	3077%~	4978%	6970% 63%~	1773%	~	~	~	~	~	1583%~	1478%~	19472%~	15075%	6366%	10079%*	11167%*
NOT ANSWERED	31	442	1	4	3	5	6	1	13					1	2	17	13	6	11	8
VALID CASES	298	5229	26	39	39	63	99	27	194					18	18	269	201	95	127	166
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	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	
	WORA 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				
Q35N ALWAYS	6 2%	79 2%	1 4%~	1 3%~	2 ~	2 3%	2 2%	3 2%	~	~	~	~	~	~	1 6%~	5 2%~	4 2%	2 2%	1 0.8%	5 3%
USUALLY	14 5%	129 2%	2 8%~	3 ~	3 8%~	4 5%	2 4%	8 4%	~	~	~	~	~	1 6%~	12 6%~	10 4%~	4 5%	5 4%	9 5%	
SOMETIMES	38 13%	739 14%	2 8%~	4 10%~	5 13%~	5 8%	16 16%	4 14%~	29 15%	~	~	~	~	1 6%~	35 ~	22 13%~	16 11%	13 17%	24 14%	
NEVER	240 81%	4276 82%	20 80%~	34 87%~	31 79%~	53 84%	77 78%	22 79%	155 79%	~	~	~	~	16 89%~	16 89%~	217 81%~	166 82%	72 77%	107 85%	130 77%
#NEVER + SOMETIMES (NET)	278 93%	5015 96%	22 88%~	38 97%~	36 92%~	58 92%	93 94%	26 93%~	184 94%	~	~	~	~	17 94%~	16 89%~	252 94%~	188 93%	88 94%	120 95%	154 92%
TOP BOX SCORE	240 81%	4276 82%	20 80%~	34 87%~	31 79%~	53 84%	77 78%	22 79%	155 79%	~	~	~	~	16 89%~	16 89%~	217 81%~	166 82%	72 77%	107 85%	130 77%
NOT ANSWERED	31	448	2	4	3	5	6	12						1	2	17	12	7	12	6
VALID CASES	298	5223	25	39	39	63	99	28	195					18	18	269	202	94	126	168
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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			
	WORA 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	VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE
Q350 ALWAYS	7 2%	62 1%	1 ~	3% ~	1 ~	2% ~	5 5%	3 2%	~	~	~	~	~	~	7 3%	7 3%*	1 ~	0.8%	6 4%	
USUALLY	7 2%	77 1%	1 ~	3% ~	1 ~	2% ~	4 4%	7 4%	~	~	~	~	~	~	7 3%	5 2%	2 2%	1 0.8%	6 4%	
SOMETIMES	27 9%	505 10%	3 12%	5 13%	5 13%	8% ~	7 7%	14 7%	~	~	~	~	~	1 6%	23 6%	17 8%	10 11%	6 5%*	20 12%*	
NEVER	260 86%	4589 88%	23 88%	32 82%	34 87%	58 89%	83 84%	26 93%	172 88%	~	~	~	~	17 94%	235 94%	175 86%	83 87%	120 94%*	136 81%*	
#NEVER + SOMETIMES (NET)	287 95%	5094 97%	26 100%	37 95%	39 100%	63 97%	90 91%*	27 96%	186 95%	~	~	~	~	18 100%	258 100%	192 95%	93 98%	126 98%*	156 93%*	
TOP BOX SCORE	260 86%	4589 88%	23 88%	32 82%	34 87%	58 89%	83 84%	26 93%	172 88%	~	~	~	~	17 94%	235 94%	175 86%	83 87%	120 94%*	136 81%*	
NOT ANSWERED	28	438	1	4	3	3	6	11						1	2	14	10	6	10	6
VALID CASES	301	5233	26	39	39	65	99	28	196					18	18	272	204	95	128	168
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174
	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?

	WORA 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	
Q35P																					
#YES DEFINITELY	176 59%	3547 69%*	15 58%~	23 59%~	23 59%~	35 55%	59 60%	19 68%~	124 63%*	~	~	~	~	~	9 53%~	9 53%~	161 59%~	123 61%	51 54%	79 62%	95 57%
YES SOMEWHAT	91 30%	1203 23%*	10 38%~	10 26%~	14 36%~	18 28%	28 28%	9 32%~	51 26%*	~	~	~	~	~	8 47%~	8 47%~	79 29%~	57 28%	33 35%	37 29%	52 31%
NO	33 11%	417 8%	1 4%~	6 15%~	2 5%~	11 17%	12 12%	~	22 11%	~	~	~	~	~	~	~	32 12%~	22 11%	11 12%	11 9%	21 13%
NOT ANSWERED	29	503	1	4	3	4	6		10						2	3	14	12	6	11	6
VALID CASES	300	5168	26	39	39	64	99	28	197						17	17	272	202	95	127	168
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
WORA 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	FE- MALE	MALE		
Q35Q YES	183 59%	2983 57%	15 58%~	31 72%~	19 46%~	38 57%	64 63%	12 44%~	124 62%	~	~	~	~	~	11 58%~	11 55%~	165 59%~	134 64%*	46 47%*	77 57%	103 61%
NO	127 41%	2289 43%	11 42%~	12 28%~	22 54%~	29 43%	37 37%	15 56%~	76 38%	~	~	~	~	~	8 42%~	9 45%~	114 41%~	75 36%*	52 53%*	58 43%	67 39%
NOT ANSWERED	19	399	1		1	1	4	1	7							7	5	3	3	4	
VALID CASES	310	5272	26	43	41	67	101	27	200				19	20	279	209	98	135	170		
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%				19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%		

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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35R NEVER	56 42%	917 37%	6 60%~	11 48%~	7 35%~	14 48%~	12 31%~	6 60%~	28 41%	~	~	~	~	~	3 27%~	4 40%~	49 42%~	38 42%~	18 43%~	20 37%	35 46%
SOMETIMES	21 16%	468 19%	1 10%~	7 30%~	2 10%~	4 14%~	5 13%~	1 10%~	11 16%	~	~	~	~	~	2 18%~	2 20%~	17 15%~	15 17%~	6 14%~	5 9%	15 20%
USUALLY	28 21%	470 19%	2 20%~	2 9%~	6 30%~	5 17%~	10 26%~	2 20%~	16 23%	~	~	~	~	~	4 36%~	1 10%~	25 22%~	16 18%~	11 26%~	14 26%	13 17%
ALWAYS	29 22%	619 25%	1 10%~	3 13%~	5 25%~	6 21%~	12 31%~	1 10%~	14 20%	~	~	~	~	~	2 18%~	3 30%~	25 22%~	21 23%~	7 17%~	15 28%	13 17%
#ALWAYS + USUALLY (NET)	57 43%	1089 44%	3 30%~	5 22%~	11 55%~	11 38%~	22 56%~	3 30%~	30 43%	~	~	~	~	~	6 55%~	4 40%~	50 43%~	37 41%~	18 43%~	29 54%*	26 34%*
TOP BOX SCORE	29 22%	619 25%	1 10%~	3 13%~	5 25%~	6 21%~	12 31%~	1 10%~	14 20%	~	~	~	~	~	2 18%~	3 30%~	25 22%~	21 23%~	7 17%~	15 28%	13 17%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	175	2730	17	19	21	36	63	17	131						8	10	162	117	57	79	95
NOT ANSWERED	20	467		1	1	3	3	1	7								8	7	2	5	3
VALID CASES	134	2474	10	23	20	29	39	10	69						11	10	116	90	42	54	76
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207						19	20	286	214	101	138	174
	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		
	WORA 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	
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
Q36 EXCELLENT	32 10%	556 10%	7 26%	8 19%	5 12%	6 9%	4 4%*	1 4%	20 10%	~	~	~	~	~	5%	3 15%	28 10%	32 15%	~	14 10%	17 10%
VERY GOOD	68 22%	1282 24%	10 37%	11 26%	10 24%	16 24%	20 19%	1 4%	44 21%	~	~	~	~	~	16%	6 30%	60 21%	68 32%	~	35 26%	33 19%
GOOD	114 36%	1849 35%	8 30%	17 40%	11 26%	24 36%	36 35%	15 54%	78 38%	~	~	~	~	~	32%	5 25%	104 37%	114 53%*	~	53 39%	58 33%
FAIR	68 22%	1201 23%	1 4%	7 16%	13 31%	13 19%	28 27%	6 21%	40 20%	~	~	~	~	~	42%	6 30%	60 21%	68 ~	67%	24 18%	44 25%
POOR	33 10%	406 8%	1 4%	~	3 7%	8 12%	16 15%	5 18%	23 11%	~	~	~	~	~	5%	1 ~	32 11%	33 ~	33%	10 7%	22 13%
#EXCELLENT + VERY GOOD + GOOD (NET)	214 68%	3686 70%	25 93%	36 84%	26 62%	46 69%	60 58%*	17 61%	142 69%	~	~	~	~	~	53%	10 70%	192 68%	214 100%	~	102 75%*	108 62%*
NOT ANSWERED	14	377				1	1		2								2			2	
VALID CASES	315	5294	27	43	42	67	104	28	205						19	20	284	214	101	136	174
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

	WORA 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	
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q37																					
EXCELLENT	57 18%	956 18%	8 31%~	8 19%~	11 26%~	10 15%	17 16%	2 7%~	34 17%	~	~	~	~	~	2 11%~	7 35%~	48 17%~	48 23%*	9 9%*	22 16%	34 20%
VERY GOOD	90 29%	1444 27%	7 27%~	11 26%~	15 36%~	21 32%	28 27%	6 21%~	56 27%	~	~	~	~	~	4 22%~	6 30%~	81 29%~	79 37%*	11 11%*	46 34%	43 25%
GOOD	95 30%	1591 30%	7 27%~	11 26%~	9 21%~	18 28%	37 35%	13 46%~	68 33%	~	~	~	~	~	6 33%~	5 25%~	88 31%~	59 28%	35 35%	40 30%	54 31%
FAIR	54 17%	1030 19%	3 12%~	11 26%~	4 10%~	14 22%	16 15%	5 18%~	38 19%	~	~	~	~	~	4 22%~	2 10%~	49 17%~	22 10%*	32 32%*	20 15%	33 19%
POOR	17 5%	303 6%	1 4%~	1 2%~	3 7%~	2 3%	7 7%	2 7%~	9 4%	~	~	~	~	~	2 11%~		15 5%~	3 1%*	13 13%*	6 4%	9 5%
#EXCELLENT + VERY GOOD + GOOD (NET)	242 77%	3991 75%	22 85%~	30 71%~	35 83%~	49 75%	82 78%	21 75%~	158 77%	~	~	~	~	~	12 67%~	18 90%~	217 77%~	186 88%*	55 55%*	108 81%	131 76%
NOT ANSWERED	16	348	1	1		3			2					1		5	3	1	4	1	
VALID CASES	313	5323	26	42	42	65	105	28	205					18	20	281	211	100	134	173	
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%	

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

	WORA 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	GOOD & POOR	MALE	FE- MALE	
Q38 #YES	114 37%	1949 37%	7 29%~	14 33%~	7 17%~	16 24%*	51 51%*	17 63%~	83 41%	~	~	~	~	~	4 22%~	4 21%~	105 38%~	70 34%	42 45%	42 32%	69 41%
NO	190 63%	3261 63%	17 71%~	28 67%~	33 83%~	50 76%*	49 49%*	10 37%~	118 59%	~	~	~	~	~	14 78%~	15 79%~	170 62%~	137 66%	52 55%	88 68%	99 59%
DON'T KNOW	11	134	3		2	1	5		4						1	1	8	5	6	8	3
NOT ANSWERED	14	327		1		1		1	2								3	2	1		3
VALID CASES	304	5210	24	42	40	66	100	27	201						18	19	275	207	94	130	168
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

	WORA 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	FE- MALE	FE- MALE		
Q39 EVERY DAY	93 30%	1034 20%*	3 12%	12 29%	17 40%	26 38%	27 26%	6 21%	56 27%	~	~	~	~	~	8 42%	6 30%	84 30%	57 27%	34 34%	53 39%*	37 21%*
SOME DAYS	24 8%	461 9%	1 4%	4 10%	1 2%	7 10%	10 10%	1 4%	18 9%	~	~	~	~	~	3 16%	~	24 8%	12 6%	12 12%	7 5%	17 10%
NOT AT ALL	197 63%	3773 72%*	22 85%	26 62%	24 57%	35 51%*	66 64%	21 75%	131 64%	~	~	~	~	~	8 42%	14 70%	175 62%	142 67%*	54 54%*	76 56%*	119 69%*
DON'T KNOW	1	42	1														1	1		1	
NOT ANSWERED	14	360		1			2		2								2	2	1	1	1
VALID CASES	314	5269	26	42	42	68	103	28	205						19	20	283	211	100	136	173
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207						19	20	286	214	101	138	174
	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?

	WORA 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	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q40 NEVER	36 31%	477 30%	1 25%	7 44%	7 39%	12 39%	9 24%	19 26%	~	~	~	~	~	5 45%	3 50%	33 31%	25 37%	11 24%	22 37%	14 26%	
SOMETIMES	22 19%	309 20%	~	3 19%	6 33%	3 10%	8 22%	2 29%	17 23%	~	~	~	~	1 9%	~	22 21%	11 16%	11 24%	7 12%*	15 28%*	
USUALLY	9 8%	270 17%*	~	~	2 11%	3 10%	2 5%	2 29%	7 10%	~	~	~	~	~	~	2 33%	6 6%	5 7%	4 9%	6 10%	3 6%
ALWAYS	48 42%	513 33%	3 75%	6 38%	3 17%	13 42%	18 49%	3 43%	30 41%	~	~	~	~	5 45%	1 17%	45 42%	27 40%	19 42%	24 41%	22 41%	
#ALWAYS + USUALLY (NET)	57 50%	782 50%	3 75%	6 38%	5 28%	16 52%	20 54%	5 71%	37 51%	~	~	~	~	5 45%	3 50%	51 48%	32 47%	23 51%	30 51%	25 46%	
TOP BOX SCORE	48 42%	513 33%	3 75%	6 38%	3 17%	13 42%	18 49%	3 43%	30 41%	~	~	~	~	5 45%	1 17%	45 42%	27 40%	19 42%	24 41%	22 41%	
NOT ANSWERED	2	25				2		1								2	1	1	1		
VALID CASES	115	1569	4	16	18	31	37	7	73					11	6	106	68	45	59	54	
NUMBER OF RESPONDENTS	117	1594	4	16	18	33	37	7	74					11	6	108	69	46	60	54	
	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.

	WORA 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	56 49%	796 51%	2 50%~	9 56%~	9 50%~	19 59%~	16 44%~	1 14%~	34 47%~	~	~	~	~	~	6 55%~	3 50%~	53 50%~	38 55%~	18 41%~	31 52%~	25 47%~
SOMETIMES	33 29%	318 20%	~	4 25%~	7 39%~	3 9%~	13 36%~	5 71%~	24 33%~	~	~	~	~	~	~	2 33%~	30 28%~	16 23%~	17 39%~	16 27%~	16 30%~
USUALLY	11 10%	179 11%	~	1 6%~	1 6%~	5 16%~	4 11%~	7 10%~	~	~	~	~	~	~	1 9%~	1 17%~	9 8%~	6 9%~	5 11%~	5 8%~	6 11%~
ALWAYS	14 12%	266 17%	2 50%~	2 13%~	1 6%~	5 16%~	3 8%~	1 14%~	8 11%~	~	~	~	~	~	4 36%~	14 13%~	14 13%~	9 13%~	4 9%~	8 13%~	6 11%~
#ALWAYS + USUALLY (NET)	25 22%	445 29%	2 50%~	3 19%~	2 11%~	10 31%~	7 19%~	1 14%~	15 21%~	~	~	~	~	~	5 45%~	1 17%~	23 22%~	15 22%~	9 20%~	13 22%~	12 23%~
TOP BOX SCORE	14 12%	266 17%	2 50%~	2 13%~	1 6%~	5 16%~	3 8%~	1 14%~	8 11%~	~	~	~	~	~	4 36%~	14 13%~	14 13%~	9 13%~	4 9%~	8 13%~	6 11%~
NOT ANSWERED	3	34				1	1		1								2		2		1
VALID CASES	114	1560	4	16	18	32	36	7	73						11	6	106	69	44	60	53
NUMBER OF RESPONDENTS	117	1594	4	16	18	33	37	7	74						11	6	108	69	46	60	54
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	WORA 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	58 51%	888 57%	1 25%~	11 73%~	6 35%~	17 53%~	22 59%~	1 14%~	39 54%~	~	~	~	~	~	45%~	2 40%~	55 52%~	37 55%~	21 47%~	31 54%	26 48%
SOMETIMES	30 27%	301 19%	~	2 13%~	11 65%~	5 16%~	7 19%~	4 57%~	17 24%~	~	~	~	~	~	18%~	2 40%~	27 25%~	14 21%~	16 36%~	11 19%	18 33%
USUALLY	12 11%	175 11%	1 25%~	~	~	6 19%~	4 11%~	1 14%~	7 10%~	~	~	~	~	~	9%~	1 20%~	11 10%~	8 12%~	4 9%~	8 14%	4 7%
ALWAYS	13 12%	191 12%	2 50%~	2 13%~	~	4 13%~	4 11%~	1 14%~	9 12%~	~	~	~	~	~	27%~	~	13 12%~	8 12%~	4 9%~	7 12%	6 11%
#ALWAYS + USUALLY (NET)	25 22%	367 24%	3 75%~	2 13%~	~	10 31%~	8 22%~	2 29%~	16 22%~	~	~	~	~	~	36%~	1 20%~	24 23%~	16 24%~	8 18%~	15 26%	10 19%
TOP BOX SCORE	13 12%	191 12%	2 50%~	2 13%~	~	4 13%~	4 11%~	1 14%~	9 12%~	~	~	~	~	~	27%~	~	13 12%~	8 12%~	4 9%~	7 12%	6 11%
NOT ANSWERED	4	39	~	1	1	1	~	~	2	~	~	~	~	~	~	1	2	2	1	3	~
VALID CASES	113	1555	4	15	17	32	37	7	72	~	~	~	~	~	11	5	106	67	45	57	54
NUMBER OF RESPONDENTS	117 100%	1594 100%	4 100%	16 100%	18 100%	33 100%	37 100%	7 100%	74 100%	~	~	~	~	~	11 100%	6 100%	108 100%	69 100%	46 100%	60 100%	54 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

	WORA 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	
Q43 YES	70 22%	1073 20%	1 4%~	3 7%~	6 14%~	8 12%*	36 35%*	15 56%~	48 23%	~	~	~	~	~	7 37%~	3 15%~	63 22%~	35 17%*	34 34%*	36 26%	33 19%
NO	243 78%	4210 80%	26 96%~	38 93%~	36 86%~	59 88%*	68 65%*	12 44%~	157 77%	~	~	~	~	~	12 63%~	17 85%~	218 78%~	175 83%*	66 66%*	101 74%	137 81%
DON'T KNOW	1	36						1									1	1			1
NOT ANSWERED	15	352		2		1	1		2								4	3	1	1	3
VALID CASES	313	5283	27	41	42	67	104	27	205						19	20	281	210	100	137	170
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

		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 AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q44																					
YES	27 9%	481 10%	~	~	10%~	15% 8%	18%~	19% 10%	~	~	~	~	~	18%~	26% 10%~	12% 6%*	15% 17%*	8% 6%	18% 11%		
NO	266 91%	4399 90%	24 100%	40 100%	36 90%~	53 85%	88 92%	23 82%~	171 90%	~	~	~	~	82%~	14% 100%	20% 94%*	240% 83%*	189% 94%	75% 83%*	124% 94%	139% 89%
DON'T KNOW	23	432	3	2	2	6	9	17					2		19	11	11	6	16		
NOT ANSWERED	13	359		1										1	2				1		
VALID CASES	293	4880	24	40	40	62	96	28	190				17	20	266	201	90	132	157		
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207				19	20	286	214	101	138	174		
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	

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

	WORA 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	
Q45 YES	116 37%	1760 33%	2 7%	6 14%	12 29%	22 33%	52 50%*	21 75%	77 37%	~	~	~	~	~	10 53%	6 30%	106 37%	62 30%*	53 52%*	56 41%	59 34%
NO	198 63%	3528 67%	25 93%	36 86%	30 71%	45 67%	52 50%*	7 25%	129 63%	~	~	~	~	~	9 47%	14 70%	177 63%	148 70%*	48 48%*	80 59%	114 66%
NOT ANSWERED	15	383		1		1	1		1								3	4		2	1
VALID CASES	314	5288	27	42	42	67	104	28	206						19	20	283	210	101	136	173
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	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		
Q46.1	WORA TOT ADLT	18	25	35	45	55	65														
YES	74 22%	1193 21%	4 ~	7 9%	18 17%	32 26%	11 39%	50 24%	~	~	~	~	5 26%	4 20%	68 24%	32 15%*	40 40%*	32 23%	41 24%		
NO	255 78%	4478 79%	27 100%	39 91%	35 83%	50 74%	73 70%*	17 61%	157 76%	~	~	~	14 74%	16 80%	218 76%	182 85%*	61 60%*	106 77%	133 76%		
VALID CASES	329	5671	27	43	42	68	105	28	207				19	20	286	214	101	138	174		
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%				19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-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	FE-MALE			
Q46.2	WORA TOT ADLT	18	25	35	45	55	65	WHTE	##	##	#	##	##	TI	IC	IC	GOOD	POOR	MALE	MALE	
YES	95 29%	1634 29%	1 4%	7 16%	12 29%	18 26%	42 40%*	14 50%	65 31%	~	~	~	~	~	6 32%	7 35%	86 30%	42 20%*	52 51%*	46 33%	49 28%
NO	234 71%	4037 71%	26 96%	36 84%	30 71%	50 74%	63 60%*	14 50%	142 69%	~	~	~	~	~	13 68%	13 65%	200 70%	172 80%*	49 49%*	92 67%	125 72%
VALID CASES	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174	
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%	

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		
WORA 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 & POOR	FE- MALE	MALE			
Q46.3 YES	72 22%	883 16%*	6 22%~	6 14%~	13 31%~	14 21%	27 26%	5 18%~	45 22%	~	~	~	~	~	42%~	1 5%~	66 23%~	35 16%*	37 37%*	26 19%	45 26%	
NO	257 78%	4788 84%*	21 78%~	37 86%~	29 69%~	54 79%	78 74%	23 82%~	162 78%	~	~	~	~	~	58%~	11 95%~	19 77%~	220 84%*	179 63%*	64 81%	112 74%	129
VALID CASES	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174		
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174		
	100%	100%	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							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE		
Q47.1	WORA TOT ADLT	18	25	35	45	55	65														
YES	17 5%	231 4%	1 2%	2 3%	9 9%	4 14%	12 6%	~	~	~	~	~	11%	~	16 6%	3 1%*	12 12%*	9 7%	7 4%		
NO	312 95%	5440 96%	27 100%	42 98%	42 100%	66 97%	96 91%	24 86%	195 94%	~	~	~	~	17 89%	20 100%	270 94%	211 99%*	89 88%*	129 93%	167 96%	
VALID CASES	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%				19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%		
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%				19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	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		
Q47.2	WORA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	##	##	#	##	##	TI	IC	IC	GOOD	POOR	MALE	MALE
YES	22 7%	220 4%*	1 4%~	1 2%~	2 5%~	2 3%	11 10%	4 14%~	18 9%*	~	~	~	~	~	~	1 5%~	20 7%~	1 0.5%*	19 19%*	10 7%	11 6%
NO	307 93%	5451 96%*	26 96%~	42 98%~	40 95%~	66 97%	94 90%	24 86%~	189 91%*	~	~	~	~	19 ~100%~	19 95%~	266 93%~	213 100%*	82 81%*	128 93%	163 94%	
VALID CASES	329	5671	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%	
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%	

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	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		
Q47.3	WORA TOT ADLT	18	25	35	45	55	65														
YES	OHP TOT ADLT	243																			
		5%	4%	~	~	2%~	6%	7%	18%~	6%	~	~	~	~	~	~	6%~	3%*	10%*	4%	6%
NO	OHP TOT ADLT	5428	27	43	41	64	98	23	195				19	20	269	207	91	132	164		
		95%	100%	~100%	~98%	~94%	93%	82%~	94%	~	~	~	~100%	~100%	~94%	~97%*	~90%*	96%	94%		
VALID CASES	OHP TOT ADLT	5671	27	43	42	68	105	28	207				19	20	286	214	101	138	174		
NUMBER OF RESPONDENTS		329	27	43	42	68	105	28	207				19	20	286	214	101	138	174		
		100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
WORA 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	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q47.4 YES	57 17%	955 17%	2 ~	11 5%	9 26%	21 13%	13 20%	40 19%	~	~	~	~	2 ~ 11%	4 20%	52 18%	23 11%*	32 32%*	21 15%	35 20%		
NO	272 83%	4716 83%	27 100%	41 95%	31 74%	59 87%	84 80%	15 54%	~	~	~	~	17 ~ 89%	16 80%	234 82%	191 89%*	69 68%*	117 85%	139 80%		
VALID CASES	329	5671	27	43	42	68	105	28					19	20	286	214	101	138	174		
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28					19	20	286	214	101	138	174		
	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?

	WORA 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	
Q48 YES	90 29%	1695 32%	5 19%	10 23%	10 24%	23 34%	32 31%	10 36%	61 30%	~	~	~	~	~	4 21%	1 5%	87 31%	50 24%*	39 39%*	30 22%*	59 34%*
NO	223 71%	3585 68%	21 81%	33 77%	32 76%	45 66%	72 69%	18 64%	145 70%	~	~	~	~	~	15 79%	19 95%	197 69%	161 76%*	61 61%*	107 78%*	114 66%*
NOT ANSWERED	16	392	1				1		1							2	3	1	1	1	
VALID CASES	313	5279	26	43	42	68	104	28	206					19	20	284	211	100	137	173	
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%	

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

	WORA 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	74 85%	1392 87%	2 40%~	8 80%~	7 78%~	21 95%~	28 90%~	8 80%~	50 86%~	~	~	~	~	~	2 50%~	1 100%~	72 85%~	39 83%~	34 87%~	22 76%~	52 90%~
NO	13 15%	208 13%	3 60%~	2 20%~	2 22%~	1 5%~	3 10%~	2 20%~	8 14%~	~	~	~	~	~	2 50%~	~	13 15%~	8 17%~	5 13%~	7 24%~	6 10%~
NOT ANSWERED	3	69			1	1	1		3								2	3		1	1
VALID CASES	87	1600	5	10	9	22	31	10	58						4	1	85	47	39	29	58
NUMBER OF RESPONDENTS	90 100%	1669 100%	5 100%	10 100%	10 100%	23 100%	32 100%	10 100%	61 100%						4 100%	1 100%	87 100%	50 100%	39 100%	30 100%	59 100%

[ASKED IF Q48 = YES]

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

	WORA 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	
Q50 YES	187 60%	3271 62%	9 33%~	17 40%~	23 55%~	39 58%	76 72%*	23 82%~	122 59%	~	~	~	~	~	13 68%~	12 60%~	170 60%~	102 49%*	84 83%*	72 53%*	114 66%*
NO	126 40%	2030 38%	18 67%~	26 60%~	19 45%~	28 42%	29 28%*	5 18%~	84 41%	~	~	~	~	~	6 32%~	8 40%~	115 40%~	108 51%*	17 17%*	65 47%*	60 34%*
NOT ANSWERED	16	369				1			1								1	4		1	
VALID CASES	313	5302	27	43	42	67	105	28	206						19	20	285	210	101	137	174
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

	WORA 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	
Q51 YES	173 97%	2939 94%*	8 89%~	15 88%~	21 100%~	36 100%~	72 99%	21 95%~	114 98%	~	~	~	~	~	12 ~100%	11 ~100%	159 ~97%	95 97%	77 97%	66 96%	107 98%
NO	5 3%	176 6%*	1 11%~	2 12%~	~	~	1 1%	1 5%~	2 2%	~	~	~	~	~	~	~	5 3%~	3 3%	2 3%	3 4%	2 2%
NOT ANSWERED	9	111			2	3	3	1	6						1	1	6	4	5	3	5
VALID CASES	178	3115	9	17	21	36	73	22	116						12	11	164	98	79	69	109
NUMBER OF RESPONDENTS	187 100%	3226 100%	9 100%	17 100%	23 100%	39 100%	76 100%	23 100%	122 100%						13 100%	12 100%	170 100%	102 100%	84 100%	72 100%	114 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER			
	WORA 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			
			%	%	%	%	%	%	##	##	#	##	##	##	##	##	%	%	%	%	%	%
NQ52																						
18 TO 24	29	544	27						14					2	1	25	26	2	12	15		
	9%	10%	100%	~	~	~	~	~	7%	~	~	~	~	11%	5%	9%	12%*	2%*	9%	9%		
25 TO 34	46	1042		43					21					4	3	40	37	7	19	24		
	14%	18%*	~100%	~	~	~	~	~	10%*	~	~	~	~	21%	15%	14%	17%*	7%*	14%	14%		
35 TO 44	45	924			42				23					1	7	35	26	16	16	26		
	14%	16%	~	~100%	~	~	~	~	11%	~	~	~	~	5%	35%	12%	12%	16%	12%	15%		
45 TO 54	70	1138				68			46					3	4	64	46	21	30	37		
	21%	20%	~	~	~100%	~	~	~	22%	~	~	~	~	16%	20%	22%	21%	21%	22%	21%		
55 TO 64	111	1472					105		81					8	3	97	62	44	50	55		
	34%	26%*	~	~	~	~100%	~	~	39%*	~	~	~	~	42%	15%	34%	29%*	44%*	36%	32%		
65 TO 74	19	326					19		16						1	18	10	9	8	11		
	6%	6%	~	~	~	~	~68%	~	8%*	~	~	~	~	~	5%	6%	5%	9%	6%	6%		
75 OR OLDER	9	225					9		6					1	1	7	7	2	3	6		
	3%	4%	~	~	~	~	~32%	~	3%	~	~	~	~	5%	5%	2%	3%	2%	2%	3%		
VALID CASES	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174		
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174		
	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			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	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
NQ53																						
MALE	147 45%	2300 41%	12 44%~	19 44%~	16 38%~	30 44%	51 49%	11 39%~	90 43%	~	~	~	~	11 ~ 58%~	6 30%~	129 45%~	105 49%*	34 34%*	138 100%~	~	~	~
FEMALE	182 55%	3371 59%	15 56%~	24 56%~	26 62%~	38 56%	54 51%	17 61%~	117 57%	~	~	~	~	8 ~ 42%~	14 70%~	157 55%~	109 51%*	67 66%*	174 ~100%~	~	~	~
VALID CASES	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174		
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%		

[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	
	WORA 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 NATV ##	MUL-OTHR ##	TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q54																				
8TH GRADE OR LESS	9 3%	328 6%*	~	~	2%~	4%	4%	4%~	2%	~	~	~	~	5%~	1	7	4	5	5	4
SOME HIGH SCHOOL BUT DID NOT GRADUATE	43 14%	614 12%	15%~	16%~	14%~	13%	13%	11%~	11%*	~	~	~	~	32%~	6	36	26	17	21	21
HIGH SCHOOL GRADUATE OR GED	123 39%	1659 31%*	37%~	53%~	43%~	43%	32%*	36%~	40%	~	~	~	~	32%~	6	117	77	46	51	71
SOME COLLEGE OR 2-YEAR DEGREE	111 36%	1998 38%	48%~	28%~	31%~	28%	40%	39%~	38%	~	~	~	~	21%~	4	103	83	26	48	63
4-YEAR COLLEGE GRADUATE	22 7%	437 8%	~	2%~	7%~	10%	9%	7%~	8%	~	~	~	~	11%~	2	20	15	7	10	12
MORE THAN 4-YEAR COLLEGE DEGREE	4 1%	242 5%*	~	~	2%~	~	2%	4%~	1%	~	~	~	~	~	2	2	4	~	1	3
NOT ANSWERED	17	392				1	1		1						1	1	5		2	
VALID CASES	312	5279	27	43	42	67	104	28	206					19	19	285	209	101	136	174
NUMBER OF RESPONDENTS	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174
	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?

	WORA 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	
Q55 YES HISPANIC OR LATINO	20 7%	668 13%*	1 4%~	3 7%~	7 17%~	4 6%	3 3%*	2 7%~	~	~	~	~	~	~	~100%~	~	14 7%	6 6%	6 4%	14 8%	
NO NOT HISPANIC OR LATINO	286 93%	4589 87%*	25 96%~	40 93%~	35 83%~	64 94%	96 97%*	25 93%~	204 100%~	~	~	~	~	~	~100%~	18 ~100%~	286 ~100%~	192 93%	92 94%	129 96%	156 92%
NOT ANSWERED	23	413	1				6	1	3						1		8	3	3	4	
VALID CASES	306	5258	26	43	42	68	99	27	204						18	20	286	206	98	135	170
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%						19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		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 AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE			
Q56.1	YES	238 72%	3500 62%*	17 63%~	27 63%~	27 64%~	52 76%	90 86%*	24 86%~	207 100%~	~	~	~	~	~	19 100%~	12 60%~	222 78%~	161 75%	75 74%	103 75%	134 77%*
	NO	91 28%	2171 38%*	10 37%~	16 37%~	15 36%~	16 24%	15 14%*	4 14%~	~	~	~	~	~	~	~	8 40%~	64 22%~	53 25%	26 26%	35 25%	40 23%*
VALID CASES		329	5671	27	43	42	68	105	28	207				19	20	286	214	101	138	174		
NUMBER OF RESPONDENTS		329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%				19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%		

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	WORA TOT ADLT	18	25	35	45	55	65													
YES	OHP TOT ADLT	3	2	1									1	1	2	3		2	1	
		0.9%	2%*	~ 5%~	2%~	~	~	~	~	~	~	~	5%~	5%~	0.7%~	1%	~	1%	0.6%	
NO	OHP TOT ADLT	326	41	41	68	105	28	207					18	19	284	211	101	136	173	
		99%	98%*	100%~	95%~	98%~	100%~	100%~	100%~	100%~	100%~	100%~	95%~	95%~	99%~	99%	100%~	99%	99%	
VALID CASES	OHP TOT ADLT	329	43	42	68	105	28	207					19	20	286	214	101	138	174	
NUMBER OF RESPONDENTS		329	43	42	68	105	28	207					19	20	286	214	101	138	174	
		100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE		
Q56.3	WORA TOT ADLT																				
YES	6 2%	212 4%*	1 4%~	~	~	3 4%	1 1%	1 4%~	~	~	~	~	~	~	5 2%~	4 2%	2 2%	2 1%	4 2%		
NO	323 98%	5459 96%*	26 96%~	43 100%~	42 100%~	65 96%	104 99%	27 96%~	207 100%~	~	~	~	~	19 ~100%	20 ~100%	281 98%~	210 98%	99 98%	136 99%	170 98%	
VALID CASES	329	5671	27	43	42	68	105	28	207				19	20	286	214	101	138	174		
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%				19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%		

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

		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 AMR	ASIAN	NATV HAW/ PAC ILND	AMR IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
Q56.4	WORA TOT ADLT	18	25	35	45	55	65												
YES	1 0.3%	~	~	~	~	~	4%	~	~	~	~	~	~	5%	~	~	~	~	~
NO	328 100%	27 100%	43 100%	42 100%	68 100%	105 100%	27 96%	207 100%	~	~	~	~	19 100%	19 95%	286 100%	213 100%	101 100%	138 100%	173 99%
VALID CASES	329 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%
NUMBER OF RESPONDENTS	329 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	WORA 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	FE- MALE	MALE
Q56.5 YES	26 8%	211 4%*	3 11%~	5 12%~	2 5%~	6 9%	9 9%	1 4%~	~	~	~	~	~	15 ~79%~	3 15%~	22 8%~	15 7%	11 11%	11 8%	15 9%
NO	303 92%	5460 96%*	24 89%~	38 88%~	40 95%~	62 91%	96 91%	27 96%~	207 100%~	~	~	~	~	4 ~21%~	17 85%~	264 92%~	199 93%	90 89%	127 92%	159 91%
VALID CASES	329	5671	27	43	42	68	105	28	207					19	20	286	214	101	138	174
NUMBER OF RESPONDENTS	329 100%	5671 100%	27 100%	43 100%	42 100%	68 100%	105 100%	28 100%	207 100%					19 100%	20 100%	286 100%	214 100%	101 100%	138 100%	174 100%

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	FE-MALE	MALE		
Q56.6	YES	13 4%	307 5%	1 4%	2 5%	3 7%	6 ~	1 4%	~	~	~	~	~	5 26%	4 20%	9 3%	9 4%	4 4%	6 4%	7 4%	
	NO	316 96%	5364 95%	26 96%	41 95%	39 93%	68 100%	99 94%	27 96%	207 100%	~	~	~	~	14 74%	16 80%	277 97%	205 96%	97 96%	132 96%	167 96%
VALID CASES		329	5671	27	43	42	68	105	28	207				19	20	286	214	101	138	174	
NUMBER OF RESPONDENTS		329	5671	27	43	42	68	105	28	207				19	20	286	214	101	138	174	
		100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

		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		
Q57																					
YES	30 11%	630 15%	2 10%	5 18%	4 12%	5 8%	6 6%*	8 31%	22 11%	~	~	~	~	~	1 6%	2 11%	27 11%	18 10%	11 13%	17 15%	13 9%
NO	233 89%	3507 85%	18 90%	23 82%	29 88%	55 92%	88 94%*	18 69%	183 89%	~	~	~	~	~	15 94%	16 89%	210 89%	160 90%	72 87%	96 85%	134 91%
NOT ANSWERED	3	39				1	1		2							2		2		1	1
VALID CASES	263	4137	20	28	33	60	94	26	205					16	18	237	178	83	113	147	
NUMBER OF RESPONDENTS	266 100%	4176 100%	20 100%	28 100%	33 100%	61 100%	95 100%	26 100%	207 100%					16 100%	18 100%	239 100%	178 100%	85 100%	114 100%	148 100%	

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	WORA 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	MALE	
Q58.1 YES	16 53%	257 48%	1 50%	1 20%	2 50%	4 80%	3 50%	5 63%	10 45%	~	~	~	~	~	~	1 50%	14 52%	11 61%	5 45%	9 53%	7 54%
NO	14 47%	281 52%	1 50%	4 80%	2 50%	1 20%	3 50%	3 38%	12 55%	~	~	~	~	~	1 100%	1 50%	13 48%	7 39%	6 55%	8 47%	6 46%
VALID CASES	30	538	2	5	4	5	6	8	22						1	2	27	18	11	17	13
NUMBER OF RESPONDENTS	30 100%	538 100%	2 100%	5 100%	4 100%	5 100%	6 100%	8 100%	22 100%						1 100%	2 100%	27 100%	18 100%	11 100%	17 100%	13 100%

[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	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	FE- MALE	MALE		
Q58.2	WORA TOT ADLT																				
YES	14 47%	220 41%	1 20%	1 25%	1 25%	3 60%	2 33%	6 75%	9 41%	~	~	~	~	1 100%	14 52%	8 44%	6 55%	8 47%	6 46%		
NO	16 53%	318 59%	1 50%	4 80%	3 75%	2 40%	4 67%	2 25%	13 59%	~	~	~	~	2 100%	13 48%	10 56%	5 45%	9 53%	7 54%		
VALID CASES	30	538	2 100%	5 100%	4 100%	5 100%	6 100%	8 100%	22 100%					1 100%	2 100%	27 100%	18 100%	11 100%	17 100%	13 100%	
NUMBER OF RESPONDENTS	30 100%	538 100%	2 100%	5 100%	4 100%	5 100%	6 100%	8 100%	22 100%					1 100%	2 100%	27 100%	18 100%	11 100%	17 100%	13 100%	

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

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

	WORA 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	
Q58.3 YES	13 43%	203 38%	2 100%	2 40%	2 50%	3 60%	3 50%	1 13%	10 45%	~	~	~	~	~	~	1 50%	12 44%	8 44%	4 36%	8 47%	5 38%
NO	17 57%	335 62%	~	3 60%	2 50%	2 40%	3 50%	7 88%	12 55%	~	~	~	~	1 100%	1 50%	15 56%	10 56%	7 64%	9 53%	8 62%	
VALID CASES	30	538	2	5	4	5	6	8	22					1	2	27	18	11	17	13	
NUMBER OF RESPONDENTS	30 100%	538 100%	2 100%	5 100%	4 100%	5 100%	6 100%	8 100%	22 100%					1 100%	2 100%	27 100%	18 100%	11 100%	17 100%	13 100%	

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

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

	WORA 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
Q58.4 YES	3 10%	79 15%	~	~	~	40%	17%	~	~	~	~	~	~	~	~	11%	11%	9%	6%	15%
NO	27 90%	459 85%	100%	100%	100%	60%	83%	100%	100%	~	~	~	~	100%	100%	89%	89%	91%	94%	85%
VALID CASES	30	538	2	5	4	5	6	8	22					1	2	27	18	11	17	13
NUMBER OF RESPONDENTS	30 100%	538 100%	2 100%	5 100%	4 100%	5 100%	6 100%	8 100%	22 100%					1 100%	2 100%	27 100%	18 100%	11 100%	17 100%	13 100%

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

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

	WORA 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
Q58.5 YES	3 10%	32 6%	1 50%	1 20%	1 ~ 20%	~	3 14%	~	~	~	~	~	~	3 ~ 11%	3 17%	3 18%	~		
NO	27 90%	506 94%	1 50%	4 80%	4 100%	4 100%	6 86%	8 ~	19 ~	~	~	~	1 ~ 100%	2 ~ 100%	24 89%	15 83%	11 100%	14 82%	13 100%
VALID CASES	30	538	2	5	4	5	6	8	22				1	2	27	18	11	17	13
NUMBER OF RESPONDENTS	30 100%	538 100%	2 100%	5 100%	4 100%	5 100%	6 100%	8 100%	22 100%				1 100%	2 100%	27 100%	18 100%	11 100%	17 100%	13 100%

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

NQ13 RATING OF ALL HEALTH CARE

	WORA 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	
NQ13 0-6	60 29%	761 20%*	2 13%~	8 32%~	7 33%~	14 30%~	22 30%	5 21%~	37 27%	~	~	~	~	~	5 38%~	2 18%~	53 28%~	38 28%	22 30%	23 31%	35 27%
7-8	75 36%	1368 36%	9 60%~	11 44%~	9 43%~	11 23%~	25 34%	8 33%~	47 35%	~	~	~	~	~	3 23%~	2 18%~	70 37%~	52 38%	23 32%	25 33%	48 37%
9-10	75 36%	1705 44%*	4 27%~	6 24%~	5 24%~	22 47%~	26 36%	11 46%~	52 38%	~	~	~	~	~	5 38%~	7 64%~	66 35%~	46 34%	28 38%	27 36%	47 36%
VALID CASES	210	3835	15	25	21	47	73	24	136						13	11	189	136	73	75	130
NUMBER OF RESPONDENTS	210 100%	3835 100%	15 100%	25 100%	21 100%	47 100%	73 100%	24 100%	136 100%						13 100%	11 100%	189 100%	136 100%	73 100%	75 100%	130 100%
MEAN	2.07	2.25	2.13	1.92	1.90	2.17	2.05	2.25	2.11						2.00	2.45	2.07	2.06	2.08	2.05	2.09
p stat_(*=Sig @ p<=.05)		.001*	~	~	~	~.828		~.344	~	~	~	~	~	~	~	~	~.764	.889		.810	.636

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	WORA 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	
NQ23 0-6	53 23%	642 16%*	7 39%	6 21%	6 21%	10 21%	18 22%	4 17%	32 21%	~	~	~	~	~	4 25%	1 8%	47 22%	39 26%	13 17%	21 21%	31 24%
7-8	53 23%	1053 26%	6 33%	10 36%	7 25%	10 21%	13 16%*	5 21%	33 21%	~	~	~	~	~	5 31%	5 38%	46 22%	38 25%	15 19%	23 23%	28 22%
9-10	127 55%	2378 58%	5 28%	12 43%	15 54%	27 57%	52 63%	15 63%	90 58%	~	~	~	~	~	7 44%	7 54%	118 56%	75 49%*	50 64%*	56 56%	70 54%
VALID CASES	233	4074	18	28	28	47	83	24	155					16	13	211	152	78	100	129	
NUMBER OF RESPONDENTS	233 100%	4074 100%	18 100%	28 100%	28 100%	47 100%	83 100%	24 100%	155 100%					16 100%	13 100%	211 100%	152 100%	78 100%	100 100%	129 100%	
MEAN	2.32	2.43	1.89	2.21	2.32	2.36	2.41	2.46	2.37					2.19	2.46	2.34	2.24	2.47	2.35	2.30	
p stat_(*=Sig @ p<=.05)		.045*	~	~	~	~	.207	~	.140	~	~	~	~	~	~	~	.040*	.034*	.602	.753	

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

		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	
NQ27																				
0-6	17 17%	249 13%	3 ~ 25%	2 17%	5 23%	6 17%	1 8%	12 18%	~	~	~	~	~	~	16 ~ 17%	9 15%	8 21%	7 21%	10 15%	
7-8	26 26%	475 25%	2 33%	2 17%	5 42%	4 18%	9 26%	4 33%	20 29%	~	~	~	~	~	1 20%	24 26%	20 32%	6 16%	12 35%	14 21%
9-10	58 57%	1151 61%	4 67%	7 58%	5 42%	13 59%	20 57%	7 58%	36 53%	~	~	~	~	4 ~100%	4 80%	52 57%	33 53%	24 63%	15 44%	42 64%
VALID CASES	101	1875	6	12	12	22	35	12	68				4	5	92	62	38	34	66	
NUMBER OF RESPONDENTS	101	1875	6	12	12	22	35	12	68				4	5	92	62	38	34	66	
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	
MEAN	2.41	2.48	2.67	2.33	2.25	2.36	2.40	2.50	2.35				3.00	2.80	2.39	2.39	2.42	2.24	2.48	
p stat_(*=Sig @ p<=.05)	.301		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ35 RATING OF HEALTH PLAN

	WORA 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	
NQ35 0-6	84 29%	1160 23%*	8 31%~	13 33%~	12 33%~	20 34%	26 28%	5 19%~	50 27%	~	~	~	~	~	6 38%~	7 39%~	74 29%~	55 29%	29 32%	34 27%	49 32%
7-8	102 36%	1699 34%	7 27%~	14 35%~	15 42%~	19 33%	36 39%	7 27%~	66 36%	~	~	~	~	~	5 31%~	3 17%~	93 37%~	72 38%	29 32%	42 34%	57 37%
9-10	99 35%	2187 43%*	11 42%~	13 33%~	9 25%~	19 33%	30 33%	14 54%~	66 36%	~	~	~	~	~	5 31%~	8 44%~	87 34%~	63 33%	32 36%	48 39%	48 31%
VALID CASES	285	5046	26	40	36	58	92	26	182						16	18	254	190	90	124	154
NUMBER OF RESPONDENTS	285 100%	5046 100%	26 100%	40 100%	36 100%	58 100%	92 100%	26 100%	182 100%						16 100%	18 100%	254 100%	190 100%	90 100%	124 100%	154 100%
MEAN	2.05	2.20	2.12	2.00	1.92	1.98	2.04	2.35	2.09						1.94	2.06	2.05	2.04	2.03	2.11	1.99
p stat_(*=Sig @ p<=.05)		.001*	~	~	~	.459	.893	~	.329	~	~	~	~	~	~	~	~	.760	.784	.267	.179

GETTING NEEDED CARE

	WORA 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	
NPRBSEE4 NQ25	2.10	2.22	2.14	1.92	1.92	2.25	2.00	2.42	2.05						2.40	2.60	2.09	2.06	2.12	1.97	2.15
p stat_(*=Sig @ p<=.05)		.128	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ14	2.21	2.26	2.40	1.96	2.05	2.23	2.23	2.42	2.31						2.23	2.45	2.20	2.25	2.12	2.31	2.16
p stat_(*=Sig @ p<=.05)		.342	~	~	~	~.854	~	.029*	~	~	~	~	~	~	~	~	~	.411	.268	.212	.311
COMPOSITE	2.15	2.24	2.27	1.94	1.99	2.24	2.11	2.42	2.18	x	x	x	x	x	2.32	2.53	2.15	2.15	2.12	2.14	2.16
p stat_(*=Sig @ p<=.05)		.467	~	~	~	~.802	~	.783	~	~	~	~	~	~	~	~	~	.988	.840	.934	.962

GETTING CARE QUICKLY

	WORA 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	
NCARSN4 NQ4	2.29	2.42	2.00	2.18	1.91	2.44	2.30	2.73	2.36						2.10	3.00	2.25	2.27	2.30	2.30	2.29
p stat_(*=Sig @ p<=.05)		.065	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.807	~	~	~
NAPGET4 NQ6	2.24	2.28	2.00	1.91	2.12	2.26	2.35	2.50	2.28						2.50	1.90	2.26	2.25	2.20	2.20	2.27
p stat_(*=Sig @ p<=.05)		.498	~	~	~	~.136	~	~.410	~	~	~	~	~	~	~	~	~	.863	.644	.673	.555
COMPOSITE	2.26	2.35	2.00	2.04	2.02	2.35	2.33	2.61	2.32	x	x	x	x	x	2.30	2.45	2.26	2.26	2.25	2.25	2.28
p stat_(*=Sig @ p<=.05)		.501	~	~	~	~.744	~	~.611	~	~	~	~	~	~	~	~	~	.964	.930	.945	.913

HOW WELL DOCTORS COMMUNICATE

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER				
	WORA 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	OTH R	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
NDREXPL4 NQ17	2.55	2.61	2.56	2.11	2.67	2.55	2.66	2.61	2.59					2.54	2.60	2.56	2.52	2.62	2.54	2.57	
p stat_(*=Sig @ p<=.05)	.277		~	~	~	~.142		~.299	~	~	~	~	~	~	~	~.384	.368	.845	.737		
NDRLSTN4 NQ18	2.56	2.58	2.56	2.16	2.89	2.53	2.59	2.70	2.56					2.92	2.60	2.56	2.53	2.60	2.61	2.53	
p stat_(*=Sig @ p<=.05)	.694		~	~	~	~.739		~.919	~	~	~	~	~	~	~	~.460	.580	.517	.480		
NDRESPU4 NQ19	2.64	2.65	2.56	2.53	2.94	2.63	2.63	2.65	2.64					2.83	2.70	2.64	2.58	2.75	2.69	2.61	
p stat_(*=Sig @ p<=.05)	.822		~	~	~	~.899		~.821	~	~	~	~	~	~	~	~.080	.111	.446	.441		
NDRTMEN4 NQ20	2.48	2.50	2.33	2.32	2.56	2.53	2.49	2.52	2.48					2.67	2.40	2.48	2.52	2.41	2.56	2.41	
p stat_(*=Sig @ p<=.05)	.729		~	~	~	~.906		~.994	~	~	~	~	~	~	~	~.379	.372	.242	.140		
COMPOSITE	2.56	2.59	2.50	2.28	2.76	2.56	2.59	2.62	2.57	x	x	x	x	x	2.74	2.58	2.56	2.54	2.60	2.60	2.53
p stat_(*=Sig @ p<=.05)	.894		~	~	~	~.906		~.961	~	~	~	~	~	~	~	~.882	.899	.871	.860		

CUSTOMER SERVICE

	WORA 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		
NPBCLCS4 NQ31	2.32	2.22	2.50	2.38	1.88	2.31	2.38	2.67	2.17							2.50	2.75	2.29	2.29	2.33	2.32	2.32
p stat_(*=Sig @ p<=.05)		.371	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.70	2.61	2.25	2.50	2.75	2.69	2.81	3.00	2.74						2.50	3.00	2.69	2.68	2.71	2.77	2.66	
p stat_(*=Sig @ p<=.05)		.275	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.51	2.42	2.38	2.44	2.31	2.50	2.60	2.83	2.46	x	x	x	x	x	2.50	2.88	2.49	2.49	2.52	2.55	2.49	
p stat_(*=Sig @ p<=.05)		.752	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
WORA 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	GOOD & POOR	FE- MALE	FE- MALE			
NNRXWHY NQ10																						
p stat_(*=Sig @ p<=.05)		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NNRXWYNT NQ11		2.46	2.46	2.33	2.17	2.64	2.50	2.54	2.38	2.59			2.43	1.50	2.54	2.46	2.49	2.35	2.52			
p stat_(*=Sig @ p<=.05)		1.00	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NRXBST NQ12		2.46	2.52	2.33	1.83	2.64	2.42	2.65	2.38	2.40			2.43	2.00	2.47	2.36	2.57	2.33	2.49			
p stat_(*=Sig @ p<=.05)		.451	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
COMPOSITE		2.46	2.49	2.33	2.00	2.64	2.46	2.59	2.38	2.50	x	x	x	x	x	2.43	1.75	2.50	2.41	2.53	2.34	2.51
p stat_(*=Sig @ p<=.05)		.846	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			

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

	WORA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
PRBSEE4 Q25	67%	75%	57%	58%	54%	75%	65%	83%	65%							80%	80%	67%	66%	67%	60%	71%
CARNES4 Q14	74%	80%	87%	56%	71%	74%	75%	83%	78%							77%	82%	74%	75%	71%	80%	71%
AVERAGE	70.71	77.53	71.90	57.17	62.64	74.73	69.88	83.33	71.87	x	x	x	x	x	78.46	80.91	70.39	70.77	69.34	70.00	70.96	

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

	WORA 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		
CARSN4 Q4	75%	84%	63%	71%	64%	80%	73%	100%	79%							60%	100%	74%	74%	77%	79%	73%
APGET4 Q6	76%	77%	69%	57%	81%	77%	81%	89%	78%							93%	60%	77%	75%	77%	77%	77%
AVERAGE	75.73	80.73	65.87	63.55	72.44	78.46	76.93	94.44	78.78	x	x	x	x	x	76.43	80.00	75.48	74.82	76.76	77.82	74.86	

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
WORA 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 & POOR	FE- MALE	MALE		
DREXPL4 Q17	87%	91%	100%	68%	94%	84%	89%	91%	88%				85%	90%	87%	87%	87%	88%	87%		
DRLSTN4 Q18	86%	90%	89%	63%	100%	82%	89%	91%	85%				100%	90%	85%	83%	89%	90%	82%		
DRESPU4 Q19	89%	91%	89%	84%	100%	87%	89%	87%	88%				100%	90%	88%	85%	94%	92%	86%		
DRTMEN4 Q20	83%	87%	89%	79%	83%	84%	83%	83%	82%				92%	80%	83%	83%	81%	89%	78%		
AVERAGE	86.1	89.8	91.7	73.7	94.4	84.2	87.3	88.0	85.8	x	x	x	x	x	94.1	87.5	85.5	84.9	87.7	89.5	83.3

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

	WORA 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	82%	76%	100%	75%	63%	75%	90%	100%	74%						100%	100%	80%	79%	86%	77%	84%
CSRESP Q32	93%	91%	75%	88%	100%	94%	95%	100%	91%						100%	93%		92%	95%	91%	95%
AVERAGE	87.50	83.64	87.50	81.25	81.25	84.38	92.86	100.0	82.86	x	x	x	x	x	100.0	100.0	86.36	85.53	90.48	84.09	89.47

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	WORA 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	GOOD & POOR	FE- MALE	MALE	
NRXWHY Q10	94%	93%	100%	83%	100%	88%	97%	100%						100%	75%	95%	95%	94%	97%	93%	
NRXWYNT Q11	73%	73%	67%	58%	82%	75%	77%	69%						71%	25%	77%	73%	74%	68%	76%	
RXBST Q12	73%	76%	67%	42%	82%	71%	82%	69%						71%	50%	73%	68%	78%	67%	75%	
AVERAGE	80.0	80.6	77.8	61.1	87.9	77.8	85.5	79.5	81.7	x	x	x	x	x	81.0	50.0	81.7	78.6	82.1	77.1	81.1

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q1	WORA TOT CHLD	OHP TOT CHLD																	
YES	280 100%	5578 100%	46 100%	66 100%	87 100%	81 100%	120 100%	~	~	~	~	26 ~100%	37 100%	224 100%	252 100%	10 100%	193 100%	87 100%	
NOT ANSWERED	6	60	1	1	2	2	5						1	5	5	1	6		
VALID CASES	280	5578	46	66	87	81	120					26	37	224	252	10	193	87	
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%					26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%	

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		
	WORA 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q3 YES	94 34%	1643 30%	18 38%	23 35%	22 26%*	31 40%	41 34%	~	~	~	~	~	9 ~ 36%	13 34%	77 35%	81 32%	7 64%	55 28%*	39 47%*
NO	183 66%	3803 70%	29 62%	43 65%	64 74%*	47 60%	79 66%	~	~	~	~	~	16 ~ 64%	25 66%	145 65%	169 68%	4 36%	139 72%*	44 53%*
NOT ANSWERED	9	191		1	3	5	5						1		7	7		5	4
VALID CASES	277	5447	47	66	86	78	120						25	38	222	250	11	194	83
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	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	
	WORA 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- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q4 NEVER	1 1%	21 1%	~	~	~	3%~	~	~	~	~	~	~	10%~	~	1 1%	~	1 3%~	
SOMETIMES	4 5%	109 7%	~	~	~	13%~	10%~	~	~	~	~	~	~	4 5%	3 4%	1 14%	2 4%~	2 5%~
USUALLY	15 17%	253 16%	1 6%~	3 14%~	6 32%~	5 17%~	7 18%~	~	~	~	~	3 43%~	~	14 19%~	13 17%~	1 14%	7 14%~	8 21%~
ALWAYS	67 77%	1212 76%	15 94%~	19 86%~	13 68%~	20 67%~	28 72%~	~	~	~	~	4 57%~	9 90%~	55 75%~	59 78%~	5 71%~	40 82%~	27 71%~
#ALWAYS + USUALLY (NET)	82 94%	1464 92%	16 100%~	22 100%~	19 100%~	25 83%~	35 90%~	~	~	~	~	7 100%~	9 90%~	69 95%~	72 95%~	6 86%~	47 96%~	35 92%~
TOP BOX SCORE	67 77%	1212 76%	15 94%~	19 86%~	13 68%~	20 67%~	28 72%~	~	~	~	~	4 57%~	9 90%~	55 75%~	59 78%~	5 71%~	40 82%~	27 71%~
NOT ANSWERED	7	102	2	1	3	1	2					2	3	4	5		6	1
VALID CASES	87	1594	16	22	19	30	39					7	10	73	76	7	49	38
NUMBER OF RESPONDENTS	94 100%	1696 100%	18 100%	23 100%	22 100%	31 100%	41 100%					9 100%	13 100%	77 100%	81 100%	7 100%	55 100%	39 100%

[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		
	WORA 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 & POOR	NO CCC	CCC	
Q5 YES	187 67%	3547 65%	34 72%	44 69%	55 63%	54 68%	87 71%	~	~	~	~	~	16 64%	22 59%	157 70%	168 67%	9 82%	122 64%	65 75%
Q5 NO	92 33%	1877 35%	13 28%	20 31%	33 37%	26 32%	36 29%	~	~	~	~	~	9 36%	15 41%	68 30%	84 33%	2 18%	70 36%	22 25%
Q5 NOT ANSWERED	7	214		3	1	3	2						1	1	4	5		7	
VALID CASES	279	5424	47	64	88	80	123						25	37	225	252	11	192	87
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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		
	WORA 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 ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q6 NEVER	2 1%	50 2%	~	~	~	4%	2 3%	~	~	~	~	~	~	~	2 1%	2 1%	1 0.9%	1 2%	
SOMETIMES	15 9%	468 14%*	2 6%	4 10%	5 10%	4 8%	7 9%	~	~	~	~	~	1 7%	15 10%	14 9%	1 13%	9 8%	6 10%	
USUALLY	43 25%	881 27%	7 21%	10 24%	16 33%	10 20%	20 25%	~	~	~	~	~	4 27%	4 21%	38 26%	41 26%	1 13%	32 28%	11 18%
ALWAYS	113 65%	1910 58%*	24 73%	27 66%	28 57%	34 68%	50 63%	~	~	~	~	~	10 67%	15 79%	92 63%	99 63%	6 75%	71 63%	42 70%
#ALWAYS + USUALLY (NET)	156 90%	2792 84%*	31 94%	37 90%	44 90%	44 88%	70 89%	~	~	~	~	~	14 93%	19 100%	130 88%	140 90%	7 87%	103 91%	53 88%
TOP BOX SCORE	113 65%	1910 58%*	24 73%	27 66%	28 57%	34 68%	50 63%	~	~	~	~	~	10 67%	15 79%	92 63%	99 63%	6 75%	71 63%	42 70%
NOT ANSWERED	14	232	1	3	6	4	8						1	3	10	12	1	9	5
VALID CASES	173	3310	33	41	49	50	79						15	19	147	156	8	113	60
NUMBER OF RESPONDENTS	187	3542	34	44	55	54	87						16	22	157	168	9	122	65
	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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q7 NONE	79 28%	1626 30%	9 20%	17 26%	30 34%	23 29%	31 25%	~	~	~	~	~	4 15%	14 37%	59 26%	73 29%	2 18%	66 34%*	13 15%*
1 TIME	83 30%	1614 30%	13 29%	24 36%	26 30%	20 25%	38 31%	~	~	~	~	~	11 42%	7 18%	72 32%	76 30%	1 9%	63 33%	20 23%
2	53 19%	1048 20%	11 24%	12 18%	14 16%	16 20%	26 21%	~	~	~	~	~	5 19%	8 21%	42 19%	49 19%	2 18%	32 17%	21 24%
3	26 9%	512 10%	6 13%	4 6%	11 12%	5 6%	12 10%	~	~	~	~	~	1 4%	5 13%	20 9%	24 9%	1 9%	13 7%	13 15%
4	15 5%	232 4%	2 4%	4 6%	2 2%	7 9%	9 7%	~	~	~	~	~	2 8%	1 3%	14 6%	12 5%	3 27%	9 5%	6 7%
5 TO 9	18 6%	256 5%	2 4%	4 6%	5 6%	7 9%	5 4%	~	~	~	~	~	3 12%	3 8%	14 6%	17 7%	~	8 4%*	10 11%*
10 OR MORE TIMES	5 2%	57 1%	2 4%	1 2%	~	2 3%	3 2%	~	~	~	~	~	~	~	5 2%*	3 1%	2 18%	1 0.5%	4 5%
NOT ANSWERED	7	293	2	1	1	3	1									3	3		7
VALID CASES	279	5345	45	66	88	80	124						26	38	226	254	11	192	87
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q8 #YES	127 65%	2462 67%	28 82%~	35 71%~	33 58%	31 56%	63 69%	~	~	~	~	~	14 ~ 64%~	15 65%~	107 66%~	116 66%~	6 67%~	76 62%	51 70%
NO	68 35%	1197 33%	6 18%~	14 29%~	24 42%	24 44%	28 31%	~	~	~	~	~	8 ~ 36%~	8 35%~	56 34%~	60 34%~	3 33%~	46 38%	22 30%
NOT ANSWERED	5	87	2		1	2	2							1	4	5		4	1
VALID CASES	195	3659	34	49	57	55	91						22	23	163	176	9	122	73
NUMBER OF RESPONDENTS	200 100%	3746 100%	36 100%	49 100%	58 100%	57 100%	93 100%						22 100%	24 100%	167 100%	181 100%	9 100%	126 100%	74 100%

[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	
	WORA 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	GOOD & POOR	NO CCC	CCC
Q9 NEVER	6 3%	111 3%	1 3%	2 4%	2 4%	1 2%	~	~	~	~	~	1 5%	1 4%	5 3%	6 3%	~	4 3%	2 3%
SOMETIMES	8 4%	330 9%*	~	2 4%	3 5%	3 5%	4 4%	~	~	~	~	1 5%	~	8 5%	5 3%	3 33%	4 3%	4 5%
USUALLY	30 15%	815 22%*	2 6%	6 12%	11 19%	11 20%	13 14%	~	~	~	~	3 14%	4 17%	24 15%	25 14%	3 33%	19 16%	11 15%
ALWAYS	151 77%	2400 66%*	31 91%	38 79%	41 72%	41 73%	73 81%	~	~	~	~	16 76%	19 79%	125 77%	141 80%	3 33%	95 78%	56 77%
#ALWAYS + USUALLY (NET)	181 93%	3215 88%*	33 97%	44 92%	52 91%	52 93%	86 96%	~	~	~	~	19 90%	23 96%	149 92%	166 94%	6 67%	114 93%	67 92%
TOP BOX SCORE	151 77%	2400 66%*	31 91%	38 79%	41 72%	41 73%	73 81%	~	~	~	~	16 76%	19 79%	125 77%	141 80%	3 33%	95 78%	56 77%
NOT ANSWERED	5	90	2	1	1	1	3					1		5	4		4	1
VALID CASES	195	3656	34	48	57	56	90					21	24	162	177	9	122	73
NUMBER OF RESPONDENTS	200	3746	36	49	58	57	93					22	24	167	181	9	126	74
	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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q10 YES	62 31%	1058 29%	10 29%~	8 17%~	19 33%	25 44%*	26 29%	~	~	~	~	~	7 ~ 32%	6 25%~	53 32%~	54 30%~	5 56%~	27 22%*	35 48%*
NO	135 69%	2578 71%	25 71%~	40 83%~	38 67%	32 56%*	65 71%	~	~	~	~	~	15 ~ 68%	18 75%~	111 68%~	124 70%~	4 44%~	97 78%*	38 52%*
NOT ANSWERED	3	110	1	1	1		2								3	3		2	1
VALID CASES	197	3636	35	48	57	57	91						22	24	164	178	9	124	73
NUMBER OF RESPONDENTS	200	3746	36	49	58	57	93						22	24	167	181	9	126	74
	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		
	WORA 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 & POOR	NO CCC	CCC	
Q11 #YES	58 97%	931 93%	9 90%	8 100%	17 94%	24 100%	24 96%	~	~	~	~	~	7 100%	6 100%	49 96%	51 96%	4 100%	25 96%	33 97%
NO	2 3%	71 7%	1 10%	~	1 6%	~	1 4%	~	~	~	~	~	~	2 4%	2 4%	~	1 4%	1 3%	
NOT ANSWERED	12	408	3	2	3	4	4							8	7	1	10	2	
VALID CASES	60	1002	10	8	18	24	25					7	6	51	53	4	26	34	
NUMBER OF RESPONDENTS	72	1410	13	10	21	28	29					7	6	59	60	5	36	36	
	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		
	WORA 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q12 #YES	42 69%	722 71%	6 60%~	5 62%~	13 72%~	18 72%~	19 73%~	~	~	~	~	~	5 ~ 71%~	2 33%~	37 71%~	35 66%~	4 80%~	18 67%~	24 71%~
NO	19 31%	300 29%	4 40%~	3 38%~	5 28%~	7 28%~	7 27%~	~	~	~	~	~	2 ~ 29%~	4 67%~	15 29%~	18 34%~	1 20%~	9 33%~	10 29%~
NOT ANSWERED	1	19			1										1	1			1
VALID CASES	61	1022	10	8	18	25	26						7	6	52	53	5	27	34
NUMBER OF RESPONDENTS	62	1041	10	8	19	25	26						7	6	53	54	5	27	35
	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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q13 #YES	44 72%	804 80%	5 50%~	7 88%~	14 78%~	18 72%~	22 85%~	~	~	~	~	~	5 ~ 71%~	3 50%~	39 75%~	38 72%~	4 80%~	17 63%~	27 79%~
NO	17 28%	202 20%	5 50%~	1 13%~	4 22%~	7 28%~	4 15%~	~	~	~	~	~	2 ~ 29%~	3 50%~	13 25%~	15 28%~	1 20%~	10 37%~	7 21%~
NOT ANSWERED	1	35			1										1	1			1
VALID CASES	61	1006	10	8	18	25	26						7	6	52	53	5	27	34
NUMBER OF RESPONDENTS	62	1041	10	8	19	25	26						7	6	53	54	5	27	35
	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?

	WORA 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 & GOOD	FAIR & POOR	NO CCC	CCC	
Q14 WORST HEALTH CARE POSSIBLE		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	2 1%	7 0.2%	1 3%	~	~	1 2%	1 1%	~	~	~	~	~	~	2 1%	2 1%	~	1 0.8%	1 1%	
02		15 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		17 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04	1 0.5%	22 0.6%	1 3%	~	~	~	~	~	~	~	~	~	1 ~0.6%	1 0.6%	~	~	~	1 1%	
05	9 5%	133 4%	~	3 6%	3 5%	3 5%	4 4%	~	~	~	~	~	3 ~14%	1 4%	7 4%	7 4%	1 11%	6 5%	3 4%
06	5 3%	105 3%	1 3%	1 2%	~	3 5%	4 4%	~	~	~	~	~	~	5 3%	3 2%	2 22%	2 2%	3 4%	
07	20 10%	327 9%	3 9%	3 6%	5 9%	9 16%	8 9%	~	~	~	~	~	2 ~10%	3 13%	16 10%	16 9%	2 22%	13 10%	7 10%
08	48 24%	776 21%	8 23%	14 29%	17 30%	9 16%	18 20%	~	~	~	~	~	5 ~24%	3 13%	40 25%	42 24%	2 22%	34 27%	14 19%
09	36 18%	815 22%	11 31%	8 16%	10 18%	7 13%	18 20%	~	~	~	~	~	~	8 33%	27 17%	34 19%	1 11%	25 20%	11 15%
BEST HEALTH CARE POSSIBLE	75 38%	1412 39%	10 29%	20 41%	22 39%	23 42%	37 41%	~	~	~	~	~	11 ~52%	9 38%	65 40%	72 41%	1 11%	43 35%	32 44%
#8-10 (NET)	159 81%	3003 83%	29 83%	42 86%	49 86%	39 71%	73 81%	~	~	~	~	~	16 ~76%	20 83%	132 81%	148 84%	4 44%	102 82%	57 79%

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			
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE #	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK NATV ##	MUL-OTHR ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
9-10 (NET)	111 57%	2227 61%	21 60%	28 57%	32 56%	30 55%	55 61%	~	~	~	~	~	11 52%	17 71%	92 56%	106 60%	2 22%	68 55%	43 60%	
NOT ANSWERED	4	109	1		1	2	3						1	4	4		2	2		
VALID CASES	196	3637	35	49	57	55	90						21	24	163	177	9	124	72	
NUMBER OF RESPONDENTS	200 100%	3746 100%	36 100%	49 100%	58 100%	57 100%	93 100%						22 100%	24 100%	167 100%	181 100%	9 100%	126 100%	74 100%	
MEAN	8.57	8.64	8.43	8.69	8.70	8.40	8.63						8.52	8.83	8.56	8.66	7.33	8.56	8.58	
p stat_(*=Sig @ p<=.05)		.508	~	~	.410	.414	.596	~	~	~	~	~	~	~	~	~	~	~	.915	.915

[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		
	WORA 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- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q15 NEVER	2 1%	66 2%	~	~	2%	2%	1 1%	~	~	~	~	~	5%~	2 ~	1%~	2 1%~	~	~	2 3%~
SOMETIMES	17 9%	356 10%	2 6%~	3 6%~	5 9%	7 12%	8 9%	~	~	~	~	~	5%~	2 8%~	14 9%~	12 7%~	4 50%~	9 7%	8 11%
USUALLY	51 26%	1161 32%	6 18%~	9 19%~	18 32%	18 32%	21 23%	~	~	~	~	~	23%~	5 21%~	43 26%~	46 26%~	2 25%~	33 27%	18 25%
ALWAYS	126 64%	2060 57%*	26 76%~	36 75%~	33 58%	31 54%	61 67%	~	~	~	~	~	68%~	15 71%~	104 64%~	118 66%~	2 25%~	82 66%	44 61%
#ALWAYS + USUALLY (NET)	177 90%	3220 88%	32 94%~	45 94%~	51 89%	49 86%	82 90%	~	~	~	~	~	91%~	20 92%~	147 90%~	164 92%~	4 50%~	115 93%	62 86%
TOP BOX SCORE	126 64%	2060 57%*	26 76%~	36 75%~	33 58%	31 54%	61 67%	~	~	~	~	~	68%~	15 71%~	104 64%~	118 66%~	2 25%~	82 66%	44 61%
NOT ANSWERED	4	104	2	1	1		2								4	3	1	2	2
VALID CASES	196	3642	34	48	57	57	91						22	24	163	178	8	124	72
NUMBER OF RESPONDENTS	200	3746	36	49	58	57	93						22	24	167	181	9	126	74
	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		
	WORA 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 #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q16 YES	214	3847	7	53	82	72	100						21	23	177	193	8	146	68
	76%	71%	15%~	80%	94%*	89%*	81%	~	~	~	~	~	81%~	61%~	78%	75%~	73%~	75%	78%
NO	67	1561	40	13	5	9	24						5	15	51	63	3	48	19
	24%	29%	85%~	20%	6%*	11%*	19%	~	~	~	~	~	19%~	39%~	22%	25%~	27%~	25%	22%
NOT ANSWERED	5	230		1	2	2	1								1	1		5	
VALID CASES	281	5408	47	66	87	81	124						26	38	228	256	11	194	87
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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		
	WORA 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q17 YES	158	421	~	6%	7%	11%	45%	~	~	~	~	~	10%	19%	6%	7%~	14%~	5%	13%
NO	18192	327989	100%	~94%	93%	89%	8495%	~	~	~	~	~	90%	81%	94%	93%~	86%~	95%	87%
NOT ANSWERED	18	221	1	1	10	6	12							2	16	17	1	12	6
VALID CASES	196	3699	6	52	72	66	88						21	21	161	176	7	134	62
NUMBER OF RESPONDENTS	214	3920	7	53	82	72	100						21	23	177	193	8	146	68
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

	WORA 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/ ALS #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q18 #YES	13 87%	351 89%	2 ~ 67%	5 ~ 100%	6 ~ 86%	3 75%	~	~	~	~	2 ~100%	4 ~100%	7 78%	10 83%	1 100%	6 86%	7 88%	
NO	2 13%	44 11%	1 ~ 33%	1 ~ 14%	1 25%	~	~	~	~	~	~	2 ~ 22%	2 17%	1 ~ 14%	1 13%			
NOT ANSWERED		4																
VALID CASES	15	394	3	5	7	4				2	4	9	12	1	7	8		
NUMBER OF RESPONDENTS	15	398	3	5	7	4				2	4	9	12	1	7	8		
	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%		

[ASKED IF Q16 = YES AND Q17 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q19 YES	14 5%	201 4%	2 4%~	3 5%	5 6%	4 5%	4 3%	~	~	~	~	~	2 8%~	3 8%~	10 4%	13 5%~	11 ~	6 3%	8 9%
NO	266 95%	5179 96%	45 96%~	63 95%	82 94%	76 95%	120 97%	~	~	~	~	~	24 92%~	35 92%~	218 96%	243 95%~	11 100%~	187 97%	79 91%
NOT ANSWERED	6	258		1	2	3	1							1	1			6	
VALID CASES	280	5380	47	66	87	80	124						26	38	228	256	11	193	87
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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	
	WORA 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	
Q20 NEVER	17%	1910%	~	~	~	25%	125%	~	~	~	~	~	~	110%	18%	~	113%	
SOMETIMES	321%	3216%	~	~	20%	50%	125%	~	~	~	~	150%	330%	323%	~	117%	225%	
USUALLY	17%	4020%	~	33%	~	~	~	~	~	~	~	~	110%	18%	~	~	113%	
ALWAYS	964%	10754%	2100%	267%	480%	125%	250%	~	~	~	~	150%	3100%	550%	862%	~	583%	450%
#ALWAYS + USUALLY (NET)	1071%	14774%	2100%	3100%	480%	125%	250%	~	~	~	~	150%	3100%	660%	969%	~	583%	562%
TOP BOX SCORE	964%	10754%	2100%	267%	480%	125%	250%	~	~	~	~	150%	3100%	550%	862%	~	583%	450%
NOT ANSWERED		9																
VALID CASES	14	198	2	3	5	4	4					2	3	10	13		6	8
NUMBER OF RESPONDENTS	14	207	2	3	5	4	4					2	3	10	13		6	8
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%		100%	100%

[ASKED IF Q19 = YES]

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

	WORA TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q21 #YES	11 79%	166 83%	2 100%	3 100%	5 100%	1 25%	3 75%	~	~	~	~	~	1 50%	3 100%	7 70%	10 77%	6 100%	5 62%	
NO	3 21%	35 17%	~	~	~	3 75%	1 25%	~	~	~	~	~	1 50%	3 30%	3 23%	~	3 38%		
NOT ANSWERED		6																	
VALID CASES	14	201	2	3	5	4	4						2	3	10	13	6	8	
NUMBER OF RESPONDENTS	14	207	2	3	5	4	4						2	3	10	13	6	8	
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

[ASKED IF Q19 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 & POOR	NO CCC	CCC	
Q22 YES	207%	4879%	36%~	23%	910%	68%	1311%	~	~	~	~	~	14%~	13%~	188%	166%~	330%~	95%*	1113%*
NO	25893%	488791%	4494%~	6397%	7890%	7392%	10989%	~	~	~	~	~	2596%~	3797%~	20892%	23994%~	770%~	18395%*	7587%*
NOT ANSWERED	8	264		2	2	4	3							3		2	1	7	1
VALID CASES	278	5374	47	65	87	79	122					26	38	226	255	10	192	86	
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125					26	38	229	257	11	199	87	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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 #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q23 NEVER	4 21%	64 14%	~	~	~	4 67%	3 23%	~	~	~	~	~	~	4 22%	3 19%	1 33%	2 25%	2 18%
SOMETIMES	3 16%	82 18%	~	1 50%	1 13%	1 17%	2 15%	~	~	~	~	~	~	3 17%	3 19%	~	1 13%	2 18%
USUALLY	2 11%	105 23%	~	~	2 25%	~	1 8%	~	~	~	~	~	~	2 11%	~	2 67%	~	2 18%
ALWAYS	10 53%	198 44%	3 100%	1 50%	5 62%	1 17%	7 54%	~	~	~	~	1 100%	1 100%	9 50%	10 62%	~	5 62%	5 45%
#ALWAYS + USUALLY (NET)	12 63%	303 68%	3 100%	1 50%	7 88%	1 17%	8 62%	~	~	~	~	1 100%	1 100%	11 61%	10 62%	2 67%	5 62%	7 64%
TOP BOX SCORE	10 53%	198 44%	3 100%	1 50%	5 62%	1 17%	7 54%	~	~	~	~	1 100%	1 100%	9 50%	10 62%	~	5 62%	5 45%
NOT ANSWERED	1	21			1												1	
VALID CASES	19	448	3	2	8	6	13					1	1	18	16	3	8	11
NUMBER OF RESPONDENTS	20	469	3	2	9	6	13					1	1	18	16	3	9	11
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

	WORA 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	7	310	3	2	2	4							1	6	5	2	3	4
	37%	69%	100%	~	25%	33%	31%	~	~	~	~	~	~100%	33%	31%	67%	38%	36%
NO	12	142		2	6	4	9						1	12	11	1	5	7
	63%	31%	~	100%	75%	67%	69%	~	~	~	~	~100%	~	67%	69%	33%	62%	64%
NOT ANSWERED	1	17		1														1
VALID CASES	19	452	3	2	8	6	13					1	1	18	16	3	8	11
NUMBER OF RESPONDENTS	20	469	3	2	9	6	13					1	1	18	16	3	9	11
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q25 YES	43 15%	692 13%	2 4%	6 9%	15 18%	20 25%*	24 20%	~	~	~	~	~	2 8%	5 13%	35 15%	38 15%	3 27%	10 5%*	33 38%*
NO	235 85%	4667 87%	45 96%~	60 91%	70 82%	60 75%*	98 80%	~	~	~	~	~	24 92%~	33 87%~	191 85%	216 85%~	8 73%~	182 95%*	53 62%*
NOT ANSWERED	8	279		1	4	3	3								3	3		7	1
VALID CASES	278	5359	47	66	85	80	122						26	38	226	254	11	192	86
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q26 NEVER	6	86	1	1	1	3	4					1	1	5	6	1	5	
	14%	13%	50%	17%	7%	16%	17%	~	~	~	~	50%	20%	15%	16%	10%	16%	
SOMETIMES	5	135			1	4	4						1	4	5	1	4	
	12%	20%	~	~	7%	21%	17%	~	~	~	~	~	20%	12%	14%	10%	13%	
USUALLY	12	147		1	6	5	5					1	1	11	11	1	10	
	29%	22%	~	17%	40%	26%	22%	~	~	~	~	50%	20%	32%	30%	33%	20%	31%
ALWAYS	19	290	1	4	7	7	10						2	14	15	2	13	
	45%	44%	50%	67%	47%	37%	43%	~	~	~	~	~	40%	41%	41%	67%	60%	41%
#ALWAYS + USUALLY (NET)	31	437	1	5	13	12	15					1	3	25	26	3	23	
	74%	66%	50%	83%	87%	63%	65%	~	~	~	~	50%	60%	74%	70%	100%	80%	72%
TOP BOX SCORE	19	290	1	4	7	7	10						2	14	15	2	13	
	45%	44%	50%	67%	47%	37%	43%	~	~	~	~	~	40%	41%	41%	67%	60%	41%
NOT ANSWERED	1	25				1	1							1	1		1	
VALID CASES	42	658	2	6	15	19	23					2	5	34	37	3	32	
NUMBER OF RESPONDENTS	43	683	2	6	15	20	24					2	5	35	38	3	33	
	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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q27 #YES	24 57%	342 52%~	1 50%~	2 33%~	9 60%~	12 63%~	13 57%~	~	~	~	~	~	1 ~ 50%~	3 60%~	18 53%~	19 51%~	3 100%~	6 60%~	18 56%~
NO	18 43%	320 48%~	1 50%~	4 67%~	6 40%~	7 37%~	10 43%~	~	~	~	~	~	1 ~ 50%~	2 40%~	16 47%~	18 49%~	~	4 40%~	14 44%~
NOT ANSWERED	1	21				1	1								1	1			1
VALID CASES	42	662	2	6	15	19	23						2	5	34	37	3	10	32
NUMBER OF RESPONDENTS	43	683	2	6	15	20	24						2	5	35	38	3	10	33
	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		
	WORA 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q28 YES	66 24%	1125 21%	10 21%	15 23%	19 22%	22 27%	28 23%	~	~	~	~	~	8 31%	9 24%	56 25%	59 23%	6 55%	27 14%*	39 45%*
Q28 NO	214 76%	4219 79%	37 79%	51 77%	68 78%	58 73%	96 77%	~	~	~	~	~	18 69%	29 76%	172 75%	197 77%	5 45%	167 86%*	47 55%*
Q28 NOT ANSWERED	6	294		1	2	3	1								1	1		5	1
VALID CASES	280	5344	47	66	87	80	124						26	38	228	256	11	194	86
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	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		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ NATV ##	OTH#	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q29 #YES	35 56%	616 57%	5 62%~	8 53%~	9 50%~	13 62%~	18 67%~	~	~	~	~	~	2 25%~	5 71%~	29 54%~	29 53%~	5 83%~	13 54%~	22 58%~
NO	27 44%	465 43%	3 38%~	7 47%~	9 50%~	8 38%~	9 33%~	~	~	~	~	6 75%~	2 29%~	25 46%~	26 47%~	1 17%~	11 46%~	16 42%~	
NOT ANSWERED	4	36	2		1	1	1						2	2	4		3	1	
VALID CASES	62	1081	8	15	18	21	27					8	7	54	55	6	24	38	
NUMBER OF RESPONDENTS	66 100%	1117 100%	10 100%	15 100%	19 100%	22 100%	28 100%					8 100%	9 100%	56 100%	59 100%	6 100%	27 100%	39 100%	

[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?

	WORA 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		
Q30 YES	259 94%	4642 88%*	44 94%~	62 94%	82 96%	71 91%	118 97%	~	~	~	~	~	~	24 ~ 92%~	34 94%~	212 94%	238 94%~	10 91%~	180 94%	79 94%
NO	17 6%	640 12%*	3 6%~	4 6%	3 4%	7 9%	4 3%	~	~	~	~	~	~	2 ~ 8%~	2 6%~	14 6%	14 6%~	1 9%~	12 6%	5 6%
NOT ANSWERED	10	357		1	4	5	3								2	3	5		7	3
VALID CASES	276	5281	47	66	85	78	122							26	36	226	252	11	192	84
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%							26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

	WORA 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	
Q31 NONE	64 26%	1245 28%	7 17%	18 31%	24 32%	15 22%	23 21%	~	~	~	~	~	5 21%	12 40%	47 24%	60 27%	1 11%	55 33%*	9 12%*
1 TIME	75 31%	1677 37%*	13 31%	21 36%	23 31%	18 27%	34 31%	~	~	~	~	~	10 42%	6 20%	65 33%	70 31%	~	54 32%	21 28%
2	49 20%	850 19%	12 29%	9 15%	14 19%	14 21%	25 23%	~	~	~	~	~	6 25%	5 17%	44 22%	46 21%	3 33%	29 17%	20 27%
3	21 9%	387 9%	3 7%	5 8%	8 11%	5 7%	9 8%	~	~	~	~	~	1 4%	3 10%	16 8%	20 9%	~	15 9%	6 8%
4	17 7%	160 4%*	4 10%	3 5%	2 3%*	8 12%	9 8%	~	~	~	~	~	1 4%	3 10%	13 6%	14 6%	2 22%	10 6%	7 9%
5 TO 9	12 5%	163 4%	1 2%	3 5%	3 4%	5 7%	6 6%	~	~	~	~	~	1 4%	1 3%	11 5%	11 5%	1 11%	4 2%*	8 11%*
10 OR MORE TIMES	4 2%	21 0.5%	2 5%	~	~	2 3%	3 3%	~	~	~	~	~	~	~	4 2%	2 0.9%	2 22%	1 0.6%	3 4%
NOT ANSWERED	17	173	2	3	8	4	9							4	12	15	1	12	5
VALID CASES	242	4503	42	59	74	67	109						24	30	200	223	9	168	74
NUMBER OF RESPONDENTS	259	4676	44	62	82	71	118						24	34	212	238	10	180	79
	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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR NATV ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q31A ALWAYS	2 1%	87 3%	2 6%	~	~	~	~	~	~	~	~	~	2 1%	1 0.6%	1 13%	1 0.9%	1 2%		
USUALLY	1 0.6%	60 2%*	~	~	1 2%	1 1%	~	~	~	~	~	~	1 0.7%	1 0.6%	~	1 0.9%	~		
SOMETIMES	1 0.6%	220 7%*	~	1 2%	~	~	~	~	~	~	~	~	1 0.7%	1 0.6%	~	1 0.9%	~		
NEVER	174 98%	2850 89%*	33 94%	40 98%	49 98%	52 100%	85 99%	~	~	~	~	~	19 ~100%	18 ~100%	149 97%	160 98%	7 88%	110 97%	64 98%
#NEVER + SOMETIMES (NET)	175 98%	3070 95%*	33 94%	41 100%	49 98%	52 100%	85 99%	~	~	~	~	~	19 ~100%	18 ~100%	150 98%	161 99%	7 88%	111 98%	64 98%
TOP BOX SCORE	174 98%	2850 89%*	33 94%	40 98%	49 98%	52 100%	85 99%	~	~	~	~	~	19 ~100%	18 ~100%	149 97%	160 98%	7 88%	110 97%	64 98%
NOT ANSWERED		23																	
VALID CASES	178	3216	35	41	50	52	86						19	18	153	163	8	113	65
NUMBER OF RESPONDENTS	178	3239	35	41	50	52	86						19	18	153	163	8	113	65
	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	
	WORA 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	GOOD & POOR	NO CCC	CCC
Q32 NEVER	3 2%	78 2%	1 3%	1 2%	~	1 2%	~	~	~	~	~	~	~	3 2%	3 2%	~	3 3%	~
SOMETIMES	3 2%	156 5%*	~	~	1 2%	2 4%	2 2%	~	~	~	~	~	~	3 2%	1 0.6%	2 25%	~	3 5%*
USUALLY	21 12%	485 15%	2 6%	3 7%	7 14%	9 18%	11 13%	~	~	~	~	1 5%	2 11%	19 12%	19 12%	2 25%	18 16%*	3 5%*
ALWAYS	150 85%	2499 78%*	32 91%	37 90%	42 84%	39 76%	72 85%	~	~	~	~	18 95%	16 89%	127 84%	139 86%	4 50%	92 81%	58 91%
#ALWAYS + USUALLY (NET)	171 97%	2984 93%*	34 97%	40 98%	49 98%	48 94%	83 98%	~	~	~	~	19 100%	18 100%	146 96%	158 98%	6 75%	110 97%	61 95%
TOP BOX SCORE	150 85%	2499 78%*	32 91%	37 90%	42 84%	39 76%	72 85%	~	~	~	~	18 95%	16 89%	127 84%	139 86%	4 50%	92 81%	58 91%
NOT ANSWERED	1	21				1	1							1	1			1
VALID CASES	177	3218	35	41	50	51	85					19	18	152	162	8	113	64
NUMBER OF RESPONDENTS	178	3239	35	41	50	52	86					19	18	153	163	8	113	65
	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	
	WORA 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 & POOR	FAIR & POOR	NO CCC	CCC
Q33 NEVER	3 2%	35 1%	1 3%~	~	~	2 4%	1 1%	~	~	~	~	~	~	3 2%~	3 2%~	~	3 3%	~
SOMETIMES	6 3%	139 4%	~	3 7%~	1 2%	2 4%	3 4%	~	~	~	~	1 5%~	~	6 4%~	5 3%~	1 13%~	4 4%	2 3%
USUALLY	23 13%	518 16%	~	3 7%~	10 20%	10 19%	13 15%	~	~	~	~	2 11%~	2 11%~	21 14%~	21 13%~	2 25%~	17 15%	6 9%
ALWAYS	145 82%	2521 78%	33 97%~	35 85%~	39 78%	38 73%	68 80%	~	~	~	~	16 84%~	16 89%~	122 80%~	133 82%~	5 62%~	88 79%	57 88%
#ALWAYS + USUALLY (NET)	168 95%	3039 95%	33 97%~	38 93%~	49 98%	48 92%	81 95%	~	~	~	~	18 95%~	18 100%~	143 94%~	154 95%~	7 88%~	105 94%	63 97%
TOP BOX SCORE	145 82%	2521 78%	33 97%~	35 85%~	39 78%	38 73%	68 80%	~	~	~	~	16 84%~	16 89%~	122 80%~	133 82%~	5 62%~	88 79%	57 88%
NOT ANSWERED	1	26	1				1							1	1		1	
VALID CASES	177	3213	34	41	50	52	85					19	18	152	162	8	112	65
NUMBER OF RESPONDENTS	178	3239	35	41	50	52	86					19	18	153	163	8	113	65
	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		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK #	MUL-OTHR ##	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q34 NEVER	1 0.6%	28 0.9%	1 3%	~	~	~	~	~	~	~	~	~	~	1 ~0.7%	1 ~0.6%	1 ~0.9%	~	~	
SOMETIMES	3 2%	104 3%	1 3%	~	~	2 4%	1 1%	~	~	~	~	~	~	1 6%	2 1%	3 2%	2 2%	1 2%	
USUALLY	22 12%	398 12%	~	6 15%	9 18%	7 13%	11 13%	~	~	~	~	~	4 21%	1 6%	21 14%	20 12%	2 25%	15 13%	7 11%
ALWAYS	152 85%	2679 83%	33 94%	35 85%	41 82%	43 83%	74 86%	~	~	~	~	~	15 79%	16 89%	129 84%	139 85%	6 75%	95 84%	57 88%
#ALWAYS + USUALLY (NET)	174 98%	3077 96%	33 94%	41 100%	50 100%	50 96%	85 99%	~	~	~	~	~	19 100%	17 94%	150 98%	159 98%	8 100%	110 97%	64 98%
TOP BOX SCORE	152 85%	2679 83%	33 94%	35 85%	41 82%	43 83%	74 86%	~	~	~	~	~	15 79%	16 89%	129 84%	139 85%	6 75%	95 84%	57 88%
NOT ANSWERED		30																	
VALID CASES	178	3209	35	41	50	52	86						19	18	153	163	8	113	65
NUMBER OF RESPONDENTS	178 100%	3239 100%	35 100%	41 100%	50 100%	52 100%	86 100%						19 100%	18 100%	153 100%	163 100%	8 100%	113 100%	65 100%

[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	
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q35 YES	124 70%	2175 68%	6 17%~	27 66%~	41 82%*	50 100%~	63 73%	~	~	~	~	13 ~ 68%~	11 61%~	106 70%~	112 70%~	6 75%~	73 65%*	51 80%*
NO	52 30%	1015 32%	29 83%~	14 34%~	9 18%*	~	23 27%	~	~	~	~	6 ~ 32%~	7 39%~	45 30%~	49 30%~	2 25%~	39 35%*	13 20%*
NOT ANSWERED	2	49				2								2	2		1	1
VALID CASES	176	3190	35	41	50	50	86					19	18	151	161	8	112	64
NUMBER OF RESPONDENTS	178 100%	3239 100%	35 100%	41 100%	50 100%	52 100%	86 100%					19 100%	18 100%	153 100%	163 100%	8 100%	113 100%	65 100%

[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	
	WORA 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	HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC
Q36 NEVER	1 0.8%	30 1%		1 4%										1 1%	1 0.9%		1 1%	
SOMETIMES	3 2%	137 6%				3 6%	3 5%							3 3%	2 2%	1 17%	2 3%	1 2%
USUALLY	24 20%	493 23%	2 33%	6 22%	10 25%	6 12%	12 20%					1 8%	3 27%	20 19%	24 22%		15 21%	9 18%
ALWAYS	94 77%	1509 70%	4 67%	20 74%	30 75%	40 82%	46 75%					12 92%	8 73%	80 77%	83 75%	5 83%	54 75%	40 80%
#ALWAYS + USUALLY (NET)	118 97%	2002 92%	6 100%	26 96%	40 100%	46 94%	58 95%					13 100%	11 100%	100 96%	107 97%	5 83%	69 96%	49 98%
TOP BOX SCORE	94 77%	1509 70%	4 67%	20 74%	30 75%	40 82%	46 75%					12 92%	8 73%	80 77%	83 75%	5 83%	54 75%	40 80%
NOT ANSWERED	2	40			1	1	2							2	2		1	1
VALID CASES	122	2170	6	27	40	49	61					13	11	104	110	6	72	50
NUMBER OF RESPONDENTS	124	2210	6	27	41	50	63					13	11	106	112	6	73	51
	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		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK #	MUL-OTHR ##	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q37 NEVER	2 1%	96 3%*	2 6%~	~	~	~	~	~	~	~	~	~	1 6%~	1 0.7%~	2 1%~	~	2 2%	~	
SOMETIMES	12 7%	305 10%	~	1 3%~	6 12%	5 10%	8 9%	~	~	~	~	~	2 11%~	12 8%~	10 6%~	2 25%~	7 6%	5 8%	
USUALLY	38 22%	799 25%	5 15%~	10 26%~	13 26%	10 19%	17 20%	~	~	~	~	~	2 11%~	3 19%~	33 22%~	35 22%~	2 25%~	32 29%*	6 9%*
ALWAYS	123 70%	1981 62%*	27 79%~	28 72%~	31 62%	37 71%	61 71%	~	~	~	~	~	15 79%~	12 75%~	107 70%~	114 71%~	4 50%~	70 63%*	53 83%*
#ALWAYS + USUALLY (NET)	161 92%	2780 87%*	32 94%~	38 97%~	44 88%	47 90%	78 91%	~	~	~	~	~	17 89%~	15 94%~	140 92%~	149 93%~	6 75%~	102 92%	59 92%
TOP BOX SCORE	123 70%	1981 62%*	27 79%~	28 72%~	31 62%	37 71%	61 71%	~	~	~	~	~	15 79%~	12 75%~	107 70%~	114 71%~	4 50%~	70 63%*	53 83%*
NOT ANSWERED	3	58	1	2										2	2		2	1	
VALID CASES	175	3181	34	39	50	52	86						19	16	153	161	8	111	64
NUMBER OF RESPONDENTS	178 100%	3239 100%	35 100%	41 100%	50 100%	52 100%	86 100%						19 100%	18 100%	153 100%	163 100%	8 100%	113 100%	65 100%

[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		
	WORA 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 NATV ##	OTHER ##	MULTI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q38 #YES	150 85%	2742 86%	33 94%~	38 95%~	36 73%~	43 83%	75 87%	~	~	~	~	~	15 ~ 79%~	16 89%~	130 86%~	139 86%~	7 88%~	93 84%	57 88%
NO	26 15%	440 14%	2 6%~	2 5%~	13 27%~	9 17%	11 13%	~	~	~	~	~	4 ~ 21%~	2 11%~	22 14%~	23 14%~	1 13%~	18 16%	8 12%
NOT ANSWERED	2	57		1	1									1	1			2	
VALID CASES	176	3182	35	40	49	52	86						19	18	152	162	8	111	65
NUMBER OF RESPONDENTS	178 100%	3239 100%	35 100%	41 100%	50 100%	52 100%	86 100%						19 100%	18 100%	153 100%	163 100%	8 100%	113 100%	65 100%

[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?

	WORA 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 #	AMER IND/ ALS ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q39 YES	55 31%	1245 39%*	6 17%~	14 35%~	15 30%	20 40%	29 34%	~	~	~	~	~	6 ~ 32%	5 28%~	49 32%~	48 30%~	5 62%~	27 25%*	28 43%*
NO	120 69%	1935 61%*	29 83%~	26 65%~	35 70%	30 60%	57 66%	~	~	~	~	~	13 ~ 68%	13 72%~	102 68%~	113 70%~	3 38%~	83 75%*	37 57%*
NOT ANSWERED	3	59		1		2									2	2		3	
VALID CASES	175	3180	35	40	50	50	86						19	18	151	161	8	110	65
NUMBER OF RESPONDENTS	178	3239	35	41	50	52	86						19	18	153	163	8	113	65
	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?

	WORA 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 & GOOD	FAIR & POOR	NO CCC	CCC	
Q40 NEVER	3 5%	77 7%	~	~	7%~	10%~	1 3%~	~	~	~	~	~	1 17%~	1 20%~	2 4%~	3 6%~	~	1 4%~	2 7%~
SOMETIMES	13 24%	132 11%*	17%~	14%~	40%~	20%~	6 21%~	~	~	~	~	~	1 17%~	1 20%~	12 24%~	11 23%~	2 40%~	7 26%~	6 21%~
USUALLY	12 22%	337 29%	17%~	14%~	27%~	25%~	4 14%~	~	~	~	~	~	2 33%~	~	11 22%~	9 19%~	1 20%~	6 22%~	6 21%~
ALWAYS	27 49%	626 53%	67%~	71%~	27%~	45%~	18 62%~	~	~	~	~	~	2 33%~	3 60%~	24 49%~	25 52%~	2 40%~	13 48%~	14 50%~
#ALWAYS + USUALLY (NET)	39 71%	962 82%	83%~	86%~	53%~	70%~	22 76%~	~	~	~	~	~	4 67%~	3 60%~	35 71%~	34 71%~	3 60%~	19 70%~	20 71%~
TOP BOX SCORE	27 49%	626 53%	67%~	71%~	27%~	45%~	18 62%~	~	~	~	~	~	2 33%~	3 60%~	24 49%~	25 52%~	2 40%~	13 48%~	14 50%~
NOT ANSWERED		42																	
VALID CASES	55	1171	6	14	15	20	29						6	5	49	48	5	27	28
NUMBER OF RESPONDENTS	55	1213	6	14	15	20	29						6	5	49	48	5	27	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q41 WORST PERSONAL DOCTOR POSSIBLE	1 0.4%	8 0.2%	~	~	~	2%	1 0.9%	~	~	~	~	~	~	1 ~0.5%	1 ~0.4%	~	1 ~0.6%	~	
01	1 0.4%	20 0.5%	1 2%	~	~	~	~	~	~	~	~	~	~	1 ~0.5%	1 ~0.4%	~	1 ~0.6%	~	
02		19 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	1 0.4%	22 0.5%	1 2%	~	~	~	~	~	~	~	~	~	1 3%	1 ~0.4%	~	~	1 1%	~	
04	1 0.4%	26 0.6%	~	~	1 1%	~	1 ~0.9%	~	~	~	~	~	~	1 ~0.5%	1 ~0.4%	~	1 ~0.6%	~	
05	6 2%	122 3%	~	1 2%	4 5%	1 2%	3 3%	~	~	~	~	~	2 8%	6 ~3%	6 3%	~	5 3%	1 1%	
06	9 4%	114 3%	~	4 7%	3 4%	2 3%	8 7%*	~	~	~	~	~	~	1 3%	8 4%	7 3%	2 22%	7 4%	2 3%
07	17 7%	260 6%	1 2%	5 8%	2 3%*	9 14%*	7 6%	~	~	~	~	~	2 8%	3 9%	14 7%	16 7%	1 11%	13 8%	4 5%
08	41 17%	703 16%	5 12%	13 22%	14 19%	9 14%	16 15%	~	~	~	~	~	5 21%	2 6%	36 18%	36 16%	2 22%	32 19%	9 12%
09	45 19%	904 20%	14 33%	8 13%	15 20%	8 12%	25 23%	~	~	~	~	~	3 13%	8 25%	37 18%	42 19%	2 22%	31 18%	14 19%
BEST PERSONAL DOCTOR POSSIBLE	121 50%	2271 51%	21 49%	29 48%	35 47%	36 55%	48 44%	~	~	~	~	~	12 50%	17 53%	97 48%	115 51%	2 22%	78 46%	43 58%
#8-10 (NET)	207 85%	3877 87%	40 93%	50 83%	64 86%	53 80%	89 82%	~	~	~	~	~	20 83%	27 84%	170 85%	193 85%	6 67%	141 83%	66 89%

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		
	WORA 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 & POOR	NO CCC	CCC	
9-10 (NET)	166 68%	3175 71%	35 81%	37 62%	50 68%	44 67%	73 67%	~	~	~	~	~	15 62%	25 78%	134 67%	157 69%	4 44%	109 64%*	57 77%*
NOT ANSWERED	16	208	1	2	8	5	9							2	11	12	1	11	5
VALID CASES	243	4468	43	60	74	66	109					24	32	201	226	9	169	74	
NUMBER OF RESPONDENTS	259 100%	4676 100%	44 100%	62 100%	82 100%	71 100%	118 100%					24 100%	34 100%	212 100%	238 100%	10 100%	180 100%	79 100%	
MEAN	8.86	8.91	9.00	8.83	8.82	8.85	8.71					8.79	9.00	8.82	8.88	8.11	8.75	9.14	
p stat_(*=Sig @ p<=.05)		.675	~.850	.792	.925	.169	~	~	~	~	~	~	~	~	~	~	~.060	.059	

[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	
	WORA 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 #	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q42 YES	72 30%	1079 24%	10 24%~	11 19%*	24 32%	27 41%*	33 31%	~	~	~	~	12 ~ 50%~	10 31%~	58 29%~	63 28%~	5 56%~	16 10%*	56 77%*
NO	169 70%	3404 76%	32 76%~	47 81%*	51 68%	39 59%*	75 69%	~	~	~	~	12 ~ 50%~	22 69%~	140 71%~	160 72%~	4 44%~	152 90%*	17 23%*
NOT ANSWERED	18	193	2	4	7	5	10						2	14	15	1	12	6
VALID CASES	241	4483	42	58	75	66	108					24	32	198	223	9	168	73
NUMBER OF RESPONDENTS	259 100%	4676 100%	44 100%	62 100%	82 100%	71 100%	118 100%					24 100%	34 100%	212 100%	238 100%	10 100%	180 100%	79 100%

[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		
	WORA 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	GOOD & FAIR & POOR	NO CCC	CCC	
Q43 #YES	60 86%	932 89%	8 89%~	10 91%~	20 83%~	22 85%~	28 85%~	~	~	~	~	~	11 92%~	8 89%~	50 86%~	54 87%~	4 80%~	10 67%~	50 91%~
NO	10 14%	112 11%	1 11%~	1 9%~	4 17%~	4 15%~	5 15%~	~	~	~	~	~	1 8%~	1 11%~	8 14%~	8 13%~	1 20%~	5 33%~	5 9%~
NOT ANSWERED	2	26	1			1								1		1		1	1
VALID CASES	70	1045	9	11	24	26	33						12	9	58	62	5	15	55
NUMBER OF RESPONDENTS	72	1071	10	11	24	27	33						12	10	58	63	5	16	56
	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		
	WORA 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/ NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q44 #YES	61 87%	903 87%	9 100%	11 100%	19 79%	22 85%	29 88%	~	~	~	~	~	10 83%	8 89%	51 88%	56 90%	3 60%	11 73%	50 91%
NO	9 13%	141 13%	~	~	5 21%	4 15%	4 12%	~	~	~	~	~	2 17%	1 11%	7 12%	6 10%	2 40%	4 27%	5 9%
NOT ANSWERED	2	27	1			1								1		1		1	1
VALID CASES	70	1044	9	11	24	26	33						12	9	58	62	5	15	55
NUMBER OF RESPONDENTS	72	1071	10	11	24	27	33						12	10	58	63	5	16	56
	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		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	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	GOOD & POOR	NO CCC	CCC
Q45 YES	39 14%	851 16%	6 13%	8 12%	11 13%	14 18%	17 14%	~	~	~	~	~	5 20%	6 16%	32 14%	33 13%	6 55%	16 9%*	23 27%*
NO	235 86%	4406 84%	40 87%	57 88%	73 87%	65 82%	108 86%	~	~	~	~	~	20 80%	32 84%	196 86%	223 87%	5 45%	172 91%*	63 73%*
NOT ANSWERED	12	381	1	2	5	4							1	1	1	1		11	1
VALID CASES	274	5257	46	65	84	79	125						25	38	228	256	11	188	86
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	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?

	WORA 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 & GOOD	FAIR & POOR	NO CCC	CCC
Q46 NEVER	3 8%	36 5%	1 20%	2 25%	~	~	1 6%	~	~	~	~	~	~	3 10%	3 10%	~	3 14%	
SOMETIMES	6 16%	163 21%	~	~	3 30%	3 21%	1 6%	~	~	~	~	2 40%	6 19%	4 13%	2 33%	1 7%	5 23%	
USUALLY	11 30%	221 28%	1 20%	3 38%	2 20%	5 36%	6 37%	~	~	~	~	1 20%	2 40%	8 26%	9 29%	2 33%	6 40%	5 23%
ALWAYS	17 46%	367 47%	3 60%	3 38%	5 50%	6 43%	8 50%	~	~	~	~	2 40%	3 60%	14 45%	15 48%	2 33%	8 53%	9 41%
#ALWAYS + USUALLY (NET)	28 76%	589 75%	4 80%	6 75%	7 70%	11 79%	14 87%	~	~	~	~	3 60%	5 100%	22 71%	24 77%	4 67%	14 93%	14 64%
TOP BOX SCORE	17 46%	367 47%	3 60%	3 38%	5 50%	6 43%	8 50%	~	~	~	~	2 40%	3 60%	14 45%	15 48%	2 33%	8 53%	9 41%
NOT ANSWERED	2	15	1		1		1						1	1	2		1	1
VALID CASES	37	787	5	8	10	14	16					5	5	31	31	6	15	22
NUMBER OF RESPONDENTS	39	802	6	8	11	14	17					5	6	32	33	6	16	23
	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		
	WORA 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- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q47 NONE	5 14%	55 7%	1 20%	2 25%	2 ~	2 14%	1 6%	~	~	~	~	~	1 20%	4 13%	5 16%	~	~	5 23%
1 SPECIALIST	24 65%	514 65%	1 20%	6 75%	8 80%	9 64%	12 75%	~	~	~	~	4 80%	2 40%	21 68%	21 68%	3 50%	13 87%	11 50%
2	5 14%	134 17%	1 20%	~	2 20%	2 14%	2 13%	~	~	~	~	1 20%	1 20%	4 13%	4 13%	1 17%	2 13%	3 14%
3	1 3%	51 6%	1 20%	~	~	~	~	~	~	~	~	~	~	1 3%	~	1 17%	~	1 5%
4	1 3%	13 2%	1 20%	~	~	~	~	~	~	~	~	~	1 20%	~	1 3%	~	~	1 5%
5 OR MORE SPECIALISTS	1 3%	19 2%	~	~	~	1 7%	1 6%	~	~	~	~	~	~	1 3%	~	1 17%	~	1 5%
NOT ANSWERED	2	16	1	~	1	~	1	~	~	~	~	~	1	1	2	~	1	1
VALID CASES	37	786	5	8	10	14	16	~	~	~	~	5	5	31	31	6	15	22
NUMBER OF RESPONDENTS	39	802	6	8	11	14	17	~	~	~	~	5	6	32	33	6	16	23
	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?

	WORA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	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 & 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		29 4%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
06	4 13%	32 4%	~	1 17%~	2 20%~	1 9%~	2 13%~	~	~	~	~	~	~	3 12%~	2 8%~	2 33%~	3 21%~	1 6%~	
07	1 3%	59 8%	~	~	~	1 9%~	~	~	~	~	~	~	~	1 4%~	1 4%~	~	1 7%~	~	
08	2 6%	116 16%	~	~	1 10%~	1 9%~	~	~	~	~	~	1 20%~	~	2 8%~	1 4%~	1 17%~	1 7%~	1 6%~	
09	8 26%	143 20%	~	2 50%~	2 33%~	1 10%~	3 27%~	7 47%~	~	~	~	~	~	8 31%~	5 20%~	3 50%~	2 14%~	6 35%~	
BEST SPECIALIST POSSIBLE	16 52%	312 43%	~	2 50%~	3 50%~	6 60%~	5 45%~	6 40%~	~	~	~	~	~	4 80%~	4 100%~	12 46%~	16 64%~	7 50%~	9 53%~

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	
	WORA 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	GOOD & POOR	NO CCC	CCC
#8-10 (NET)	26 84%	570 80%	4 100%	5 83%	8 80%	9 82%	13 87%	~	~	~	~	~100%	4 100%	22 85%	22 88%	4 67%	10 71%	16 94%
9-10 (NET)	24 77%	455 63%	4 100%	5 83%	7 70%	8 73%	13 87%	~	~	~	~	~80%	4 100%	20 77%	21 84%	3 50%	9 64%	15 88%
NOT ANSWERED	1	7				1								1	1		1	
VALID CASES	31	717	4	6	10	11	15				5	4	26	25	6	14	17	
NUMBER OF RESPONDENTS	32	724	4	6	10	12	15				5	4	27	26	6	15	17	
	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	
MEAN	9.00	8.55	9.50	9.00	8.90	8.91	9.00				9.60	10.0	8.96	9.28	7.83	8.64	9.29	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

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

	WORA 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	
Q49 YES	52 19%	1347 26%*	14 32%~	11 17%	11 13%	16 20%	20 16%	~	~	~	~	~	3 12%~	11 29%~	40 18%~	48 19%~	4 40%~	35 19%	17 20%
NO	218 81%	3870 74%*	30 68%~	53 83%	72 87%	63 80%	105 84%	~	~	~	~	~	22 88%~	27 71%~	186 82%~	207 81%~	6 60%~	150 81%	68 80%
NOT ANSWERED	16	421	3	3	6	4							1		3	2	1	14	2
VALID CASES	270	5217	44	64	83	79	125						25	38	226	255	10	185	85
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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	
	WORA 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- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q50 NEVER	2 4%	45 3%	~	~	~	13%~	1 6%~	~	~	~	~	~	~	2 5%~	2 4%~	~	1 3%~	1 6%~
SOMETIMES	8 16%	221 17%	4 31%~	2 18%~	2 18%~	~	4 22%~	~	~	~	~	~	1 9%~	7 18%~	8 17%~	~	7 21%~	1 6%~
USUALLY	18 36%	378 29%	5 38%~	4 36%~	4 36%~	5 33%~	9 50%~	~	~	~	~	2 67%~	5 45%~	13 34%~	17 37%~	1 25%~	12 35%~	6 37%~
ALWAYS	22 44%	651 50%	4 31%~	5 45%~	5 45%~	8 53%~	4 22%~	~	~	~	~	1 33%~	5 45%~	16 42%~	19 41%~	3 75%~	14 41%~	8 50%~
#ALWAYS + USUALLY (NET)	40 80%	1029 79%	9 69%~	9 82%~	9 82%~	13 87%~	13 72%~	~	~	~	~	3 100%~	10 91%~	29 76%~	36 78%~	4 100%~	26 76%~	14 87%~
TOP BOX SCORE	22 44%	651 50%	4 31%~	5 45%~	5 45%~	8 53%~	4 22%~	~	~	~	~	1 33%~	5 45%~	16 42%~	19 41%~	3 75%~	14 41%~	8 50%~
NOT ANSWERED	2	28	1			1	2							2	2		1	1
VALID CASES	50	1295	13	11	11	15	18					3	11	38	46	4	34	16
NUMBER OF RESPONDENTS	52	1323	14	11	11	16	20					3	11	40	48	4	35	17
	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?

	WORA 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 & GOOD	FAIR & POOR	NO CCC	CCC
Q51 NEVER		23 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	3 6%	90 7%	1 8%	~	1 9%	1 7%	1 6%	~	~	~	~	~	~	3 8%	3 7%	1 3%	2 13%	
USUALLY	9 18%	268 21%	3 23%	2 18%	2 18%	2 13%	6 33%	~	~	~	~	~	~	9 24%	8 17%	1 25%	3 19%	
ALWAYS	38 76%	903 70%	9 69%	9 82%	8 73%	12 80%	11 61%	~	~	~	~	~	3 ~100%	11 ~100%	26 68%	35 76%	3 75%	11 79%
#ALWAYS + USUALLY (NET)	47 94%	1171 91%	12 92%	11 ~100%	10 91%	14 93%	17 94%	~	~	~	~	~	3 ~100%	11 ~100%	35 92%	43 93%	4 100%	14 97%
TOP BOX SCORE	38 76%	903 70%	9 69%	9 82%	8 73%	12 80%	11 61%	~	~	~	~	~	3 ~100%	11 ~100%	26 68%	35 76%	3 75%	11 79%
NOT ANSWERED	2	39	1			1	2							2	2		1	1
VALID CASES	50	1284	13	11	11	15	18						3	11	38	46	4	34
NUMBER OF RESPONDENTS	52	1323	14	11	11	16	20						3	11	40	48	4	35
	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		
	WORA 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 & POOR	NO CCC	CCC	
Q52 YES	80 30%	1805 35%	13 30%	25 40%	22 27%	20 26%	31 25%	~	~	~	~	~	9 35%	12 33%	65 29%	73 29%	5 50%	55 31%	25 29%
NO	185 70%	3343 65%	30 70%	37 60%	61 73%	57 74%	94 75%	~	~	~	~	~	17 65%	24 67%	159 71%	177 71%	5 50%	125 69%	60 71%
NOT ANSWERED	21	490	4	5	6	6								2	5	7	1	19	2
VALID CASES	265	5148	43	62	83	77	125						26	36	224	250	10	180	85
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
PQ53 NEVER	4 2%	124 2%	~	~	1%	4%	2%	~	~	~	~	~	4%	1%	3%	2%	~	3%	1%
SOMETIMES	15 6%	397 8%	~	8%	9%	4%	3%	~	~	~	~	~	8%	3%	6%	5%	20%	4%	9%
USUALLY	27 10%	575 11%	19%	13%	9%	5%*	10%	~	~	~	~	~	8%	11%	10%	10%	20%	10%	11%
ALWAYS	217 83%	3983 78%	81%	79%	82%	87%	105 85%	~	~	~	~	~	81%	83%	82%	83%	60%	150 84%	67 79%
#ALWAYS + USUALLY (NET)	244 93%	4559 90%	100%	92%	90%	92%	118 95%	~	~	~	~	~	88%	94%	92%	93%	80%	168 94%	76 89%
TOP BOX SCORE	217 83%	3983 78%	81%	79%	82%	87%	105 85%	~	~	~	~	~	81%	83%	82%	83%	60%	150 84%	67 79%
NOT ANSWERED	23	559	5	5	7	6	1						2	7	9	1	21	2	
VALID CASES	263	5079	42	62	82	77	124						26	36	222	248	10	178	85
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

[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		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER ALSK NATV ##	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%	1 0.8%	~	~	~	~	~	~	1 ~0.4%	1 ~0.4%	~	~	1 ~0.5%	~
01		27 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	3 1%	33 0.6%	1 2%	~	2 2%	~	~	~	~	~	~	~	1 4%	3 ~1%	2 ~0.8%	1 9%	~	~	3 3%
03	4 1%	44 0.9%	1 2%	~	~	4%	2 2%	~	~	~	~	~	~	1 3%	3 ~1%	4 2%	~	~0.5%	3 3%
04	3 1%	62 1%	~	~	1 1%	2 3%	1 0.8%	~	~	~	~	~	2 8%	3 ~1%	3 1%	~	~	2 1%	1 1%
05	20 7%	275 5%	1 2%	6 9%	9 11%	4 5%	12 10%	~	~	~	~	~	1 4%	1 3%	19 8%	18 7%	2 18%	13 7%	7 8%
06	14 5%	233 5%	4 9%	1 2%*	5 6%	4 5%	4 3%	~	~	~	~	~	2 8%	1 3%	13 6%	12 5%	2 18%	8 4%	6 7%
07	37 14%	496 10%*	5 11%	11 17%	9 11%	12 16%	15 12%	~	~	~	~	~	7 28%	2 5%	35 15%	34 13%	2 18%	21 11%	16 19%
08	57 21%	982 19%	10 22%	14 22%	15 18%	18 23%	34 28%*	~	~	~	~	~	3 12%	6 16%	49 22%	56 22%	1 9%	41 22%	16 19%
09	51 19%	974 19%	12 27%	12 19%	15 18%	12 16%	24 20%	~	~	~	~	~	4 16%	8 22%	41 18%	47 19%	2 18%	38 21%	13 15%
BEST HEALTH PLAN POSSIBLE	79 29%	2033 39%*	11 24%	20 31%	27 33%	21 27%	30 24%	~	~	~	~	~	5 20%	18 49%	59 26%	77 30%	1 9%	58 32%	21 24%
#8-10 (NET)	187 70%	3988 77%*	33 73%	46 72%	57 69%	51 66%	88 72%	~	~	~	~	~	12 48%	32 86%	149 66%	180 71%	4 36%	137 75%*	50 58%*

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		
	WORA 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 & GOOD	FAIR & POOR	NO CCC	CCC	
9-10 (NET)	130 48%	3007 58%*	23 51%~	32 50%	42 51%	33 43%	54 44%	~	~	~	~	~	9 36%~	26 70%~	100 44%~	124 49%~	3 27%~	96 52%*	34 40%*
NOT ANSWERED	17	462	2	3	6	6	2					1	1	3	3		16	1	
VALID CASES	269	5176	45	64	83	77	123					25	37	226	254	11	183	86	
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%					26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%	
MEAN	8.10	8.44	8.16	8.33	8.08	7.88	8.02					7.44	8.86	7.95	8.15	6.73	8.31	7.64	
p stat_(*=Sig @ p<=.05)		.003*	~.208	.945	.272	.567	~	~	~	~	~	~	~	~	~	~	~.007*	.007*	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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	
Q55 YES	124 46%	1994 38%*	22 49%~	19 30%*	36 43%	47 60%*	58 46%	~	~	~	~	~	13 50%~	19 50%~	101 44%~	115 45%~	6 60%~	62 34%*	62 72%*
NO	147 54%	3218 62%*	23 51%~	45 70%*	48 57%	31 40%*	67 54%	~	~	~	~	~	13 50%~	19 50%~	126 56%~	141 55%~	4 40%~	123 66%*	24 28%*
NOT ANSWERED	15	425	2	3	5	5								2	1	1	14	1	
VALID CASES	271	5213	45	64	84	78	125						26	38	227	256	10	185	86
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q56 NEVER	2 2%	36 2%	~	1 5%	1 3%	1 3%	2 4%	~	~	~	~	~	~	~	2 2%	2 2%	~	1 2%	1 2%
SOMETIMES	11 9%	176 9%	1 5%	2 11%	3 8%	5 11%	2 4%*	~	~	~	~	~	2 15%	3 16%	8 8%	10 9%	1 17%	4 7%	7 11%
USUALLY	35 29%	474 24%	5 24%	4 21%	13 36%	13 29%	20 36%	~	~	~	~	~	7 54%	2 11%	33 34%	33 29%	2 33%	14 23%	21 34%
ALWAYS	73 60%	1301 65%	15 71%	12 63%	19 53%	27 60%	32 57%	~	~	~	~	~	4 31%	14 74%	55 56%	67 60%	3 50%	41 68%	32 52%
#ALWAYS + USUALLY (NET)	108 89%	1775 89%	20 95%	16 84%	32 89%	40 89%	52 93%	~	~	~	~	~	11 85%	16 84%	88 90%	100 89%	5 83%	55 92%	53 87%
TOP BOX SCORE	73 60%	1301 65%	15 71%	12 63%	19 53%	27 60%	32 57%	~	~	~	~	~	4 31%	14 74%	55 56%	67 60%	3 50%	41 68%	32 52%
NOT ANSWERED	3	29	1			2	2								3	3		2	1
VALID CASES	121	1988	21	19	36	45	56						13	19	98	112	6	60	61
NUMBER OF RESPONDENTS	124	2017	22	19	36	47	58						13	19	101	115	6	62	62
	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?

	WORA TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALS #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q57 #YES	65 54%	1177 60%	12 57%	13 68%	21 58%	19 42%	29 53%	~	~	~	~	~	9 69%	13 68%	50 51%	61 54%	2 40%	28 46%	37 62%
NO	56 46%	795 40%	9 43%	6 32%	15 42%	26 58%	26 47%	~	~	~	~	~	4 31%	6 32%	48 49%	52 46%	3 60%	33 54%	23 38%
NOT ANSWERED	3	45	1			2	3								3	2	1	1	2
VALID CASES	121	1972	21	19	36	45	55						13	19	98	113	5	61	60
NUMBER OF RESPONDENTS	124	2017	22	19	36	47	58						13	19	101	115	6	62	62
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

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

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57A YES	222 83%	4014 79%	33 72%	50 79%	73 89%	66 87%	105 86%	~	~	~	~	~	21 84%	30 81%	186 83%	207 82%	10 91%	152 84%	70 80%
NO	45 17%	1085 21%	13 28%	13 21%	9 11%	10 13%	17 14%	~	~	~	~	~	4 16%	7 19%	38 17%	44 18%	1 9%	28 16%	17 20%
NOT ANSWERED	19	539	1	4	7	7	3						1	1	5	6		19	
VALID CASES	267	5099	46	63	82	76	122						25	37	224	251	11	180	87
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57B NEVER	27 24%	667 28%	4 27%	7 24%	7 19%	9 28%	5 20%	~	~	~	~	~	6 50%	3 17%	24 26%	26 25%	1 14%	17 22%	10 29%
SOMETIMES	20 18%	484 20%	2 13%	5 17%	6 16%	7 22%	3 12%	~	~	~	~	~	3 28%	5 15%	14 17%	18 17%	1 14%	14 18%	6 18%
USUALLY	30 27%	468 20%	5 33%	8 28%	11 30%	6 19%	7 28%	~	~	~	~	~	3 25%	5 28%	24 26%	27 26%	2 29%	22 28%	8 24%
ALWAYS	36 32%	771 32%	4 27%	9 31%	13 35%	10 31%	10 40%	~	~	~	~	~	3 25%	5 28%	30 33%	33 32%	3 43%	26 33%	10 29%
#ALWAYS + USUALLY (NET)	66 58%	1239 52%	9 60%	17 59%	24 65%	16 50%	17 68%	~	~	~	~	~	6 50%	10 56%	54 59%	60 58%	5 71%	48 61%	18 53%
TOP BOX SCORE	36 32%	771 32%	4 27%	9 31%	13 35%	10 31%	10 40%	~	~	~	~	~	3 25%	5 28%	30 33%	33 32%	3 43%	26 33%	10 29%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	154	2768	30	33	45	46	98						13	19	132	147	4	102	52
NOT ANSWERED	19	480	2	5	7	5	2						1	1	5	6		18	1
VALID CASES	113	2390	15	29	37	32	25						12	18	92	104	7	79	34
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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	
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- #	AS- IAN ##	NATV ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	45 17%	1124 22%*	9 20%~	10 16%	12 15%	14 18%	16 13%	~	~	~	~	~	3 ~ 12%~	8 22%~	36 16%~	40 16%~	3 30%~	23 13%*	22 26%*
NO	221 83%	3960 78%*	37 80%~	52 84%	70 85%	62 82%	109 87%	~	~	~	~	~	23 ~ 88%~	29 78%~	188 84%~	212 84%~	7 70%~	157 87%*	64 74%*
NOT ANSWERED	20	553	1	5	7	7								1	5	5	1	19	1
VALID CASES	266	5085	46	62	82	76	125						26	37	224	252	10	180	86
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57D #YES	41 93%	945 87%	8 89%	10 100%	12 100%	11 85%	14 93%	~	~	~	~	~	2 67%	8 100%	32 91%	37 95%	3 100%	21 95%	20 91%
NO	3 7%	135 13%	1 11%	~	~	2 15%	1 7%	~	~	~	~	~	1 33%	~	3 9%	2 5%	~	1 5%	2 9%
NOT ANSWERED	1	16				1	1							1	1			1	
VALID CASES	44	1081	9	10	12	13	15						3	8	35	39	3	22	22
NUMBER OF RESPONDENTS	45	1097	9	10	12	14	16						3	8	36	40	3	23	22
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

	WORA 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57E #YES	41 93%	905 84%~	9 100%~	9 90%~	11 92%~	12 92%~	15 100%~	~	~	~	~	~	2 67%~	8 100%~	32 91%~	36 92%~	3 100%~	21 95%~	20 91%~
NO	3 7%	169 16%~	~	1 10%~	1 8%~	1 8%~	~	~	~	~	~	~	1 33%~	3 9%~	3 8%~	3 8%~	1 5%~	2 9%~	
NOT ANSWERED	1	24				1	1							1	1		1		
VALID CASES	44	1073	9	10	12	13	15						3	8	35	39	3	22	22
NUMBER OF RESPONDENTS	45	1097	9	10	12	14	16						3	8	36	40	3	23	22
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

	WORA 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 #	AMER IND/ ALSK ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q57F NEVER		20 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	1 2%	94 9%	~	~	~	1 8%	1 7%	~	~	~	~	~	~	1 3%	1 33%	1 5%	1 ~	~
USUALLY	11 25%	257 24%	2 22%	2 20%	3 25%	4 31%	5 33%	~	~	~	~	1 33%	2 25%	8 23%	8 21%	1 33%	5 23%	6 27%
ALWAYS	32 73%	704 66%	7 78%	8 80%	9 75%	8 62%	9 60%	~	~	~	~	2 67%	6 75%	26 74%	31 79%	1 33%	16 73%	16 73%
#ALWAYS + USUALLY (NET)	43 98%	960 89%	9 100%	10 100%	12 100%	12 92%	14 93%	~	~	~	~	3 100%	8 100%	34 97%	39 100%	2 67%	21 95%	22 100%
TOP BOX SCORE	32 73%	704 66%	7 78%	8 80%	9 75%	8 62%	9 60%	~	~	~	~	2 67%	6 75%	26 74%	31 79%	1 33%	16 73%	16 73%
NOT ANSWERED	1	23				1	1							1	1		1	
VALID CASES	44	1074	9	10	12	13	15					3	8	35	39	3	22	22
NUMBER OF RESPONDENTS	45	1097	9	10	12	14	16					3	8	36	40	3	23	22
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q57G NEVER	2 5%	53 5%	~	10%	1	8%	~	~	~	~	~	~	13%	3%	5%	~	5%	5%	
SOMETIMES	3 7%	120 11%	~	20%	2	8%	1	~	~	~	~	~	13%	6%	8%	~	10%	5%	
USUALLY	8 19%	238 22%	25%	10%	1	25%	3	~	~	~	~	~	13%	21%	21%	~	19%	18%	
ALWAYS	30 70%	662 62%	75%	60%	6	67%	8	10	11	73%	~	~	~	~	100%	62%	71%	67%	100%
#ALWAYS + USUALLY (NET)	38 88%	901 84%	100%	70%	7	92%	11	12	14	93%	~	~	~	~	100%	75%	91%	87%	100%
TOP BOX SCORE	30 70%	662 62%	75%	60%	6	67%	8	10	11	73%	~	~	~	~	100%	62%	71%	67%	100%
NOT ANSWERED	2	23	1				1					1		2	1		2		
VALID CASES	43	1074	8	10	12	13	15					2	8	34	39	3	21	22	
NUMBER OF RESPONDENTS	45	1097	9	10	12	14	16					3	8	36	40	3	23	22	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q57C = YES]

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

	WORA 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 #	AMER IND/ ALSK ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q57H NEVER		23 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	3 7%	97 9%	~	20%~	8%~	7%~	~	~	~	~	~	13%~	6%~	8%~	2 3	10%~	5%~	
USUALLY	7 16%	214 20%~	22%~	20%~	8%~	20%~	~	~	~	~	33%~	13%~	17%~	15%~	6 3	14%~	18%~	
ALWAYS	33 77%	741 69%~	78%~	60%~	83%~	83%~	73%~	~	~	~	67%~	75%~	77%~	77%~	30 3	76%~	77%~	
#ALWAYS + USUALLY (NET)	40 93%	955 89%~	100%~	80%~	92%~	100%~	93%~	~	~	~	100%~	87%~	94%~	92%~	36 3	90%~	95%~	
TOP BOX SCORE	33 77%	741 69%~	78%~	60%~	83%~	83%~	73%~	~	~	~	67%~	75%~	77%~	77%~	30 3	76%~	77%~	
NOT ANSWERED	2	23				2	1							1	1		2	
VALID CASES	43	1074	9	10	12	12	15				3	8	35	39	3	21	22	
NUMBER OF RESPONDENTS	45	1097	9	10	12	14	16				3	8	36	40	3	23	22	
	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q58																		
EXCELLENT	109 41%	2143 41%	25 56%	28 44%	34 41%	22 29%*	45 36%	~	~	~	~	11 44%	14 38%	93 41%	109 42%	~	93 51%*	16 19%*
VERY GOOD	102 38%	1856 36%	14 31%	24 37%	34 41%	30 39%	49 40%	~	~	~	~	11 44%	13 35%	88 39%	102 40%	~	64 35%	38 44%
GOOD	46 17%	944 18%	5 11%	11 17%	11 13%	19 25%	24 19%	~	~	~	~	3 12%	10 27%	35 15%	46 18%	~	22 12%*	24 28%*
FAIR	11 4%	237 5%	1 2%	1 2%	4 5%	5 7%	6 5%	~	~	~	~	~	11 5%	~	11 ~100%	~	3 2%*	8 9%*
POOR		15 0.3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
#EXCELLENT + VERY GOOD + GOOD (NET)	257 96%	4943 95%	44 98%	63 98%	79 95%	71 93%	118 95%	~	~	~	~	25 ~100%	37 ~100%	216 95%	257 ~100%	~	179 98%*	78 91%*
NOT ANSWERED	18	443	2	3	6	7	1					1	1	2			17	1
VALID CASES	268	5195	45	64	83	76	124					25	37	227	257	11	182	86
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%					26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	113 42%	2231 43%	25 56%	40 63%*	28 34%	20 26%*	46 37%	~	~	~	~	9 36%	19 50%	93 41%	112 44%	1 9%	95 52%*	18 21%*
VERY GOOD	71 26%	1483 29%	14 31%	13 21%	24 29%	20 26%	31 25%	~	~	~	~	12 48%	8 21%	62 27%	68 27%	~	54 30%	17 20%
GOOD	54 20%	1030 20%	5 11%	10 16%	19 23%	20 26%	26 21%	~	~	~	~	2 8%	8 21%	44 19%	50 20%	4 36%	28 15%*	26 31%*
FAIR	24 9%	368 7%	1 2%	~	9 11%	14 18%*	16 13%*	~	~	~	~	2 8%	3 8%	21 9%	18 7%	5 45%	5 3%*	19 22%*
POOR	6 2%	70 1%	~	~	3 4%	3 4%	4 3%	~	~	~	~	~	~	6 3%	5 2%	1 9%	1 0.5%*	5 6%*
#EXCELLENT + VERY GOOD + GOOD (NET)	238 89%	4745 92%	44 98%	63 100%	71 86%	60 78%*	103 84%*	~	~	~	~	23 92%	35 92%	199 88%	230 91%	5 45%	177 97%*	61 72%*
NOT ANSWERED	18	455	2	4	6	6	2					1		3	4		16	2
VALID CASES	268	5183	45	63	83	77	123					25	38	226	253	11	183	85
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%					26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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
Q60 YES	79 29%	1055 20%*	11 24%~	11 17%*	22 26%	35 45%*	38 30%	~	~	~	~	10 40%~	14 37%~	63 28%~	70 27%~	7 64%~	17 9%*	62 71%*
NO	191 71%	4144 80%*	34 76%~	53 83%*	62 74%	42 55%*	87 70%	~	~	~	~	15 60%~	24 63%~	165 72%~	186 73%~	4 36%~	166 91%*	25 29%*
NOT ANSWERED	16	439	2	3	5	6						1		1	1		16	
VALID CASES	270	5199	45	64	84	77	125					25	38	228	256	11	183	87
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%					26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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	
Q61 YES	64	796	9	9	20	26	31						9	11	52	58	5	6	58
	85%	77%	82%~	82%~	95%~	81%~	89%~	~	~	~	~	~	90%~	79%~	87%~	87%~	71%~	40%~	97%~
NO	11	235	2	2	1	6	4						1	3	8	9	2	9	2
	15%	23%	18%~	18%~	5%~	19%~	11%~	~	~	~	~	~	10%~	21%~	13%~	13%~	29%~	60%~	3%~
NOT ANSWERED	4	22			1	3	3								3	3		2	2
VALID CASES	75	1030	11	11	21	32	35						10	14	60	67	7	15	60
NUMBER OF RESPONDENTS	79	1052	11	11	22	35	38						10	14	63	70	7	17	62
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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	
	WORA 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 ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q62 YES	57	716	7	7	20	23	26					9	11	45	51	5		57
	89%	91%	78%~	78%~	100%~	88%~	84%~	~	~	~	~	~100%~	~100%~	87%~	88%~	100%~	~	98%~
NO	7	75	2	2		3	5							7	7		6	1
	11%	9%	22%~	22%~		12%~	16%~	~	~	~	~	~	~	13%~	12%~		~100%~	2%~
NOT ANSWERED		15																
VALID CASES	64	791	9	9	20	26	31					9	11	52	58	5	6	58
NUMBER OF RESPONDENTS	64	806	9	9	20	26	31					9	11	52	58	5	6	58
	100%	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		
	WORA 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q63																			
YES	50 19%	788 15%	6 13%	7 11%*	18 22%	19 25%	27 22%	~	~	~	~	~	4 ~ 15%	4 11%	45 20%	43 17%	7 70%	6 3%*	44 52%*
NO	217 81%	4394 85%	39 87%	56 89%*	65 78%	57 75%	98 78%	~	~	~	~	~	22 ~ 85%	34 89%	180 80%	211 83%	3 30%	176 97%*	41 48%*
NOT ANSWERED	19	456	2	4	6	7									4	3	1	17	2
VALID CASES	267	5182	45	63	83	76	125						26	38	225	254	10	182	85
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q64 YES	38	637	6	5	13	14	22	~	~	~	~	3	3	34	32	6	1	37
	79%	85%	100%	71%	72%	82%	85%	~	~	~	~	75%	75%	79%	78%	86%	17%	88%
NO	10	110		2	5	3	4	~	~	~	~	1	1	9	9	1	5	5
	21%	15%	~	29%	28%	18%	15%	~	~	~	~	25%	25%	21%	22%	14%	83%	12%
NOT ANSWERED	2	19				2	1							2	2			2
VALID CASES	48	747	6	7	18	17	26					4	4	43	41	7	6	42
NUMBER OF RESPONDENTS	50	766	6	7	18	19	27					4	4	45	43	7	6	44
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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
Q65 YES	37	591	6	5	13	13	21	~	~	~	~	3	3	33	31	6		37
	97%	96%	~100%	~100%	~100%	93%	95%	~	~	~	~	~100%	~100%	97%	97%	~100%	~	~100%
NO	1	26				1	1							1	1		1	
	3%	4%	~	~	~	7%	5%	~	~	~	~	~	~	3%	3%	~100%	~	~
NOT ANSWERED		7																
VALID CASES	38	617	6	5	13	14	22					3	3	34	32	6	1	37
NUMBER OF RESPONDENTS	38	624	6	5	13	14	22					3	3	34	32	6	1	37
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

Q66 IS YOUR CHILD LIMITED OR PREVENTED IN ANY WAY IN HIS OR HER ABILITY TO DO THE THINGS MOST CHILDREN OF THE SAME AGE CAN DO?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q66 YES	38 14%	639 12%	4 9%	5 8%	13 15%	16 21%	18 14%	~	~	~	~	~	1 4%	7 18%	31 14%	29 11%	8 80%	4 2%*	34 40%*
NO	232 86%	4546 88%	41 91%	59 92%	72 85%	60 79%	107 86%	~	~	~	~	~	25 96%	31 82%	197 86%	228 89%	2 20%	180 98%*	52 60%*
NOT ANSWERED	16	453	2	3	4	7									1		1	15	1
VALID CASES	270	5185	45	64	85	76	125						26	38	228	257	10	184	86
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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		
Q67 YES	33 89%	445 77%	3 75%	5 100%	13 100%	12 80%	15 88%	~	~	~	~	~	1 100%	6 86%	27 90%	24 86%	8 100%	2 50%	31 94%
NO	4 11%	136 23%	1 25%	~	~	3 20%	2 12%	~	~	~	~	~	~	1 14%	3 10%	4 14%	~	2 50%	2 6%
NOT ANSWERED	1	22				1	1							1	1	1			1
VALID CASES	37	582	4	5	13	15	17					1	7	30	28	8	4	33	
NUMBER OF RESPONDENTS	38	604	4	5	13	16	18					1	7	31	29	8	4	34	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES]

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

	WORA 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	
Q68 YES	31 94%	427 96%	3 100%	4 80%	13 100%	11 92%	13 87%	~	~	~	~	~	1 100%	6 100%	25 93%	23 96%	7 88%	31 100%	
NO	2 6%	17 4%	~	20%	~	8%	13%	~	~	~	~	~	~	~	7%	4%	13%	100%	
NOT ANSWERED		6																	
VALID CASES	33	444	3	5	13	12	15						1	6	27	24	8	2	31
NUMBER OF RESPONDENTS	33 100%	450 100%	3 100%	5 100%	13 100%	12 100%	15 100%						1 100%	6 100%	27 100%	24 100%	8 100%	2 100%	31 100%

[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		
	WORA 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	
Q69 YES	28 11%	531 10%	1 2%~	6 10%	14 16%	7 10%	17 14%	~	~	~	~	~	2 8%~	2 5%~	26 12%~	24 9%~	4 40%~	8 4%*	20 24%*
NO	238 89%	4648 90%	45 98%~	56 90%	71 84%	66 90%	105 86%	~	~	~	~	~	24 92%~	35 95%~	199 88%~	229 91%~	6 60%~	174 96%*	64 76%*
NOT ANSWERED	20	459	1	5	4	10	3							1	4	4	1	17	3
VALID CASES	266	5179	46	62	85	73	122						26	37	225	253	10	182	84
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

	WORA 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		
Q70 YES	15 58%	336 68%	1 100%	3 50%	7 54%	4 67%	7 41%	~	~	~	~	~	2 100%	2 100%	13 54%	12 55%	3 75%	1 13%	14 78%
NO	11 42%	157 32%	~	3 50%	6 46%	2 33%	10 59%	~	~	~	~	~	~	~	11 46%	10 45%	1 25%	7 88%	4 22%
NOT ANSWERED	2	8			1	1									2	2			2
VALID CASES	26	493	1	6	13	6	17						2	2	24	22	4	8	18
NUMBER OF RESPONDENTS	28	501	1	6	14	7	17						2	2	26	24	4	8	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?

	WORA 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	
Q71 YES	14	293	1	2	7	4	6	~	~	~	~	~	2	2	12	11	3	14	
	93%	92%	100%	67%	100%	100%	86%	~	~	~	~	~	100%	100%	92%	92%	100%	100%	
NO	1	24		1			1	~	~	~	~	~			1	1	1		
	7%	8%	~	33%	~	~	14%	~	~	~	~	~	~	~	8%	8%	~	100%	
NOT ANSWERED		3																	
VALID CASES	15	317	1	3	7	4	7						2	2	13	12	3	1	14
NUMBER OF RESPONDENTS	15	320	1	3	7	4	7						2	2	13	12	3	1	14
	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?

	WORA 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 & GOOD	FAIR & POOR	NO CCC	CCC	
Q72 YES	48 18%	736 14%	2 4%	6 9%*	19 22%	21 28%*	26 21%	~	~	~	~	~	5 ~ 19%	6 16%	41 18%	42 16%	5 45%	5 3%*	43 49%*
NO	223 82%	4444 86%	44 96%	58 91%*	66 78%	55 72%*	99 79%	~	~	~	~	~	21 ~ 81%	32 84%	188 82%	215 84%	6 55%	179 97%*	44 51%*
NOT ANSWERED	15	458	1	3	4	7													15
VALID CASES	271	5180	46	64	85	76	125						26	38	229	257	11	184	87
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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
Q73 YES	41	628	2	6	18	15	22					5	6	34	36	4		41
	89%	90%	100%	100%	100%	75%	88%	~	~	~	~	~100%	~100%	87%	90%	80%	~	~98%
NO	5	72				5	3							5	4	1	4	1
	11%	10%	~	~	~	25%	12%	~	~	~	~	~	~	13%	10%	20%	100%	2%
NOT ANSWERED	2	16			1	1	1							2	2		1	1
VALID CASES	46	700	2	6	18	20	25					5	6	39	40	5	4	42
NUMBER OF RESPONDENTS	48	716	2	6	19	21	26					5	6	41	42	5	5	43
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	47 16%	971 17%	47 100%	~	~	~	20 16%	~	~	~	~	2 8%	9 24%	37 16%	44 17%	1 9%	36 18%	11 13%
4 TO 7 YEARS OLD	67 23%	1380 24%	~	67 ~100%	~	~	24 19%	~	~	~	~	7 27%	10 26%	54 24%	63 25%	1 9%	52 26%	15 17%
8 TO 12 YEARS OLD	89 31%	1689 30%	~	~	89 ~100%	~	42 34%	~	~	~	~	9 35%	10 26%	74 32%	79 31%	4 36%	60 30%	29 33%
13 OR OLDER	83 29%	1597 28%	~	~	83 ~100%	~	39 31%	~	~	~	~	8 31%	9 24%	64 28%	71 28%	5 45%	51 26%	32 37%
VALID CASES	286	5638	47	67	89	83	125					26	38	229	257	11	199	87
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%					26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

[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		
	WORA 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		
NQ75 MALE	150 52%	2948 52%	20 43%	32 48%	52 58%	46 55%	61 49%	~	~	~	~	~	13 50%	15 39%	122 53%	131 51%	8 73%	101 51%	49 56%
FEMALE	136 48%	2690 48%	27 57%	35 52%	37 42%	37 45%	64 51%	~	~	~	~	~	13 50%	23 61%	107 47%	126 49%	3 27%	98 49%	38 44%
VALID CASES	286	5638	47	67	89	83	125					26	38	229	257	11	199	87	
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%					26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK 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	
Q76																			
HISPANIC OR LATINO	38 14%	2037 40%*	9 20%~	10 16%	10 12%	9 12%	~	~	~	~	~	~	~	38 ~100%~	37 ~15%~	26 ~14%	12 14%		
NOT HISPANIC OR LATINO	229 86%	3094 60%*	37 80%~	54 84%	74 88%	64 88%	124 100%~	~	~	~	~	~	26 ~100%~	229 ~100%~	216 85%~	11 100%~	155 86%	74 86%	
NOT ANSWERED	19	507	1	3	5	10	1								4	18	1		
VALID CASES	267	5131	46	64	84	73	124						26	38	229	253	11	181	86
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

		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 #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC				
Q77.1	YES	167 58%	2548 45%*	23 49%~	35 52%	59 66%	50 60%	125 100%~	~	~	~	~	~	25 96%~	17 45%~	149 65%*	158 61%~	6 55%~	108 54%*	59 68%*
	NO	119 42%	3090 55%*	24 51%~	32 48%	30 34%	33 40%	~	~	~	~	~	1 4%~	21 55%~	80 35%*	99 39%~	5 45%~	91 46%*	28 32%*	
	VALID CASES	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%						26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

		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 #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q77.2	WORA TOT CHLD																	
YES	3 1%	139 2%*	1 ~	2 1%	2 2%	~	~	~	~	~	3 12%	3 ~	3 1%	3 1%	~	~	3 3%	
NO	283 99%	5499 98%*	47 100%~	66 99%	87 98%	83 100%	125 100%~	~	~	~	23 88%	38 100%	226 99%	254 99%	11 100%	199 100%	84 97%	
VALID CASES	286	5638	47	67	89	83	125				26	38	229	257	11	199	87	
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%				26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%	

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 ILND #	AMER IND/ALS #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC	
Q77.3	WORA TOT CHLD																		
YES	OHP TOT CHLD	9	186	1	4	2	2				6		9	8			8	1	
		3%	3%	2%~	6%	2%	2%	~	~	~	~ 23%	~	4%	3%	~	~	4%	1%	
NO		277	5452	46	63	87	81	125			20	38	220	249	11	191	86		
		97%	97%	98%~	94%	98%	98%	100%~	~	~	~ 77%	~100%	~96%*	97%~100%	~	96%	99%		
VALID CASES		286	5638	47	67	89	83	125			26	38	229	257	11	199	87		
NUMBER OF RESPONDENTS		286	5638	47	67	89	83	125			26	38	229	257	11	199	87		
		100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	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 #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q77.4	WORA TOT CHLD																		
YES	8 3%	61 1%	4 ~	3 6%	1 3%	1 ~	~	~	~	~	7 27%	1 3%	7 3%	8 3%	6 ~	2 2%			
NO	278 97%	5577 99%	47 100%	63 94%	86 97%	82 99%	125 100%	~	~	~	19 73%	37 97%	222 97%	249 97%	11 100%	85 98%			
VALID CASES	286	5638	47	67	89	83	125				26	38	229	257	11	199	87		
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%				26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%		

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 ILND #	AMER ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC			
Q77.5	WORA TOT CHLD																		
YES	OHP TOT CHLD	20 7%	168 3%*	2 4%~	9 13%	5 6%	4 5%				12 ~46%~	4 11%~	16 7%	19 7%~	1 9%~	13 7%	7 8%		
NO	OHP TOT CHLD	266 93%	5470 97%*	45 96%~	58 87%	84 94%	79 95%	125 100%~			14 ~54%~	34 89%~	213 93%	238 93%~	10 91%~	186 93%	80 92%		
VALID CASES	OHP TOT CHLD	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%			26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%		
NUMBER OF RESPONDENTS	OHP TOT CHLD	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%			26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%		

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 #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q77.6	WORA TOT CHLD																		
YES	26 9%	486 9%	3 6%	9 13%	5 6%	9 11%					8 31%	12 32%	12 5%*	25 10%	17 9%	9 10%			
NO	260 91%	5152 91%	44 94%	58 87%	84 94%	74 89%	125 100%				18 69%	26 68%	217 95%*	232 90%	11 100%	78 90%			
VALID CASES	286	5638	47	67	89	83	125				26	38	229	257	11	199	87		
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%				26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%		

Q78 WHAT IS YOUR AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	WORA 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 #	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q78 UNDER 18	17 6%	196 4%	3 7%~	1 2%*	7 8%	6 8%	15 12%*	~	~	~	~	~	~	1 4%~	1 3%~	16 7%~	16 6%~	1 9%~	13 7%	4 5%
18 TO 24	15 6%	176 3%	11 24%~	3 5%	~	1 1%*	5 4%	~	~	~	~	~	~	~	5 13%~	10 4%~	15 6%~	~	11 6%	4 5%
25 TO 34	81 30%	1691 33%	24 53%~	30 47%*	23 27%	4 5%*	27 22%*	~	~	~	~	~	~	8 31%~	15 39%~	65 29%~	78 30%~	3 27%~	59 32%	22 25%
35 TO 44	88 32%	2049 40%*	4 9%~	21 33%	32 38%	31 40%	42 34%	~	~	~	~	~	~	11 42%~	11 29%~	76 33%~	82 32%~	4 36%~	60 33%	28 32%
45 TO 54	40 15%	738 14%	1 2%~	6 9%	14 16%	19 25%*	17 14%	~	~	~	~	~	~	6 23%~	5 13%~	34 15%~	39 15%~	1 9%~	24 13%	16 18%
55 TO 64	20 7%	229 4%	1 2%~	3 5%	6 7%	10 13%	13 10%	~	~	~	~	~	~	~	1 3%~	18 8%~	17 7%~	1 9%~	12 7%	8 9%
65 TO 74	9 3%	87 2%	1 2%~	~	3 4%	5 6%	6 5%	~	~	~	~	~	~	~	~	8 4%~	8 3%~	1 9%~	4 2%	5 6%
75 OR OLDER	1 0.4%	15 0.3%	~	~	~	1 1%~	~	~	~	~	~	~	~	~	1 ~0.4%~	1 ~0.4%~	~	~	1 ~0.5%~	~
NOT ANSWERED	15	457	2	3	4	6									1	1			15	
VALID CASES	271	5181	45	64	85	77	125						26	38	228	256	11	184	87	
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87	
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%

Q79 ARE YOU MALE OR FEMALE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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
Q79																		
MALE	43 16%	711 14%	5 11%	9 14%	14 16%	15 19%	17 14%	~	~	~	~	6 23%	3 8%	38 17%	40 16%	2 18%	33 18%	10 11%
FEMALE	228 84%	4484 86%	40 89%	55 86%	71 84%	62 81%	108 86%	~	~	~	~	20 77%	35 92%	190 83%	216 84%	9 82%	151 82%	77 89%
NOT ANSWERED	15	443	2	3	4	6								1	1		15	
VALID CASES	271	5195	45	64	85	77	125					26	38	228	256	11	184	87
NUMBER OF RESPONDENTS	286 100%	5638 100%	47 100%	67 100%	89 100%	83 100%	125 100%					26 100%	38 100%	229 100%	257 100%	11 100%	199 100%	87 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q80																			
8TH GRADE OR LESS	7 3%	593 12%*	1 2%~	2 3%	3 4%	1 1%	4 3%	~	~	~	~	~	1 4%~	2 5%~	5 2%~	6 2%~	1 9%~	7 4%~	~
SOME HIGH SCHOOL BUT DID NOT GRADUATE	33 12%	565 11%	6 14%~	7 11%	9 11%	11 15%	14 11%	~	~	~	~	~	4 16%~	5 14%~	27 12%~	32 13%~	1 9%~	24 13%	9 11%
HIGH SCHOOL GRADUATE OR GED	82 31%	1483 29%	19 44%~	19 30%	23 27%	21 28%	33 27%	~	~	~	~	~	3 12%~	18 49%~	63 28%~	75 30%~	6 55%~	53 29%	29 34%
SOME COLLEGE OR 2-YEAR DEGREE	123 46%	1722 33%*	13 30%~	32 50%	43 51%	35 47%	60 49%	~	~	~	~	~	14 56%~	11 30%~	110 49%~	120 48%~	1 9%~	86 48%	37 44%
4-YEAR COLLEGE GRADUATE	18 7%	491 10%	4 9%~	3 5%	5 6%	6 8%	11 9%	~	~	~	~	~	2 8%~	1 3%~	17 8%~	16 6%~	2 18%~	9 5%	9 11%
MORE THAN 4-YEAR COLLEGE DEGREE	3 1%	290 6%*	~	1 2%	1 1%	1 1%	~	~	~	~	~	~	1 4%~	~	3 1%~	3 1%~	~	2 1%	1 1%
NOT ANSWERED	20	495	4	3	5	8	3						1	1	4	5		18	2
VALID CASES	266	5143	43	64	84	75	122						25	37	225	252	11	181	85
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125						26	38	229	257	11	199	87
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

	WORA 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			
Q81																				
MOTHER OR FATHER	234 89%	4883 95%*	39 89%~	57 92%	75 88%	63 89%	104 87%	~	~	~	~	~	~	22 92%~	36 97%~	194 88%~	221 89%~	10 91%~	161 90%	73 87%
GRANDPARENT	18 7%	145 3%*	3 7%~	2 3%	8 9%	5 7%	11 9%	~	~	~	~	~	~	1 4%~	18 ~	17 8%~	1 7%~	10 9%~	10 6%	8 10%
AUNT OR UNCLE	2 0.8%	13 0.2%	~	1 2%	~	1 1%	0.8%	~	~	~	~	~	~	1 4%~	2 ~0.9%	2 0.8%~	~	~	2 1%	~
OLDER BROTHER OR SISTER		12 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE		4 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	5 2%	51 1%	2 5%~	2 3%	1 1%	~	3 2%	~	~	~	~	~	~	~	1 3%~	4 2%~	5 2%~	~	3 2%	2 2%
SOMEONE ELSE	3 1%	36 0.7%	~	~	1 1%	2 3%	0.8%	~	~	~	~	~	~	~	~	2 0.9%~	2 0.8%~	~	2 1%	1 1%
NOT ANSWERED	24	494	3	5	4	12	5							2	1	9	10		21	3
VALID CASES	262	5144	44	62	85	71	120							24	37	220	247	11	178	84
NUMBER OF RESPONDENTS	286	5638	47	67	89	83	125							26	38	229	257	11	199	87
	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	
	WORA 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
Q82 YES	6	143		3	1	2	3					1	1	5	5	1	4	2
	3%	4%	~	8%~	2%	4%	2%	~	~	~	~	5%~	5%~	3%~	3%~	14%~	3%	3%
NO	174	3143	26	34	63	51	122					19	21	149	164	6	117	57
	97%	96%	100%~	92%~	98%	96%	98%	~	~	~	~	95%~	95%~	97%~	97%~	86%~	97%	97%
NOT ANSWERED	1	43				1												1
VALID CASES	180	3286	26	37	64	53	125					20	22	154	169	7	121	59
NUMBER OF RESPONDENTS	181	3329	26	37	64	54	125					20	22	154	169	7	122	59
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

		AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK ##	OTH#	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR		NO CCC	CCC	
Q83.1	WORA TOT CHLD																	
YES	2 33%	56 41%	2 ~67%	~	~	1 33%	~	~	~	~	~	~	2 40%	1 20%	1 100%	2 50%	~	
NO	4 67%	79 59%	1 ~33%	1 100%	2 100%	2 67%	~	~	~	~	1 100%	1 100%	3 60%	4 80%	~	2 50%	2 100%	
VALID CASES	6	135	3	1	2	3					1	1	5	5	1	4	2	
NUMBER OF RESPONDENTS	6 100%	135 100%	3 100%	1 100%	2 100%	3 100%					1 100%	1 100%	5 100%	5 100%	1 100%	4 100%	2 100%	

[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	
	WORA 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 & POOR	NO CCC	CCC
Q83.2 YES	2	44		1	1							1		2	2		2	
	33%	32%	~	33%	100%	~	~	~	~	~	~	100%	~	40%	40%	~	50%	~
NO	4	91		2		2	3						1	3	3	1	2	2
	67%	68%	~	67%	~	100%	100%	~	~	~	~	~	100%	60%	60%	100%	50%	100%
VALID CASES	6	135		3	1	2	3					1	1	5	5	1	4	2
NUMBER OF RESPONDENTS	6	135		3	1	2	3					1	1	5	5	1	4	2
	100%	100%		100%	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	
		<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	GOOD & FAIR & POOR	NO CCC	CCC
Q83.3	WORA TOT CHLD																
YES	OHP TOT CHLD	11			1	1							1	1			1
		17%	~	~	~ 50%	33%	~	~	~	~	~	~	20%	20%	~	~	50%
NO		5	124	3	1	1	2				1	1	4	4	1	4	1
		83%	92%	~100%	~100%	~50%	67%	~	~	~	~100%	~100%	~80%	80%	~100%	~100%	50%
VALID CASES		6	135	3	1	2	3				1	1	5	5	1	4	2
NUMBER OF RESPONDENTS		6	135	3	1	2	3				1	1	5	5	1	4	2
		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	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	
	WORA 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	
Q83.4 YES	1	76		1									1		1		1	
	17%	56%	~	33%	~	~	~	~	~	~	~	~	100%	~	20%	~	25%	~
NO	5	59		2	1	2	3					1		5	4	1	3	2
	83%	44%	~	67%	~	100%	~	100%	~	100%	~	100%	~	100%	80%	~	75%	~
VALID CASES	6	135		3	1	2	3					1		5	5	1	4	2
NUMBER OF RESPONDENTS	6	135		3	1	2	3					1		5	5	1	4	2
	100%	100%		100%	100%	100%	100%					100%		100%	100%	100%	100%	100%

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

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK #	OTH#	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q83.5	WORA TOT CHLD																
YES	OHP TOT CHLD	1	7		1	1							1	1			1
		17%	5%	~	~ 50%	33%	~	~	~	~	~	~	20%	20%	~	~	50%
NO		5	128	3	1	2					1	1	4	4	1	4	1
		83%	95%	~100%	~100%	~50%	~67%	~	~	~	~100%	~100%	~80%	~80%	~100%	~100%	~50%
VALID CASES		6	135	3	1	2	3				1	1	5	5	1	4	2
NUMBER OF RESPONDENTS		6	135	3	1	2	3				1	1	5	5	1	4	2
		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 & POOR	NO CCC	CCC	
NQ14 0-6	17 9%	307 8%	3 9%	4 8%	3 5%	7 13%	9 10%	~	~	~	~	~	3 14%	1 4%	15 9%	13 7%	3 33%	9 7%	8 11%
7-8	68 35%	1107 30%	11 31%	17 35%	22 39%	18 33%	26 29%	~	~	~	~	~	7 33%	6 25%	56 34%	58 33%	4 44%	47 38%	21 29%
9-10	111 57%	2234 61%	21 60%	28 57%	32 56%	30 55%	55 61%	~	~	~	~	~	11 52%	17 71%	92 56%	106 60%	2 22%	68 55%	43 60%
VALID CASES	196	3648	35	49	57	55	90						21	24	163	177	9	124	72
NUMBER OF RESPONDENTS	196 100%	3648 100%	35 100%	49 100%	57 100%	55 100%	90 100%						21 100%	24 100%	163 100%	177 100%	9 100%	124 100%	72 100%
MEAN	2.48	2.53	2.51	2.49	2.51	2.42	2.51						2.38	2.67	2.47	2.53	1.89	2.48	2.49
p stat_(*=Sig @ p<=.05)		.297	~	~	.676	.439	.538	~	~	~	~	~	~	~	~	~	~	.918	.918

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 & POOR	NO CCC	CCC	
NQ41 0-6	19 8%	330 7%	2 5%	5 8%	8 11%	4 6%	13 12%*	~	~	~	~	~	2 8%	2 6%	17 8%	17 8%	2 22%	15 9%	4 5%
7-8	58 24%	960 22%	6 14%	18 30%	16 22%	18 27%	23 21%	~	~	~	~	~	7 29%	5 16%	50 25%	52 23%	3 33%	45 27%	13 18%
9-10	166 68%	3168 71%	35 81%	37 62%	50 68%	44 67%	73 67%	~	~	~	~	~	15 63%	25 78%	134 67%	157 69%	4 44%	109 64%*	57 77%*
VALID CASES	243	4459	43	60	74	66	109						24	32	201	226	9	169	74
NUMBER OF RESPONDENTS	243 100%	4459 100%	43 100%	60 100%	74 100%	66 100%	109 100%						24 100%	32 100%	201 100%	226 100%	9 100%	169 100%	74 100%
MEAN	2.60	2.64	2.77	2.53	2.57	2.61	2.55						2.54	2.72	2.58	2.62	2.22	2.56	2.72
p stat_(*=Sig @ p<=.05)		.433	~.313	.543	.986		.236	~	~	~	~	~	~	~	~	~	~	.056	.054

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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 & POOR	NO CCC	CCC
NQ48 0-6	4	88		1	2	1	2							3	2	2	3	1
	13%	12%	~	17%	20%	9%	13%	~	~	~	~	~	~	12%	8%	33%	21%	6%
7-8	3	175			1	2						1	3	2	1	2	1	
	10%	24%	~	~	10%	18%	~	~	~	~	20%	~	12%	8%	17%	14%	6%	
9-10	24	456	4	5	7	8	13				4	4	20	21	3	9	15	
	77%	63%	100%	83%	70%	73%	87%	~	~	~	80%	100%	77%	84%	50%	64%	88%	
VALID CASES	31	718	4	6	10	11	15				5	4	26	25	6	14	17	
NUMBER OF RESPONDENTS	31	718	4	6	10	11	15				5	4	26	25	6	14	17	
	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	
MEAN	2.65	2.51	3.00	2.67	2.50	2.64	2.73				2.80	3.00	2.65	2.76	2.17	2.43	2.82	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ54 0-6	45 17%	696 13%	7 16%	7 11%	17 20%	14 18%	20 16%	~	~	~	~	~	6 24%	3 8%	42 19%	40 16%	5 45%	25 14%	20 23%
7-8	94 35%	1488 29%*	15 33%	25 39%	24 29%	30 39%	49 40%	~	~	~	~	~	10 40%	8 22%	84 37%	90 35%	3 27%	62 34%	32 37%
9-10	130 48%	3026 58%*	23 51%	32 50%	42 51%	33 43%	54 44%	~	~	~	~	~	9 36%	26 70%	100 44%	124 49%	3 27%	96 52%*	34 40%*
VALID CASES	269	5210	45	64	83	77	123						25	37	226	254	11	183	86
NUMBER OF RESPONDENTS	269 100%	5210 100%	45 100%	64 100%	83 100%	77 100%	123 100%						25 100%	37 100%	226 100%	254 100%	11 100%	183 100%	86 100%
MEAN	2.32	2.45	2.36	2.39	2.30	2.25	2.28						2.12	2.62	2.26	2.33	1.82	2.39	2.16
p stat_(*=Sig @ p<=.05)		.003*		~.332	.834	.336	.426	~	~	~	~	~	~	~	~	~	~	~.021*	.021*

GETTING NEEDED CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NPRBSEE4 NQ46	2.22	2.21	2.40	2.13	2.20	2.21	2.38						2.00	2.60	2.16	2.26	2.00	2.47	2.05
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.55	2.45	2.71	2.69	2.47	2.40	2.57						2.59	2.63	2.54	2.58	1.75	2.59	2.47
p stat_(*=Sig @ p<=.05)	.054		~	~	.335	.073	.621	~	~	~	~	~	~	~	~	~	~	.264	.260
COMPOSITE	2.38	2.33	2.55	2.41	2.34	2.31	2.47	x	x	x	x	x	2.30	2.61	2.35	2.42	1.88	2.53	2.26
p stat_(*=Sig @ p<=.05)	.667		~	~	.811	.703	.476	~	~	~	~	~	~	~	~	~	~	.115	.431

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NCARSN4 NQ4	2.71	2.68	2.94	2.86	2.68	2.50	2.62						2.57	2.80	2.70	2.72	2.57	2.78	2.63
p stat_(*=Sig @ p<=.05)	.609		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.55	2.42	2.67	2.56	2.47	2.56	2.52						2.60	2.79	2.51	2.53	2.63	2.54	2.58
p stat_(*=Sig @ p<=.05)	.019*		~	~	~	.950	.523	~	~	~	~	~	~	~	~	~	~	~	.687 .686
COMPOSITE	2.63	2.55	2.80	2.71	2.58	2.53	2.57	x	x	x	x	x	2.59	2.79	2.60	2.63	2.60	2.66	2.61
p stat_(*=Sig @ p<=.05)	.608		~	~	.832	.699	.716	~	~	~	~	~	~	~	~	~	~	~	.855 .912

HOW WELL DOCTORS COMMUNICATE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC
NDREXPL4 NQ32	2.81	2.70	2.89	2.88	2.82	2.71	2.82					2.95	2.89	2.80	2.83	2.25	2.79	2.86	
p stat_(*=Sig @ p<=.05)		.003*	~	~	.906	.093	.788	~	~	~	~	~	~	~	~	~	~	.333	.331
NDRLSTN4 NQ33	2.77	2.73	2.94	2.78	2.76	2.65	2.75					2.79	2.89	2.74	2.77	2.50	2.72	2.85	
p stat_(*=Sig @ p<=.05)		.364	~	~	.889	.065	.713	~	~	~	~	~	~	~	~	~	~	.115	.114
NDRESPU4 NQ34	2.83	2.79	2.89	2.85	2.82	2.79	2.85					2.79	2.83	2.82	2.83	2.75	2.81	2.86	
p stat_(*=Sig @ p<=.05)		.254	~	~	.815	.438	.605	~	~	~	~	~	~	~	~	~	~	.468	.466
NDRTMEN4 NQ37	2.62	2.50	2.74	2.69	2.50	2.62	2.62					2.68	2.69	2.61	2.63	2.25	2.55	2.75	
p stat_(*=Sig @ p<=.05)		.010*	~	~	.105	.920	.893	~	~	~	~	~	~	~	~	~	~	.040*	.039*
COMPOSITE	2.76	2.68	2.86	2.80	2.72	2.69	2.76	x	x	x	x	x	2.80	2.82	2.74	2.77	2.44	2.72	2.83
p stat_(*=Sig @ p<=.05)		.737	~	~	.931	.854	1.00	~	~	~	~	~	~	~	~	~	~	.827	.827

CUSTOMER SERVICE

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	WORA 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 & POOR	NO CCC	CCC	
NPBCLCS4 NQ50	2.24	2.30	2.00	2.27	2.27	2.40	1.94				2.33	2.36	2.18	2.20	2.75	2.18	2.38		
p stat_(*=Sig @ p<=.05)	.609		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NCSRESP NQ51	2.70	2.62	2.62	2.82	2.64	2.73	2.56				3.00	3.00	2.61	2.70	2.75	2.76	2.56		
p stat_(*=Sig @ p<=.05)	.354		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
COMPOSITE	2.47	2.46	2.31	2.55	2.45	2.57	2.25	x	x	x	x	x	2.67	2.68	2.39	2.45	2.75	2.47	2.47
p stat_(*=Sig @ p<=.05)	.968		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY	HEALTH STATUS		CCC SCREENER			
	WORA 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	
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ12	2.38	2.41	2.20	2.25	2.44	2.44	2.46						2.43	1.67	2.42	2.32	2.60	2.33	2.41
p stat_(*=Sig @ p<=.05)	.768		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ13	2.44	2.60	2.00	2.75	2.56	2.44	2.69						2.43	2.00	2.50	2.43	2.60	2.26	2.59
p stat_(*=Sig @ p<=.05)	.184		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.41	2.51	2.10	2.50	2.50	2.44	2.58	x	x	x	x	x	2.43	1.83	2.46	2.38	2.60	2.30	2.50
p stat_(*=Sig @ p<=.05)	.668		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	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	
NEZMDEQ NQ20	2.36	2.28	3.00	2.67	2.60	1.50	2.00						2.00	3.00	2.10	2.31		2.67	2.13
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTHP NQ23	2.16	2.12	3.00	2.00	2.50	1.33	2.15						3.00	3.00	2.11	2.25	1.67	2.25	2.09
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTC NQ26	2.19	2.11	2.00	2.50	2.33	2.00	2.09						1.50	2.00	2.15	2.11	2.67	2.40	2.13
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.24	2.17	2.67	2.39	2.48	1.61	2.08	x	x	x	x	x	2.17	2.67	2.12	2.22	2.17	2.44	2.11
p stat_(*=Sig @ p<=.05)	.663		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

	WORA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	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	NO CCC	CCC	
PRBSEE4 Q46	76%	75%	80%	75%	70%	79%	87%							60%	100%	71%	77%	67%	93%	64%
CARNES4 Q15	90%	88%	94%	94%	89%	86%	90%							91%	92%	90%	92%	50%	93%	86%
AVERAGE	82.99	81.59	87.06	84.38	79.74	82.27	88.80	x	x	x	x	x	75.45	95.83	80.58	84.78	58.33	93.04	74.87	

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

	WORA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	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	NO CCC	CCC	
CARSN4 Q4	94%	92%	100%	100%	100%	83%	90%							100%	90%	95%	95%	86%	96%	92%
APGET4 Q6	90%	84%	94%	90%	90%	88%	89%							93%	100%	88%	90%	87%	91%	88%
AVERAGE	92.21	88.10	96.97	95.12	94.90	85.67	89.18	x	x	x	x	x		96.67	95.00	91.48	92.24	86.61	93.53	90.22

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 & GOOD	FAIR & POOR	NO CCC	CCC	
DREXPL4 Q32	97%	93%	97%	98%	98%	94%	98%					100%	100%	96%	98%	75%	97%	95%	
DRLSTN4 Q33	95%	95%	97%	93%	98%	92%	95%					95%	100%	94%	95%	88%	94%	97%	
DRESPU4 Q34	98%	96%	94%	100%	100%	96%	99%					100%	94%	98%	98%	100%	97%	98%	
DRTMEN4 Q37	92%	87%	94%	97%	88%	90%	91%					89%	94%	92%	93%	75%	92%	92%	
AVERAGE	95.3	92.6	95.7	96.9	96.0	93.2	95.6	x	x	x	x	x	96.1	97.0	94.9	95.7	84.4	95.1	95.7

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

	WORA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	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	NO CCC	CCC	
PBCLCS4 Q50	80%	79%	69%	82%	82%	87%	72%							100%	91%	76%	78%	100%	76%	87%
CSRESP Q51	94%	91%	92%	100%	91%	93%	94%							100%	100%	92%	93%	100%	97%	88%
AVERAGE	87.00	85.33	80.77	90.91	86.36	90.00	83.33	x	x	x	x	x	x	100.0	95.45	84.21	85.87	100.0	86.76	87.50

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 & POOR	NO CCC	CCC	
NRXWHY Q11	97%	93%	90%	100%	94%	100%	96%					100%	100%	96%	96%	100%	96%	97%	
NRXWYNT Q12	69%	71%	60%	62%	72%	72%	73%					71%	33%	71%	66%	80%	67%	71%	
RXBST Q13	72%	80%	50%	88%	78%	72%	85%					71%	50%	75%	72%	80%	63%	79%	
AVERAGE	79.2	81.2	66.7	83.3	81.5	81.3	84.6	x	x	x	x	x	81.0	61.1	80.7	78.0	86.7	75.3	82.4

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	WORA 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	71%	74%	100%	100%	80%	25%	50%					50%	100%	60%	69%	83%	62%	
EZTHP Q23	63%	68%	100%	50%	88%	17%	62%					100%	100%	61%	62%	67%	62%	64%
EZTC Q26	74%	66%	50%	83%	87%	63%	65%					50%	60%	74%	70%	100%	80%	72%
AVERAGE	69.5	69.4	100	91.7	84.7	34.9	58.9	x	x	x	x	x	80.0	64.9	67.3	83.3	75.3	66.0

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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	GOOD	FAIR	NO CCC	CCC
DRTLKU Q38	85%	86%	94%	95%	73%	83%	87%					79%	89%	86%	86%	88%	84%	88%	
DRUNCON Q43	86%	89%	89%	91%	83%	85%	85%					92%	89%	86%	87%	80%	67%	91%	
DRUNFAM Q44	87%	87%	100%	100%	79%	85%	88%					83%	89%	88%	90%	60%	73%	91%	
AVERAGE	86.0	87.3	94.4	95.3	78.7	84.0	86.6	x	x	x	x	x	84.6	88.9	86.6	87.7	75.8	74.6	89.8

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	WORA 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 NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
HELPCONT Q18	87%	89%	67%	100%	86%	75%					100%	100%	78%	83%	100%	86%	88%		
HLPCOORD Q29	56%	57%	62%	53%	50%	67%					25%	71%	54%	53%	83%	54%	58%		
AVERAGE	71.6	73.0	62.5	60.0	75.0	73.8	70.8	x	x	x	x	x	25.0	85.7	65.7	68.0	83.3	69.9	72.7

INDEX OF ADULT TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

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

2. YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

- 39 Q35E IN THE LAST 6 MONTHS, DID YOU VISIT A PROVIDER FOR A SPECIFIC HEALTH ISSUE?
- 40 Q35F HOW MUCH EFFORT WAS MADE TO HELP YOU UNDERSTAND YOUR HEALTH ISSUE? [ASKED IF Q35E = YES]
- 41 Q35G HOW MUCH EFFORT WAS MADE TO LISTEN TO THE THINGS THAT MATTER MOST TO YOU ABOUT YOUR HEALTH ISSUE? [ASKED IF Q35E = YES]
- 42 Q35H HOW MUCH EFFORT WAS MADE TO INCLUDE WHAT MATTERS MOST TO YOU IN CHOOSING WHAT TO DO NEXT? [ASKED IF Q35E = YES]
- 43 Q35I CHOICES FOR YOUR TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID THIS PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE?
- 44 Q35J IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR TREATMENT OR HEALTH CARE? [ASKED IF Q35I = YES]
- 45 Q35K IN THE LAST 6 MONTHS, WHEN THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE, DID YOUR PROVIDER ASK YOU WHICH CHOICE WAS BEST FOR YOU? [ASKED IF Q35I = YES]
- 46 Q35L IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PROVIDER MAKE IT EASY FOR YOU TO ASK QUESTIONS OR RAISE CONCERNS?
- 47 Q35M IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER TALK TOO FAST WHEN TALKING TO YOU?
- 48 Q35N IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER INTERRUPT YOU WHEN YOU WERE TALKING?
- 49 Q35O IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER USE A CONDESCENDING, SARCASTIC, OR RUDE TONE OR MANNER WITH YOU?
- 50 Q35P IN THE LAST 6 MONTHS, DID YOU FEEL YOU COULD TRUST A DOCTOR OR OTHER HEALTH PROVIDER WITH YOUR MEDICAL CARE?

5. ACCESS TO DENTAL CARE

- 51 Q35Q A REGULAR DENTIST IS ONE YOU WOULD GO TO FOR CHECK-UPS AND CLEANINGS OR WHEN YOU HAVE A CAVITY OR TOOTH PAIN. DO YOU HAVE A REGULAR DENTIST?
- 52 Q35R IN THE LAST 6 MONTHS, IF YOU NEEDED TO SEE A DENTIST RIGHT AWAY BECAUSE OF A DENTAL EMERGENCY, DID YOU GET TO SEE A DENTIST AS SOON AS YOU WANTED?

PAGE	QUESTION	TITLE
6. ABOUT YOU		
53	Q36	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?
54	Q37	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?
55	Q38	HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 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*



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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → *Go to Question 35c*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 35e*

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

- Never
- Sometimes
- Usually
- Always

ADDITIONAL QUESTIONS

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

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

- Yes
- No → *Go to Question 35i*

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

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

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

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

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

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

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

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

- Yes
- No → *Go to Question 35l*



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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



37. In general, how would you rate your overall mental or emotional health?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
38. Have you had either a flu shot or flu spray in the nose since July 1, 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



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

Al contestar las siguientes preguntas **no** incluya las veces que fue a ver al dentista ni la atención que recibió cuando pasó la noche hospitalizado.

24. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. En los últimos 6 meses, ¿hizo alguna cita con un especialista?
- Sí
 No → *Pase a la pregunta 28*
25. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba?
- Nunca
 A veces
 La mayoría de las veces
 Siempre
26. ¿Cuántos especialistas ha visto en los últimos 6 meses?
- Ninguno → *Pase a la pregunta 28*
 1 especialista
 2
 3
 4
 5 especialistas o más
27. Queremos saber cómo califica al especialista al que fue con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar al especialista?
- | | | | | | | | | | | |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 especialista posible | | | | | | El mejor especialista posible | | | | |

SU PLAN DE SALUD

Las siguientes preguntas se refieren a su experiencia con su plan de salud.

28. En los últimos 6 meses, ¿buscó alguna información en materiales escritos o en la Internet sobre cómo funciona su plan de salud?
- Sí
 No → *Pase a la pregunta 30*
29. En los últimos 6 meses, ¿con qué frecuencia encontró la información que usted necesitaba sobre cómo funciona su plan de salud en materiales escritos o en la Internet?
- Nunca
 A veces
 La mayoría de las veces
 Siempre
30. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente de su plan de salud?
- Sí
 No → *Pase a la pregunta 33*
31. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba?
- Nunca
 A veces
 La mayoría de las veces
 Siempre
32. En los últimos 6 meses, ¿con qué frecuencia el personal de servicio al cliente de su plan de salud le trató con cortesía y respeto?
- Nunca
 A veces
 La mayoría de las veces
 Siempre
33. En los últimos 6 meses, ¿le dio su plan de salud algún formulario para que lo llenara?
- Sí
 No → *Pase a la pregunta 35*



34. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios de su plan de salud?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35. Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?

- | | | | | | | | | | | |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| El peor plan de salud posible | | | | | El mejor plan de salud posible | | | | | |

35a. En los últimos 6 meses, ¿tuvo usted un problema de salud para el cuál necesitó equipo especial tal como un bastón, silla de rueda, o equipo de oxígeno?

- Sí
- No → *Pase a la pregunta 35c*

35b. En los últimos 6 meses, ¿con qué frecuencia fue fácil para usted conseguir el equipo médico que usted necesitaba a través de su plan de salud?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35c. En los últimos 6 meses, ¿tuvo usted un problema de salud para el cuál necesitó terapia especial, tal como terapia física, ocupacional o terapia del habla?

- Sí
- No → *Pase a la pregunta 35e*

35d. En los últimos 6 meses, ¿con qué frecuencia fue fácil para usted conseguir la terapia especial que usted necesitaba a través de su plan de salud?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

PREGUNTAS ADICIONALES

Un proveedor de salud puede ser un doctor generalista, un doctor especialista, una enfermera practicante, un asistente médico, una enfermera o cualquiera que usted vería para cuidado de salud.

35e. En los últimos 6 meses, ¿visitó usted a un profesional médico para un problema de salud específico?

- Sí
- No → *Pase a la pregunta 35i*

35f. ¿Cuánto esfuerzo se hizo para ayudarlo/a a entender su problema de salud?

- Ningún esfuerzo en absoluto
- Se hizo un poco de esfuerzo
- Se hizo algún esfuerzo
- Se hizo un gran esfuerzo

35g. ¿Cuánto esfuerzo se hizo para escuchar las cosas que más le importan a usted sobre su problema de salud?

- Ningún esfuerzo en absoluto
- Se hizo un poco de esfuerzo
- Se hizo algún esfuerzo
- Se hizo un gran esfuerzo

35h. ¿Cuánto esfuerzo se hizo para incluir lo que más le importa a usted en escoger que hacer próximamente?

- Ningún esfuerzo en absoluto
- Se hizo un poco de esfuerzo
- Se hizo algún esfuerzo
- Se hizo un gran esfuerzo

35i. Opciones para su tratamiento o atención médica pueden ser opciones sobre medicinas, cirugías u otros tratamientos. En los últimos 6 meses, ¿le dijo este profesional médico que había más de una opción para su tratamiento o atención médica?

- Sí
- No → *Pase a la pregunta 35l*

35j. En los últimos 6 meses, ¿habló su profesional médico con usted acerca de las ventajas y desventajas de cada opción de tratamiento o atención médica?

- Sí
- No



35k. En los últimos 6 meses, cuando había más de una opción de tratamiento o atención médica, ¿su profesional médico le preguntó cuál opción le convenía más a usted?

- Sí
- No

35l. En los últimos 6 meses, ¿con qué frecuencia le hizo fácil su profesional médico el hacer preguntas o plantear inquietudes?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

Las siguientes preguntas son sobre cuánto usted piensa que su doctor u otro proveedor de salud respeta sus creencias, actitudes, lenguaje y comportamiento.

35m. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud habló muy rápido cuando le habló usted?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35n. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud le interrumpió cuando usted estaba hablando?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35o. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud uso un tono condesendiente, sarcástico o grosero con usted?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35p. En los últimos 6 meses, ¿sintió usted que podrída 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

↓ **COMIENZE AQUI** ↓

Por favor conteste las preguntas para el niño cuyo nombre está anotado en el sobre. No las conteste para ningún otro niño.

1. Nuestros registros muestran que su niño está ahora con Oregon Health Plan. ¿Es correcta esta información?

Sí ➔ *Pase a la pregunta 3*
 No

2. ¿Cómo se llama el plan de salud de su niño? (Por favor escriba en letra de molde)

**LA ATENCIÓN MÉDICA QUE
RECIBIÓ
SU NIÑO EN LOS ÚLTIMOS 6 MESES**

Estas preguntas son acerca de la atención médica que ha recibido su niño. **No** incluya la atención que recibió su niño cuando pasó la noche hospitalizado. **No** incluya las consultas de su niño con el dentista.

3. En los últimos 6 meses, ¿tuvo su niño una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata en una clínica, en una sala de emergencia o en un consultorio médico?

Sí
 No → *Pase a la pregunta 5*

4. En los últimos 6 meses, cuando su niño necesitó atención inmediata, ¿con qué frecuencia atendieron a su niño tan pronto como él o ella lo necesitaba?

Nunca
 A veces
 La mayoría de las veces
 Siempre

5. En los últimos 6 meses, ¿hizo alguna cita para un chequeo o una consulta regular para su niño en un consultorio médico o en una clínica?

Sí
 No → *Pase a la pregunta 7*

6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular para su niño en un consultorio médico o en una clínica tan pronto como su niño la necesitaba?

Nunca
 A veces
 La mayoría de las veces
 Siempre

7. En los últimos 6 meses, sin contar las veces en que su niño fue a una sala de emergencia, ¿cuántas veces fue su niño a un consultorio médico o a una clínica para que lo atendieran?

Ninguna vez → *Pase a la pregunta 16*
 1 vez
 2
 3
 4
 5 a 9
 10 veces o más

8. En los últimos 6 meses, ¿hablaron usted y el doctor u otro profesional médico de su niño sobre cosas específicas que usted podría hacer para prevenir que su niño se enferme?

Sí
 No

9. En los últimos 6 meses, ¿con qué frecuencia le contestaron sus preguntas los doctores u otros profesionales médicos de su niño?

Nunca
 A veces
 La mayoría de las veces
 Siempre

10. En los últimos 6 meses, ¿hablaron usted y el doctor u otro profesional médico de su niño sobre comenzar o suspender una medicina recetada?

- Sí
- No → *Pase a la pregunta 14*

11. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez usted quiera que su niño tome una medicina?

- Sí
- No

12. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez usted no quiera que su niño tome una medicina?

- Sí
- No

13. Cuando hablaron de comenzar o suspender una medicina recetada para su niño, ¿le preguntó un doctor u otro profesional médico sobre lo que usted creía que sería lo mejor para su niño?

- Sí
- No

14. Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que su niño ha recibido en los últimos 6 meses?

- | | | | | | | | | | | |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| La peor atención médica posible | | | | | | La mejor atención médica posible | | | | |

15. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención, las pruebas o el tratamiento que su niño necesitaba?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

16. ¿Está matriculado actualmente su niño en algún tipo de escuela o guardería/cuidado infantil?

- Sí
- No → *Pase a la pregunta 19*

17. En los últimos 6 meses, ¿necesitó que los doctores o los otros profesionales médicos de su niño se pusieran en contacto con una escuela o guardería acerca de la salud o la atención médica de su niño?

- Sí
- No → *Pase a la pregunta 19*

18. En los últimos 6 meses, ¿consiguió la ayuda de los doctores o los otros profesionales médicos de su niño que necesitaba para ponerse en contacto con la escuela o guardería de su niño?

- Sí
- No



SERVICIOS ESPECIALIZADOS

19. En el equipo o dispositivo médico especial se incluye un andador, silla de ruedas, nebulizador, tubos de alimentación o equipo de oxígeno. En los últimos 6 meses, ¿consiguió o intentó conseguir algún equipo o dispositivo médico especial para su niño?

- Sí
- No → *Pase a la pregunta 22*

20. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir equipo o dispositivos médicos especiales para su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

21. ¿Alguien del plan de salud, del consultorio médico o clínica de su niño le ayudó a conseguir el equipo o dispositivos médicos especiales para su niño?

- Sí
- No

22. En los últimos 6 meses, ¿consiguió o intentó conseguir terapia especial para su niño tal como terapia física, ocupacional o del habla?

- Sí
- No → *Pase a la pregunta 25*

23. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir esta terapia para su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

24. ¿Alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a conseguir esta terapia para su niño?

- Sí
- No

25. En los últimos 6 meses, ¿consiguió o intentó conseguir tratamiento o consejería para su niño, para un problema emocional, de desarrollo o de comportamiento?

- Sí
- No → *Pase a la pregunta 28*

26. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir este tratamiento o consejería para su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

27. ¿Alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a conseguir este tratamiento o consejería para su niño?

- Sí
- No

28. En los últimos 6 meses, ¿recibió su niño atención de más de un tipo de profesional médico, o usó más de un tipo de servicio de salud?

- Sí
- No → *Pase a la pregunta 30*

29. En los últimos 6 meses, ¿alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a coordinar la atención médica de su niño entre estos profesionales o servicios diferentes?

- Sí
- No

EL DOCTOR PERSONAL DE SU NIÑO

30. El doctor personal es aquel a quien su niño va si necesita un chequeo, tiene un problema de salud o si se enferma o lastima. ¿Tiene su niño un doctor personal?

- Sí
- No → *Pase a la pregunta 45*

31. En los últimos 6 meses, ¿cuántas veces fue su niño a ver a su doctor personal para recibir atención médica?

- Ninguna vez → *Pase a la pregunta 41*
- 1 vez
- 2
- 3
- 4
- 5 a 9
- 10 veces o más

31a. En los últimos 6 meses, ¿con qué frecuencia se le hizo difícil hablar o entender al doctor personal de su niño porque hablaban idiomas diferentes?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

32. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño le explicó las cosas sobre la salud de su niño de una manera fácil de entender?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

33. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño le escuchó a usted con atención?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

34. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño demostró respeto por lo que usted tenía que decir?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

35. ¿Su niño puede hablar con los doctores sobre su atención médica?

- Sí
- No → *Pase a la pregunta 37*

36. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño le explicó las cosas a su niño de una manera fácil de entender?

- Nunca
- A veces
- La mayoría de las veces
- Siempre



37. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño pasó suficiente tiempo con su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

38. En los últimos 6 meses, ¿habló el doctor personal de su niño con usted sobre cómo su niño se estaba sintiendo, estaba creciendo o se estaba comportando?

- Sí
- No

39. En los últimos 6 meses, ¿atendió a su niño algún doctor u otro profesional médico además de su doctor personal?

- Sí
- No → *Pase a la pregunta 41*

40. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño parecía estar informado y al día acerca de la atención que su niño había recibido de estos doctores u otros profesionales médicos?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

41. Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar al doctor personal de su niño?

- | | | | | | | | | | | |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| El peor doctor personal posible | | | | | | | El mejor doctor personal posible | | | |

42. ¿Tiene su niño alguna condición médica, de comportamiento u otra condición de salud que ha durado por más de 3 meses?

- Sí
- No → *Pase a la pregunta 45*

43. ¿El doctor o enfermera personal de su niño entiende cómo estas condiciones médicas, de comportamiento u otras condiciones de salud afectan la vida cotidiana de su niño?

- Sí
- No

44. ¿El doctor o enfermera personal de su niño entiende cómo estas condiciones médicas, de comportamiento u otras condiciones de salud afectan la vida cotidiana de su familia?

- Sí
- No



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

Al contestar las siguientes preguntas no incluya las veces que su niño fue a ver al dentista ni la atención que recibió cuando pasó la noche hospitalizado.

45. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. En los últimos 6 meses, ¿hizo alguna cita para su niño con un especialista?

- Sí
- No → *Pase a la pregunta 49*

46. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista para su niño tan pronto como él o ella la necesitaba?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

47. ¿Cuántos especialistas ha visto su niño en los últimos 6 meses?

- Ninguno → *Pase a la pregunta 49*
- 1 especialista
- 2
- 3
- 4
- 5 especialistas o más

48. Queremos saber cómo califica al especialista al que su niño fue con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| El peor | | | | | | | | El mejor | | |
| especialista | | | | | | | | especialista | | |
| posible | | | | | | | | posible | | |

EL PLAN DE SALUD DE SU NIÑO

Las siguientes preguntas se refieren a su experiencia con el plan de salud de su niño.

49. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente del plan de salud de su niño?

- Sí
- No → *Pase a la pregunta 52*

50. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente del plan de salud de su niño le dio la información o ayuda que usted necesitaba?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

51. En los últimos 6 meses, ¿con qué frecuencia el personal de servicio al cliente del plan de salud de su niño le trató con cortesía y respeto?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

52. En los últimos 6 meses, ¿le dio el plan de salud de su niño algún formulario para llenar?

- Sí
- No → Pase a la pregunta 54

53. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios del plan de salud de su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

54. Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar al plan de salud de su niño?

-
- 0 1 2 3 4 5 6 7 8 9 10
- El peor plan de salud posible El mejor plan de salud posible

MEDICINAS RECETADAS

55. En los últimos 6 meses, ¿consiguió alguna medicina recetada o renovó una receta para una medicina recetada para su niño?

- Sí
- No → Pase a la pregunta 57a

56. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir medicinas recetadas para su niño a través de su plan de salud?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

57. ¿Alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a conseguir las medicinas recetadas para su niño?

- Sí
- No

ACCESO A CUIDADO DENTAL

57a. Un dentista regular es a quien su niño va a ver para un chequeo y limpieza o cuando tiene una carie o un dolor de diente. ¿Su niño tiene un dentista regular?

- Sí
- No

57b. En los últimos 6 meses, si su niño necesitó ver a un dentista de inmediato por una emergencia dental, ¿el/ella pudo ver a un dentista tan pronto como usted quería?

- Nunca
- A veces
- La mayoría de las veces
- Siempre
- Mi niño no tuvo una emergencia dental en los últimos 6 meses



PREGUNTAS ADICIONALES

57c. Las opciones de tratamiento o atención médica para su niño pueden incluir opciones sobre medicinas, cirugía u otro tratamiento.

En los últimos 6 meses, ¿le dijo su profesional médico que había más de una opción para el tratamiento o atención médica de su niño?

- Sí
- No → *Pase a la pregunta 58*

57d. En los últimos 6 meses, ¿le habló su profesional médico acerca de las cosas buenas y las cosas malas de cada opción de tratamiento o de atención médica de su niño?

- Sí
- No

57e. En los últimos 6 meses, cuando había más de una opción de tratamiento o de atención médica para su niño, ¿su profesional médico le preguntó cuál opción le convenía más a su niño?

- Sí
- No

57f. En los últimos 6 meses, ¿con qué frecuencia su profesional médico considero y respeto las opciones de atención médica que usted penso funcionarían mejor para su niño?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

57g. En los últimos 6 meses, ¿con qué frecuencia el profesional médico de su niño le animo a usted a hacer preguntas y plantear inquietudes?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

57h. En los últimos 6 meses, ¿con qué frecuencia el profesional médico de su niño le hizo fácil a usted el hacer preguntas y plantear inquietudes?

- Nunca
- A veces
- La mayoría de las veces
- Siempre

ACERCA DE USTED Y DE SU NIÑO

58. En general, ¿cómo calificaría toda la salud de su niño?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

59. En general, ¿cómo calificaría toda la salud mental o emocional de su niño?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

60. ¿Actualmente necesita o usa su niño una medicina recetada por un doctor (aparte de vitaminas)?

- Sí
- No → *Pase a la pregunta 63*

61. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí
 No → *Pase a la pregunta 63*
62. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí
 No
63. ¿Necesita o usa su niño más servicios médicos, de salud mental o educativos de lo que es normal para la mayoría de los niños de la misma edad?
- Sí
 No → *Pase a la pregunta 66*
64. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí
 No → *Pase a la pregunta 66*
65. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí
 No
66. ¿Está su niño limitado o impedido de alguna manera en su habilidad de hacer lo que pueden hacer la mayoría de los niños de la misma edad?
- Sí
 No → *Pase a la pregunta 69*

67. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí
 No → *Pase a la pregunta 69*
68. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí
 No
69. ¿Necesita o recibe su niño terapia especial, tal como terapia física, ocupacional o del habla?
- Sí
 No → *Pase a la pregunta 72*
70. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí
 No → *Pase a la pregunta 72*
71. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí
 No
72. ¿Tiene su niño algún problema emocional, de desarrollo o de comportamiento, para el cual necesita o recibe tratamiento o consejería?
- Sí
 No → *Pase a la pregunta 74*
73. ¿Ha durado este problema o se espera que dure por lo menos 12 meses?
- Sí
 No

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

75. ¿Es su niño de sexo masculino o femenino?

Masculino

Femenino

76. ¿Es su niño de origen o ascendencia hispana o latina?

Sí, hispano o latino

No, ni hispano ni latino

77. ¿A qué raza pertenece su niño?
Marque una o más.

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

80. ¿Cuál es el grado o nivel escolar más alto que usted ha completado?

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

Graduado de la escuela secundaria (high school), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)

Algunos cursos universitarios o un título universitario de un programa de 2 años

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

No → **Gracias. Por favor devuelva esta encuesta en el sobre con el porte o franqueo pagado.**

83. ¿Cómo le ayudó a usted esta persona? Marque una o más.

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

Me ayudó de otra forma (Por favor escriba en letra de molde)

Gracias nuevamente por tomar el tiempo de completar el cuestionario! Sus respuestas son sumamente apreciadas.

Cuando haya terminado, por favor envíe la encuesta en el sobre con el porte pagado a:

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



DIAL.SCREEN

DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH ONLY THE NAMED
RESPONDENT.

PHONE NUMBER ---> [1 CELL PHONE - HAND DIAL ([AREA\$]) [FRST3\$] -
[LAST4\$] /*** ***-****]

(IWER: THIS IS NOT A PROXY INTERVIEW.)

Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may
be monitored and recorded for quality control. May I please speak with
[MEMBER FIRST NAME] [MEMBER LAST NAME]?

(IF NEEDED: "We are conducting an important study to find out how
satisfied people are with Oregon Health Plan. The results of the
study will help Oregon Health Plan improve the care they provide and will also
help consumers when they choose health care plans.")

(IF NEEDED: "The interview is completely confidential and voluntary,
and will not affect your health care or benefits in any way.")

(IF NEEDED: "This is purely a research study -- we are polling people
about their health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD
LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the
deadline for mailing surveys has passed and we're now in the telephone
phase of this study. May I continue?")

01. CONTINUE
02. ALREADY COMPLETED AND MAILED SURVEY BACK
03. NEW PHONE NUMBER
04. REFUSAL
05. APPOINTMENT
06. NEVER HEARD OF R
07. KNOWS R BUT HAS NO NEW NUMBER FOR R
08. RNA, ANS MACH, RETURN TO COVERSHEET
09. LANGUAGE PROBLEM -- SPEAKS SPANISH
10. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

IF DIAL.SCREEN = 01, GO TO RE.INTRO

IF DIAL.SCREEN = 02, GO TO MAIL.SCREEN

IF DIAL.SCREEN = 03, ENTER NEW NUMBER ON COVERSHEET AND RE-DIAL

RETURN TO COVERSHEET

RE.INTRO

RE.INTRO. (INTERVIEWER: READ PARENS TEXT IF R ISN'T PERSON WHO ANSWERED
PHONE OR HAS NOT HEARD IT YET.)

(Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may
be monitored and recorded for quality control.)

We are conducting an important study to find out how satisfied
people are with Oregon Health Plan. The results of the study will help
Oregon Health Plan improve the care they provide and will also help consumers
when they choose health care plans.

The interview is completely confidential and voluntary, and will not
affect your health care or benefits in any way.

(IF R ASKS: "How long will this take?", EXPLAIN: "The questions should
take about 12-15 minutes to answer.")

(IF NEEDED: "This is purely a research study -- we are polling people
about their health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD
LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the
deadline for mailing surveys has passed and we're now in the telephone
phase of this study. May I continue?")

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

SEX

SEX. (IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

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

(IWER: IF R SAYS "LEFT PLAN" OR "SWITCHED PLANS" OR "NO LONGER INSURED" ENTER "2". IF R IS NOT SURE IF HE/SHE IS PART OF Oregon Health Plan, ENTER "2".)

- 1. YES --> CK.PLMSTCR
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

(IF R SAYS SOMETHING CLOSE TO Oregon Health Plan, ENTER "2")

(IF R NOT SURE OF PLAN NAME, ENTER "2")

- 1. EXACT MATCH -----> CK.PLMSTCR
- 2. POSSIBLE MATCH -----> PLNAME
- 3. NOT A MATCH -----> PLNAME
- 4. RESPONDENT NO LONGER INSURED -----> NO.INSUR
- 5. RESPONDENT INSURED BY MEDICAID BUT DOESN'T -----> CK.PLMSTCR
KNOW PLAN NAME
- 6. RESPONDENT INSURED BUT NOT BY MEDICAID -----> NO.INSUR

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

IF NPLNAME = NOT A MATCH (3), GO TO END.SCREEN

INTRO.INCARE

INTRO.INCARE

Now I'm going to ask you some questions about your own health care. When you answer these questions, please do NOT include dental visits or care you got when you stayed overnight in a hospital.

INCARE

Q3. / INCARE

In the last 6 months, did you have an illness, injury, or condition that NEEDED CARE RIGHT AWAY in a clinic, emergency room, or doctor's office?

- 1. YES
- 2. NO -----> APMAKE4

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

In the last 6 months, when you NEEDED CARE RIGHT AWAY, how often did you get care as soon as you needed? Would you say...

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

In the last 6 months, did you make any appointments for a CHECK-UP OR ROUTINE CARE at a doctor's office or clinic?

- 1. YES
- 2. NO -----> OFCTIM4

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

In the last 6 months, how often did you get an appointment for a CHECK-UP OR ROUTINE CARE at a doctor's office or clinic as soon as you needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

In the last 6 months, NOT counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

(IWER: IF NECESSARY: "Your best estimate would be fine.")

(IWER: IF NEEDED CLARIFY: "Please don't include dental care you received.")

(IWER: IF NEEDED CLARIFY, "Please include ALL doctor visits including those for routine, regular care and for an illness or injury.")

(READ LIST IF NEEDED: "Would you say...")

0. NONE,
1. 1 TIME,
2. 2,
3. 3,
4. 4,
5. 5 TO 9, OR
6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

IF OFCTIM4=0 OR DK/REFUSAL THEN GO TO PRSNLD4

PRVENT5

Q8. / PRVENT5

In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- 1. YES
- 2. NO -----> RTALLCR

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

Did you and a doctor or other health provider talk about the reasons you might NOT want to take a medicine?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

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

(IF NEEDED: "Please do not include any dental care you may have received.")

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

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

Do you have a personal doctor?

- 1. YES
- 2. NO -----> INTRO.SPDR

DK/REFUSAL/NOT ASCERTAINED --> INTRO.SPDR

DRTMS

16. / DRTMS

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

(IF NEEDED: "Your best estimate would be fine.")

(READ LIST IF NEEDED: "Would you say...")

- 0. NONE, -----> RATEDR4
- 1. 1 TIME,
- 2. 2,
- 3. 3,
- 4. 4,
- 5. 5 TO 9, OR
- 6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> RATEDR4

DREXPL4

17. / DREXPL4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

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

- 1. YES
- 2. NO -----> RATEDR4

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

23. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

Now I'm going to ask you some questions about specialists. When you answer these questions, please do NOT include dental visits or care you got when you stayed overnight in a hospital

NDSPDR4

24. / NDSPDR4

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

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

(CLARIFY IF NEEDED: "Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists, but do not include any dental visits.")

(IWER: IF RESPONDENT ASKS IF A PARTICULAR TYPE OF DOCTOR IS A SPECIALIST, CLARIFY, "I don't have any information about that, so please just interpret it however it seems best to you.")

(CLARIFY IF NEEDED: "You can interpret this question however it seems best to you.")

1. YES
2. NO -----> INTRO.PLAN

DK/REFUSAL/NOT ASCERTAINED --> INTRO.PLAN

PRBSEE4

25. / PRBSEE4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

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

(CLARIFY IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say you've seen...")

(READ LIST IF NEEDED: "Would you say...")

- 0. NONE, -----> INTRO.PLAN
- 1. 1 SPECIALIST,
- 2. 2,
- 3. 3,
- 4. 4, OR
- 5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN

RTSPDR4

27. / RTSPDR4

We want to know your rating of the specialist you saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

(Clarify if necessary: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.")

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

Now I'm going to ask you some questions about your experience with your health plan.

LOOMAT4

28. / LOOMAT4

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

- 1. YES
- 2. NO -----> CLCSRV4

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

UNDINF4

29. / UNDINF4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, or
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4

30. / CLCSRV4

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

- 1. YES
- 2. NO -----> PLPRWK4

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

31. / PBCLCS4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, or
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, or
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

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

- 1. YES
- 2. NO -----> RTPLEXP

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

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

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, or
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

HPMDEQ

35a. / HPMDEQ

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

- 1. YES
 - 2. NO -----> POSTHP
- DK/REFUSAL/NOT ASCERTAINED

EZMDHP

35b. / EZMDHP

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

- 1. NEVER
 - 2. SOMETIMES
 - 3. USUALLY
 - 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

POSTHP

35c. / POSTHP

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

- 1. YES
 - 2. NO -----> DTLKTF
- DK/REFUSAL/NOT ASCERTAINED

EZPOST

35d. / EZPOST

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

- 1. NEVER
 - 2. SOMETIMES
 - 3. USUALLY
 - 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

INTRO.SHLTHIS

INTRO.SHLTHIS

A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else you would see for health care. Please keep this in mind as you answer the following questions.

SHLTHIS

35e. / SHLTHIS

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

- 1. YES
- 2. NO -----> CHTREAT

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

How much effort was made to help you understand your health issue? Would you say...?

(READ LIST)

- 1. NO EFFORT AT ALL,
 - 2. A LITTLE EFFORT WAS MADE,
 - 3. SOME EFFORT WAS MADE, or
 - 4. A LOT OF EFFORT WAS MADE
- DK/REFUSAL/NOT ASCERTAINED

ELISTEN

35g. / ELISTEN

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

(READ LIST IF NECESSARY)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

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

(READ LIST IF NECESSARY)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

35i. / CHTREAT

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

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

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

35j. / PCTREAT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

BSTREAT

35k. / BSTREAT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

EASYQC

35l. / EASYQC

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

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

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

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

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

(READ LIST IF NECESSARY)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

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

(READ LIST IF NECESSARY)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

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

(READ LIST)

1. YES DEFINITELY,
2. YES SOMEWHAT, OR
3. NO?

DK/REFUSAL/NOT ASCERTAINED

REGDENT

35q. / REGDENT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

DNTASAP

35r.

In the last 6 months, if you needed to see a dentist right away because of a DENTAL EMERGENCY, did you get to see a dentist as soon as you wanted?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

36. / HLTSTA4

In general, how would you rate your overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

37. / MNTLSTAT

In general, how would you rate your overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

FLUSHOTQ

38. / FLUSHOTQ

Have you had either a flu shot or flu spray in the nose since July 1, 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 --> 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 --> 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 --> 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 --> 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.

CLCSR4

49. / CLCSR4

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 --> 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 --> 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 --> MOREMED

WHYMEDA

61. / WHYMEDA

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

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDB

62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MOREMED

63. / MOREMED

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

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREA

64. / WHYMOREA

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

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREB

65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

LIMITED

66. / LIMITED

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

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMA

67. / WHYLIMA

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

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB

68. / WHYLIMB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA

70. / WHYSTA

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTB

71. / WHYSTB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

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

1. YES
2. NO -----> CAGE

DK/REFUSAL/NOT ASCERTAINED --> CAGE

TIMCOUNA

73. / TIMCOUNA

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

(IWER: IF NEEDED CLARIFY, "Please answer based on your child's age as of their last birthday.")

___ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

(IF NEEDED: "Is your child male or female?")

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your child's race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

77.1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT

80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE
SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT
LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS
SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH
SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT

81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.