



Intercommunity Health Network  
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2016



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## METHODOLOGY

### Introduction

This banner book report summarizes the results of the 2016 CAHPS® Medicaid survey of Intercommunity Health Network members. Intercommunity Health Network 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	
	Intercommunity Health Network	Overall	Intercommunity Health Network	Overall
<b>**First mailing - sent</b>	900	17100	900	17100
<b>*First mailing - usable survey returned</b>	152	3058	116	2302
<b>Second mailing - sent</b>	730	13527	742	14026
<b>*Second mailing - usable survey returned</b>	64	1118	47	1027
<b>*Phone - usable surveys</b>	82	1495	137	2309
<b>Total - usable surveys</b>	298	5671	300	5638
<b>†Ineligible: According to population criteria‡</b>	19	431	13	323
<b>†Ineligible: Deceased</b>	1	38	0	2
<b>†Ineligible: Mentally or physically unable to complete survey</b>	9	166	0	0
<b>†Ineligible: Language barrier</b>	1	78	0	81
<b>Incorrect address AND incorrect phone number</b>	48	915	44	878
<b>Refusal/Returned survey blank</b>	35	871	61	905
<b>Nonresponse - Unavailable by mail or phone</b>	489	8930	482	9273
<b>Adjusted Response Rate</b>	<b>34.3%</b>	<b>34.6%</b>	<b>33.8%</b>	<b>33.8%</b>

\*Included in response rate numerator

†Excluded from adjusted response rate denominator

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

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

## Response/Non-Response Comparison

Presented below is a comparison, by age and gender within each age category, of respondents and non-respondents, all of whom were part of the random sample for the Oregon CAHPS© 2016 survey.

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

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

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

### Adult

Gender / Age	Non-Respondents	Respondents	Difference
Male	231 45.9%	125 41.9%	-3.98%
Female	272 54.1%	173 58.1%	3.98%
18-24	97 19.3%	33 11.1%	-8.21%
25-34	148 29.4%	60 20.1%	-9.29%
35-44	104 20.7%	44 14.8%	-5.91%
45-54	81 16.1%	58 19.5%	3.36%
55-64	54 10.7%	83 27.9%	17.12%
65-74	13 2.6%	14 4.7%	2.11%
75 or Older	6 1.2%	6 2.0%	0.82%

### Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	260 51.9%	149 49.7%	-2.23%
Female	241 48.1%	151 50.3%	2.23%
<3	94 18.8%	55 18.3%	-0.43%
4-7	121 24.2%	82 27.3%	3.18%
8-12	155 30.9%	80 26.7%	-4.27%
13 or older	131 26.1%	83 27.7%	1.52%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE	
Q1 YES	292	5577	29	52	41	55	82	20	173						21	253	204	75	115	165
	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~100%	~100%	100%	100%	100%	100%
NOT ANSWERED	6	94	1			2	2		4						1	4	3	3	3	2
VALID CASES	292	5577	29	52	41	55	82	20	173					21	253	204	75	115	165	
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177					22	257	207	78	118	167	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	



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

	AGE								RACE						ETHNICITY	HEALTH STATUS		GENDER		
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL-TI ##	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q3																				
YES	124 42%	2267 41%	7 24%~	19 37%	23 56%~	25 45%	36 43%	9 45%~	82 46%	~	~	~	~	~	4 18%~	112 44%~	80 39%	40 53%*	42 36%	77 46%
NO	169 58%	3221 59%	22 76%~	33 63%	18 44%~	31 55%	47 57%	11 55%~	95 54%	~	~	~	~	~	18 82%~	142 56%~	126 61%	36 47%*	74 64%	89 54%
NOT ANSWERED	5	183	1			1	1								3	1	2		2	1
VALID CASES	293	5488	29	52	41	56	83	20	177						22	254	206	76	116	166
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q4 NEVER	1 0.9%	61 3%*	~	~	~	~	3%~	1 1%~	~	~	~	~	~	~	1 1%~	1 1%~	~	~	1 1%~	
SOMETIMES	12 11%	267 13%	~	3 17%~	~	4 17%~	4 13%~	5 7%~	~	~	~	~	~	2 50%~	9 9%~	4 5%~	8 23%~	3 8%~	8 11%~	
USUALLY	33 29%	526 26%	4 67%~	5 28%~	6 29%~	7 30%~	5 16%~	5 63%~	5 33%~	~	~	~	~	1 25%~	30 30%~	24 32%~	8 23%~	12 32%~	20 29%~	
ALWAYS	66 59%	1196 58%	2 33%~	10 56%~	15 71%~	12 52%~	22 69%~	3 38%~	42 58%~	~	~	~	~	1 25%~	61 60%~	45 61%~	19 54%~	23 61%~	41 59%~	
#ALWAYS + USUALLY (NET)	99 88%	1723 84%	6 100%~	15 83%~	21 100%~	19 83%~	27 84%~	8 100%~	66 92%~	~	~	~	~	2 50%~	91 90%~	69 93%~	27 77%~	35 92%~	61 87%~	
TOP BOX SCORE	66 59%	1196 58%	2 33%~	10 56%~	15 71%~	12 52%~	22 69%~	3 38%~	42 58%~	~	~	~	~	1 25%~	61 60%~	45 61%~	19 54%~	23 61%~	41 59%~	
NOT ANSWERED	12	187	1	1	2	2	4	1	10					11	6	5	4	7		
VALID CASES	112	2050	6	18	21	23	32	8	72					4	101	74	35	38	70	
NUMBER OF RESPONDENTS	124 100%	2237 100%	7 100%	19 100%	23 100%	25 100%	36 100%	9 100%	82 100%					4 100%	112 100%	80 100%	40 100%	42 100%	77 100%	

[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		
	INHE 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 AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q5 YES	184 63%	3682 67%	12 41%~	25 49%*	28 70%~	39 68%	60 71%	14 70%~	121 69%*	~	~	~	~	~	~	10 45%~	163 64%~	120 59%*	58 74%*	64 56%*	114 69%*
NO	106 37%	1794 33%	17 59%~	26 51%*	12 30%~	18 32%	24 29%	6 30%~	54 31%*	~	~	~	~	~	~	12 55%~	90 36%~	83 41%*	20 26%*	51 44%*	52 31%*
NOT ANSWERED	8	196	1	1	1				2							4	4			3	1
VALID CASES	290	5475	29	51	40	57	84	20	175							22	253	203	78	115	166
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%							22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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			
	INHE 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 ##	MUL-TI ##	OTH-ER ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE	FE-MALE
Q6 NEVER	10 6%	120 4%	3 30%~	2 9%~	~	1 3%~	3 6%	6 6%	~	~	~	~	~	~	8 6%~	8 8%	1 2%	4 7%	5 5%	
SOMETIMES	24 15%	637 19%	2 20%~	5 22%~	2 7%~	4 13%~	9 18%	1 8%~	10 10%*	~	~	~	~	~	3 33%~	20 14%~	11 10%*	13 26%*	12 22%	11 11%
USUALLY	45 28%	905 27%	~	6 26%~	9 33%~	8 25%~	13 25%	7 58%~	29 29%	~	~	~	~	~	2 22%~	39 28%~	33 31%	10 20%	11 20%	32 32%
ALWAYS	82 51%	1691 50%	5 50%~	10 43%~	16 59%~	19 59%~	26 51%	4 33%~	54 55%	~	~	~	~	~	4 44%~	74 52%~	53 50%	26 52%	27 50%	53 52%
#ALWAYS + USUALLY (NET)	127 79%	2596 77%	5 50%~	16 70%~	25 93%~	27 84%~	39 76%	11 92%~	83 84%	~	~	~	~	~	6 67%~	113 80%~	86 82%	36 72%	38 70%	85 84%*
TOP BOX SCORE	82 51%	1691 50%	5 50%~	10 43%~	16 59%~	19 59%~	26 51%	4 33%~	54 55%	~	~	~	~	~	4 44%~	74 52%~	53 50%	26 52%	27 50%	53 52%
NOT ANSWERED	23	330	2	2	1	7	9	2	22						1	22	15	8	10	13
VALID CASES	161	3353	10	23	27	32	51	12	99						9	141	105	50	54	101
NUMBER OF RESPONDENTS	184	3683	12	25	28	39	60	14	121						10	163	120	58	64	114
	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?

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q7 NONE	82 28%	1469 27%	18 62%~	23 44%*	10 25%~	13 23%	13 16%*	2 10%~	42 24%*	~	~	~	~	~	~	10 45%~	68 27%~	68 33%*	12 15%*	43 37%*	37 22%*
1 TIME	44 15%	947 17%	2 7%~	9 17%	7 17%~	6 11%	15 18%	4 20%~	24 14%	~	~	~	~	~	~	5 23%~	38 15%~	32 16%	11 14%	19 17%	24 14%
2	49 17%	900 17%	5 17%~	6 12%	5 12%~	11 20%	17 20%	4 20%~	32 18%	~	~	~	~	~	~	3 14%~	45 18%~	32 16%	15 19%	16 14%	32 19%
3	41 14%	659 12%	3 10%~	3 6%*	10 25%~	8 14%	11 13%	4 20%~	32 18%*	~	~	~	~	~	~	1 5%~	37 15%~	29 14%	11 14%	17 15%	22 13%
4	27 9%	465 9%	~	4 8%	1 2%~	5 9%	16 19%*	1 5%~	19 11%	~	~	~	~	~	~	1 5%~	25 10%~	18 9%	9 12%	5 4%*	22 13%*
5 TO 9	31 11%	673 12%	~	4 8%	4 10%~	12 21%*	6 7%	4 20%~	22 13%	~	~	~	~	~	~	2 9%~	27 11%~	16 8%*	14 18%*	10 9%	20 12%
10 OR MORE TIMES	15 5%	305 6%	1 3%~	3 6%	3 7%~	1 2%	5 6%	1 5%~	4 2%*	~	~	~	~	~	~	~	14 6%~	8 4%	6 8%	5 4%	9 5%
NOT ANSWERED	9	254	1		1	1	1		2								3	4		3	1
VALID CASES	289	5417	29	52	40	56	83	20	175							22	254	203	78	115	166
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADULT	OHP TOT ADULT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q8 #YES	150 74%	2759 72%	7 70%~	18 62%~	23 77%~	34 79%~	51 74%~	13 72%~	104 78%*	~	~	~	~	~	7 58%~	137 74%~	94 71%	51 78%	53 75%	93 73%
NO	54 26%	1087 28%	3 30%~	11 38%~	7 23%~	9 21%~	18 26%	5 28%~	29 22%*	~	~	~	~	~	5 42%~	47 26%~	39 29%	14 22%	18 25%	35 27%
NOT ANSWERED	3	93	1				1								2	2	1	1	1	1
VALID CASES	204	3846	10	29	30	43	69	18	133						12	184	133	65	71	128
NUMBER OF RESPONDENTS	207 100%	3939 100%	11 100%	29 100%	30 100%	43 100%	70 100%	18 100%	133 100%						12 100%	186 100%	135 100%	66 100%	72 100%	129 100%

[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?

	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q9 YES	128 62%	2168 56%	6 55%~	19 66%~	13 43%~	30 71%~	45 64%~	12 67%~	88 66%	~	~	~	~	~	5 ~42%	117 63%~	83 61%	41 64%	38 54%	87 67%
NO	77 38%	1687 44%	5 45%~	10 34%~	17 57%~	12 29%~	25 36%~	6 33%~	45 34%	~	~	~	~	~	7 ~58%	68 37%~	52 39%	23 36%	33 46%	42 33%
NOT ANSWERED		2 84				1										1		2		1
VALID CASES	205	3855	11	29	30	42	70	18	133						12	185	135	64	71	129
NUMBER OF RESPONDENTS	207	3939	11	29	30	43	70	18	133						12	186	135	66	72	129
	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?

	INHE 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	GOOD & POOR	MALE	FE- MALE	
Q10 #YES	117 97%	1919 93%*	6 100%~	18 95%~	12 100%~	27 93%~	39 98%~	12 100%~	80 98%~	~	~	~	~	~	~	4 80%~	108 97%~	76 99%~	37 93%~	35 95%~	79 98%~
NO	4 3%	152 7%*	~	1 5%~	~	2 7%~	1 2%~	~	2 2%~	~	~	~	~	~	~	1 20%~	3 3%~	1 1%~	3 8%~	2 5%~	2 2%~
NOT ANSWERED	18	379	1		2	3	6		8							10	10	3	5	7	
VALID CASES	121	2072	6	19	12	29	40	12	82							5	111	77	40	37	81
NUMBER OF RESPONDENTS	139 100%	2451 100%	7 100%	19 100%	14 100%	32 100%	46 100%	12 100%	90 100%							5 100%	121 100%	87 100%	43 100%	42 100%	88 100%

[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?

	INHE 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 PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q11 #YES	92 76%	1506 73%	3 50%~	14 74%~	10 83%~	21 72%~	32 80%~	9 75%~	63 77%~	~	~	~	~	~	~	3 60%~	85 77%~	61 78%~	28 72%~	30 81%~	59 73%~
NO	29 24%	555 27%	3 50%~	5 26%~	2 17%~	8 28%~	8 20%~	3 25%~	19 23%~	~	~	~	~	~	~	2 40%~	26 23%~	17 22%~	11 28%~	7 19%~	22 27%~
NOT ANSWERED	7	53			1	1	5		6								6	5	2	1	6
VALID CASES	121	2061	6	19	12	29	40	12	82							5	111	78	39	37	81
NUMBER OF RESPONDENTS	128 100%	2114 100%	6 100%	19 100%	13 100%	30 100%	45 100%	12 100%	88 100%							5 100%	117 100%	83 100%	41 100%	38 100%	87 100%

[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?

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q12 #YES	98 81%	1561 76%	5 83%~	16 84%~	10 83%~	22 76%~	35 88%~	8 67%~	68 83%~	~	~	~	~	~	~	4 80%~	90 81%~	64 82%~	31 79%~	32 86%~	64 79%~
NO	23 19%	492 24%	1 17%~	3 16%~	2 17%~	7 24%~	5 13%~	4 33%~	14 17%~	~	~	~	~	~	1 20%~	21 19%~	14 18%~	8 21%~	5 14%~	17 21%~	
NOT ANSWERED	7	61			1	1	5		6							6	5	2	1	6	
VALID CASES	121	2053	6	19	12	29	40	12	82						5	111	78	39	37	81	
NUMBER OF RESPONDENTS	128 100%	2114 100%	6 100%	19 100%	13 100%	30 100%	45 100%	12 100%	88 100%						5 100%	117 100%	83 100%	41 100%	38 100%	87 100%	

[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?

	INHE 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 ##	MUL- TI ##	HIS- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & FAIR & GOOD POOR	POOR	MALE	FE- MALE	
Q13 WORST HEALTH CARE POSSIBLE		27 0.7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	2 1%	49 1%	~	~	~	1 2%	1 1%	~	~	~	~	~	~	1 8%	1 0.5%	~	2 3%	2 3%	~	
03	3 1%	78 2%	~	~	~	3 7%	~	~	~	~	~	~	~	3 2%	~	2 1%	1 2%	2 3%	1 0.8%	
04	9 4%	87 2%	~	2 7%	1 3%	3 7%	2 3%	1 6%	7 5%	~	~	~	~	1 8%	7 4%	4 3%	5 8%	3 4%	6 5%	
05	12 6%	281 7%	~	2 7%	2 7%	1 2%	7 10%	~	8 6%	~	~	~	~	~	12 6%	9 7%	3 5%	4 6%	8 6%	
06	17 8%	233 6%	18% ~	2 10%	3 17%	5 2%	1 6%	4 11%	2 8%	~	~	~	~	~	16 9%	11 8%	6 9%	9 13%	8 6%	
07	24 12%	502 13%	9% ~	6 21%	3 10%	4 10%	6 9%	3 17%	16 12%	~	~	~	~	1 8%	22 12%	17 13%	6 9%	8 11%	15 12%	
08	45 22%	866 23%	27% ~	5 17%	7 23%	10 24%	15 21%	4 22%	26 20%	~	~	~	~	5 42%	38 21%	29 21%	14 22%	13 18%	31 24%	
09	32 16%	651 17%	27% ~	3 10%	3 7%	2 12%	5 24%*	17 6%	19 14%	~	~	~	~	~	31 17%	20 15%	11 17%	9 13%	22 17%	
BEST HEALTH CARE POSSIBLE	60 29%	1054 27%	18% ~	2 28%	8 33%	10 33%	14 26%	18 39%	7 33%	~	~	~	~	~	4 33%	55 30%	43 32%	16 25%	22 31%	37 29%
#8-10 (NET)	137 67%	2571 67%	73% ~	8 55%	16 63%	19 69%	29 71%	50 67%	12 67%	~	~	~	~	~	9 75%	124 67%	92 68%	41 64%	44 61%	90 70%

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			
	INHE 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/ LLND	AMER IND/ ALSK	MUL- TI	HIS- IC	HIS- IC	NOT VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
9-10 (NET)	92 45%	1705 44%	5 45%~	11 38%~	12 40%~	19 45%~	35 50%	8 44%~	62 47%	~	~	~	~	~	~	4 33%~	86 46%~	63 47%	27 42%	31 43%	59 46%
NOT ANSWERED	3	105				1		1							1		2		1		
VALID CASES	204	3834	11	29	30	42	70	18	132						12	185	135	64	72	128	
NUMBER OF RESPONDENTS	207 100%	3939 100%	11 100%	29 100%	30 100%	43 100%	70 100%	18 100%	133 100%						12 100%	186 100%	135 100%	66 100%	72 100%	129 100%	
MEAN	7.98	7.91	8.18	7.76	7.97	7.79	8.06	8.22	8.02						7.75	8.01	8.10	7.67	7.74	8.09	
p stat_(*=Sig @ p<=.05)		.636	~	~	~	~.659	~	.690	~	~	~	~	~	~	~	~	~.210	.161	.222	.282	

[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		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q14 NEVER	6 3%	112 3%	~	1 3%	~	2 5%	1 1%	1 6%	4 3%	~	~	~	~	~	~	5 3%	1 0.7%*	5 8%*	2 3%	3 2%
SOMETIMES	25 12%	652 17%*	~	6 21%	2 7%	7 17%	9 13%	1 6%	12 9%	~	~	~	~	~	3 25%	22 12%	15 11%	10 15%	8 11%	17 13%
USUALLY	66 32%	1292 34%	3 27%	10 34%	13 43%	11 26%	21 30%	6 33%	40 30%	~	~	~	~	~	5 42%	56 30%	42 31%	21 32%	24 33%	40 31%
ALWAYS	107 52%	1764 46%	8 73%	12 41%	15 50%	22 52%	39 56%	10 56%	76 58%*	~	~	~	~	~	4 33%	102 55%	76 57%	30 45%	38 53%	68 53%
#ALWAYS + USUALLY (NET)	173 85%	3056 80%	11 100%	22 76%	28 93%	33 79%	60 86%	16 89%	116 88%	~	~	~	~	~	9 75%	158 85%	118 88%	51 77%	62 86%	108 84%
TOP BOX SCORE	107 52%	1764 46%	8 73%	12 41%	15 50%	22 52%	39 56%	10 56%	76 58%*	~	~	~	~	~	4 33%	102 55%	76 57%	30 45%	38 53%	68 53%
NOT ANSWERED	3	119				1			1						1	1				1
VALID CASES	204	3820	11	29	30	42	70	18	132						12	185	134	66	72	128
NUMBER OF RESPONDENTS	207 100%	3939 100%	11 100%	29 100%	30 100%	43 100%	70 100%	18 100%	133 100%						12 100%	186 100%	135 100%	66 100%	72 100%	129 100%

[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?

	INHE 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	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q15 YES	237 82%	4350 80%	20 69%~	33 65%*	36 88%~	49 88%	73 87%	20 100%~	147 83%	~	~	~	~	~	~	15 68%~	211 83%~	160 78%*	71 92%*	88 76%*	143 86%*
NO	52 18%	1094 20%	9 31%~	18 35%*	5 12%~	7 12%	11 13%	~	30 17%	~	~	~	~	~	~	7 32%~	43 17%~	45 22%*	6 8%*	28 24%*	23 14%*
NOT ANSWERED	9	228	1	1		1										3	2	1	2	1	
VALID CASES	289	5443	29	51	41	56	84	20	177							22	254	205	77	116	166
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%							22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q16 NONE	48	890	8	11	8	8	8	2	22							4	40	37	8	21	24
	22%	22%	42%~	34%~	24%~	19%~	12%*	11%~	17%*	~	~	~	~	~	~	27%~	21%~	26%	12%*	26%	18%
1 TIME	50	1017	5	10	6	6	18	5	31							5	45	37	13	21	29
	23%	25%	26%~	31%~	18%~	14%~	27%	26%~	24%	~	~	~	~	~	~	33%~	23%~	26%	20%	26%	22%
2	55	826	4	6	9	10	18	7	32							5	48	30	23	17	37
	25%	20%	21%~	19%~	27%~	24%~	27%	37%~	25%	~	~	~	~	~	~	33%~	25%~	21%*	35%*	21%	28%
3	31	578	1	3	4	9	13	1	25							1	30	23	8	11	20
	14%	14%	5%~	9%~	12%~	21%~	19%	5%~	19%*	~	~	~	~	~	~	7%~	16%~	16%	12%	14%	15%
4	13	309		1		4	5	3	9								12	6	7	4	9
	6%	7%	~	3%~	~	10%~	7%	16%~	7%	~	~	~	~	~	~	~	6%~	4%	11%	5%	7%
5 TO 9	14	401		1	3	4	5		9								12	6	7	4	9
	6%	10%*	~	3%~	9%~	10%~	7%	~	7%	~	~	~	~	~	~	~	6%~	4%	11%	5%	7%
10 OR MORE TIMES	6	98		1		3	1		2								6	6		2	4
	3%	2%	5%~	~	9%~	2%~	~	5%~	2%	~	~	~	~	~	~	~	3%~	4%*	~	3%	3%
NOT ANSWERED	20	232	1	1	3	7	6	1	17								18	15	5	8	11
VALID CASES	217	4118	19	32	33	42	67	19	130							15	193	145	66	80	132
NUMBER OF RESPONDENTS	237	4350	20	33	36	49	73	20	147							15	211	160	71	88	143
	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	
	INHE 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	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q17 NEVER	6 4%	58 2%	1 9%~	~	~	3 9%~	1 2%	~	3 3%	~	~	~	~	~	~	5 3%~	4 4%	1 2%	2 3%	3 3%
SOMETIMES	11 7%	230 7%	1 9%~	1 5%~	3 12%~	2 6%~	3 5%	1 6%~	6 6%	~	~	~	~	~	2 18%~	9 6%~	5 5%	6 10%	2 3%	9 8%
USUALLY	28 17%	675 21%	1 9%~	5 24%~	5 20%~	6 18%~	7 12%	4 24%~	19 18%	~	~	~	~	~	1 9%~	26 17%~	17 16%	11 19%	15 25%*	13 12%*
ALWAYS	124 73%	2229 70%	8 73%~	15 71%~	17 68%~	23 68%~	48 81%	12 71%~	80 74%	~	~	~	~	~	8 73%~	113 74%~	82 76%	40 69%	40 68%	83 77%
#ALWAYS + USUALLY (NET)	152 90%	2905 91%	9 82%~	20 95%~	22 88%~	29 85%~	55 93%	16 94%~	99 92%	~	~	~	~	~	9 82%~	139 91%~	99 92%	51 88%	55 93%	96 89%
TOP BOX SCORE	124 73%	2229 70%	8 73%~	15 71%~	17 68%~	23 68%~	48 81%	12 71%~	80 74%	~	~	~	~	~	8 73%~	113 74%~	82 76%	40 69%	40 68%	83 77%
NOT ANSWERED		27																		
VALID CASES	169	3193	11	21	25	34	59	17	108						11	153	108	58	59	108
NUMBER OF RESPONDENTS	169	3220	11	21	25	34	59	17	108						11	153	108	58	59	108
	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	
	INHE 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	##	##	##	##	##	##						
Q18 NEVER	5 3%	63 2%	~	~	4%~	2%~	1%~	6%~	4%	~	~	~	~	~	~	5%~	3%~	3%~	5%	2%
SOMETIMES	11 7%	266 8%	9%~	10%~	8%~	6%~	5%	5%	~	~	~	~	~	~	18%~	5%~	5%~	9%	3%	7%
USUALLY	38 23%	675 21%	18%~	24%~	24%~	29%~	21%	18%~	23%	~	~	~	~	~	~	24%~	21%~	26%	24%	22%
ALWAYS	114 68%	2196 69%	73%~	67%~	64%~	59%~	72%	76%~	68%	~	~	~	~	~	~	82%~	67%~	71%~	68%	68%
#ALWAYS + USUALLY (NET)	152 90%	2872 90%	91%~	90%~	88%~	88%~	93%	94%~	92%	~	~	~	~	~	~	82%~	91%~	93%~	92%	91%
TOP BOX SCORE	114 68%	2196 69%	73%~	67%~	64%~	59%~	72%	76%~	68%	~	~	~	~	~	~	82%~	67%~	71%~	68%	68%
NOT ANSWERED	1	19					1	1							1	1				1
VALID CASES	168	3201	11	21	25	34	58	17	107						11	152	107	58	59	107
NUMBER OF RESPONDENTS	169	3220	11	21	25	34	59	17	108						11	153	108	58	59	108
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	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	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q19 NEVER	4 2%	78 2%	~	~	4%~	2%~	~	2%~	~	~	~	~	~	~	~	3%~	2%~	2%~	3%~	~
SOMETIMES	12 7%	205 6%	3%~	1%~	4%~	3%~	5%~	6%~	7%	~	~	~	~	~	9%~	7%~	6%~	10%~	2%*	10%*
USUALLY	30 18%	539 17%	~	4%~	3%~	8%~	12%~	3%~	19%~	~	~	~	~	~	9%~	18%~	15%~	24%~	20%~	17%~
ALWAYS	122 73%	2374 74%	8%~	16%~	20%~	21%~	43%~	13%~	78%~	~	~	~	~	~	82%~	72%~	78%~	64%~	73%~	73%~
#ALWAYS + USUALLY (NET)	152 90%	2913 91%	8%~	20%~	23%~	29%~	55%~	16%~	97%~	~	~	~	~	~	91%~	91%~	93%~	88%~	93%~	90%~
TOP BOX SCORE	122 73%	2374 74%	8%~	16%~	20%~	21%~	43%~	13%~	78%~	~	~	~	~	~	82%~	72%~	78%~	64%~	73%~	73%~
NOT ANSWERED	1	24					1	1							1	1				1
VALID CASES	168	3196	11	21	25	34	58	17	107						11	152	107	58	59	107
NUMBER OF RESPONDENTS	169	3220	11	21	25	34	59	17	108						11	153	108	58	59	108
	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		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q20 NEVER	6 4%	89 3%	~	~	4%~	1 3%~	1 5%	3 6%~	1 6%*	~	~	~	~	~	~	6 4%~	4 3%	2 3%	2 3%	4 4%	
SOMETIMES	15 9%	317 10%	3 30%~	2 10%~	2 8%~	6 18%~	1 2%*	~	9 8%	~	~	~	~	~	~	1 9%~	13 9%~	7 7%	7 12%	4 7%	10 9%
USUALLY	30 18%	782 24%*	~	3 14%~	4 16%~	9 26%~	12 21%	2 12%~	19 18%	~	~	~	~	~	~	2 18%~	27 18%~	16 15%	13 22%	12 20%	18 17%
ALWAYS	116 69%	2009 63%	7 70%~	16 76%~	18 72%~	18 53%~	42 72%	14 82%~	73 68%	~	~	~	~	~	~	8 73%~	105 70%~	79 75%	36 62%	41 69%	74 70%
#ALWAYS + USUALLY (NET)	146 87%	2790 87%	7 70%~	19 90%~	22 88%~	27 79%~	54 93%	16 94%~	92 86%	~	~	~	~	~	~	10 91%~	132 87%~	95 90%	49 84%	53 90%	92 87%
TOP BOX SCORE	116 69%	2009 63%	7 70%~	16 76%~	18 72%~	18 53%~	42 72%	14 82%~	73 68%	~	~	~	~	~	~	8 73%~	105 70%~	79 75%	36 62%	41 69%	74 70%
NOT ANSWERED	2	24	1				1		1							2	2			2	
VALID CASES	167	3196	10	21	25	34	58	17	107							11	151	106	58	59	106
NUMBER OF RESPONDENTS	169 100%	3220 100%	11 100%	21 100%	25 100%	34 100%	59 100%	17 100%	108 100%							11 100%	153 100%	108 100%	58 100%	59 100%	108 100%

[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?

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE			
Q21 YES	107 64%	2002 63%	6 55%~	15 71%~	16 64%~	22 67%~	35 60%	12 71%~	67 63%	~	~	~	~	~	~	4 ~	100 36%~	66 62%	39 68%	29 50%*	77 72%*
NO	60 36%	1173 37%	5 45%~	6 29%~	9 36%~	11 33%~	23 40%	5 29%~	40 37%	~	~	~	~	~	~	7 ~	51 64%~	41 38%	18 32%	29 50%*	30 28%*
NOT ANSWERED		2 45				1 1			1								2	1	1	1	1
VALID CASES	167	3175	11	21	25	33	58	17	107							11	151	107	57	58	107
NUMBER OF RESPONDENTS	169 100%	3220 100%	11 100%	21 100%	25 100%	34 100%	59 100%	17 100%	108 100%							11 100%	153 100%	108 100%	58 100%	59 100%	108 100%

[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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	INHE 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 ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q22 NEVER	5 5%	115 6%		2 ~ 13%~		2 ~ 10%~	1 3%~	2 3%~						1 25%~	4 4%~	3 5%~	2 6%~	1 4%~	4 6%~	
SOMETIMES	13 13%	272 14%	1 20%~	1 7%~	1 7%~	4 19%~	6 18%~	9 14%~							12 ~ 13%~	7 11%~	6 17%~	2 7%~	11 15%~	
USUALLY	28 28%	568 30%	1 20%~	4 27%~	5 33%~	4 19%~	9 27%~	5 45%~	19 30%~						1 25%~	27 29%~	18 28%~	9 26%~	10 36%~	18 25%~
ALWAYS	55 54%	925 49%	3 60%~	8 53%~	9 60%~	11 52%~	17 52%~	6 55%~	33 52%~						2 50%~	51 54%~	36 56%~	18 51%~	15 54%~	39 54%~
#ALWAYS + USUALLY (NET)	83 82%	1493 79%	4 80%~	12 80%~	14 93%~	15 71%~	26 79%~	11 100%~	52 83%~						3 75%~	78 83%~	54 84%~	27 77%~	25 89%~	57 79%~
TOP BOX SCORE	55 54%	925 49%	3 60%~	8 53%~	9 60%~	11 52%~	17 52%~	6 55%~	33 52%~						2 50%~	51 54%~	36 56%~	18 51%~	15 54%~	39 54%~
NOT ANSWERED	6	69	1		1	1	2	1	4						6	2	4	1	5	
VALID CASES	101	1881	5	15	15	21	33	11	63						4	94	64	35	28	72
NUMBER OF RESPONDENTS	107	1950	6	15	16	22	35	12	67						4	100	66	39	29	77
	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?

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE-MALE
Q23 WORST PERSONAL DOCTOR POSSIBLE		21 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	1 0.5%	38 0.9%	~	1 3%	~	~	~	1 0.8%	~	~	~	~	~	~	1 0.5%	1 0.7%	~	~	1 0.8%	~
02		42 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	4 2%	61 2%	~	~	2 6%	1 2%	~	1 6%	3 2%	~	~	~	~	~	4 2%	3 2%	1 2%	3 4%	1 0.8%	~
04	4 2%	88 2%	~	1 3%	~	~	2 3%	1 0.8%	~	~	~	~	~	~	1 7%	2 1%	2 1%	1 2%	1 1%	2 2%
05	18 8%	212 5%	2 12%	1 3%	1 3%	8 20%	5 7%	~	12 9%	~	~	~	~	~	1 7%	15 8%	11 8%	6 9%	5 6%	12 9%
06	13 6%	181 4%	1 6%	3 10%	2 6%	4 10%	3 4%	~	9 7%	~	~	~	~	~	~	13 7%	7 5%	6 9%	7 9%	6 5%
07	13 6%	352 9%	1 6%	3 10%	1 3%	3 7%	4 6%	1 6%	7 5%	~	~	~	~	~	~	12 6%	12 8%*	1 2%*	6 8%	7 5%
08	34 16%	703 17%	5 29%	4 13%	9 26%	5 12%	9 13%	2 11%	19 15%	~	~	~	~	~	2 14%	32 17%	24 17%	10 16%	14 17%	20 16%
09	40 19%	736 18%	1 6%	5 17%	8 24%	7 17%	14 21%	5 28%	23 18%	~	~	~	~	~	3 21%	35 19%	27 19%	13 20%	13 16%	27 21%
BEST PERSONAL DOCTOR POSSIBLE	85 40%	1648 40%	7 41%	12 40%	11 32%	13 32%	31 46%	9 50%	54 42%	~	~	~	~	~	7 50%	75 40%	57 40%	26 41%	31 39%	52 41%
#8-10 (NET)	159 75%	3087 76%	13 76%	21 70%	28 82%	25 61%	54 79%	16 89%	96 74%	~	~	~	~	~	12 86%	142 75%	108 75%	49 77%	58 72%	99 77%

Continued

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
		INHE TOT ADULT	OHP TOT ADULT	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 NATV ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	MALE	
9-10 (NET)	125 59%	2384 58%	8 47%	17 57%	19 56%	20 49%	45 66%	14 78%	77 60%	~	~	~	~	~	~	~	10 71%	110 58%	84 58%	39 61%	44 55%	79 62%
NOT ANSWERED	25	266	3	3	2	8	5	2	18								1	22	16	7	8	15
VALID CASES	212	4084	17	30	34	41	68	18	129								14	189	144	64	80	128
NUMBER OF RESPONDENTS	237 100%	4350 100%	20 100%	33 100%	36 100%	49 100%	73 100%	20 100%	147 100%								15 100%	211 100%	160 100%	71 100%	88 100%	143 100%
MEAN	8.35	8.33	8.35	8.20	8.35	7.83	8.63	8.94	8.34								8.71	8.35	8.36	8.39	8.26	8.44
p stat_(*=Sig @ p<=.05)		.875	~	~	~	~	.125	~	.940	~	~	~	~	~	~	~	~	~	.895	.836	.615	.420

[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	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	FE-MALE	
Q24 YES	121 42%	2150 40%	5 17%	17 34%	19 46%	27 49%	43 51%	9 47%	77 45%	~	~	~	~	~	3 14%	113 45%	76 37%*	44 59%*	39 34%*	81 49%*
Q24 NO	165 58%	3272 60%	25 83%	33 66%	22 54%	28 51%	41 49%	10 53%	96 55%	~	~	~	~	~	19 86%	139 55%	129 63%*	31 41%*	77 66%*	83 51%*
NOT ANSWERED	12	249		2		2		1	4						5	2	3	2	3	
VALID CASES	286	5422	30	50	41	55	84	19	173						22	252	205	75	116	164
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%



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		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
								WHTE	##	##	##	##	##	##							
Q25 NEVER	4 4%	123 6%		1 ~ 6%~		1 ~ 4%~	2 5%~	1 1%~								4 4%~	3 4%~	1 3%~	2 5%~	2 3%~	
SOMETIMES	16 14%	379 19%	1 20%~	2 12%~	4 24%~	4 15%~	1 10%~	9 13%~								16 15%~	8 11%~	8 21%~	7 19%~	9 12%~	
USUALLY	29 26%	576 29%	1 20%~	5 29%~	5 29%~	6 23%~	8 21%~	3 43%~	19 28%~							25 24%~	17 24%~	11 28%~	10 27%~	18 24%~	
ALWAYS	63 56%	938 46%*	3 60%~	9 53%~	8 47%~	15 58%~	25 64%~	3 43%~	40 58%~							3 100%~	59 57%~	44 61%~	19 49%~	18 49%~	45 61%~
#ALWAYS + USUALLY (NET)	92 82%	1514 75%*	4 80%~	14 82%~	13 76%~	21 81%~	33 85%~	6 86%~	59 86%~							3 100%~	84 81%~	61 85%~	30 77%~	28 76%~	63 85%~
TOP BOX SCORE	63 56%	938 46%*	3 60%~	9 53%~	8 47%~	15 58%~	25 64%~	3 43%~	40 58%~							3 100%~	59 57%~	44 61%~	19 49%~	18 49%~	45 61%~
NOT ANSWERED	9	70			2	1	4	2	8							9	4	5	2	7	
VALID CASES	112	2016	5	17	17	26	39	7	69							3	104	72	39	37	74
NUMBER OF RESPONDENTS	121	2086	5	17	19	27	43	9	77							3	113	76	44	39	81
	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		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q26 NONE	7 6%	110 5%		2 ~ 12%~	1 6%~		4 ~ 10%~		3 4%~							7 7%~	5 7%~	2 5%~	2 6%~	5 7%~
1 SPECIALIST	57 51%	1016 50%	5 100%~	11 65%~	11 65%~	12 46%~	16 41%~	1 17%~	34 50%~						3 ~100%~	52 50%~	40 56%~	16 42%~	22 61%~	34 46%~
2	25 23%	508 25%		3 ~ 18%~	2 12%~	9 35%~	8 21%~	3 50%~	20 29%~						24 ~ 23%~	18 25%~	7 18%~	8 22%~	17 23%~	
3	13 12%	258 13%			2 ~ 12%~	4 15%~	5 13%~	2 33%~	9 13%~						12 ~ 12%~	7 10%~	6 16%~	3 8%~	10 14%~	
4	5 5%	69 3%					5 ~ 13%~								4 ~ 4%~	2 3%~	3 8%~	1 3%~	4 5%~	
5 OR MORE SPECIALISTS	4 4%	55 3%		1 ~ 6%~	1 6%~	1 4%~	1 3%~		2 3%~						4 ~ 4%~		4 ~ 11%~		4 ~ 5%~	
NOT ANSWERED	10	71			2	1	4	3	9						10	4	6	3	7	
VALID CASES	111	2015	5	17	17	26	39	6	68					3	103	72	38	36	74	
NUMBER OF RESPONDENTS	121	2086	5	17	19	27	43	9	77					3	113	76	44	39	81	
	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?

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q27 WORST SPECIALIST POSSIBLE		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		7 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		19 1%	~	~	~	~	1 3%	~	~	~	~	~	~	1 1%	1 2%	~	1 3%	~	~	
03		32 3%	~	~	1 6%	2 8%	~	1 2%	~	~	~	~	~	3 3%	2 3%	1 3%	3 9%	~	~	
04		32 1%	~	~	~	1 4%	~	1 2%	~	~	~	~	~	1 1%	1 2%	~	1 3%	~	~	
05		67 2%	~	1 7%	~	~	1 3%	~	2 3%	~	~	~	~	~	2 3%	2 3%	~	~	2 3%	
06		73 6%	~	1 7%	1 6%	3 13%	1 3%	~	2 3%	~	~	~	~	~	6 6%	2 3%	4 11%	1 3%	5 7%	
07		158 6%	~	2 13%	~	1 4%	3 9%	~	4 6%	~	~	~	~	~	6 6%	6 9%	~	1 3%	5 7%	
08		318 20%	~	5 33%	6 38%	3 13%	5 14%	1 17%	13 21%	~	~	~	~	~	17 18%	14 21%	6 17%	7 21%	13 19%	
09		355 21%	2 40%	~	3 19%	5 21%	9 26%	2 33%	12 19%	~	~	~	~	~	20 21%	16 24%	5 14%	7 21%	14 21%	
BEST SPECIALIST POSSIBLE		797 41%	3 60%	6 40%	5 31%	9 38%	15 43%	3 50%	28 44%	~	~	~	~	~	3 100%	38 40%	22 33%	19 54%	12 36%	29 43%
#8-10 (NET)		1470 81%	5 100%	11 73%	14 87%	17 71%	29 83%	6 100%	53 84%	~	~	~	~	~	3 100%	75 80%	52 79%	30 86%	26 79%	56 82%

Continued

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

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
	INHE 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 NATV ##	MUL- TI ##	HIS- IC	HIS- IC	NOT PAN- & GOOD	VERY PAN- & FAIR	EX & & POOR	FE- MALE	MALE	
9-10 (NET)	63 62%	1152 61%	5 100%	6 40%	8 50%	14 58%	24 69%	5 83%	40 63%	~	~	~	~	~	~	3 100%	58 62%	38 58%	24 69%	19 58%	43 63%
NOT ANSWERED	2	16				2		2								2	1	1	1	1	
VALID CASES	102	1878	5	15	16	24	35	6	63							3	94	66	35	33	68
NUMBER OF RESPONDENTS	104 100%	1894 100%	5 100%	15 100%	16 100%	26 100%	35 100%	6 100%	65 100%							3 100%	96 100%	67 100%	36 100%	34 100%	69 100%
MEAN	8.55	8.45	9.60	8.33	8.38	8.08	8.71	9.33	8.71							10.0	8.50	8.36	8.86	8.09	8.75
p stat_(*=Sig @ p<=.05)		.597	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		INHE 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 ##	MUL-TI ##	OTH-ER ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE
Q28 YES	54 19%	1069 20%	5 17%	11 22%	10 24%	12 22%	14 17%	~	25 14%*	~	~	~	~	~	~	7 32%	44 17%	32 16%*	21 28%*	19 17%	33 20%
Q28 NO	231 81%	4323 80%	25 83%	40 78%	31 76%	42 78%	70 83%	19 100%	148 86%*	~	~	~	~	~	~	15 68%	208 83%	173 84%*	54 72%*	96 83%	132 80%
NOT ANSWERED	13	279		1		3	1		4							5	2	3	3	2	
VALID CASES	285	5392	30	51	41	54	84	19	173							22	252	205	75	115	165
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	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?

	AGE							RACE						ETHNICITY	HEALTH STATUS		GENDER		
	INHE 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 ##	MUL-TI ##	OTH-ER ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE
Q29 NEVER	5 10%	102 11%		1 9%	1 13%	2 18%	1 8%	3 14%	~	~	~	~	~	~	5 13%	4 13%	1 5%		5 16%
SOMETIMES	12 24%	354 37%	1 20%	3 27%	1 13%	3 27%	3 23%	4 18%	~	~	~	~	~	1 14%	9 23%	5 17%	7 37%	4 24%	7 23%
USUALLY	22 44%	333 35%	3 60%	6 55%	2 25%	5 45%	6 46%	10 45%	~	~	~	~	~	5 71%	17 42%	14 47%	8 42%	10 59%	12 39%
ALWAYS	11 22%	171 18%	1 20%	1 9%	4 50%	1 9%	3 23%	5 23%	~	~	~	~	~	1 14%	9 23%	7 23%	3 16%	3 18%	7 23%
#ALWAYS + USUALLY (NET)	33 66%	504 52%	4 80%	7 64%	6 75%	6 55%	9 69%	15 68%	~	~	~	~	~	6 86%	26 65%	21 70%	11 58%	13 76%	19 61%
TOP BOX SCORE	11 22%	171 18%	1 20%	1 9%	4 50%	1 9%	3 23%	5 23%	~	~	~	~	~	1 14%	9 23%	7 23%	3 16%	3 18%	7 23%
NOT ANSWERED	4	35			2	1	1	3							4	2	2	2	2
VALID CASES	50	961	5	11	8	11	13	22						7	40	30	19	17	31
NUMBER OF RESPONDENTS	54 100%	996 100%	5 100%	11 100%	10 100%	12 100%	14 100%	25 100%						7 100%	44 100%	32 100%	21 100%	19 100%	33 100%

[ASKED IF Q28 = YES]

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

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q30 YES	84 29%	1502 28%	5 17%	19 37%	13 33%	21 38%	23 27%	3 16%	52 30%	~	~	~	~	~	6 27%	77 31%	63 31%	21 28%	28 24%	56 34%*
NO	201 71%	3866 72%	25 83%	32 63%	27 68%	34 62%	61 73%	16 84%	121 70%	~	~	~	~	~	16 73%	175 69%	143 69%	53 72%	88 76%	108 66%*
NOT ANSWERED	13	303		1	1	2		1	4							5	1	4	2	3
VALID CASES	285	5368	30	51	40	55	84	19	173						22	252	206	74	116	164
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q31 NEVER	2 3%	56 4%	~	1 6%~	1 9%~	~	~	1 2%~	~	~	~	~	~	~	2 3%~	2 4%~	~	~	2 4%~	
SOMETIMES	13 17%	267 20%	~	1 6%~	1 9%~	6 32%~	5 24%~	5 11%~	~	~	~	~	~	~	12 17%~	6 11%~	7 35%~	3 12%~	10 20%~	
USUALLY	20 27%	405 30%	2 50%~	6 35%~	3 27%~	5 26%~	3 14%~	1 33%~	11 24%~	~	~	~	~	~	2 40%~	18 26%~	15 27%~	5 25%~	7 27%~	13 27%~
ALWAYS	40 53%	624 46%	2 50%~	9 53%~	6 55%~	8 42%~	13 62%~	2 67%~	28 62%~	~	~	~	~	~	3 60%~	37 54%~	32 58%~	8 40%~	16 62%~	24 49%~
#ALWAYS + USUALLY (NET)	60 80%	1029 76%	4 100%~	15 88%~	9 82%~	13 68%~	16 76%~	3 100%~	39 87%~	~	~	~	~	~	5 100%~	55 80%~	47 85%~	13 65%~	23 88%~	37 76%~
TOP BOX SCORE	40 53%	624 46%	2 50%~	9 53%~	6 55%~	8 42%~	13 62%~	2 67%~	28 62%~	~	~	~	~	~	3 60%~	37 54%~	32 58%~	8 40%~	16 62%~	24 49%~
NOT ANSWERED	9	48	1	2	2	2	2	7						1	8	8	1	2	7	
VALID CASES	75	1351	4	17	11	19	21	3	45					5	69	55	20	26	49	
NUMBER OF RESPONDENTS	84	1399	5	19	13	21	23	3	52					6	77	63	21	28	56	
	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		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
								WHTE	##	##	##	##	##	##	IC	IC	GOOD	POOR			
Q32 NEVER	2 3%	18 1%		1 6%~	1 5%~											2 3%~	2 10%~		2 4%~		
SOMETIMES	2 3%	102 8%*			2 11%~			2 4%~								2 3%~	1 2%~	1 5%~	2 4%~		
USUALLY	16 21%	291 21%		3 17%~	3 27%~	4 21%~	5 24%~	1 33%~	9 20%~							2 40%~	14 20%~	10 18%~	6 30%~	5 19%~	11 22%~
ALWAYS	56 74%	946 70%	4 100%~	14 78%~	8 73%~	12 63%~	16 76%~	2 67%~	35 76%~							3 60%~	52 74%~	45 80%~	11 55%~	21 81%~	35 70%~
#ALWAYS + USUALLY (NET)	72 95%	1237 91%	4 100%~	17 94%~	11 100%~	16 84%~	21 100%~	3 100%~	44 96%~							5 100%~	66 94%~	55 98%~	17 85%~	26 100%~	46 92%~
TOP BOX SCORE	56 74%	946 70%	4 100%~	14 78%~	8 73%~	12 63%~	16 76%~	2 67%~	35 76%~							3 60%~	52 74%~	45 80%~	11 55%~	21 81%~	35 70%~
NOT ANSWERED	8	41	1	1	2	2	2	6								1	7	7	1	2	6
VALID CASES	76	1358	4	18	11	19	21	3	46							5	70	56	20	26	50
NUMBER OF RESPONDENTS	84	1399	5	19	13	21	23	3	52							6	77	63	21	28	56
	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?

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q33 YES	114 41%	1713 32%*	9 33%~	21 41%	19 49%~	21 38%	35 42%	6 32%~	64 38%	~	~	~	~	~	11 ~ 50%	98 ~ 40%	84 42%	28 38%	41 35%	70 44%
NO	165 59%	3590 68%*	18 67%~	30 59%	20 51%~	34 62%	48 58%	13 68%~	105 62%	~	~	~	~	~	11 ~ 50%	149 ~ 60%	118 58%	45 62%	76 65%	88 56%
NOT ANSWERED	19	368	3	1	2	2	1	1	8							10	5	5	1	9
VALID CASES	279	5303	27	51	39	55	83	19	169						22	247	202	73	117	158
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
PQ34 NEVER	5 2%	82 2%	~	~	3%	~	4%	5%	0.6%	~	~	~	~	~	~	1 5%	4 2%	4 2%	1 1%	2 2%	3 2%
SOMETIMES	11 4%	286 5%	~	6%	5%	4%	4%	~	4%	~	~	~	~	~	~	1 5%	9 4%	4 2%*	6 8%	5 4%	5 3%
USUALLY	44 16%	671 13%	5 19%	8 16%	5 14%	9 17%	14 16%	3 16%	25 15%	~	~	~	~	~	~	5 24%	39 16%	34 17%	10 14%	15 13%	29 19%
ALWAYS	210 78%	4198 80%	21 81%	39 78%	29 78%	43 80%	61 75%	15 79%	134 81%	~	~	~	~	~	~	14 67%	189 78%	153 78%	55 76%	91 81%	118 76%
#ALWAYS + USUALLY (NET)	254 94%	4868 93%	26 100%	47 94%	34 92%	52 96%	75 93%	18 95%	159 96%	~	~	~	~	~	~	19 90%	228 95%	187 96%	65 90%	106 94%	147 95%
TOP BOX SCORE	210 78%	4198 80%	21 81%	39 78%	29 78%	43 80%	61 75%	15 79%	134 81%	~	~	~	~	~	~	14 67%	189 78%	153 78%	55 76%	91 81%	118 76%
NOT ANSWERED	9	86	1	1	2	1	2		3							1	6	7	1	4	3
VALID CASES	270	5236	26	50	37	54	81	19	166							21	241	195	72	113	155
NUMBER OF RESPONDENTS	279 100%	5322 100%	27 100%	51 100%	39 100%	55 100%	83 100%	19 100%	169 100%							22 100%	247 100%	202 100%	73 100%	117 100%	158 100%

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

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

			AGE					RACE						ETHNICITY	HEALTH STATUS		GENDER		
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q35 WORST HEALTH PLAN POSSIBLE	2	41			1										1	1	1	1	
	0.7%	0.8%	~	~	3%	~	~	~	~	~	~	~	~	~	~0.4%	~0.5%	1%	1%	~
01		47																	
		0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	2	52	1				1							2	2			2	
	0.7%	1%	4%	~	~	~	1%	~	~	~	~	~	~	~0.8%	1%	~	~	2%	~
03	5	102		1	1	1	2							1	4	4	1	4	1
	2%	2%	~	2%	3%	2%	3%	~	1%	~	~	~	~	5%	2%	2%	1%	4%	0.6%
04	4	122			1	2	1								4	4		2	2
	1%	2%	~	~	3%	4%	1%	~	2%	~	~	~	~	~	2%	2%	~	2%	1%
05	22	466	4	3	4	6	4	1						2	19	14	8	8	14
	8%	9%	14%	7%	10%	11%	5%	5%	~	~	~	~	~	10%	8%	7%	11%	8%	9%
06	19	327	2	4	3	3	6							1	17	13	5	9	9
	7%	6%	7%	9%	8%	6%	8%	~	6%	~	~	~	~	5%	7%	7%	7%	9%	6%
07	40	646	4	8	6	9	10	3						3	35	30	10	17	23
	15%	13%	14%	18%	15%	17%	13%	16%	~	~	~	~	~	14%	15%	16%	14%	16%	15%
08	52	1048	6	9	6	9	17	5						6	45	35	17	21	31
	19%	21%	21%	20%	15%	17%	22%	26%	~	~	~	~	~	29%	19%	18%	24%	20%	20%
09	43	797	4	9	6	10	10	4						2	40	31	12	14	29
	16%	16%	14%	20%	15%	19%	13%	21%	~	~	~	~	~	10%	17%	16%	17%	13%	18%
BEST HEALTH PLAN POSSIBLE	78	1383	7	11	11	14	26	6						6	69	57	18	27	49
	29%	27%	25%	24%	28%	26%	34%	32%	~	~	~	~	~	29%	29%	30%	25%	26%	31%
#8-10 (NET)	173	3229	17	29	23	33	53	15						14	154	123	47	62	109
	65%	64%	61%	64%	59%	61%	69%	79%	~	~	~	~	~	67%	65%	64%	65%	59%	69%

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		
	INHE 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/LLND ##	AMER IND/PAC/ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	MALE	
9-10 (NET)	121 45%	2180 43%	11 39%	20 44%	17 44%	24 44%	36 47%	10 53%	81 51%*	~	~	~	~	~	8 38%	109 46%	88 46%	30 42%	41 39%	78 49%
NOT ANSWERED	31	640	2	7	2	3	7	1	19						1	21	16	6	13	9
VALID CASES	267	5031	28	45	39	54	77	19	158						21	236	191	72	105	158
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%
MEAN	7.95	7.78	7.71	8.02	7.67	7.85	8.10	8.53	8.18						7.90	7.98	7.95	7.87	7.63	8.20
p stat_(*=Sig @ p<=.05)		.197	~	~	~.687	.416	~	.024*	~	~	~	~	~	~	~	~	~.945	.716	.043*	.020*

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE	
Q35A YES	37 13%	663 12%	18 ~	25 10%	35 17%	45 ~	55 18%	65 15%	21 12%	~	~	~	~	~	2 9%	34 14%	18 9%*	19 25%*	13 12%	24 14%
NO	246 87%	4665 88%	29 100%	45 ~	34 90%	45 83%	71 ~	17 82%	151 85%	~	~	~	~	~	20 91%	217 86%	186 91%*	56 75%*	100 88%	142 86%
NOT ANSWERED	15	342	1	2		2		1	5						6	3	3		5	1
VALID CASES	283	5329	29	50	41	55	84	19	172						22	251	204	75	113	166
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT- PAN- IC	EX & VERY GOOD	& FAIR & POOR	MALE
Q35B NEVER	11 31%	127 21%	3 ~ 60%	3 43%	3 30%	2 17%	7 ~ 35%	~	~	~	~	~	~	2 ~ 100%	9 27%	6 35%	5 26%	3 25%	8 33%
SOMETIMES	4 11%	93 16%	1 ~ 20%	~	~	3 25%	2 ~ 10%	~	~	~	~	~	~	4 ~ 12%	1 6%	3 16%	1 8%	3 13%	
USUALLY	7 19%	141 24%	~	2 29%	1 10%	3 25%	1 50%	3 15%	~	~	~	~	~	6 ~ 18%	2 12%	5 26%	4 33%	3 13%	
ALWAYS	14 39%	234 39%	1 ~ 20%	2 29%	6 60%	4 33%	1 50%	8 40%	~	~	~	~	~	14 ~ 42%	8 47%	6 32%	4 33%	10 42%	
#ALWAYS + USUALLY (NET)	21 58%	375 63%	1 ~ 20%	4 57%	7 70%	7 58%	2 100%	11 55%	~	~	~	~	~	20 ~ 61%	10 59%	11 58%	8 67%	13 54%	
TOP BOX SCORE	14 39%	234 39%	1 ~ 20%	2 29%	6 60%	4 33%	1 50%	8 40%	~	~	~	~	~	14 ~ 42%	8 47%	6 32%	4 33%	10 42%	
NOT ANSWERED	1	32				1	1							1	1		1		
VALID CASES	36	595	5	7	10	12	2	20						2	33	17	19	12	24
NUMBER OF RESPONDENTS	37	627	5	7	10	13	2	21						2	34	18	19	13	24
	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q35A = YES]

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILLND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35C YES	42 15%	814 15%	~	4 8%	7 18%	10 19%	17 21%	4 20%	30 18%	~	~	~	~	~	~	1 5%	39 16%	27 13%	15 20%	14 13%	28 17%
NO	236 85%	4498 85%	100%~	29 92%	47 83%	33 81%	42 79%	65 80%	16 82%	~	~	~	~	~	~	21 95%	208 84%	173 87%	59 80%	98 88%	135 83%
NOT ANSWERED	20	359	1	1	1	5	2	7								10	7	4	6	4	
VALID CASES	278	5312	29	51	40	52	82	20	170							22	247	200	74	112	163
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%							22 100%	257 100%	207 100%	78 100%	118 100%	167 100%



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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER	
	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE
Q35D NEVER	6 16%	169 23%	2 ~ 50%	3 ~ 30%	1 7%	4 15%	~	~	~	~	~	~	1 ~ 100%	5 14%	4 17%	2 14%	3 25%	3 12%
SOMETIMES	6 16%	128 17%	~	~	2 ~ 20%	3 20%	1 25%	4 15%	~	~	~	~	~	6 ~ 17%	4 17%	2 14%	3 25%	3 12%
USUALLY	7 18%	197 26%	~	~	2 ~ 20%	3 20%	2 50%	6 22%	~	~	~	~	~	6 ~ 17%	2 8%	5 36%	2 17%	5 19%
ALWAYS	19 50%	251 34%	2 ~ 50%	5 100%	3 30%	8 53%	1 25%	13 48%	~	~	~	~	~	18 ~ 51%	14 58%	5 36%	4 33%	15 58%
#ALWAYS + USUALLY (NET)	26 68%	448 60%	2 ~ 50%	5 100%	5 50%	11 73%	3 75%	19 70%	~	~	~	~	~	24 ~ 69%	16 67%	10 71%	6 50%	20 77%
TOP BOX SCORE	19 50%	251 34%	2 ~ 50%	5 100%	3 30%	8 53%	1 25%	13 48%	~	~	~	~	~	18 ~ 51%	14 58%	5 36%	4 33%	15 58%
NOT ANSWERED	4	29	~	2	~	2	~	3	~	~	~	~	~	4	3	1	2	2
VALID CASES	38	745	4	5	10	15	4	27	~	~	~	~	1	35	24	14	12	26
NUMBER OF RESPONDENTS	42	774	4	7	10	17	4	30	~	~	~	~	1	39	27	15	14	28
	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?

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE- MALE	
Q35E YES	162 57%	2942 55%	10 33%~	21 41%*	25 62%~	29 53%	57 69%*	17 89%~	108 63%*	~	~	~	~	~	5 23%~	150 60%~	105 51%*	55 73%*	50 44%*	109 66%*
NO	121 43%	2408 45%	20 67%~	30 59%*	15 38%~	26 47%	26 31%*	2 11%~	64 37%*	~	~	~	~	~	17 77%~	101 40%~	99 49%*	20 27%*	64 56%*	56 34%*
NOT ANSWERED	15	321		1	1	2	1	1	5							6	3	3	4	2
VALID CASES	283	5350	30	51	40	55	83	19	172						22	251	204	75	114	165
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
								WHTE	##	##	##	##	##	##						
Q35F																				
NO EFFORT AT ALL	4 3%	101 4%	~	~	4%~	7%~	2%	3%	~	~	~	~	~	~	~	3%~	1% 6%	4%~	2%	
A LITTLE EFFORT WAS MADE	10 6%	195 7%	~	14%~	8%~	4%~	4% 12%~	8%	~	~	~	~	~	~	20%~	6%~	4% 12%	2%~	9%	
SOME EFFORT WAS MADE	38 25%	696 25%	30%~	29%~	42%~	30%~	13%* 24%~	28%	~	~	~	~	~	~	25%~	28% 20%	16% 22%	33%~	21%	
A LOT OF EFFORT WAS MADE	102 66%	1801 64%	70%~	57%~	46%~	59%~	81%* 65%~	62%	~	~	~	~	~	~	80%~	66%~	68% 63%	29% 71%	60%~	68%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	140 91%	2497 89%	100%~	86%~	88%~	89%~	94% 88%~	90%	~	~	~	~	~	~	80%~	91%~	95%* 82%*	94%~	89%	
TOP BOX SCORE	102 66%	1801 64%	70%~	57%~	46%~	59%~	81%* 65%~	62%	~	~	~	~	~	~	80%~	66%~	67% 63%	29% 71%	60%~	68%
NOT ANSWERED	8	82			1	2	4	7							7	4 4	2 5			
VALID CASES	154	2794	10	21	24	27	53	17	101						5 143	101 51	48 104			
NUMBER OF RESPONDENTS	162	2876	10	21	25	29	57	17	108						5 150	105 55	50 109			
	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?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE			
Q35G																						
NO EFFORT AT ALL	5 3%	101 4%	~	~	4%~	7%~	4%	~	4%	~	~	~	~	~	~	~	~	4%~	3%	4%	2%	3%
A LITTLE EFFORT WAS MADE	12 8%	226 8%	10%~	15%~	4%~	11%~	2%* 12%~	9%	~	~	~	~	~	~	20%~	7%~	5%	12%	2%	10%		
SOME EFFORT WAS MADE	37 24%	717 26%	20%~	20%~	43%~	29%~	17% 24%~	27%	~	~	~	~	~	~	~	25%~	24%	25%	40%~	18%*		
A LOT OF EFFORT WAS MADE	98 64%	1741 63%	70%~	65%~	48%~	54%~	77%* 65%~	60%	~	~	~	~	~	~	80%~	64%~	68%	59%	54%~	70%		
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	135 89%	2458 88%	90%~	85%~	91%~	82%~	94% 88%~	87%	~	~	~	~	~	~	80%~	89%~	92%	84%	94%~	87%		
TOP BOX SCORE	98 64%	1741 63%	70%~	65%~	48%~	54%~	77%* 65%~	60%	~	~	~	~	~	~	80%~	64%~	68%	59%	54%~	70%		
NOT ANSWERED	10	91		1	2	1	5	8								8	6	4	2	7		
VALID CASES	152	2785	10	20	23	28	52	17	100						5	142	99	51	48	102		
NUMBER OF RESPONDENTS	162	2876	10	21	25	29	57	17	108						5	150	105	55	50	109		
	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?

	INHE 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	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	
Q35H NO EFFORT AT ALL	9 6%	190 7%	1 ~	1 5%~	4 4%~	3 14%~	6 6%	6 6%	~	~	~	~	~	~	~	9 6%~	4 4%	5 10%	2 4%~	7 7%	
A LITTLE EFFORT WAS MADE	13 8%	238 9%	1 10%~	3 14%~	2 9%~	2 7%~	3 4%	11 11%	~	~	~	~	~	~	~	1 20%~	11 8%~	7 7%	6 12%	3 6%~	10 10%
SOME EFFORT WAS MADE	37 24%	749 27%	5 50%~	7 33%~	9 39%~	8 29%~	2 12%*	26 26%	~	~	~	~	~	~	~	3 60%~	32 23%~	26 26%	11 22%	20 41%~	17 17%*
A LOT OF EFFORT WAS MADE	94 61%	1596 58%	4 40%~	10 48%~	11 48%~	14 50%~	12 79%*	57 57%	~	~	~	~	~	~	~	1 20%~	90 63%~	64 63%	28 56%	24 49%~	68 67%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	131 86%	2345 85%	9 90%~	17 81%~	20 87%~	22 79%~	14 90%	83 83%	~	~	~	~	~	~	~	4 80%~	122 86%~	90 89%	39 78%	44 90%~	85 83%
TOP BOX SCORE	94 61%	1596 58%	4 40%~	10 48%~	11 48%~	14 50%~	12 79%*	57 57%	~	~	~	~	~	~	~	1 20%~	90 63%~	64 63%	28 56%	24 49%~	68 67%
NOT ANSWERED	9	103			2	1	5	8								8	4	5	1	7	
VALID CASES	153	2773	10	21	23	28	52	17	100							5	142	101	50	49	102
NUMBER OF RESPONDENTS	162	2876	10	21	25	29	57	17	108							5	150	105	55	50	109
	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?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q35I YES	108 39%	1870 35%	9 30%	14 28%	16 40%	22 41%	37 45%	8 40%	66 38%	~	~	~	~	~	~	4 18%	101 40%	76 38%	30 39%	31 27%*	75 47%*
NO	172 61%	3406 65%	21 70%	36 72%	24 60%	32 59%	45 55%	12 60%	107 62%	~	~	~	~	~	~	18 82%	149 60%	125 62%	46 61%	85 73%*	86 53%*
NOT ANSWERED	18	394		2	1	3	2		4							7	6	2	2	6	
VALID CASES	280	5277	30	50	40	54	82	20	173							22	250	201	76	116	161
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%							22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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?

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
Q35J #YES	93 89%	1588 89%	7 78%	14 100%	12 75%	19 86%	31 91%	8 100%	57 89%	~	~	~	~	~	~	3 75%	87 89%	63 86%	28 93%	24 80%	67 92%
NO	12 11%	204 11%	2 22%	~	4 25%	3 14%	3 9%	~	7 11%	~	~	~	~	~	1 25%	11 11%	10 14%	2 7%	6 20%	6 8%	
NOT ANSWERED	3	60					3	2							3	3			1	2	
VALID CASES	105	1792	9	14	16	22	34	8	64						4	98	73	30	30	73	
NUMBER OF RESPONDENTS	108	1852	9	14	16	22	37	8	66						4	101	76	30	31	75	
	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?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35K #YES	84 82%	1484 84%	8 89%~	11 79%~	11 69%~	15 68%~	30 94%~	7 100%~	48 79%~	~	~	~	~	~	3 75%~	78 82%~	58 81%~	24 86%~	22 73%~	60 86%~	
NO	18 18%	292 16%	1 11%~	3 21%~	5 31%~	7 32%~	2 6%~	13 21%~	~	~	~	~	~	1 25%~	17 18%~	14 19%~	4 14%~	8 27%~	10 14%~		
NOT ANSWERED	6	76					5	1	5						6	4	2	1	5		
VALID CASES	102	1776	9	14	16	22	32	7	61					4	95	72	28	30	70		
NUMBER OF RESPONDENTS	108 100%	1852 100%	9 100%	14 100%	16 100%	22 100%	37 100%	8 100%	66 100%					4 100%	101 100%	76 100%	30 100%	31 100%	75 100%		

[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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
			%	%	%	%	%	%	##	##	##	##	##	##	##	##	%	%	%	%
Q35L NEVER	32 12%	692 13%	4 14%~	8 16%	8 20%~	5 9%	6 7%	19 11%	~	~	~	~	~	~	4 19%~	27 11%~	29 15%*	3 4%*	21 18%*	11 7%*
SOMETIMES	28 10%	623 12%	3 11%~	7 14%	3 8%~	5 9%	8 10%	1 5%~	16 9%	~	~	~	~	~	3 14%~	24 10%~	15 8%	12 16%	8 7%	19 12%
USUALLY	54 20%	1195 23%	6 21%~	14 27%	7 18%~	10 19%	13 16%	4 20%~	35 21%	~	~	~	~	~	2 10%~	52 21%~	41 21%	13 17%	25 22%	29 18%
ALWAYS	162 59%	2698 52%*	15 54%~	22 43%*	22 55%~	34 63%	53 66%	15 75%~	100 59%	~	~	~	~	~	12 57%~	144 58%~	113 57%	48 63%	60 53%	101 63%
#ALWAYS + USUALLY (NET)	216 78%	3894 75%	21 75%~	36 71%	29 72%~	44 81%	66 83%	19 95%~	135 79%	~	~	~	~	~	14 67%~	196 79%~	154 78%	61 80%	85 75%	130 81%
TOP BOX SCORE	162 59%	2698 52%*	15 54%~	22 43%*	22 55%~	34 63%	53 66%	15 75%~	100 59%	~	~	~	~	~	12 57%~	144 58%~	113 57%	48 63%	60 53%	101 63%
NOT ANSWERED	22	462	2	1	1	3	4	7							1	10	9	2	4	7
VALID CASES	276	5209	28	51	40	54	80	20	170						21	247	198	76	114	160
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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	
	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
								WHTE	##	##	##	##	##	##	##					
Q35M ALWAYS	14 5%	310 6%	1 4%	2 4%	1 2%	5 9%	3 4%	2 10%	8 5%	~	~	~	~	~	14 6%	10 5%	4 5%	5 4%	9 6%	
USUALLY	12 4%	270 5%	4 14%	1 2%	~	4 8%	1 1%	1 5%	8 5%	~	~	~	~	~	1 5%	10 4%	7 4%	4 5%	5 4%	6 4%
SOMETIMES	54 20%	952 18%	5 18%	8 16%	9 22%	11 21%	14 18%	6 30%	32 19%	~	~	~	~	~	6 29%	46 19%	32 16%	22 29%	22 20%	31 19%
NEVER	195 71%	3697 71%	18 64%	40 78%	31 76%	33 62%	60 77%	11 55%	120 71%	~	~	~	~	~	14 67%	175 71%	148 75%	46 61%	80 71%	114 71%
#NEVER + SOMETIMES (NET)	249 91%	4649 89%	23 82%	48 94%	40 98%	44 83%	74 95%	17 85%	152 90%	~	~	~	~	~	20 95%	221 90%	180 91%	68 89%	102 91%	145 91%
TOP BOX SCORE	195 71%	3697 71%	18 64%	40 78%	31 76%	33 62%	60 77%	11 55%	120 71%	~	~	~	~	~	14 67%	175 71%	148 75%	46 61%	80 71%	114 71%
NOT ANSWERED	23	442	2	1		4	6		9						1	12	10	2	6	7
VALID CASES	275	5229	28	51	41	53	78	20	168						21	245	197	76	112	160
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q35N ALWAYS	2 0.7%	79 2%	~	~	2%	2%	~	~	~	~	~	~	~	~	2 ~0.8%	1 ~0.5%	1 1%	~	2 1%	
USUALLY	7 3%	129 2%	1 4%	1 2%	2 5%	3 5%	~	~	~	~	~	~	~	~	7 ~3%	5 2%	2 3%	4 4%	3 2%	
SOMETIMES	48 17%	739 14%	4 14%	9 17%	2 5%	12 22%	13 16%	7 35%	~	~	~	~	~	~	4 19%	43 17%	29 14%	19 25%	13 11%*	34 21%
NEVER	222 80%	4276 82%	23 82%	42 81%	36 88%	39 71%	68 84%	13 65%	~	~	~	~	~	~	17 81%	199 79%	167 83%	55 71%	97 85%*	125 76%
#NEVER + SOMETIMES (NET)	270 97%	5015 96%	27 96%	51 98%	38 93%	51 93%	81 100%	20 100%	~	~	~	~	~	~	21 100%	242 96%	196 97%	74 96%	110 96%	159 97%
TOP BOX SCORE	222 80%	4276 82%	23 82%	42 81%	36 88%	39 71%	68 84%	13 65%	~	~	~	~	~	~	17 81%	199 79%	167 83%	55 71%	97 85%*	125 76%
NOT ANSWERED	19	448	2			2	3								1	6	5	1	4	3
VALID CASES	279	5223	28	52	41	55	81	20							21	251	202	77	114	164
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20							22	257	207	78	118	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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			
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	MUL-TI ##	NOT HIS-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q350 ALWAYS	3 1%	62 1%	~	~	1 2%	2 4%	~	0.6%	~	~	~	~	~	~	3 1%	1 0.5%	2 3%	1 0.9%	2 1%	
USUALLY	3 1%	77 1%	~	2 4%	~	1 2%	~	1%	~	~	~	~	~	~	1 5%	2 0.8%	2 1%	1 1%	2 0.9%	
SOMETIMES	37 13%	505 10%	6 21%	6 12%	7 17%	6 11%	9 11%	2 10%	26 15%	~	~	~	~	~	3 14%	33 13%	21 10%*	16 21%*	13 12%	23 14%
NEVER	234 84%	4589 88%	22 79%	44 85%	33 80%	45 83%	71 89%	18 90%	142 83%	~	~	~	~	~	17 81%	211 85%	177 88%*	57 75%*	98 87%	136 83%
#NEVER + SOMETIMES (NET)	271 98%	5094 97%	28 100%	50 96%	40 98%	51 94%	80 100%	20 100%	168 98%	~	~	~	~	~	20 95%	244 98%	198 99%	73 96%	111 98%	159 98%
TOP BOX SCORE	234 84%	4589 88%	22 79%	44 85%	33 80%	45 83%	71 89%	18 90%	142 83%	~	~	~	~	~	17 81%	211 85%	177 88%*	57 75%*	98 87%	136 83%
NOT ANSWERED	21	438	2			3	4		6						1	8	6	2	5	4
VALID CASES	277	5233	28	52	41	54	80	20	171						21	249	201	76	113	163
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q35P																					
#YES DEFINITELY	179 66%	3547 69%	21 72%~	31 61%	25 64%~	36 69%	52 66%	14 70%~	109 65%	~	~	~	~	~	~	12 57%~	164 67%~	137 70%*	42 55%*	70 63%	109 68%
YES SOMEWHAT	73 27%	1203 23%	7 24%~	16 31%	12 31%~	12 23%	21 27%	5 25%~	45 27%	~	~	~	~	~	~	6 29%~	64 26%~	46 23%	27 36%	28 25%	45 28%
NO	20 7%	417 8%	1 3%~	4 8%	2 5%~	4 8%	6 8%	1 5%~	13 8%	~	~	~	~	~	~	3 14%~	16 7%~	13 7%	7 9%	13 12%*	6 4%*
NOT ANSWERED	26	503	1	1	2	5	5		10							1	13	11	2	7	7
VALID CASES	272	5168	29	51	39	52	79	20	167							21	244	196	76	111	160
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%							22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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		
INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE		
Q35Q YES	137 49%	2983 57%*	16 55%~	23 44%	27 66%~	26 46%	39 48%	6 32%~	86 49%	~	~	~	~	~	~	8 38%~	127 50%~	110 54%*	27 35%*	57 49%	80 49%
NO	143 51%	2289 43%*	13 45%~	29 56%	14 34%~	30 54%	42 52%	13 68%~	89 51%	~	~	~	~	~	~	13 62%~	125 50%~	92 46%*	51 65%*	59 51%	83 51%
NOT ANSWERED	18	399	1			1	3	1	2							1	5	5		2	4
VALID CASES	280	5272	29	52	41	56	81	19	175							21	252	202	78	116	163
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35R NEVER	36 33%	917 37%	5 33%~	12 43%~	6 38%~	5 23%~	7 32%~	1 17%~	16 35%~	~	~	~	~	~	5 38%~	30 32%~	24 31%~	12 39%~	17 36%~	19 31%~
SOMETIMES	22 20%	468 19%	2 13%~	7 25%~	3 19%~	3 14%~	6 27%~	1 17%~	10 22%~	~	~	~	~	~	2 15%~	20 21%~	16 21%~	6 19%~	10 21%~	12 19%~
USUALLY	22 20%	470 19%	2 13%~	5 18%~	4 25%~	5 23%~	4 18%~	2 33%~	10 22%~	~	~	~	~	~	2 15%~	20 21%~	16 21%~	6 19%~	9 19%~	13 21%~
ALWAYS	29 27%	619 25%	6 40%~	4 14%~	3 19%~	9 41%~	5 23%~	2 33%~	10 22%~	~	~	~	~	~	4 31%~	25 26%~	22 28%~	7 23%~	11 23%~	18 29%~
#ALWAYS + USUALLY (NET)	51 47%	1089 44%	8 53%~	9 32%~	7 44%~	14 64%~	9 41%~	4 67%~	20 43%~	~	~	~	~	~	6 46%~	45 47%~	38 49%~	13 42%~	20 43%~	31 50%~
TOP BOX SCORE	29 27%	619 25%	6 40%~	4 14%~	3 19%~	9 41%~	5 23%~	2 33%~	10 22%~	~	~	~	~	~	4 31%~	25 26%~	22 28%~	7 23%~	11 23%~	18 29%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	168	2730	15	24	24	32	59	13	127						8	155	122	46	68	100
NOT ANSWERED	21	467			1	3	3	1	4						1	7	7	1	3	5
VALID CASES	109	2474	15	28	16	22	22	6	46						13	95	78	31	47	62
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
	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	
	INHE 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	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE		
			%	%	%	%	%	%	##	##	##	##	##	##	##	%	%	%	%		
Q36 EXCELLENT	22 8%	556 10%	5 17%	3 6%	5 12%	2 4%	4 5%	2 10%	14 8%	~	~	~	~	~	3 14%	19 7%	22 11%	~	10 8%	12 7%	
VERY GOOD	60 21%	1282 24%	12 40%	14 27%	10 24%	7 13%*	17 20%	~	33 19%	~	~	~	~	~	7 33%	52 20%	60 29%	~	30 25%	30 18%	
GOOD	125 44%	1849 35%*	13 43%	25 48%	18 44%	25 45%	38 45%	6 30%	80 45%	~	~	~	~	~	5 24%	117 46%	125 60%	~	48 41%	77 46%	
FAIR	63 22%	1201 23%	~	9 17%	8 20%	17 30%	19 23%	9 45%	41 23%	~	~	~	~	~	4 19%	57 22%	63 ~	~	23 19%	39 23%	
POOR	15 5%	406 8%	~	1 2%	~	5 9%	6 7%	3 15%	9 5%	~	~	~	~	~	2 10%	12 5%	15 ~	~	7 6%	8 5%	
#EXCELLENT + VERY GOOD + GOOD (NET)	207 73%	3686 70%	30 100%	42 81%	33 80%	34 61%*	59 70%	8 40%	127 72%	~	~	~	~	~	15 71%	188 73%	207 100%	~	88 75%	119 72%	
NOT ANSWERED	13	377				1									1					1	
VALID CASES	285	5294	30	52	41	56	84	20	177						21	257	207	78	118	166	
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	



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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
			%	%	%	%	%	%	##	##	##	##	##	##	##	##	%	%	%	%	
Q37 EXCELLENT	42 15%	956 18%	6 20%	6 12%	7 17%	8 15%	11 13%	4 20%	23 13%	~	~	~	~	~	~	6 29%	36 14%	39 19%*	3 4%*	20 17%	22 13%
VERY GOOD	77 27%	1444 27%	12 40%	10 19%	14 34%	13 24%	24 29%	4 20%	49 28%	~	~	~	~	~	~	5 24%	71 28%	61 30%	16 21%	37 31%	40 24%
GOOD	86 30%	1591 30%	8 27%	23 44%*	5 12%	17 31%	27 32%	4 20%	48 27%	~	~	~	~	~	~	6 29%	77 30%	70 34%*	16 21%*	30 25%	55 33%
FAIR	63 22%	1030 19%	3 10%	10 19%	12 29%	13 24%	17 20%	8 40%	45 25%	~	~	~	~	~	~	2 10%	59 23%	31 15%*	32 41%*	24 20%	39 24%
POOR	16 6%	303 6%	1 3%	3 6%	3 7%	4 7%	5 6%	~	12 7%	~	~	~	~	~	~	2 10%	13 5%	5 2%*	11 14%*	7 6%	9 5%
#EXCELLENT + VERY GOOD + GOOD (NET)	205 72%	3991 75%	26 87%	39 75%	26 63%	38 69%	62 74%	12 60%	120 68%*	~	~	~	~	~	~	17 81%	184 72%	170 83%*	35 45%*	87 74%	117 71%
NOT ANSWERED	14	348				2										1	1	1			2
VALID CASES	284	5323	30	52	41	55	84	20	177							21	256	206	78	118	165
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q38 #YES	104 37%	1949 37%	6 21%	15 30%	19 46%	18 32%	29 36%	17 85%	65 38%	~	~	~	~	~	9 43%	92 37%	63 31%*	41 53%*	41 36%	63 39%
NO	175 63%	3261 63%	23 79%	35 70%	22 54%	38 68%	52 64%	3 15%	108 62%	~	~	~	~	~	12 57%	160 63%	139 69%*	36 47%*	74 64%	100 61%
DON'T KNOW	6	134	1	2			3		4							5	5	1	3	3
NOT ANSWERED	13	327				1									1					1
VALID CASES	279	5210	29	50	41	56	81	20	173						21	252	202	77	115	163
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE			
Q39 EVERY DAY	66 23%	1034 20%	4 13%	12 23%	7 17%	16 29%	20 24%	6 30%	44 25%	~	~	~	~	~	~	1 5%	64 25%	40 19%*	26 34%*	34 29%	31 19%*
SOME DAYS	32 11%	461 9%	2 7%	7 13%	5 12%	9 16%	9 11%	~	21 12%	~	~	~	~	~	~	1 5%	31 12%	25 12%	7 9%	8 7%*	24 14%*
NOT AT ALL	187 66%	3773 72%*	24 80%	33 63%	29 71%	31 55%	55 65%	14 70%	111 63%	~	~	~	~	~	~	20 91%	161 63%	142 69%	44 57%	76 64%	111 67%
DON'T KNOW	1	42				1			1								1		1		1
NOT ANSWERED	12	360																			
VALID CASES	285	5269	30	52	41	56	84	20	176							22	256	207	77	118	166
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
	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?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	MALE	FE-MALE	
Q40 NEVER	25 26%	477 30%	2 40%~	7 37%~	5 42%~	4 16%~	6 21%~	1 17%~	20 31%~	~	~	~	~	~	~	1 50%~	24 26%~	20 31%~	5 15%~	12 29%~	13 24%~
SOMETIMES	15 15%	309 20%	1 20%~	3 16%~	3 25%~	5 20%~	3 10%~	~	10 16%~	~	~	~	~	~	~	1 50%~	14 15%~	8 13%~	7 21%~	8 20%~	7 13%~
USUALLY	23 24%	270 17%	1 20%~	6 32%~	2 17%~	4 16%~	8 28%~	2 33%~	14 22%~	~	~	~	~	~	~	~	23 24%~	14 22%~	9 27%~	6 15%~	17 31%~
ALWAYS	34 35%	513 33%	1 20%~	3 16%~	2 17%~	12 48%~	12 41%~	3 50%~	20 31%~	~	~	~	~	~	~	~	33 35%~	22 34%~	12 36%~	15 37%~	18 33%~
#ALWAYS + USUALLY (NET)	57 59%	782 50%	2 40%~	9 47%~	4 33%~	16 64%~	20 69%~	5 83%~	34 53%~	~	~	~	~	~	~	~	56 60%~	36 56%~	21 64%~	21 51%~	35 64%~
TOP BOX SCORE	34 35%	513 33%	1 20%~	3 16%~	2 17%~	12 48%~	12 41%~	3 50%~	20 31%~	~	~	~	~	~	~	~	33 35%~	22 34%~	12 36%~	15 37%~	18 33%~
NOT ANSWERED	1	25	1						1							1	1			1	
VALID CASES	97	1569	5	19	12	25	29	6	64							2	94	64	33	41	55
NUMBER OF RESPONDENTS	98	1594	6	19	12	25	29	6	65							2	95	65	33	42	55
	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.

			AGE						RACE						ETHNICITY	HEALTH STATUS		GENDER		
	INHE 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 ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q41 NEVER	45 47%	796 51%	4 80%~	12 63%~	4 33%~	12 48%~	10 36%~	3 50%~	31 49%~	~	~	~	~	~	1 50%~	44 47%~	32 50%~	13 41%~	23 57%~	22 40%~
SOMETIMES	27 28%	318 20%	1 20%~	3 16%~	7 58%~	7 28%~	7 25%~	1 17%~	14 22%~	~	~	~	~	~	1 50%~	25 27%~	18 28%~	9 28%~	7 18%~	19 35%~
USUALLY	6 6%	179 11%*	~	~	1 8%~	1 4%~	4 14%~	~	6 10%~	~	~	~	~	~	~	6 6%~	4 6%~	2 6%~	~	6 11%~
ALWAYS	18 19%	266 17%	~	4 21%~	~	5 20%~	7 25%~	2 33%~	12 19%~	~	~	~	~	~	~	18 19%~	10 16%~	8 25%~	10 25%~	8 15%~
#ALWAYS + USUALLY (NET)	24 25%	445 29%	~	4 21%~	1 8%~	6 24%~	11 39%~	2 33%~	18 29%~	~	~	~	~	~	~	24 26%~	14 22%~	10 31%~	10 25%~	14 25%~
TOP BOX SCORE	18 19%	266 17%	~	4 21%~	~	5 20%~	7 25%~	2 33%~	12 19%~	~	~	~	~	~	~	18 19%~	10 16%~	8 25%~	10 25%~	8 15%~
NOT ANSWERED	2	34	1				1		2						2	1	1	2		
VALID CASES	96	1560	5	19	12	25	28	6	63						2	93	64	32	40	55
NUMBER OF RESPONDENTS	98	1594	6	19	12	25	29	6	65						2	95	65	33	42	55
	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.

	INHE 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 ##	MUL- TI ##	OTH- R ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE		
Q42																					
NEVER	54 57%	888 57%	5 100%	13 68%	6 50%	12 50%	13 46%	5 83%	36 57%	~	~	~	~	~	~	2 100%	52 57%	39 62%	15 47%	27 66%	27 51%
SOMETIMES	22 23%	301 19%	~	2 11%	5 42%	7 29%	6 21%	1 17%	13 21%	~	~	~	~	~	~	~	21 23%	12 19%	10 31%	6 15%	15 28%
USUALLY	6 6%	175 11%	~	1 5%	1 8%	3 13%	1 4%	~	6 10%	~	~	~	~	~	~	~	6 7%	4 6%	2 6%	1 2%	5 9%
ALWAYS	13 14%	191 12%	~	3 16%	~	2 8%	8 29%	~	8 13%	~	~	~	~	~	~	~	13 14%	8 13%	5 16%	7 17%	6 11%
#ALWAYS + USUALLY (NET)	19 20%	367 24%	~	4 21%	1 8%	5 21%	9 32%	~	14 22%	~	~	~	~	~	~	~	19 21%	12 19%	7 22%	8 20%	11 21%
TOP BOX SCORE	13 14%	191 12%	~	3 16%	~	2 8%	8 29%	~	8 13%	~	~	~	~	~	~	~	13 14%	8 13%	5 16%	7 17%	6 11%
NOT ANSWERED	3	39	1			1	1		2							3	2	1	1	2	
VALID CASES	95	1555	5	19	12	24	28	6	63							2	92	63	32	41	53
NUMBER OF RESPONDENTS	98 100%	1594 100%	6 100%	19 100%	12 100%	25 100%	29 100%	6 100%	65 100%							2 100%	95 100%	65 100%	33 100%	42 100%	55 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE 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	MUL- OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q43																				
YES	54 19%	1073 20%	2 7%	3 6%*	6 15%	11 20%	19 23%	12 60%	39 22%	~	~	~	~	~	1 5%	52 21%	33 16%*	21 28%*	23 20%	30 18%
NO	226 81%	4210 80%	28 93%	47 94%*	35 85%	44 80%	63 77%	8 40%	135 78%	~	~	~	~	~	20 95%	200 79%	171 84%*	55 72%*	92 80%	134 82%
DON'T KNOW	6	36		2		2	2		3						1	5	3	2	3	3
NOT ANSWERED	12	352																		
VALID CASES	280	5283	30	50	41	55	82	20	174						21	252	204	76	115	164
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q44 YES	25 9%	481 10%	18 ~	25 4%~	35 2 5%~	45 7 14%	55 13 17%*	65 1 5%~	20 13%*	~	~	~	~	~	3 ~	20 8%~	11 6%*	14 21%*	3 3%*	22 15%*
NO	240 91%	4399 90%	28 100%~	45 96%~	38 95%~	44 86%	64 83%*	19 95%~	139 87%*	~	~	~	~	~	18 ~	217 92%~	186 94%*	54 79%*	110 97%*	129 85%*
DON'T KNOW	18	432	2	4	1	4	7		17							18	10	8	5	13
NOT ANSWERED	15	359		1		2			1						1	2		2		3
VALID CASES	265	4880	28	47	40	51	77	20	159						21	237	197	68	113	151
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%



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

	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q45 YES	83 29%	1760 33%	3 10%~	7 13%*	7 17%~	20 35%	32 38%*	13 65%~	51 29%	~	~	~	~	~	5 ~	74 23%~	49 29%~	34 24%*	39 44%*	43 33%	26 26%
NO	202 71%	3528 67%	26 90%~	45 87%*	34 83%~	37 65%	52 62%*	7 35%~	126 71%	~	~	~	~	~	17 ~	182 77%~	157 71%~	44 76%*	79 56%*	123 67%	74 74%
NOT ANSWERED	13	383	1												1	1					1
VALID CASES	285	5288	29	52	41	57	84	20	177						22	256	206	78	118	166	
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q46.1 YES	63 21%	1193 21%	1 3%	7 13%	9 22%	14 25%	23 27%	9 45%	45 25%*	~	~	~	~	~	~	6 27%	57 22%	33 16%*	30 38%*	23 19%	40 24%
NO	235 79%	4478 79%	29 97%	45 87%	32 78%	43 75%	61 73%	11 55%	132 75%*	~	~	~	~	~	~	16 73%	200 78%	174 84%*	48 62%*	95 81%	127 76%
VALID CASES	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%							22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE			
Q46.2	YES	80 27%	1634 29%	8 ~ 15%*	8 20%~	20 35%	36 43%*	8 40%~	49 28%	~	~	~	~	~	7 ~ 32%~	71 28%~	43 21%*	37 47%*	33 28%	47 28%	
	NO	218 73%	4037 71%	30 100%~	44 85%*	33 80%~	37 65%	48 57%*	12 60%~	128 72%	~	~	~	~	15 ~ 68%~	186 72%~	164 79%*	41 53%*	85 72%	120 72%	
VALID CASES		298	5671	30	52	41	57	84	20	177					22	257	207	78	118	167	
NUMBER OF RESPONDENTS		298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%					22 100%	257 100%	207 100%	78 100%	118 100%	167 100%	

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	
		INHE TOT ADLT	OHP TOT ADLT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & FAIR & POOR	FE-MALE	MALE	
Q46.3																					
YES	42 14%	883 16%	4 13%~	4 8%	5 12%~	7 12%	19 23%*	3 15%~	26 15%	~	~	~	~	~	~	2 9%~	40 16%~	21 10%*	21 27%*	21 18%	21 13%
NO	256 86%	4788 84%	26 87%~	48 92%	36 88%~	50 88%	65 77%*	17 85%~	151 85%	~	~	~	~	~	~	20 91%~	217 84%~	186 90%*	57 73%*	97 82%	146 87%
VALID CASES	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
	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		
	INHE 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	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE
Q47.1																				
YES	14 5%	231 4%	~	~	2 5%	3 5%	7 8%	2 10%	8 5%	~	~	~	~	~	1 5%	13 5%	4 2%*	10 13%*	7 6%	7 4%
NO	284 95%	5440 96%	30 100%	52 100%	39 95%	54 95%	77 92%	18 90%	169 95%	~	~	~	~	~	21 95%	244 95%	203 98%*	68 87%*	111 94%	160 96%
VALID CASES	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q47.2																					
YES	15 5%	220 4%	~	~	2 5%	3 5%	6 7%	4 20%	10 6%	~	~	~	~	~	~	1 5%	14 5%	2 1%*	13 17%*	7 6%	8 5%
NO	283 95%	5451 96%	30 100%	52 100%	39 95%	54 95%	78 93%	16 80%	167 94%	~	~	~	~	~	~	21 95%	243 95%	205 99%*	65 83%*	111 94%	159 95%
VALID CASES	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%							22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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		
	INHE 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	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q47.3																				
YES	15 5%	243 4%	~	~	~	11%	6% 15%	11% 6%	~	~	~	~	~	~	~	13% 5%	7% 3%	8% 10%	3% 3%	11% 7%
NO	283 95%	5428 96%	100%	100%	100%	89%	94% 85%	166% 94%	~	~	~	~	~	~	100%	95%	97% 90%	200% 70%	115% 97%	156% 93%
VALID CASES	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
NUMBER OF RESPONDENTS	298 100%	5671 100%	100%	100%	100%	100%	100%	100%	100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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	
INHE TOT ADLT	OHP TOT ADLT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND PAC ##	AMER IND/ALSK ##	MUL-TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & FAIR & POOR	FE-MALE	MALE		
Q47.4 YES	50 17%	955 17%	1 ~	8 2%*	16 20%*	18 28%*	7 21%	28 16%	~	~	~	~	~	~	6 27%~	44 17%~	24 12%*	25 32%*	16 14%	34 20%
NO	248 83%	4716 83%	30 100%~	51 98%*	33 80%~	41 72%*	66 79%	13 65%~	149 84%	~	~	~	~	~	16 73%~	213 83%~	183 88%*	53 68%*	102 86%	133 80%
VALID CASES	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
	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?

	INHE 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	FE- MALE	FE- MALE	
Q48 YES	92 33%	1695 32%	5 17%~	11 21%*	13 33%~	26 46%*	30 36%	7 35%~	59 34%	~	~	~	~	~	5 ~ 23%~	86 34%~	56 27%*	36 47%*	28 24%*	64 39%*
NO	191 67%	3585 68%	25 83%~	41 79%*	27 68%~	31 54%*	53 64%	13 65%~	117 66%	~	~	~	~	~	17 ~ 77%~	170 66%~	149 73%*	41 53%*	89 76%*	102 61%*
NOT ANSWERED	15	392			1		1		1							1	2	1	1	1
VALID CASES	283	5279	30	52	40	57	83	20	176						22	256	205	77	117	166
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q49 YES	76 87%	1392 87%	4 80%~	9 90%~	8 67%~	23 88%~	28 97%~	4 80%~	48 87%~	~	~	~	~	~	~	4 ~100%~	71 87%~	46 87%~	30 88%~	25 96%~	51 84%~
NO	11 13%	208 13%	1 20%~	1 10%~	4 33%~	3 12%~	1 3%~	1 20%~	7 13%~	~	~	~	~	~	~	~	11 ~13%~	7 13%~	4 12%~	1 4%~	10 16%~
NOT ANSWERED	5	69		1	1		1	2	4							1	4	3	2	2	3
VALID CASES	87	1600	5	10	12	26	29	5	55							4	82	53	34	26	61
NUMBER OF RESPONDENTS	92 100%	1669 100%	5 100%	11 100%	13 100%	26 100%	30 100%	7 100%	59 100%							5 100%	86 100%	56 100%	36 100%	28 100%	64 100%

[ASKED IF Q48 = YES]

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

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q50 YES	179 63%	3271 62%	8 27%~	20 38%*	25 61%~	44 77%*	63 77%*	19 95%~	119 68%*	~	~	~	~	~	9 ~ 41%~	165 65%~	113 55%*	65 84%*	67 57%	112 67%
NO	104 37%	2030 38%	22 73%~	32 62%*	16 39%~	13 23%*	19 23%*	1 5%~	56 32%*	~	~	~	~	~	13 ~ 59%~	90 35%~	92 45%*	12 16%*	50 43%	54 33%
NOT ANSWERED	15	369					2		2							2	2	1	1	1
VALID CASES	283	5302	30	52	41	57	82	20	175						22	255	205	77	117	166
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE 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	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q51 YES	163 94%	2939 94%	6 75%	20 100%	22 92%	39 91%	58 97%	18 100%	109 96%	~	~	~	~	~	7 88%	151 94%	101 91%	61 100%	61 92%	102 95%
NO	10 6%	176 6%	2 25%	~	2 8%	4 9%	2 3%	~	5 4%	~	~	~	~	~	1 13%	9 6%	10 9%	~	5 8%	5 5%
NOT ANSWERED	6	111			1	1	3	1	5						1	5	2	4	1	5
VALID CASES	173	3115	8	20	24	43	60	18	114						8	160	111	61	66	107
NUMBER OF RESPONDENTS	179 100%	3226 100%	8 100%	20 100%	25 100%	44 100%	63 100%	19 100%	119 100%						9 100%	165 100%	113 100%	65 100%	67 100%	112 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	INHE 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	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
			%	%	%	%	%	%	##	##	##	##	##	##	##	##	%	%	%		
NQ52																					
18 TO 24	32 11%	544 10%	30 100%	~	~	~	~	~	13 7%*	~	~	~	~	~	~	5 23%	25 10%	31 15%*	18 15%	13 8%	
25 TO 34	58 19%	1042 18%	~	52 ~100%	~	~	~	~	29 16%	~	~	~	~	~	~	7 32%	45 18%	42 20%	10 13%	20 17%	32 19%
35 TO 44	43 14%	924 16%	~	~	41 ~100%	~	~	~	26 15%	~	~	~	~	~	~	3 14%	37 14%	33 16%	8 10%	18 15%	23 14%
45 TO 54	60 20%	1138 20%	~	~	~	57 ~100%	~	~	39 22%	~	~	~	~	~	~	1 5%	55 21%	34 16%*	22 28%	26 22%	31 19%
55 TO 64	84 28%	1472 26%	~	~	~	~	84 ~100%	~	55 31%	~	~	~	~	~	~	6 27%	76 30%	59 29%	25 32%	29 25%	55 33%*
65 TO 74	15 5%	326 6%	~	~	~	~	~	14 7%	12 7%	~	~	~	~	~	~	~	13 5%	6 3%*	9 12%*	7 6%	7 4%
75 OR OLDER	6 2%	225 4%*	~	~	~	~	~	6 3%	3 2%	~	~	~	~	~	~	6 2%	2 1%	4 5%	~	6 4%*	
VALID CASES	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
	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?

	INHE 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	MUL- NATV OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ53																					
MALE	124 42%	2300 41%	18 60%~	20 38%	18 44%~	26 46%	29 35%	7 35%~	73 41%	~	~	~	~	~	~	10 45%~	107 42%~	88 43%	30 38%	118 100%~	~
FEMALE	174 58%	3371 59%	12 40%~	32 62%	23 56%~	31 54%	55 65%	13 65%~	104 59%	~	~	~	~	~	~	12 55%~	150 58%~	119 57%	48 62%	167 ~100%~	~
VALID CASES	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%							22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

[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?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q54																					
8TH GRADE OR LESS	7 2%	328 6%*	1 3%~	1 2%	3 7%~	1 2%	1 ~	5 5%~	3 2%	~	~	~	~	~	~	3 ~	4 2%~	5 2%	2 3%	4 3%	3 2%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	38 13%	614 12%	5 17%~	3 6%*	6 15%~	15 26%*	5 6%*	4 20%~	23 13%	~	~	~	~	~	~	2 ~	33 13%~	22 11%	15 19%	19 16%	19 11%
HIGH SCHOOL GRADUATE OR GED	89 31%	1659 31%	9 31%~	15 29%	16 39%~	15 26%	29 35%	4 20%~	56 32%	~	~	~	~	~	~	10 ~	78 31%~	63 31%	26 34%	40 34%	49 30%
SOME COLLEGE OR 2-YEAR DEGREE	116 41%	1998 38%	11 38%~	28 54%*	10 24%~	21 37%	38 46%	8 40%~	73 42%	~	~	~	~	~	~	5 ~	109 43%~	87 42%	29 38%	40 34%*	76 46%*
4-YEAR COLLEGE GRADUATE	19 7%	437 8%	3 10%~	4 8%	4 10%~	~	6 7%	2 10%~	12 7%	~	~	~	~	~	~	2 ~	17 7%~	16 8%	3 4%	8 7%	11 7%
MORE THAN 4-YEAR COLLEGE DEGREE	14 5%	242 5%	~	1 2%	2 5%~	5 9%	5 6%	1 5%~	8 5%	~	~	~	~	~	~	~	14 5%~	12 6%	2 3%	6 5%	8 5%
NOT ANSWERED	15	392	1				1		2								2	2	1	1	1
VALID CASES	283	5279	29	52	41	57	83	20	175							22	255	205	77	117	166
NUMBER OF RESPONDENTS	298	5671	30	52	41	57	84	20	177							22	257	207	78	118	167
	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?

	INHE 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 ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q55 YES HISPANIC OR LATINO	22 8%	668 13%*	5 17%~	7 13%	3 8%~	1 2%*	6 7%	~	~	~	~	~	~	~	22 ~100%~	15 ~	6 8%	10 9%	12 7%	
NO NOT HISPANIC OR LATINO	257 92%	4589 87%*	24 83%~	45 87%	37 93%~	55 98%*	76 93%	19 100%~	174 100%~	~	~	~	~	~	257 ~100%~	188 93%	69 92%	107 91%	150 93%	
NOT ANSWERED	19	413	1		1	1	2	1	3							4	3	1	5	
VALID CASES	279	5258	29	52	40	56	82	19	174						22	257	203	75	117	162
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%



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	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE		
Q56.1	YES	192 64%	3500 62%	13 43%	31 60%	29 71%	42 74%	61 73%	15 75%	177 100%	~	~	~	~	~	5 23%	184 72%	139 67%	52 67%	80 68%	112 67%
	NO	106 36%	2171 38%	17 57%	21 40%	12 29%	15 26%	23 27%	5 25%	~	~	~	~	~	17 77%	73 28%	68 33%	26 33%	38 32%	55 33%	
VALID CASES		298	5671	30	52	41	57	84	20	177					22	257	207	78	118	167	
NUMBER OF RESPONDENTS		298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%					22 100%	257 100%	207 100%	78 100%	118 100%	167 100%	

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	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE		
Q56.2	YES	3 1%	117 2%	1 3%	1 ~	1 2%	~	~	~	~	~	~	~	~	3 1%	2 1%	1 1%	3 3%	~	~		
	NO	295 99%	5554 98%	29 97%	52 100%	40 98%	56 98%	84 100%	20 100%	177 100%	~	~	~	~	22 100%	254 99%	205 99%	77 99%	115 97%	167 100%		
	VALID CASES	298	5671	30	52	41	57	84	20	177					22	257	207	78	118	167		
	NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%					22 100%	257 100%	207 100%	78 100%	118 100%	167 100%		

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 NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE			
Q56.3	YES	3 1%	212 4%*	~	~	1 2%	~	~	~	~	~	~	~	~	3 1%	2 1%	1 1%	1 0.8%	2 1%		
	NO	295 99%	5459 96%*	100%~	100%~	30 98%	52 100%	40 98%	57 100%	83 99%	19 95%	177 100%~	~	~	~	~	~	~	~		
	VALID CASES	298	5671	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	22	257	207	78	118	167	
	NUMBER OF RESPONDENTS	298 100%	5671 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	22 100%	257 100%	207 100%	78 100%	118 100%	167 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE 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 ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q56.4 YES	2 0.7%	34 0.6%	1 3%	~	~	~	1 1%	~	~	~	~	~	~	1 5%	1 0.4%	2 1%	~	1 0.8%	1 0.6%	
NO	296 99%	5637 99%	29 97%	52 100%	41 100%	57 100%	83 99%	20 100%	177 100%	~	~	~	~	21 95%	256 100%	205 99%	78 100%	117 99%	166 99%	
VALID CASES	298	5671	30	52	41	57	84	20	177					22	257	207	78	118	167	
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%					22 100%	257 100%	207 100%	78 100%	118 100%	167 100%	

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK NATV ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q56.5 YES	13 4%	211 4%	1 3%	2 4%	1 2%	4 7%	5 6%	~	~	~	~	~	~	~	13 5%	10 5%	3 4%	7 6%	6 4%	
NO	285 96%	5460 96%	29 97%	50 96%	40 98%	53 93%	79 94%	20 100%	177 100%	~	~	~	~	~	22 100%	244 95%	197 95%	75 96%	111 94%	161 96%
VALID CASES	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q56.6 YES	7 2%	307 5%*	3 10%~	1 2%	1 2%~	2 ~	2 2%	~	~	~	~	~	~	~	3 14%~	3 1%~	6 3%	1 1%	3 3%	4 2%
NO	291 98%	5364 95%*	27 90%~	51 98%	40 98%~	57 100%~	82 98%	20 100%~	177 100%~	~	~	~	~	~	19 86%~	254 99%~	201 97%	77 99%	115 97%	163 98%
VALID CASES	298	5671	30	52	41	57	84	20	177						22	257	207	78	118	167
NUMBER OF RESPONDENTS	298 100%	5671 100%	30 100%	52 100%	41 100%	57 100%	84 100%	20 100%	177 100%						22 100%	257 100%	207 100%	78 100%	118 100%	167 100%

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

	INHE 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q57 YES	25 12%	630 15%	2 12%~	3 9%~	6 19%~	4 9%~	4 6%*	5 31%~	21 12%~	~	~	~	~	~	1 9%~	23 12%~	12 8%*	12 21%*	11 12%	14 12%
NO	187 88%	3507 85%	15 88%~	30 91%~	26 81%~	41 91%~	64 94%*	11 69%~	155 88%~	~	~	~	~	~	10 91%~	173 88%~	143 92%*	44 79%*	80 88%	107 88%
NOT ANSWERED	4	39					1		1						1		2		1	
VALID CASES	212	4137	17	33	32	45	68	16	176						11	196	155	56	91	121
NUMBER OF RESPONDENTS	216 100%	4176 100%	17 100%	33 100%	32 100%	45 100%	69 100%	16 100%	177 100%						11 100%	197 100%	155 100%	58 100%	91 100%	122 100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q58.1 YES	9 36%	257 48%	~	~	4 67%	2 50%	1 25%	2 40%	7 33%	~	~	~	~	~	~	8 35%	3 25%	6 50%	4 36%	5 36%	
NO	16 64%	281 52%	2 100%	3 100%	2 33%	2 50%	3 75%	3 60%	14 67%	~	~	~	~	~	~	1 100%	15 65%	9 75%	6 50%	7 64%	9 64%
VALID CASES	25	538	2	3	6	4	4	5	21							1	23	12	12	11	14
NUMBER OF RESPONDENTS	25 100%	538 100%	2 100%	3 100%	6 100%	4 100%	4 100%	5 100%	21 100%							1 100%	23 100%	12 100%	12 100%	11 100%	14 100%

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



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

	INHE 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	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.2 YES	6 24%	220 41%	1 50%	1 ~	2 17%	2 50%	4 ~	~	~	~	~	~	~	6 ~	4 26%	2 33%	4 17%	2 36%	2 14%
NO	19 76%	318 59%	1 50%	3 100%	5 83%	2 50%	2 50%	5 100%	17 81%	~	~	~	~	1 100%	17 74%	8 67%	10 83%	7 64%	12 86%
VALID CASES	25	538	2	3	6	4	4	5	21					1	23	12	12	11	14
NUMBER OF RESPONDENTS	25 100%	538 100%	2 100%	3 100%	6 100%	4 100%	4 100%	5 100%	21 100%					1 100%	23 100%	12 100%	12 100%	11 100%	14 100%

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

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

	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
Q58.3 YES	13 52%	203 38%	1 50%	3 100%	2 33%	1 25%	2 50%	3 60%	12 57%	~	~	~	~	~	~	13 57%	7 58%	6 50%	5 45%	8 57%	
NO	12 48%	335 62%	1 50%	~	4 67%	3 75%	2 50%	2 40%	9 43%	~	~	~	~	~	~	1 100%	10 43%	5 42%	6 50%	6 55%	6 43%
VALID CASES	25	538	2	3	6	4	4	5	21							1	23	12	12	11	14
NUMBER OF RESPONDENTS	25 100%	538 100%	2 100%	3 100%	6 100%	4 100%	4 100%	5 100%	21 100%							1 100%	23 100%	12 100%	12 100%	11 100%	14 100%

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

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

	INHE 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE		
Q58.4 YES	1 4%	79 15%	~	~	~	25%	~	~	~	~	~	~	~	~	100%	~	~	~	~	1 7%
NO	24 96%	459 85%	100%	100%	100%	75%	100%	100%	100%	100%	~	~	~	~	~	100%	100%	100%	100%	11 93%
VALID CASES	25	538	2	3	6	4	4	5	21						1	23	12	12	11	14
NUMBER OF RESPONDENTS	25	538	2	3	6	4	4	5	21						1	23	12	12	11	14
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

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

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

	INHE 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 ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q58.5 YES		32 6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NO	25 100%	506 94%	2 100%	3 100%	6 100%	4 100%	4 100%	5 100%	21 100%	~	~	~	~	~	1 100%	23 100%	12 100%	12 100%	11 100%	14 100%
VALID CASES	25	538	2	3	6	4	4	5	21						1	23	12	12	11	14
NUMBER OF RESPONDENTS	25 100%	538 100%	2 100%	3 100%	6 100%	4 100%	4 100%	5 100%	21 100%						1 100%	23 100%	12 100%	12 100%	11 100%	14 100%

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

NQ13 RATING OF ALL HEALTH CARE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE 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
NQ13 0-6	43 21%	761 20%	2 18%	7 24%	8 27%	9 21%	14 20%	3 17%	28 21%	~	~	~	~	~	2 17%	39 21%	26 19%	17 27%	20 28%	23 18%
7-8	69 34%	1368 36%	4 36%	11 38%	10 33%	14 33%	21 30%	7 39%	42 32%	~	~	~	~	~	6 50%	60 32%	46 34%	20 31%	21 29%	46 36%
9-10	92 45%	1705 44%	5 45%	11 38%	12 40%	19 45%	35 50%	8 44%	62 47%	~	~	~	~	~	4 33%	86 46%	63 47%	27 42%	31 43%	59 46%
VALID CASES	204	3835	11	29	30	42	70	18	132						12	185	135	64	72	128
NUMBER OF RESPONDENTS	204 100%	3835 100%	11 100%	29 100%	30 100%	42 100%	70 100%	18 100%	132 100%						12 100%	185 100%	135 100%	64 100%	72 100%	128 100%
MEAN	2.24	2.25	2.27	2.14	2.13	2.24	2.30	2.28	2.26						2.17	2.25	2.27	2.16	2.15	2.28
p stat_(*=Sig @ p<=.05)		.910	~	~	~	~	.429	~	.665	~	~	~	~	~	~	~	.394	.314	.253	.341

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
NQ23 0-6	40 19%	642 16%	3 18%	6 20%	5 15%	13 32%	10 15%	1 6%	26 20%	~	~	~	~	~	~	2 14%	35 19%	24 17%	14 22%	16 20%	22 17%
7-8	47 22%	1053 26%	6 35%	7 23%	10 29%	8 20%	13 19%	3 17%	26 20%	~	~	~	~	~	~	2 14%	44 23%	36 25%	11 17%	20 25%	27 21%
9-10	125 59%	2378 58%	8 47%	17 57%	19 56%	20 49%	45 66%	14 78%	77 60%	~	~	~	~	~	~	10 71%	110 58%	84 58%	39 61%	44 55%	79 62%
VALID CASES	212	4074	17	30	34	41	68	18	129							14	189	144	64	80	128
NUMBER OF RESPONDENTS	212 100%	4074 100%	17 100%	30 100%	34 100%	41 100%	68 100%	18 100%	129 100%							14 100%	189 100%	144 100%	64 100%	80 100%	128 100%
MEAN	2.40	2.43	2.29	2.37	2.41	2.17	2.51	2.72	2.40							2.57	2.40	2.42	2.39	2.35	2.45
p stat_(*=Sig @ p<=.05)		.613	~	~	~	~.138			~.897	~	~	~	~	~	~	~	~	~.685	.901	.467	.318

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	INHE 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 NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
NQ27 0-6	13 13%	249 13%	2 ~ 13%	2 13%	6 25%	3 9%	6 10%	~	~	~	~	~	~	~	13 ~ 14%	8 12%	5 14%	6 18%	7 10%	
7-8	26 25%	475 25%	7 ~ 47%	6 38%	4 17%	8 23%	1 17%	17 27%	~	~	~	~	~	~	23 ~ 24%	20 30%	6 17%	8 24%	18 26%	
9-10	63 62%	1151 61%	5 100%	6 40%	8 50%	14 58%	24 69%	5 83%	40 63%	~	~	~	~	~	3 100%	58 62%	38 58%	24 69%	19 58%	43 63%
VALID CASES	102	1875	5	15	16	24	35	6	63						3	94	66	35	33	68
NUMBER OF RESPONDENTS	102 100%	1875 100%	5 100%	15 100%	16 100%	24 100%	35 100%	6 100%	63 100%						3 100%	94 100%	66 100%	35 100%	33 100%	68 100%
MEAN	2.49	2.48	3.00	2.27	2.38	2.33	2.60	2.83	2.54						3.00	2.48	2.45	2.54	2.39	2.53
p stat_(*=Sig @ p<=.05)		.891	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ35 RATING OF HEALTH PLAN

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
NQ35																					
0-6	54 20%	1160 23%	7 25%	8 18%	10 26%	12 22%	14 18%	1 5%	29 18%	~	~	~	~	~	~	4 19%	47 20%	38 20%	15 21%	26 25%	26 16%
7-8	92 34%	1699 34%	10 36%	17 38%	12 31%	18 33%	27 35%	8 42%	48 30%	~	~	~	~	~	~	9 43%	80 34%	65 34%	27 37%	38 36%	54 34%
9-10	121 45%	2187 43%	11 39%	20 44%	17 44%	24 44%	36 47%	10 53%	81 51%*	~	~	~	~	~	~	8 38%	109 46%	88 46%	30 42%	41 39%	78 49%
VALID CASES	267	5046	28	45	39	54	77	19	158						21	236	191	72	105	158	
NUMBER OF RESPONDENTS	267 100%	5046 100%	28 100%	45 100%	39 100%	54 100%	77 100%	19 100%	158 100%						21 100%	236 100%	191 100%	72 100%	105 100%	158 100%	
MEAN	2.25	2.20	2.14	2.27	2.18	2.22	2.29	2.47	2.33						2.19	2.26	2.26	2.21	2.14	2.33	
p stat_(*=Sig @ p<=.05)		.311	~	~	~.760	.640	~.046*	~	~	~	~	~	~	~	~	~.716	.583	.068	.049*		



GETTING NEEDED CARE

	INHE 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	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE			
NPRBSEE4 NQ25	2.38	2.22	2.40	2.35	2.24	2.38	2.49	2.29	2.43								3.00	2.38	2.46	2.26	2.24	2.46	
p stat_(*=Sig @ p<=.05)		.025*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ14	2.37	2.26	2.73	2.17	2.43	2.31	2.41	2.44	2.45								2.08	2.41	2.45	2.23	2.39	2.38	
p stat_(*=Sig @ p<=.05)		.034*	~	~	~	~.558	~	~.036*	~	~	~	~	~	~	~	~	~	~	~.051	.064	.814	.951	
COMPOSITE	2.38	2.24	2.56	2.26	2.33	2.35	2.45	2.37	2.44	x	x	x	x	x	x	x	2.54	2.39	2.45	2.24	2.32	2.42	
p stat_(*=Sig @ p<=.05)		.001*	~	~	~	~.144	~	~.017*	~	~	~	~	~	~	~	~	~	~	~.006*	.018*	.204	.176	

GETTING CARE QUICKLY

	INHE 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	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NCARSN4 NQ4	2.47	2.42	2.33	2.39	2.71	2.35	2.53	2.38	2.50								1.75	2.50	2.54	2.31	2.53	2.46
p stat_(*=Sig @ p<=.05)		.474	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.30	2.28	2.00	2.13	2.52	2.44	2.27	2.25	2.38								2.11	2.33	2.32	2.24	2.20	2.37
p stat_(*=Sig @ p<=.05)		.753	~	~	~	~.799	~	~	.085	~	~	~	~	~	~	~	~	~	.577	.536	.287	.160
COMPOSITE	2.39	2.35	2.17	2.26	2.62	2.39	2.40	2.31	2.44	x	x	x	x	x	x	x	1.93	2.42	2.43	2.28	2.37	2.41
p stat_(*=Sig @ p<=.05)		.451	~	~	~	~.780	~	~	.068	~	~	~	~	~	~	~	~	~	.112	.100	.706	.421

HOW WELL DOCTORS COMMUNICATE

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- TI ##	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NDREXPL4 NQ17	2.63	2.61	2.55	2.67	2.56	2.53	2.75	2.65	2.66							2.55	2.65	2.68	2.57	2.61	2.66
p stat_(*=Sig @ p<=.05)		.605	~	~	~	~	.104	~	.541	~	~	~	~	~	~	~	~	.283	.363	.742	.526
NDRLSTN4 NQ18	2.58	2.58	2.64	2.57	2.52	2.47	2.66	2.71	2.60							2.64	2.59	2.64	2.50	2.59	2.59
p stat_(*=Sig @ p<=.05)		1.00	~	~	~	~	.290	~	.702	~	~	~	~	~	~	~	~	.195	.236	.886	.888
NDRESPU4 NQ19	2.63	2.65	2.45	2.71	2.72	2.47	2.69	2.71	2.64							2.73	2.63	2.70	2.52	2.66	2.63
p stat_(*=Sig @ p<=.05)		.618	~	~	~	~	.370	~	.905	~	~	~	~	~	~	~	~	.080	.101	.651	.899
NDRTMEN4 NQ20	2.57	2.50	2.40	2.67	2.60	2.32	2.66	2.76	2.54							2.64	2.57	2.64	2.47	2.59	2.57
p stat_(*=Sig @ p<=.05)		.208	~	~	~	~	.221	~	.504	~	~	~	~	~	~	~	~	.092	.169	.743	.946
COMPOSITE	2.60	2.59	2.51	2.65	2.60	2.45	2.69	2.71	2.61	x	x	x	x	x	x	2.64	2.61	2.66	2.51	2.61	2.61
p stat_(*=Sig @ p<=.05)		.762	~	~	~	~	.203	~	.909	~	~	~	~	~	~	~	~	.116	.165	.873	.877

CUSTOMER SERVICE

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	INHE 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	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
NPBCLCS4 NQ31	2.33	2.22	2.50	2.41	2.36	2.11	2.38	2.67	2.49							2.60	2.33	2.44	2.05	2.50	2.24
p stat_(*=Sig @ p<=.05)		.224	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.68	2.61	3.00	2.72	2.73	2.47	2.76	2.67	2.72							2.60	2.69	2.79	2.40	2.81	2.62
p stat_(*=Sig @ p<=.05)		.294	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.51	2.42	2.75	2.57	2.55	2.29	2.57	2.67	2.60	x	x	x	x	x	x	2.60	2.51	2.61	2.23	2.65	2.43
p stat_(*=Sig @ p<=.05)		.286	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	INHE 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE			
NNRXWHY NQ10																					
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NNRXWYNT NQ11	2.52	2.46	2.00	2.47	2.67	2.45	2.60	2.50	2.54					2.20	2.53	2.56	2.44	2.62	2.46		
p stat_(*=Sig @ p<=.05)	.447		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NRXBST NQ12	2.62	2.52	2.67	2.68	2.67	2.52	2.75	2.33	2.66					2.60	2.62	2.64	2.59	2.73	2.58		
p stat_(*=Sig @ p<=.05)	.186		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
COMPOSITE	2.57	2.49	2.33	2.58	2.67	2.48	2.67	2.42	2.60	x	x	x	x	x	x	2.40	2.58	2.60	2.51	2.68	2.52
p stat_(*=Sig @ p<=.05)	.091		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		

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

	INHE 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	82%	75%	80%	82%	76%	81%	85%	86%								100%	81%	85%	77%	76%	85%
CARNES4 Q14	85%	80%	100%	76%	93%	79%	86%	89%								75%	85%	88%	77%	86%	84%
AVERAGE	83.47	77.53	90.00	79.11	84.90	79.67	85.16	87.30	86.69	x	x	x	x	x	x	87.50	83.09	86.39	77.10	80.89	84.76

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

	INHE 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 WHTE	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV ##	OTH R ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
CARSN4 Q4	88%	84%	100%	83%	100%	83%	84%	100%	92%							50%	90%	93%	77%	92%	87%
APGET4 Q6	79%	77%	50%	70%	93%	84%	76%	92%	84%							67%	80%	82%	72%	70%	84%
AVERAGE	83.64	80.73	75.00	76.45	96.30	83.49	80.42	95.83	87.75	x	x	x	x	x	x	58.33	85.12	87.57	74.57	81.24	85.65

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE 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	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
DREXPL4 Q17	90%	91%	82%	95%	88%	85%	93%	94%	92%							82%	91%	92%	88%	93%	89%
DRLSTN4 Q18	90%	90%	91%	90%	88%	88%	93%	94%	92%							82%	91%	93%	88%	92%	91%
DRESPU4 Q19	90%	91%	73%	95%	92%	85%	95%	94%	91%							91%	91%	93%	88%	93%	90%
DRTMEN4 Q20	87%	87%	70%	90%	88%	79%	93%	94%	86%							91%	87%	90%	84%	90%	87%
AVERAGE	89.6	89.8	78.9	92.9	89.0	84.6	93.6	94.1	90.0	x	x	x	x	x	x	86.4	90.1	91.6	87.1	91.9	89.0



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

	INHE 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	80%	76%	100%	88%	82%	68%	76%	100%	87%							100%	80%	85%	65%	88%	76%
CSRESP Q32	95%	91%	100%	94%	100%	84%	100%	100%	96%							100%	94%	98%	85%	100%	92%
AVERAGE	87.37	83.64	100.0	91.34	90.91	76.32	88.10	100.0	91.16	x	x	x	x	x	x	100.0	87.00	91.83	75.00	94.23	83.76

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE	
NRXWHY Q10	97%	93%	100%	95%	100%	93%	98%	100%	98%							80%	97%	99%	93%	95%	98%
NRXWYNT Q11	76%	73%	50%	74%	83%	72%	80%	75%	77%							60%	77%	78%	72%	81%	73%
RXBST Q12	81%	76%	83%	84%	83%	76%	88%	67%	83%							80%	81%	82%	79%	86%	79%
AVERAGE	84.6	80.6	77.8	84.2	88.9	80.5	88.3	80.6	85.8	x	x	x	x	x	x	73.3	85.0	86.3	81.3	87.4	83.1

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q1	300	5578	51	83	74	92	109					15	71	202	262	14	237	63
YES	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED		60																
VALID CASES	300	5578	51	83	74	92	109					15	71	202	262	14	237	63
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109					15	71	202	262	14	237	63
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

	INHE 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 K ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q3 YES	105 37%	1643 30%*	20 42%~	33 41%	21 30%	31 36%	35 33%	~	~	~	~	~	~	7 47%~	22 32%	79 40%	95 37%~	7 50%~	77 34%	28 47%
NO	179 63%	3803 70%*	28 58%~	47 59%	48 70%	56 64%	70 67%	~	~	~	~	~	~	8 53%~	46 68%	119 60%	161 63%~	7 50%~	147 66%	32 53%
NOT ANSWERED	16	191	3	3	5	5	4								3	4	6		13	3
VALID CASES	284	5447	48	80	69	87	105							15	68	198	256	14	224	60
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109							15	71	202	262	14	237	63
	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	
	INHE 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	
Q4 NEVER	1 1%	21 1%	~	~	5%	~	~	~	~	~	~	14%	~	1%	1%	1%	1%	~
SOMETIMES	6 6%	109 7%	11%	9%	~	3%	3%	~	~	~	~	~	14%	4%	4%	33%	7%	4%
USUALLY	20 20%	253 16%	6%	8%	25%	16%	24%	~	~	~	~	29%	27%	17%	20%	17%	21%	15%
ALWAYS	74 73%	1212 76%	83%	66%	65%	81%	73%	~	~	~	~	57%	59%	77%	75%	50%	71%	81%
#ALWAYS + USUALLY (NET)	94 93%	1464 92%	89%	91%	95%	97%	97%	~	~	~	~	86%	86%	95%	95%	67%	92%	96%
TOP BOX SCORE	74 73%	1212 76%	83%	66%	65%	81%	73%	~	~	~	~	57%	59%	77%	75%	50%	71%	81%
NOT ANSWERED	4	102	2	1	1		2							4	3	1	2	2
VALID CASES	101	1594	18	32	20	31	33					7	22	75	92	6	75	26
NUMBER OF RESPONDENTS	105	1696	20	33	21	31	35					7	22	79	95	7	77	28
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	191 67%	3547 65%	39 83%~	54 68%	47 68%	51 57%*	62 58%*	~	~	~	~	~	13 ~ 87%~	41 59%	140 70%	174 67%~	9 64%~	138 61%*	53 87%*
Q5 NO	95 33%	1877 35%	8 17%~	26 33%	22 32%	39 43%*	45 42%*	~	~	~	~	~	2 ~ 13%~	28 41%	59 30%	84 33%~	5 36%~	87 39%*	8 13%*
Q5 NOT ANSWERED	14	214	4	3	5	2	2							2	3	4		12	2
VALID CASES	286	5424	47	80	69	90	107						15	69	199	258	14	225	61
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	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		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q6 NEVER	2 1%	50 2%	~	~	2 5%	~	~	~	~	~	~	~	1 2%	1 0.8%	2 1%	~	2 2%	~	
SOMETIMES	27 15%	468 14%	6 17%	9 17%	6 14%	6 13%	2 4%*	~	~	~	~	~	2 20%	8 20%	17 13%	24 15%	1 13%	18 14%	9 18%
USUALLY	48 27%	881 27%	7 20%	14 27%	13 30%	14 30%	20 36%	~	~	~	~	~	3 30%	11 27%	34 27%	43 27%	3 38%	33 26%	15 31%
ALWAYS	100 56%	1910 58%	22 63%	29 56%	22 51%	27 57%	33 60%	~	~	~	~	~	5 50%	20 50%	76 59%	93 57%	4 50%	75 59%	25 51%
#ALWAYS + USUALLY (NET)	148 84%	2792 84%	29 83%	43 83%	35 81%	41 87%	53 96%*	~	~	~	~	~	8 80%	31 78%	110 86%	136 84%	7 88%	108 84%	40 82%
TOP BOX SCORE	100 56%	1910 58%	22 63%	29 56%	22 51%	27 57%	33 60%	~	~	~	~	~	5 50%	20 50%	76 59%	93 57%	4 50%	75 59%	25 51%
NOT ANSWERED	14	232	4	2	4	4	7						3	1	12	12	1	10	4
VALID CASES	177	3310	35	52	43	47	55						10	40	128	162	8	128	49
NUMBER OF RESPONDENTS	191 100%	3542 100%	39 100%	54 100%	47 100%	51 100%	62 100%						13 100%	41 100%	140 100%	174 100%	9 100%	138 100%	53 100%

[ASKED IF Q5 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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 & POOR	FAIR & POOR	NO CCC	CCC
Q7 NONE	84 30%	1626 30%	8 17%	25 31%	20 29%	31 36%	39 36%	~	~	~	~	~	3 20%	24 36%	53 27%	76 30%	3 23%	76 34%*	8 13%*
1 TIME	91 32%	1614 30%	17 35%	25 31%	23 33%	26 30%	34 31%	~	~	~	~	~	5 33%	19 29%	68 34%	81 32%	6 46%	78 35%*	13 21%*
2	60 21%	1048 20%	15 31%	16 20%	15 22%	14 16%	24 22%	~	~	~	~	~	2 13%	15 23%	43 22%	56 22%	2 15%	39 18%*	21 34%*
3	19 7%	512 10%*	4 8%	6 7%	4 6%	5 6%	5 5%	~	~	~	~	~	2 13%	2 3%	16 8%	18 7%	1 8%	13 6%	6 10%
4	10 4%	232 4%	1 2%	4 5%	2 3%	3 3%	3 3%	~	~	~	~	~	1 7%	1 2%	8 4%	9 4%	~	6 3%	4 6%
5 TO 9	16 6%	256 5%	3 6%	3 4%	3 4%	7 8%	3 3%	~	~	~	~	~	2 13%	4 6%	9 4%	13 5%	1 8%	9 4%	7 11%
10 OR MORE TIMES	4 1%	57 1%	~	1 1%	2 3%	1 1%	~	~	~	~	~	~	~	1 2%	3 1%	4 2%	~	1 0.5%	3 5%
NOT ANSWERED	16	293	3	3	5	5	1							5	2	5	1	15	1
VALID CASES	284	5345	48	80	69	87	108						15	66	200	257	13	222	62
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
Q8 #YES	132 68%	2462 67%	29 74%~	37 67%	28 61%~	38 70%	50 74%	~	~	~	~	~	8 ~ 73%~	22 54%~	103 72%	120 68%~	6 67%~	97 67%	35 70%
NO	62 32%	1197 33%	10 26%~	18 33%	18 39%~	16 30%	18 26%	~	~	~	~	~	3 ~ 27%~	19 46%~	40 28%	57 32%~	3 33%~	47 33%	15 30%
NOT ANSWERED	6	87	1		3	2	1						1	1	4	4	1	2	4
VALID CASES	194	3659	39	55	46	54	68						11	41	143	177	9	144	50
NUMBER OF RESPONDENTS	200 100%	3746 100%	40 100%	55 100%	49 100%	56 100%	69 100%						12 100%	42 100%	147 100%	181 100%	10 100%	146 100%	54 100%

[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		
	INHE 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	
Q9 NEVER	6 3%	111 3%	~	~	8%~	4%~	1 1%	~	~	~	~	~	2 ~ 17%	1 2%~	5 3%	5 3%~	1 10%~	3 2%	3 6%
SOMETIMES	9 5%	330 9%*	1 3%~	4 7%	3 6%~	1 2%	3 4%	~	~	~	~	~	~	2 5%~	6 4%	7 4%~	1 10%~	8 6%	1 2%
USUALLY	44 22%	815 22%	7 18%~	12 22%	14 29%~	11 20%	13 19%	~	~	~	~	~	3 ~ 25%	11 26%~	31 22%	39 22%~	4 40%~	30 21%	14 26%
ALWAYS	137 70%	2400 66%	31 79%~	38 70%	27 56%~	41 75%	51 75%	~	~	~	~	~	7 ~ 58%	28 67%~	102 71%	127 71%~	4 40%~	102 71%	35 66%
#ALWAYS + USUALLY (NET)	181 92%	3215 88%*	38 97%~	50 93%	41 85%~	52 95%	64 94%	~	~	~	~	~	10 ~ 83%	39 93%~	133 92%	166 93%~	8 80%~	132 92%	49 92%
TOP BOX SCORE	137 70%	2400 66%	31 79%~	38 70%	27 56%~	41 75%	51 75%	~	~	~	~	~	7 ~ 58%	28 67%~	102 71%	127 71%~	4 40%~	102 71%	35 66%
NOT ANSWERED	4	90	1	1	1	1	1								3	3		3	1
VALID CASES	196	3656	39	54	48	55	68						12	42	144	178	10	143	53
NUMBER OF RESPONDENTS	200	3746	40	55	49	56	69						12	42	147	181	10	146	54
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q10 YES	58 29%	1058 29%	5 13%	17 31%	13 27%	23 42%*	21 31%	~	~	~	~	~	3 25%	10 24%	47 32%	55 31%	2 20%	34 24%*	24 45%*
Q10 NO	139 71%	2578 71%	34 87%	38 69%	35 73%	32 58%*	47 69%	~	~	~	~	~	9 75%	32 76%	98 68%	124 69%	8 80%	110 76%*	29 55%*
NOT ANSWERED	3	110	1		1	1	1								2	2		2	1
VALID CASES	197	3636	39	55	48	55	68						12	42	145	179	10	144	53
NUMBER OF RESPONDENTS	200	3746	40	55	49	56	69						12	42	147	181	10	146	54
	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		
	INHE 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q11 #YES	54 95%	931 93%	3 75%	17 100%	11 85%	23 100%	21 100%	~	~	~	~	~	2 ~100%	8 80%	45 98%	51 94%	2 100%	30 91%	24 100%
NO	3 5%	71 7%	1 25%	~	2 15%	~	~	~	~	~	~	~	2 20%	1 2%	3 6%	~	3 9%	~	
NOT ANSWERED	20	408	5	3	6	6	2					1	5	5	8	1	18	2	
VALID CASES	57	1002	4	17	13	23	21					2	10	46	54	2	33	24	
NUMBER OF RESPONDENTS	77	1410	9	20	19	29	23					3	15	51	62	3	51	26	
	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		
	INHE 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	
Q12 #YES	43 75%	722 71%	4 100%~	14 82%~	7 54%~	18 78%~	14 67%~	~	~	~	~	~	2 ~100%~	6 60%~	36 78%~	41 76%~	1 50%~	23 70%~	20 83%~
NO	14 25%	300 29%	~	3 18%~	6 46%~	5 22%~	7 33%~	~	~	~	~	~	~	4 40%~	10 22%~	13 24%~	1 50%~	10 30%~	4 17%~
NOT ANSWERED	1	19	1										1	1	1			1	
VALID CASES	57	1022	4	17	13	23	21						2	10	46	54	2	33	24
NUMBER OF RESPONDENTS	58 100%	1041 100%	5 100%	17 100%	13 100%	23 100%	21 100%						3 100%	10 100%	47 100%	55 100%	2 100%	34 100%	24 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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		
Q13 #YES	43 75%	804 80%	4 100%~	11 65%~	8 62%~	20 87%~	16 76%~	~	~	~	~	~	2 ~100%~	7 70%~	35 76%~	40 74%~	2 100%~	24 73%~	19 79%~
NO	14 25%	202 20%	~	6 35%~	5 38%~	3 13%~	5 24%~	~	~	~	~	~	3 30%~	11 24%~	14 26%~	~	9 27%~	5 21%~	
NOT ANSWERED	1	35	1									1	1	1		1			
VALID CASES	57	1006	4	17	13	23	21					2	10	46	54	2	33	24	
NUMBER OF RESPONDENTS	58 100%	1041 100%	5 100%	17 100%	13 100%	23 100%	21 100%					3 100%	10 100%	47 100%	55 100%	2 100%	34 100%	24 100%	

[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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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 & GOOD	FAIR & POOR	NO CCC	CCC
Q14 WORST HEALTH CARE POSSIBLE	7	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	1	0.5%	~	~	~	1	1	~	~	~	~	~	~	~	1	1	~	1	~
02	15	0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	1	0.5%	~	2%	~	~	~	~	~	~	~	~	~	1	1	~	1	~	
04	1	0.5%	~	~	~	1	~	~	~	~	~	~	~	1	1	~	~	1	2%
05	10	5%	2	1	3	4	6	~	~	~	~	~	1	1	9	7	3	7	3
06	5	3%	~	~	3	2	1	~	~	~	~	~	1	2	3	4	1	3	2
07	27	14%	5	7	10	5	8	~	~	~	~	~	1	2	21	23	1	21	6
08	40	21%	7	12	12	9	18	~	~	~	~	~	1	7	32	38	1	26	14
09	35	18%	8	14	5	8	11	~	~	~	~	~	2	11	24	34	1	24	11
BEST HEALTH CARE POSSIBLE	75	38%	17	19	15	24	23	~	~	~	~	~	6	19	52	69	3	59	16
#8-10 (NET)	150	77%	32	45	32	41	52	~	~	~	~	~	9	37	108	141	5	109	41

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		
	INHE 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	
9-10 (NET)	110 56%	2227 61%	25 64%~	33 61%	20 42%~	32 59%	34 50%	~	~	~	~	~	8 67%~	30 71%~	76 53%	103 58%~	4 40%~	83 58%	27 51%
NOT ANSWERED	5	109	1	1	1	2	1							3	3		4	1	
VALID CASES	195	3637	39	54	48	54	68					12	42	144	178	10	142	53	
NUMBER OF RESPONDENTS	200 100%	3746 100%	40 100%	55 100%	49 100%	56 100%	69 100%					12 100%	42 100%	147 100%	181 100%	10 100%	146 100%	54 100%	
MEAN	8.52	8.64	8.79	8.69	8.21	8.44	8.32					8.67	8.95	8.40	8.58	7.50	8.58	8.38	
p stat_(*=Sig @ p<=.05)		.280	~.351		~.676		.209	~	~	~	~	~	~.051		~	~.444	.444		

[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		
	INHE 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- IC	EX & VERY GOOD & POOR	FAIR & NO CCC	CCC	
Q15 NEVER	3 2%	66 2%	1 3%	2 4%	~	~	~	~	~	~	~	~	~	2 5%	1 0.7%	3 2%	~	3 2%	~
SOMETIMES	18 9%	356 10%	3 8%	3 5%	7 15%	5 9%	2 3%*	~	~	~	~	~	1 8%	7 17%	10 7%	14 8%	3 30%	14 10%	4 8%
USUALLY	63 32%	1161 32%	7 18%	20 36%	14 30%	22 40%	25 37%	~	~	~	~	~	2 17%	11 26%	49 34%	58 33%	3 30%	45 31%	18 34%
ALWAYS	112 57%	2060 57%	28 72%	30 55%	26 55%	28 51%	40 60%	~	~	~	~	~	9 75%	22 52%	84 58%	103 58%	4 40%	81 57%	31 58%
#ALWAYS + USUALLY (NET)	175 89%	3220 88%	35 90%	50 91%	40 85%	50 91%	65 97%*	~	~	~	~	~	11 92%	33 79%	133 92%	161 90%	7 70%	126 88%	49 92%
TOP BOX SCORE	112 57%	2060 57%	28 72%	30 55%	26 55%	28 51%	40 60%	~	~	~	~	~	9 75%	22 52%	84 58%	103 58%	4 40%	81 57%	31 58%
NOT ANSWERED	4	104	1		2	1	2								3	3		3	1
VALID CASES	196	3642	39	55	47	55	67						12	42	144	178	10	143	53
NUMBER OF RESPONDENTS	200	3746	40	55	49	56	69						12	42	147	181	10	146	54
	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	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q16 YES	202 70%	3847 71%	7 15%~	63 77%	61 88%*	71 79%*	76 70%	~	~	~	~	13 ~ 87%~	40 57%*	146 72%	180 69%~	9 64%~	149 66%*	53 84%*
NO	87 30%	1561 29%	41 85%~	19 23%	8 12%*	19 21%*	33 30%	~	~	~	~	2 ~ 13%~	30 43%*	56 28%	82 31%~	5 36%~	77 34%*	10 16%*
NOT ANSWERED	11	230	3	1	5	2							1				11	
VALID CASES	289	5408	48	82	69	90	109					15	70	202	262	14	226	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%					15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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		
	INHE 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		
Q17 YES	26 13%	421 11%	1 14%~	14 23%*	5 8%	6 9%	6 8%	~	~	~	~	~	2 17%~	6 16%~	18 13%	23 13%~	1 13%~	15 11%	11 22%
NO	167 87%	3279 89%	6 86%~	47 77%*	55 92%	59 91%	66 92%	~	~	~	~	~	10 83%~	32 84%~	121 87%	149 87%~	7 88%~	127 89%	40 78%
NOT ANSWERED	9	221		2	1	6	4						1	2	7	8	1	7	2
VALID CASES	193	3699	7	61	60	65	72						12	38	139	172	8	142	51
NUMBER OF RESPONDENTS	202 100%	3920 100%	7 100%	63 100%	61 100%	71 100%	76 100%						13 100%	40 100%	146 100%	180 100%	9 100%	149 100%	53 100%

[ASKED IF Q16 = YES]

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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
Q18 #YES	25 96%	351 89%	1 100%	13 93%	5 100%	6 100%	6 100%	~	~	~	~	2 ~100%	5 83%	18 100%	22 96%	1 100%	14 93%	11 100%
NO	1 4%	44 11%	~	1 7%	~	~	~	~	~	~	~	1 17%	~	1 4%	~	1 7%	~	
NOT ANSWERED		4																
VALID CASES	26	394	1	14	5	6	6				2	6	18	23	1	15	11	
NUMBER OF RESPONDENTS	26 100%	398 100%	1 100%	14 100%	5 100%	6 100%	6 100%				2 100%	6 100%	18 100%	23 100%	1 100%	15 100%	11 100%	

[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	
	INHE 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	
Q19 YES	6 2%	201 4%	1 2%~	2 2%	1 1%	2 2%	2 2%	~	~	~	~	~	2 3%	4 2%	6 2%~	2 ~0.9%	4 6%	
NO	279 98%	5179 96%	47 98%~	80 98%	66 99%	86 98%	106 98%	~	~	~	~	15 ~100%	67 97%	197 98%	253 98%~	14 100%~	220 99%	59 94%
NOT ANSWERED	15	258	3	1	7	4	1						2	1	3		15	
VALID CASES	285	5380	48	82	67	88	108					15	69	201	259	14	222	63
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109					15	71	202	262	14	237	63
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

	INHE TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
		OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q20 NEVER	19 10%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	32 16%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
USUALLY	2 33%	40 20%	1 100%	~	1 50%	1 50%	~	~	~	~	~	~	2 50%	2 33%	~	2 50%		
ALWAYS	4 67%	107 54%	2 100%	1 100%	1 50%	1 50%	~	~	~	~	~	2 100%	2 50%	4 67%	2 100%	2 50%		
#ALWAYS + USUALLY (NET)	6 100%	147 74%	1 100%	2 100%	2 100%	2 100%	~	~	~	~	~	2 100%	4 100%	6 100%	2 100%	4 100%		
TOP BOX SCORE	4 67%	107 54%	2 100%	1 100%	1 50%	1 50%	~	~	~	~	~	2 100%	2 50%	4 67%	2 100%	2 50%		
NOT ANSWERED	9																	
VALID CASES	6	198	1	2	1	2	2					2	4	6	2	4		
NUMBER OF RESPONDENTS	6	207	1	2	1	2	2					2	4	6	2	4		
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%		

[ASKED IF Q19 = YES]

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

	INHE 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
Q21 #YES	6	166	1	2	1	2	2	~	~	~	~	~	~	~	~	~	~	~
	100%	83%	100%	100%	100%	100%	100%	~	~	~	~	~	~	~	~	~	~	~
NO		35	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		17%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		6																
VALID CASES	6	201	1	2	1	2	2						2	4	6		2	4
NUMBER OF RESPONDENTS	6	207	1	2	1	2	2						2	4	6		2	4
	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?

	INHE 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		
Q22 YES	18 6%	487 9%	6 12%~	2 2%*	3 4%	7 8%	5 5%	~	~	~	~	~	~	1 7%~	4 6%	11 5%	14 5%~	2 15%~	9 4%*	9 15%*
NO	267 94%	4887 91%	43 88%~	79 98%*	65 96%	80 92%	103 95%	~	~	~	~	~	~	14 93%~	64 94%	191 95%	245 95%~	11 85%~	214 96%*	53 85%*
NOT ANSWERED	15	264	2	2	6	5	1								3		3	1	14	1
VALID CASES	285	5374	49	81	68	87	108							15	68	202	259	13	223	62
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109							15	71	202	262	14	237	63
	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		
	INHE 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		
Q23 NEVER	3 18%	64 14%	~	1 50%	~	2 29%	~	~	~	~	~	1 100%	~	1 9%	~	1 50%	2 25%	1 11%	
SOMETIMES	3 18%	82 18%	40%	2 ~	~	1 14%	~	~	~	~	~	~	2 67%	1 9%	2 15%	1 50%	2 25%	1 11%	
USUALLY	5 29%	105 23%	20%	1 ~	2 67%	2 29%	2 40%	~	~	~	~	~	~	4 36%	5 38%	~	1 13%	4 44%	
ALWAYS	6 35%	198 44%	40%	2 50%	1 50%	1 33%	2 29%	3 60%	~	~	~	~	~	1 33%	5 45%	6 46%	~	3 38%	3 33%
#ALWAYS + USUALLY (NET)	11 65%	303 68%	60%	3 60%	1 50%	3 100%	4 57%	5 100%	~	~	~	~	~	1 33%	9 82%	11 85%	~	4 50%	7 78%
TOP BOX SCORE	6 35%	198 44%	40%	2 50%	1 50%	1 33%	2 29%	3 60%	~	~	~	~	~	1 33%	5 45%	6 46%	~	3 38%	3 33%
NOT ANSWERED	1	21	1										1		1		1		
VALID CASES	17	448	5	2	3	7	5					1	3	11	13	2	8	9	
NUMBER OF RESPONDENTS	18	469	6	2	3	7	5					1	4	11	14	2	9	9	
	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?

	INHE 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	8 47%	310 69%~	2 40%~	1 50%~	1 33%~	4 57%~	2 40%~	~	~	~	~	~	~	~	2 67%~	5 45%~	7 54%~	3 38%~	5 56%~
NO	9 53%	142 31%~	3 60%~	1 50%~	2 67%~	3 43%~	3 60%~	~	~	~	~	~	1 100%~	1 33%~	6 55%~	6 46%~	2 100%~	5 63%~	4 44%~
NOT ANSWERED	1	17	1											1		1		1	
VALID CASES	17	452	5	2	3	7	5						1	3	11	13	2	8	9
NUMBER OF RESPONDENTS	18 100%	469 100%	6 100%	2 100%	3 100%	7 100%	5 100%						1 100%	4 100%	11 100%	14 100%	2 100%	9 100%	9 100%

[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		
	INHE 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	
Q25																			
YES	37 13%	692 13%	3 6%	9 11%	9 13%	16 18%	13 12%	~	~	~	~	~	3 20%	7 11%	29 14%	35 14%	1 8%	10 5%*	27 44%*
NO	246 87%	4667 87%	45 94%	72 89%	58 87%	71 82%	95 88%	~	~	~	~	~	12 80%	59 89%	173 86%	224 86%	11 92%	211 95%*	35 56%*
NOT ANSWERED	17	279	3	2	7	5	1							5		3	2	16	1
VALID CASES	283	5359	48	81	67	87	108						15	66	202	259	12	221	62
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	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	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q26 NEVER	3 8%	86 13%	1 33%	1 11%	1 ~	1 6%	3 23%	~	~	~	~	~	~	3 10%	3 9%	1 ~	2 7%	
SOMETIMES	10 27%	135 20%	~	2 22%	~	8 50%	3 23%	~	~	~	~	2 67%	1 14%	9 31%	9 26%	1 100%	2 20%	8 30%
USUALLY	12 32%	147 22%	~	4 44%	5 56%	3 19%	2 15%	~	~	~	~	~	4 57%	7 24%	11 31%	~	3 30%	9 33%
ALWAYS	12 32%	290 44%	2 67%	2 22%	4 44%	4 25%	5 38%	~	~	~	~	1 33%	2 29%	10 34%	12 34%	~	4 40%	8 30%
#ALWAYS + USUALLY (NET)	24 65%	437 66%	2 67%	6 67%	9 100%	7 44%	7 54%	~	~	~	~	1 33%	6 86%	17 59%	23 66%	~	7 70%	17 63%
TOP BOX SCORE	12 32%	290 44%	2 67%	2 22%	4 44%	4 25%	5 38%	~	~	~	~	1 33%	2 29%	10 34%	12 34%	~	4 40%	8 30%
NOT ANSWERED		25																
VALID CASES	37	658	3	9	9	16	13					3	7	29	35	1	10	27
NUMBER OF RESPONDENTS	37	683	3	9	9	16	13					3	7	29	35	1	10	27
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q27 #YES	13 35%	342 52%~	2 67%~	3 33%~	2 22%~	6 38%~	3 23%~	~	~	~	~	~	~	4 57%~	8 28%~	12 34%~	1 ~	2 20%~	11 41%~
NO	24 65%	320 48%~	1 33%~	6 67%~	7 78%~	10 63%~	10 77%~	~	~	~	~	~	3 ~100%~	3 43%~	21 72%~	23 66%~	1 100%~	8 80%~	16 59%~
NOT ANSWERED		21																	
VALID CASES	37	662	3	9	9	16	13						3	7	29	35	1	10	27
NUMBER OF RESPONDENTS	37	683	3	9	9	16	13						3	7	29	35	1	10	27
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

Q28 IN THE LAST 6 MONTHS, DID YOUR CHILD GET CARE FROM MORE THAN ONE KIND OF HEALTH CARE PROVIDER OR USE MORE THAN ONE KIND OF HEALTH CARE SERVICE?

	INHE 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	
Q28 YES	61 22%	1125 21%	9 19%	14 18%	18 26%	20 22%	18 17%	~	~	~	~	~	5 33%	12 18%	46 23%	57 22%	3 23%	33 15%*	28 44%*
NO	222 78%	4219 79%	39 81%	64 82%	50 74%	69 78%	90 83%	~	~	~	~	~	10 67%	56 82%	156 77%	203 78%	10 77%	187 85%*	35 56%*
NOT ANSWERED	17	294	3	5	6	3	1							3		2	1	17	
VALID CASES	283	5344	48	78	68	89	108						15	68	202	260	13	220	63
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	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		
	INHE 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 ##	OTHER ##	MULTI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	NO CCC	CCC	
Q29 #YES	36 59%	616 57%	5 56%~	9 64%~	11 61%~	11 55%~	6 33%~	~	~	~	~	~	2 40%~	11 92%~	22 48%~	34 60%~	1 33%~	21 64%~	15 54%~
NO	25 41%	465 43%	4 44%~	5 36%~	7 39%~	9 45%~	12 67%~	~	~	~	~	~	3 60%~	1 8%~	24 52%~	23 40%~	2 67%~	12 36%~	13 46%~
NOT ANSWERED		36																	
VALID CASES	61	1081	9	14	18	20	18						5	12	46	57	3	33	28
NUMBER OF RESPONDENTS	61 100%	1117 100%	9 100%	14 100%	18 100%	20 100%	18 100%						5 100%	12 100%	46 100%	57 100%	3 100%	33 100%	28 100%

[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?

	INHE 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		
Q30 YES	265 93%	4642 88%*	43 90%~	77 96%	64 96%	81 91%	101 94%	~	~	~	~	~	~	14 ~ 93%~	63 91%	187 94%	242 93%~	12 92%~	206 93%	59 95%
NO	19 7%	640 12%*	5 10%~	3 4%	3 4%	8 9%	6 6%	~	~	~	~	~	~	1 ~ 7%~	6 9%	12 6%	17 7%~	1 8%~	16 7%	3 5%
NOT ANSWERED	16	357	3	3	7	3	2								2	3	3	1	15	1
VALID CASES	284	5281	48	80	67	89	107							15	69	199	259	13	222	62
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%							15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%



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

	INHE 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	78 30%	1245 28%	6 14%	22 30%	23 36%	27 35%	36 38%*	~	~	~	~	~	~	2 14%	21 33%	52 29%	70 30%	4 36%	67 33%*	11 20%*
1 TIME	99 39%	1677 37%	17 40%	31 42%	26 41%	25 32%	36 38%	~	~	~	~	~	~	7 50%	23 37%	72 40%	93 40%	3 27%	82 41%	17 30%
2	44 17%	850 19%	12 29%	12 16%	10 16%	10 13%	17 18%	~	~	~	~	~	~	1 7%	11 17%	32 18%	42 18%	1 9%	29 14%	15 27%
3	15 6%	387 9%	2 5%	6 8%	2 3%	5 6%	4 4%	~	~	~	~	~	~	1 7%	2 3%	11 6%	13 6%	1 9%	10 5%	5 9%
4	8 3%	160 4%	2 5%	~	~	6 8%*	2 2%	~	~	~	~	~	~	1 7%	2 3%	5 3%	7 3%	~	6 3%	2 4%
5 TO 9	9 4%	163 4%	3 7%	2 3%	2 3%	2 3%	~	~	~	~	~	~	~	1 7%	3 5%	4 2%	7 3%	1 9%	6 3%	3 5%
10 OR MORE TIMES	4 2%	21 0.5%	~	1 1%	1 2%	2 3%	~	~	~	~	~	~	~	1 7%	1 2%	3 2%	3 1%	1 9%	1 0.5%	3 5%
NOT ANSWERED	8	173	1	3		4	6									8	7	1	5	3
VALID CASES	257	4503	42	74	64	77	95							14	63	179	235	11	201	56
NUMBER OF RESPONDENTS	265	4676	43	77	64	81	101							14	63	187	242	12	206	59
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q31A ALWAYS	4 2%	87 3%	1 3%	2 4%	1 2%	13 AND OVER	~	~	~	~	~	~	2 5%	1 0.8%	3 2%	~	3 2%	1 2%	
USUALLY	3 2%	60 2%	~	~	2 5%	1 2%	~	~	~	~	~	~	3 7%	~	3 2%	~	3 2%	~	
SOMETIMES	8 5%	220 7%	~	3 6%	3 7%	2 4%	1 2%	~	~	~	~	~	6 15%	2 2%*	8 5%	~	7 5%	1 2%	
NEVER	160 91%	2850 89%	34 97%	45 90%	34 85%	47 94%	57 98%*	~	~	~	~	~	11 ~100%	30 73%	121 98%*	147 91%	7 100%	118 90%	42 95%
#NEVER + SOMETIMES (NET)	168 96%	3070 95%	34 97%	48 96%	37 93%	49 98%	58 100%	~	~	~	~	~	11 ~100%	36 88%	123 99%*	155 96%	7 100%	125 95%	43 98%
TOP BOX SCORE	160 91%	2850 89%	34 97%	45 90%	34 85%	47 94%	57 98%*	~	~	~	~	~	11 ~100%	30 73%	121 98%*	147 91%	7 100%	118 90%	42 95%
NOT ANSWERED	4	23	1	2	1		1					1	1	3	4		3	1	
VALID CASES	175	3216	35	50	40	50	58					11	41	124	161	7	131	44	
NUMBER OF RESPONDENTS	179	3239	36	52	41	50	59					12	42	127	165	7	134	45	
	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		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q32 NEVER	4 2%	78 2%	1 3%	~	2 5%	1 2%	1 2%	~	~	~	~	~	~	1 2%	2 2%	4 2%	~	2 2%	2 5%
SOMETIMES	4 2%	156 5%*	~	2 2%	1 5%	1 2%	~	~	~	~	~	~	~	2 5%	2 2%	4 2%	~	3 2%	1 2%
USUALLY	22 13%	485 15%	1 3%	7 14%	9 22%	5 10%	7 12%	~	~	~	~	~	1 10%	7 17%	14 11%	22 14%	~	15 11%	7 16%
ALWAYS	145 83%	2499 78%	34 94%	42 84%	28 68%	41 85%	50 85%	~	~	~	~	~	9 90%	30 75%	107 86%	132 81%	6 100%	111 85%	34 77%
#ALWAYS + USUALLY (NET)	167 95%	2984 93%	35 97%	49 98%	37 90%	46 96%	57 97%	~	~	~	~	~	10 ~100%	37 93%	121 97%	154 95%	6 100%	126 96%	41 93%
TOP BOX SCORE	145 83%	2499 78%	34 94%	42 84%	28 68%	41 85%	50 85%	~	~	~	~	~	9 90%	30 75%	107 86%	132 81%	6 100%	111 85%	34 77%
NOT ANSWERED	4	21		2		2							2	2	2	3	1	3	1
VALID CASES	175	3218	36	50	41	48	59						10	40	125	162	6	131	44
NUMBER OF RESPONDENTS	179	3239	36	52	41	50	59						12	42	127	165	7	134	45
	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	
	INHE 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	
Q33 NEVER	1 0.6%	35 1%	~	~	2%	~	~	~	~	~	~	~	1 2%	~	1 0.6%	~	1 0.8%	~
SOMETIMES	4 2%	139 4%	1 3%	~	1 2%	2 4%	2 3%	~	~	~	~	~	~	4 3%	4 2%	~	2 2%	2 5%
USUALLY	27 15%	518 16%	5 14%	7 14%	7 17%	8 16%	8 14%	~	~	~	~	2 20%	6 15%	19 15%	24 15%	2 33%	22 17%	5 11%
ALWAYS	143 82%	2521 78%	30 83%	43 86%	31 78%	39 80%	49 83%	~	~	~	~	8 80%	34 83%	102 82%	134 82%	4 67%	106 81%	37 84%
#ALWAYS + USUALLY (NET)	170 97%	3039 95%	35 97%	50 100%	38 95%	47 96%	57 97%	~	~	~	~	10 100%	40 98%	121 97%	158 97%	6 100%	128 98%	42 95%
TOP BOX SCORE	143 82%	2521 78%	30 83%	43 86%	31 78%	39 80%	49 83%	~	~	~	~	8 80%	34 83%	102 82%	134 82%	4 67%	106 81%	37 84%
NOT ANSWERED	4	26		2	1	1						2	1	2	2	1	3	1
VALID CASES	175	3213	36	50	40	49	59					10	41	125	163	6	131	44
NUMBER OF RESPONDENTS	179 100%	3239 100%	36 100%	52 100%	41 100%	50 100%	59 100%					12 100%	42 100%	127 100%	165 100%	7 100%	134 100%	45 100%

[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?

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q34 NEVER		28 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	5 3%	104 3%	~	1 2%	3 7%	1 2%	3 5%	~	~	~	~	~	1 2%	4 3%	5 3%	3 2%	2 5%	
USUALLY	17 10%	398 12%	2 6%	4 8%	6 15%	5 10%	5 8%	~	~	~	~	2 20%	3 7%	13 10%	16 10%	1 17%	12 9%	5 11%
ALWAYS	153 87%	2679 83%	34 94%	45 90%	31 78%	43 88%	51 86%	~	~	~	~	8 80%	37 90%	108 86%	142 87%	5 83%	116 89%	37 84%
#ALWAYS + USUALLY (NET)	170 97%	3077 96%	36 100%	49 98%	37 93%	48 98%	56 95%	~	~	~	~	10 100%	40 98%	121 97%	158 97%	6 100%	128 98%	42 95%
TOP BOX SCORE	153 87%	2679 83%	34 94%	45 90%	31 78%	43 88%	51 86%	~	~	~	~	8 80%	37 90%	108 86%	142 87%	5 83%	116 89%	37 84%
NOT ANSWERED	4	30		2	1	1						2	1	2	2	1	3	1
VALID CASES	175	3209	36	50	40	49	59					10	41	125	163	6	131	44
NUMBER OF RESPONDENTS	179	3239	36	52	41	50	59					12	42	127	165	7	134	45
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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
Q35 YES	124 71%	2175 68%	8 22%~	34 68%	35 88%~	47 96%~	40 68%	~	~	~	~	7 ~ 70%~	27 66%~	91 73%	113 69%~	6 100%~	90 69%~	34 77%~
NO	51 29%	1015 32%	28 78%~	16 32%	5 12%~	2 4%~	19 32%	~	~	~	~	3 ~ 30%~	14 34%~	34 27%	50 31%~	~	41 31%~	10 23%~
NOT ANSWERED	4	49		2	1	1						2	1	2	2	1	3	1
VALID CASES	175	3190	36	50	40	49	59					10	41	125	163	6	131	44
NUMBER OF RESPONDENTS	179 100%	3239 100%	36 100%	52 100%	41 100%	50 100%	59 100%					12 100%	42 100%	127 100%	165 100%	7 100%	134 100%	45 100%

[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	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q36 NEVER	1 0.8%	30 1%	1 13%~	~	~	~	~	~	~	~	~	~	~	1 1%	1 0.9%~	~	1 1%~	~
SOMETIMES	8 6%	137 6%	1 13%~	3 9%~	2 6%~	2 4%~	2 5%~	~	~	~	~	~	2 7%~	5 5%~	6 5%~	1 17%~	5 6%~	3 9%~
USUALLY	21 17%	493 23%	~	3 9%~	10 29%~	8 17%~	7 17%~	~	~	~	~	1 14%~	4 15%~	17 19%~	21 19%~	~	18 20%~	3 9%~
ALWAYS	94 76%	1509 70%	6 75%~	28 82%~	23 66%~	37 79%~	31 78%~	~	~	~	~	6 86%~	21 78%~	68 75%~	85 75%~	5 83%~	66 73%~	28 82%~
#ALWAYS + USUALLY (NET)	115 93%	2002 92%	6 75%~	31 91%~	33 94%~	45 96%~	38 95%~	~	~	~	~	7 100%~	25 93%~	85 93%~	106 94%~	5 83%~	84 93%~	31 91%~
TOP BOX SCORE	94 76%	1509 70%	6 75%~	28 82%~	23 66%~	37 79%~	31 78%~	~	~	~	~	6 86%~	21 78%~	68 75%~	85 75%~	5 83%~	66 73%~	28 82%~
NOT ANSWERED		40																
VALID CASES	124	2170	8	34	35	47	40					7	27	91	113	6	90	34
NUMBER OF RESPONDENTS	124	2210	8	34	35	47	40					7	27	91	113	6	90	34
	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	
	INHE 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	
Q37 NEVER	2 1%	96 3%*	2 6%~	~	~	~	~	~	~	~	~	~	1 2%~	1 0.8%~	2 1%~	~	2 2%~	~
SOMETIMES	12 7%	305 10%	1 3%~	1 2%*	7 17%~	3 6%~	~	~	~	~	~	~	8 20%~	3 2%~	11 7%~	1 14%~	9 7%~	3 7%~
USUALLY	41 23%	799 25%	5 14%~	12 24%	14 35%~	10 20%~	16 27%	~	~	~	~	2 18%~	9 22%~	31 25%~	40 25%~	~	32 25%~	9 20%~
ALWAYS	120 69%	1981 62%	28 78%~	37 74%	19 48%~	36 73%~	43 73%	~	~	~	~	9 82%~	22 55%~	91 72%~	109 67%~	6 86%~	87 67%~	33 73%~
#ALWAYS + USUALLY (NET)	161 92%	2780 87%*	33 92%~	49 98%*	33 83%~	46 94%~	59 100%~	~	~	~	~	11 100%~	31 78%~	122 97%~	149 92%~	6 86%~	119 92%~	42 93%~
TOP BOX SCORE	120 69%	1981 62%	28 78%~	37 74%	19 48%~	36 73%~	43 73%	~	~	~	~	9 82%~	22 55%~	91 72%~	109 67%~	6 86%~	87 67%~	33 73%~
NOT ANSWERED	4	58		2	1	1						1	2	1	3		4	
VALID CASES	175	3181	36	50	40	49	59					11	40	126	162	7	130	45
NUMBER OF RESPONDENTS	179	3239	36	52	41	50	59					12	42	127	165	7	134	45
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q38 #YES	151 87%	2742 86%	33 92%~	45 92%~	31 79%~	42 86%~	52 90%	~	~	~	~	~	8 ~ 80%~	36 88%~	108 87%~	141 87%~	5 83%~	112 87%~	39 89%~
NO	22 13%	440 14%	3 8%~	4 8%~	8 21%~	7 14%~	6 10%	~	~	~	~	~	2 ~ 20%~	5 12%~	16 13%~	21 13%~	1 17%~	17 13%~	5 11%~
NOT ANSWERED	6	57		3	2	1	1						2	1	3	3	1	5	1
VALID CASES	173	3182	36	49	39	49	58						10	41	124	162	6	129	44
NUMBER OF RESPONDENTS	179	3239	36	52	41	50	59						12	42	127	165	7	134	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

	INHE 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 #	AMER IND/ ALSK ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q39 YES	70 40%	1245 39%	14 39%~	18 37%~	16 40%~	22 44%	22 37%	~	~	~	~	~	6 55%	16 39%~	50 40%~	63 39%~	5 71%~	43 33%~	27 60%~
NO	105 60%	1935 61%	22 61%~	31 63%~	24 60%~	28 56%	37 63%	~	~	~	~	~	5 45%	25 61%~	76 60%~	100 61%~	2 29%~	87 67%~	18 40%~
NOT ANSWERED	4	59		3	1								1	1	1	2		4	
VALID CASES	175	3180	36	49	40	50	59						11	41	126	163	7	130	45
NUMBER OF RESPONDENTS	179	3239	36	52	41	50	59						12	42	127	165	7	134	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER ALSK OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q40 NEVER	5 8%	77 7%	~	~	6%~	21%~	15%~	~	~	~	~	~	~	5 11%~	3 5%~	2 67%~	1 2%~	4 17%~
SOMETIMES	8 12%	132 11%	1 8%~	3 18%~	2 13%~	2 11%~	1 5%~	~	~	~	~	~	2 12%~	5 11%~	7 11%~	~	4 10%~	4 17%~
USUALLY	17 26%	337 29%	5 38%~	3 18%~	6 38%~	3 16%~	7 35%~	~	~	~	~	2 40%~	2 12%~	14 30%~	17 28%~	~	12 29%~	5 21%~
ALWAYS	35 54%	626 53%	7 54%~	11 65%~	7 44%~	10 53%~	9 45%~	~	~	~	~	3 60%~	12 75%~	22 48%~	34 56%~	1 33%~	24 59%~	11 46%~
#ALWAYS + USUALLY (NET)	52 80%	962 82%	12 92%~	14 82%~	13 81%~	13 68%~	16 80%~	~	~	~	~	5 100%~	14 88%~	36 78%~	51 84%~	1 33%~	36 88%~	16 67%~
TOP BOX SCORE	35 54%	626 53%	7 54%~	11 65%~	7 44%~	10 53%~	9 45%~	~	~	~	~	3 60%~	12 75%~	22 48%~	34 56%~	1 33%~	24 59%~	11 46%~
NOT ANSWERED	5	42	1	1		3	2				1		4	2	2	2	3	
VALID CASES	65	1171	13	17	16	19	20				5	16	46	61	3	41	24	
NUMBER OF RESPONDENTS	70 100%	1213 100%	14 100%	18 100%	16 100%	22 100%	22 100%				6 100%	16 100%	50 100%	63 100%	5 100%	43 100%	27 100%	

[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?

	INHE 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 #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q41 WORST PERSONAL DOCTOR POSSIBLE		8 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
01		20 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
02		19 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
03	0.8%	22 0.5%	~	~	1 2%	1 1%	1 1%	~	~	~	~	~	~	~	2 1%	2 0.9%	~	2 1%		
04		26 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
05		4 2%	122 3%	~	~	3 5%	1 1%	3 3%	~	~	~	~	~	~	4 2%*	4 2%	~	3 2%	1 2%	
06		9 4%	114 3%	2 5%	2 3%	3 5%	2 3%	4 4%	~	~	~	~	~	~	1 2%	7 4%	7 3%	1 9%	6 3%	3 5%
07		10 4%	260 6%	2 5%	3 4%	3 5%	2 3%	4 4%	~	~	~	~	~	~	2 3%	8 4%	9 4%	1 9%	8 4%	2 4%
08		40 16%	703 16%	6 14%	5 7%*	15 24%	14 18%	16 17%	~	~	~	~	~	3 21%	10 16%	27 15%	35 15%	4 36%	30 15%	10 18%
09		48 19%	904 20%	7 17%	16 23%	13 21%	12 16%	22 23%	~	~	~	~	~	1 7%	17 27%	31 17%	48 20%	~	37 19%	11 20%
BEST PERSONAL DOCTOR POSSIBLE	139 55%	2271 51%	25 60%	45 63%	25 40%*	44 58%	45 47%	~	~	~	~	~	~	10 71%	33 52%	100 56%	130 55%	5 45%	110 56%	29 52%
#8-10 (NET)	227 90%	3877 87%	38 90%	66 93%	53 84%	70 92%	83 87%	~	~	~	~	~	~	14 ~100%	60 95%	158 88%	213 91%	9 82%	177 90%	50 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		
	INHE 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		
9-10 (NET)	187 74%	3175 71%	32 76%	61 86%*	38 60%*	56 74%	67 71%	~	~	~	~	~	11 79%	50 79%	131 73%	178 76%	5 45%	147 75%	40 71%
NOT ANSWERED	13	208	1	6	1	5	6							8	7	1	10	3	
VALID CASES	252	4468	42	71	63	76	95					14	63	179	235	11	196	56	
NUMBER OF RESPONDENTS	265 100%	4676 100%	43 100%	77 100%	64 100%	81 100%	101 100%					14 100%	63 100%	187 100%	242 100%	12 100%	206 100%	59 100%	
MEAN	9.10	8.91	9.21	9.39	8.63	9.13	8.91					9.50	9.25	9.04	9.12	8.64	9.11	9.04	
p stat_(*=Sig @ p<=.05)		.022*	~.009*	.006*	.776	.087	~	~	~	~	~	~.182	.275	~	~	~.696	.696		

[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	
	INHE 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
Q42 YES	54 21%	1079 24%	3 7%	14 20%	12 19%	25 33%*	15 16%	~	~	~	~	7 50%~	5 8%*	47 26%*	49 21%~	4 36%~	15 8%*	39 70%*
NO	198 79%	3404 76%	39 93%~	57 80%	51 81%	51 67%*	80 84%	~	~	~	~	7 50%~	58 92%*	131 74%*	185 79%~	7 64%~	181 92%*	17 30%*
NOT ANSWERED	13	193	1	6	1	5	6							9	8	1	10	3
VALID CASES	252	4483	42	71	63	76	95					14	63	178	234	11	196	56
NUMBER OF RESPONDENTS	265 100%	4676 100%	43 100%	77 100%	64 100%	81 100%	101 100%					14 100%	63 100%	187 100%	242 100%	12 100%	206 100%	59 100%

[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	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC
Q43 #YES	45 85%	932 89%	2 67%~	12 86%~	10 83%~	21 88%~	12 86%~	~	~	~	~	5 71%~	5 100%~	38 83%~	41 85%~	3 75%~	13 87%~	32 84%~
NO	8 15%	112 11%	1 33%~	2 14%~	2 17%~	3 12%~	2 14%~	~	~	~	~	2 29%~	8 17%~	1 15%~	7 25%~	1 13%~	2 16%~	6 16%~
NOT ANSWERED	1	26				1	1							1	1			1
VALID CASES	53	1045	3	14	12	24	14					7	5	46	48	4	15	38
NUMBER OF RESPONDENTS	54	1071	3	14	12	25	15					7	5	47	49	4	15	39
	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		
	INHE 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 ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q44 #YES	44 83%	903 87%	2 67%~	12 86%~	10 83%~	20 83%~	12 86%~	~	~	~	~	~	5 71%~	5 100%~	37 80%~	40 83%~	3 75%~	12 80%~	32 84%~
NO	9 17%	141 13%	1 33%~	2 14%~	2 17%~	4 17%~	2 14%~	~	~	~	~	2 29%~	~	9 20%~	8 17%~	1 25%~	3 20%~	6 16%~	
NOT ANSWERED	1	27				1	1							1	1			1	
VALID CASES	53	1044	3	14	12	24	14					7	5	46	48	4	15	38	
NUMBER OF RESPONDENTS	54	1071	3	14	12	25	15					7	5	47	49	4	15	39	
	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		
	INHE 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	
Q45 YES	43 15%	851 16%	1 2%	9 11%	15 23%	18 21%	13 12%	~	~	~	~	~	3 20%	9 13%	32 16%	41 16%	1 7%	21 10%*	22 35%*
NO	235 85%	4406 84%	47 98%	70 89%	50 77%	68 79%	95 88%	~	~	~	~	~	12 80%	60 87%	169 84%	218 84%	13 93%	194 90%*	41 65%*
NOT ANSWERED	22	381	3	4	9	6	1							2	1	3		22	
VALID CASES	278	5257	48	79	65	86	108						15	69	201	259	14	215	63
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	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?

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q46 NEVER		36 5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	7 16%	163 21%	~	~	3 20%	4 22%	2 15%	~	~	~	~	~	~	6 19%	6 15%	1 100%	3 14%	4 18%
USUALLY	10 23%	221 28%	~	2 22%	3 20%	5 28%	3 23%	~	~	~	~	2 67%	4 44%	6 19%	10 24%	~	4 19%	6 27%
ALWAYS	26 60%	367 47%	1 100%	7 78%	9 60%	9 50%	8 62%	~	~	~	~	1 33%	5 56%	20 63%	25 61%	~	14 67%	12 55%
#ALWAYS + USUALLY (NET)	36 84%	589 75%	1 100%	9 100%	12 80%	14 78%	11 85%	~	~	~	~	3 100%	9 100%	26 81%	35 85%	~	18 86%	18 82%
TOP BOX SCORE	26 60%	367 47%	1 100%	7 78%	9 60%	9 50%	8 62%	~	~	~	~	1 33%	5 56%	20 63%	25 61%	~	14 67%	12 55%
NOT ANSWERED		15																
VALID CASES	43	787	1	9	15	18	13					3	9	32	41	1	21	22
NUMBER OF RESPONDENTS	43	802	1	9	15	18	13					3	9	32	41	1	21	22
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK #	OTH#	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q47 NONE	4 9%	55 7%	~	~	20%	6%	1 8%	~	~	~	~	~	1 33%	1 11%	3 9%	4 10%	2 10%	2 9%	
1 SPECIALIST	28 65%	514 65%	~	67%	47%	83%	10 77%	~	~	~	~	~	2 67%	3 33%	24 75%	26 63%	1 100%	16 76%	12 55%
2	7 16%	134 17%	1 100%	2 22%	3 20%	1 6%	2 15%	~	~	~	~	~	~	3 33%	4 12%	7 17%	~	1 5%	6 27%
3	3 7%	51 6%	~	11%	2 13%	~	~	~	~	~	~	~	~	1 11%	1 3%	3 7%	~	1 5%	2 9%
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	1 2%	19 2%	~	~	~	1 6%	~	~	~	~	~	~	~	1 11%	~	1 2%	~	1 5%	~
NOT ANSWERED		16																	
VALID CASES	43	786	1	9	15	18	13					3	9	32	41	1	21	22	
NUMBER OF RESPONDENTS	43	802	1	9	15	18	13					3	9	32	41	1	21	22	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q45 = YES]

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

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY 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	1 3%	6 0.9%~	~	1 11%~	~	~	1 8%~	~	~	~	~	~	~	1 3%~	1 3%~	~	~	1 5%~	
05		29 4%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
06	3 8%	32 4%~	~	~	~	3 18%~	2 17%~	~	~	~	~	~	~	3 10%~	3 8%~	~	1 5%~	2 10%~	
07	3 8%	59 8%~	~	1 11%~	~	2 12%~	~	~	~	~	~	~	~	3 10%~	3 8%~	~	1 5%~	2 10%~	
08	6 15%	116 16%~	1 100%~	~	3 25%~	2 12%~	3 25%~	~	~	~	~	~	1 50%~	1 13%~	3 10%~	5 14%~	~	4 21%~	2 10%~
09	8 21%	143 20%~	~	1 11%~	3 25%~	4 24%~	4 33%~	~	~	~	~	~	~	1 13%~	7 24%~	7 19%~	1 100%~	3 16%~	5 25%~
BEST SPECIALIST POSSIBLE	18 46%	312 43%~	~	6 67%~	6 50%~	6 35%~	2 17%~	~	~	~	~	~	1 50%~	6 75%~	12 41%~	18 49%~	~	10 53%~	8 40%~

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		
	INHE 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)	32 82%	570 80%	1 100%	7 78%	12 100%	12 71%	9 75%	~	~	~	~	~	2 100%	8 100%	22 76%	30 81%	1 100%	17 89%	15 75%
9-10 (NET)	26 67%	455 63%	~	7 78%	9 75%	10 59%	6 50%	~	~	~	~	~	1 50%	7 88%	19 66%	25 68%	1 100%	13 68%	13 65%
NOT ANSWERED		7																	
VALID CASES	39	717	1	9	12	17	12						2	8	29	37	1	19	20
NUMBER OF RESPONDENTS	39	724	1	9	12	17	12						2	8	29	37	1	19	20
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%
MEAN	8.79	8.55	8.00	8.89	9.25	8.47	8.00						9.00	9.63	8.62	8.81	9.00	9.05	8.55
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
Q49 YES	64 23%	1347 26%	12 25%	21 27%	13 20%	18 21%	20 19%	~	~	~	~	~	2 13%	23 33%*	36 18%*	58 23%	4 29%	48 22%	16 25%
NO	213 77%	3870 74%	36 75%	58 73%	52 80%	67 79%	88 81%	~	~	~	~	~	13 87%	46 67%*	162 82%*	199 77%	10 71%	166 78%	47 75%
NOT ANSWERED	23	421	3	4	9	7	1							2	4	5		23	
VALID CASES	277	5217	48	79	65	85	108						15	69	198	257	14	214	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q50 NEVER	4 6%	45 3%	1 8%	1 5%	1 8%	1 6%	~	~	~	~	~	~	3 13%	1 3%	3 5%	1 25%	4 8%	~	
SOMETIMES	7 11%	221 17%	3 25%	1 5%	1 8%	2 11%	2 10%	~	~	~	~	~	1 4%	5 14%	5 9%	1 25%	3 6%	4 25%	
USUALLY	21 33%	378 29%	2 17%	5 24%	7 54%	7 39%	7 35%	~	~	~	~	~	7 30%	12 33%	20 34%	~	16 33%	5 31%	
ALWAYS	32 50%	651 50%	6 50%	14 67%	4 31%	8 44%	11 55%	~	~	~	~	2 100%	12 52%	18 50%	30 52%	2 50%	25 52%	7 44%	
#ALWAYS + USUALLY (NET)	53 83%	1029 79%	8 67%	19 90%	11 85%	15 83%	18 90%	~	~	~	~	2 100%	19 83%	30 83%	50 86%	2 50%	41 85%	12 75%	
TOP BOX SCORE	32 50%	651 50%	6 50%	14 67%	4 31%	8 44%	11 55%	~	~	~	~	2 100%	12 52%	18 50%	30 52%	2 50%	25 52%	7 44%	
NOT ANSWERED	28																		
VALID CASES	64	1295	12	21	13	18	20						2	23	36	58	4	48	16
NUMBER OF RESPONDENTS	64	1323	12	21	13	18	20						2	23	36	58	4	48	16
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q51 NEVER	2 3%	23 2%	~	~	8%~	6%~	~	~	~	~	~	~	2 9%~	~	1 2%~	1 25%~	2 4%~	~	
SOMETIMES	2 3%	90 7%	~	5%~	8%~	~	~	~	~	~	~	~	~	1 3%~	2 3%~	~	2 ~	12%~	
USUALLY	14 22%	268 21%	2 17%~	3 14%~	5 38%~	4 22%~	6 30%~	~	~	~	~	~	5 22%~	7 19%~	12 21%~	~	11 23%~	3 19%~	
ALWAYS	46 72%	903 70%	10 83%~	17 81%~	6 46%~	13 72%~	14 70%~	~	~	~	~	~	2 ~100%~	16 70%~	28 78%~	43 74%~	3 75%~	35 73%~	11 69%~
#ALWAYS + USUALLY (NET)	60 94%	1171 91%	12 100%~	20 95%~	11 85%~	17 94%~	20 100%~	~	~	~	~	~	2 ~100%~	21 91%~	35 97%~	55 95%~	3 75%~	46 96%~	14 87%~
TOP BOX SCORE	46 72%	903 70%	10 83%~	17 81%~	6 46%~	13 72%~	14 70%~	~	~	~	~	~	2 ~100%~	16 70%~	28 78%~	43 74%~	3 75%~	35 73%~	11 69%~
NOT ANSWERED		39																	
VALID CASES	64	1284	12	21	13	18	20						2	23	36	58	4	48	16
NUMBER OF RESPONDENTS	64	1323	12	21	13	18	20						2	23	36	58	4	48	16
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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 & POOR	FAIR & POOR	NO CCC	CCC	
Q52 YES	121 44%	1805 35%*	23 48%~	35 45%	26 41%	37 44%	42 39%	~	~	~	~	~	9 60%~	31 46%	84 43%	112 44%~	6 43%~	88 41%	33 54%
NO	153 56%	3343 65%*	25 52%~	43 55%	37 59%	48 56%	65 61%	~	~	~	~	~	6 40%~	36 54%	113 57%	141 56%~	8 57%~	125 59%	28 46%
NOT ANSWERED	26	490	3	5	11	7	2							4	5	9		24	2
VALID CASES	274	5148	48	78	63	85	107						15	67	197	253	14	213	61
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK NATV ##	MUL-OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
PQ53 NEVER	9 3%	124 2%	2 4%~	2 ~	5 3%	5 6%	3 3%	~	~	~	~	~	2 13%~	9 ~	5%*	8 3%~	1 7%~	5 2%	4 7%
SOMETIMES	19 7%	397 8%	3 6%~	6 8%	5 8%	5 6%	4 4%	~	~	~	~	~	3 20%~	7 11%	12 6%	17 7%~	2 14%~	10 5%*	9 15%*
USUALLY	49 18%	575 11%*	12 25%~	10 13%	12 19%	15 18%	22 21%	~	~	~	~	~	1 7%~	9 14%	35 18%	44 17%~	2 14%~	40 19%	9 15%
ALWAYS	196 72%	3983 78%*	31 65%~	61 79%	44 70%	60 71%	78 73%	~	~	~	~	~	9 60%~	50 76%	141 72%	183 73%~	9 64%~	157 74%	39 64%
#ALWAYS + USUALLY (NET)	245 90%	4559 90%	43 90%~	71 92%	56 89%	75 88%	100 93%	~	~	~	~	~	10 67%~	59 89%	176 89%	227 90%~	11 79%~	197 93%*	48 79%*
TOP BOX SCORE	196 72%	3983 78%*	31 65%~	61 79%	44 70%	60 71%	78 73%	~	~	~	~	~	9 60%~	50 76%	141 72%	183 73%~	9 64%~	157 74%	39 64%
NOT ANSWERED	27	559	3	6	11	7	2							5	5	10		25	2
VALID CASES	273	5079	48	77	63	85	107						15	66	197	252	14	212	61
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER					
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC			
Q54 WORST HEALTH PLAN POSSIBLE	17	0.3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~				
01	27	0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~				
02	2	0.7%	~	1%	~	1%	2%	~	~	~	~	~	~	2%	1%	0.4%	1%	7%	2%	3%		
03	3	1%	2%	1%	2%	~	2%	~	~	~	~	~	~	1%	0.8%	~	~	1%	~	~		
04	3	1%	4%	~	~	1%	2%	~	~	~	~	~	~	1%	1%	~	~	1%	~	~		
05	17	6%	3%	4%	5%	4%	6%	7%	8%	~	~	~	~	1%	7%	15%	14%	1%	13%	4%	6%	
06	11	4%	1%	3%	2%	4%	6%	3%	7%	~	~	~	~	1%	5%	10%	11%	4%	~	9%	2%	3%
07	26	9%	3%	9%	6%	11%	11%	8%	9%	~	~	~	~	7%	6%	21%	26%	10%	~	19%	7%	11%
08	68	24%	6%	20%	12%	25%	34%*	23%	32%	~	~	~	~	2%	13%	9%	57%	63%	4%	50%	18%	29%
09	45	16%	13%	10%	27%	13%	9%	18%	21%	~	~	~	~	4%	27%	9%	36%	44%	1%	33%	12%	19%
BEST HEALTH PLAN POSSIBLE	105	37%	20%	31%	41%	39%	31%	39%	25%	~	~	~	~	7%	47%	46%	55%	95%	7%	88%	17%	27%
#8-10 (NET)	218	78%	39%	61%	80%	77%	75%	80%	78%	~	~	~	~	13%	87%	64%	148%	202%	12%	171%	47%	76%

Continued

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	150 54%	3007 58%	33 67%~	41 52%	26 41%*	50 57%	46 43%*	~	~	~	~	~	11 73%~	55 80%*	91 45%*	139 54%~	8 57%~	121 56%	29 47%
NOT ANSWERED	20	462	2	4	10	4	1							2	1	3		19	1
VALID CASES	280	5176	49	79	64	88	108					15	69	201	259	14	218	62	
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%					15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%	
MEAN	8.42	8.44	8.53	8.43	8.22	8.49	7.94					8.93	9.38	8.13	8.45	8.43	8.49	8.18	
p stat_(*=Sig @ p<=.05)		.869	~.940	.276	.642	.000*	~	~	~	~	~	~0.000*	.000*	~	~	~.234	.234		

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	102 36%	1994 38%	18 37%	32 41%	19 29%	33 38%	33 31%	~	~	~	~	~	7 47%	23 32%	78 39%	95 37%	6 43%	64 29%*	38 61%*
NO	178 64%	3218 62%	31 63%	47 59%	46 71%	54 62%	74 69%	~	~	~	~	~	8 53%	48 68%	122 61%	165 63%	8 57%	154 71%*	24 39%*
NOT ANSWERED	20	425	2	4	9	5	2							2	2			19	1
VALID CASES	280	5213	49	79	65	87	107						15	71	200	260	14	218	62
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q56 NEVER	1 1%	36 2%	~	3%~	~	~	~	~	~	~	~	~	~	1%~	1%~	~	2%~	~
SOMETIMES	7 7%	176 9%	12%~	6%~	~	9%~	6%~	~	~	~	~	29%~	9%~	5%~	6%~	17%~	6%~	8%~
USUALLY	31 31%	474 24%	41%~	28%~	32%~	27%~	27%~	~	~	~	~	14%~	30%~	31%~	31%~	17%~	30%~	32%~
ALWAYS	62 61%	1301 65%	47%~	63%~	68%~	64%~	67%~	~	~	~	~	57%~	61%~	62%~	62%~	67%~	62%~	61%~
#ALWAYS + USUALLY (NET)	93 92%	1775 89%	88%~	91%~	100%~	91%~	94%~	~	~	~	~	71%~	91%~	94%~	93%~	83%~	92%~	92%~
TOP BOX SCORE	62 61%	1301 65%	47%~	63%~	68%~	64%~	67%~	~	~	~	~	57%~	61%~	62%~	62%~	67%~	62%~	61%~
NOT ANSWERED	1	29	1											1	1		1	
VALID CASES	101	1988	17	32	19	33	33					7	23	77	94	6	63	38
NUMBER OF RESPONDENTS	102	2017	18	32	19	33	33					7	23	78	95	6	64	38
	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?

	INHE 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	
Q57 #YES	57 58%	1177 60%	11 65%~	20 65%~	10 53%~	16 50%~	17 52%~	~	~	~	~	~	3 50%~	14 61%~	42 56%~	55 59%~	2 40%~	33 54%~	24 63%~
NO	42 42%	795 40%	6 35%~	11 35%~	9 47%~	16 50%~	16 48%~	~	~	~	~	~	3 50%~	9 39%~	33 44%~	38 41%~	3 60%~	28 46%~	14 37%~
NOT ANSWERED	3	45	1	1		1							1		3	2	1	3	
VALID CASES	99	1972	17	31	19	32	33						6	23	75	93	5	61	38
NUMBER OF RESPONDENTS	102	2017	18	32	19	33	33						7	23	78	95	6	64	38
	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?

	INHE 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	214 77%	4014 79%	22 46%	66 84%	60 92%*	66 78%	82 77%	~	~	~	~	~	10 ~ 67%	57 80%	151 76%	200 78%	10 71%	161 75%	53 84%
NO	63 23%	1085 21%	26 54%	13 16%	5 8%*	19 22%	24 23%	~	~	~	~	~	5 ~ 33%	14 20%	47 24%	58 22%	4 29%	53 25%	10 16%
NOT ANSWERED	23	539	3	4	9	7	3								4	4		23	
VALID CASES	277	5099	48	79	65	85	106						15	71	198	258	14	214	63
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57B NEVER	32 24%	667 28%	7 32%~	3 10%~	7 18%~	15 34%~	7 25%~	~	~	~	~	~	1 25%~	10 23%~	21 24%~	29 23%~	3 33%~	24 23%~	8 27%~
SOMETIMES	26 19%	484 20%	3 14%~	5 17%~	10 26%~	8 18%~	4 14%~	~	~	~	~	~	~	9 21%~	17 20%~	23 18%~	3 33%~	19 18%~	7 23%~
USUALLY	30 22%	468 20%	5 23%~	11 37%~	8 21%~	6 14%~	6 21%~	~	~	~	~	~	1 25%~	12 28%~	17 20%~	29 23%~	1 11%~	25 24%~	5 17%~
ALWAYS	47 35%	771 32%	7 32%~	11 37%~	14 36%~	15 34%~	11 39%~	~	~	~	~	~	2 50%~	12 28%~	32 37%~	44 35%~	2 22%~	37 35%~	10 33%~
#ALWAYS + USUALLY (NET)	77 57%	1239 52%	12 55%~	22 73%~	22 56%~	21 48%~	17 61%~	~	~	~	~	~	3 75%~	24 56%~	49 56%~	73 58%~	3 33%~	62 59%~	15 50%~
TOP BOX SCORE	47 35%	771 32%	7 32%~	11 37%~	14 36%~	15 34%~	11 39%~	~	~	~	~	~	2 50%~	12 28%~	32 37%~	44 35%~	2 22%~	37 35%~	10 33%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	144	2768	26	49	25	44	81						11	27	114	135	5	111	33
NOT ANSWERED	21	480	3	4	10	4								1	1	2		21	
VALID CASES	135	2390	22	30	39	44	28						4	43	87	125	9	105	30
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	68 25%	1124 22%	10 20%~	20 26%	17 27%	21 25%	10 10%*	~	~	~	~	~	2 ~ 13%~	24 34%*	42 21%*	65 25%~	2 14%~	51 24%	17 27%
NO	205 75%	3960 78%	39 80%~	57 74%	45 73%	64 75%	95 90%*	~	~	~	~	~	13 ~ 87%~	46 66%*	157 79%*	192 75%~	12 86%~	159 76%	46 73%
NOT ANSWERED	27	553	2	6	12	7	4							1	3	5		27	
VALID CASES	273	5085	49	77	62	85	105						15	70	199	257	14	210	63
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
Q57D #YES	62 91%	945 87%	9 90%	20 100%	15 88%	18 86%	10 100%	~	~	~	~	~	2 ~100%	22 92%	38 90%	59 91%	2 100%	46 90%	16 94%
NO	6 9%	135 13%	1 10%	~	2 12%	3 14%	~	~	~	~	~	~	2 8%	4 10%	6 9%	~	5 10%	1 6%	
NOT ANSWERED		16																	
VALID CASES	68	1081	10	20	17	21	10					2	24	42	65	2	51	17	
NUMBER OF RESPONDENTS	68 100%	1097 100%	10 100%	20 100%	17 100%	21 100%	10 100%					2 100%	24 100%	42 100%	65 100%	2 100%	51 100%	17 100%	

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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 ##	OTHER ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57E #YES	61 90%	905 84%	9 90%~	19 95%~	15 88%~	18 86%~	10 100%~	~	~	~	~	~	2 ~100%~	21 88%~	38 90%~	58 89%~	2 100%~	44 86%~	17 100%~
NO	7 10%	169 16%	1 10%~	1 5%~	2 12%~	3 14%~	~	~	~	~	~	~	3 12%~	4 10%~	7 11%~	~	7 14%~	~	
NOT ANSWERED		24																	
VALID CASES	68	1073	10	20	17	21	10					2	24	42	65	2	51	17	
NUMBER OF RESPONDENTS	68 100%	1097 100%	10 100%	20 100%	17 100%	21 100%	10 100%					2 100%	24 100%	42 100%	65 100%	2 100%	51 100%	17 100%	

[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?

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q57F NEVER		20 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	4 6%	94 9%	10%~	5%~	12%~	~	~	~	~	~	~	~	~	~	~	~	~	~
USUALLY	18 26%	257 24%	20%~	7 35%~	4 24%~	5 24%~	2 20%~	~	~	~	~	~	~	~	~	~	~	~
ALWAYS	46 68%	704 66%	70%~	12 60%~	11 65%~	16 76%~	8 80%~	~	~	~	~	~	~	~	~	~	~	~
#ALWAYS + USUALLY (NET)	64 94%	960 89%	90%~	19 95%~	15 88%~	21 100%~	10 100%~	~	~	~	~	~	~	~	~	~	~	~
TOP BOX SCORE	46 68%	704 66%	70%~	12 60%~	11 65%~	16 76%~	8 80%~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		23																
VALID CASES	68	1074	10	20	17	21	10					2	24	42	65	2	51	17
NUMBER OF RESPONDENTS	68	1097	10	20	17	21	10					2	24	42	65	2	51	17
	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	
	INHE 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	3 4%	53 5%		2 ~ 11%~		1 ~ 5%~							2 8%~	1 2%~	3 5%~		3 6%~	
SOMETIMES	3 4%	120 11%*	1 10%~	1 5%~		1 ~ 5%~								3 7%~	3 5%~		3 6%~	
USUALLY	15 22%	238 22%	1 10%~	6 32%~	5 29%~	3 14%~	3 30%~						8 33%~	7 17%~	14 22%~	1 50%~	8 16%~	7 41%~
ALWAYS	46 69%	662 62%	8 80%~	10 53%~	12 71%~	16 76%~	7 70%~					2 ~100%~	14 58%~	31 74%~	45 69%~	1 50%~	36 72%~	10 59%~
#ALWAYS + USUALLY (NET)	61 91%	901 84%*	9 90%~	16 84%~	17 100%~	19 90%~	10 100%~					2 ~100%~	22 92%~	38 90%~	59 91%~	2 100%~	44 88%~	17 100%~
TOP BOX SCORE	46 69%	662 62%	8 80%~	10 53%~	12 71%~	16 76%~	7 70%~					2 ~100%~	14 58%~	31 74%~	45 69%~	1 50%~	36 72%~	10 59%~
NOT ANSWERED	1	23		1													1	
VALID CASES	67	1074	10	19	17	21	10					2	24	42	65	2	50	17
NUMBER OF RESPONDENTS	68	1097	10	20	17	21	10					2	24	42	65	2	51	17
	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?

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC			
Q57H NEVER	1 1%	23 2%	~	5%~	~	~	~	~	~	~	~	~	~	~	1 4%~	1 2%~	1 2%~	1 2%~			
SOMETIMES	1 1%	97 9%*	10%~	~	~	~	~	~	~	~	~	~	~	~	1 2%~	1 2%~	1 2%~	1 2%~			
USUALLY	12 18%	214 20%	20%~	2 11%~	5 29%~	3 14%~	1 10%~	~	~	~	~	~	~	~	5 21%~	7 17%~	11 17%~	1 50%~	11 22%~	1 6%~	
ALWAYS	53 79%	741 69%*	70%~	7 84%~	16 71%~	12 86%~	18 90%~	9 90%~	~	~	~	~	~	~	2 ~100%~	18 75%~	34 81%~	52 80%~	1 50%~	37 74%~	16 94%~
#ALWAYS + USUALLY (NET)	65 97%	955 89%*	90%~	9 95%~	18 100%~	17 100%~	21 100%~	10 100%~	~	~	~	~	~	~	2 ~100%~	23 96%~	41 98%~	63 97%~	2 100%~	48 96%~	17 100%~
TOP BOX SCORE	53 79%	741 69%*	70%~	7 84%~	16 71%~	12 86%~	18 90%~	9 90%~	~	~	~	~	~	~	2 ~100%~	18 75%~	34 81%~	52 80%~	1 50%~	37 74%~	16 94%~
NOT ANSWERED	1	23		1																1	
VALID CASES	67	1074	100%	100%	100%	100%	100%	100%						2	24	42	65	2	50	17	
NUMBER OF RESPONDENTS	68	1097	100%	100%	100%	100%	100%	100%						2	24	42	65	2	51	17	
	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q58																			
EXCELLENT	112 41%	2143 41%	27 56%	29 38%	27 43%	29 33%	50 47%	~	~	~	~	~	5 33%	28 40%	83 41%	112 43%	~	99 46%*	13 21%*
VERY GOOD	101 37%	1856 36%	14 29%	34 44%	22 35%	31 35%	41 38%	~	~	~	~	~	6 40%	21 30%	79 39%	101 39%	~	75 35%	26 41%
GOOD	49 18%	944 18%	6 12%	11 14%	12 19%	20 23%	14 13%	~	~	~	~	~	3 20%	14 20%	33 16%	49 19%	~	31 15%*	18 29%*
FAIR	13 5%	237 5%	1 2%	3 4%	2 3%	7 8%	1 0.9%*	~	~	~	~	~	1 7%	7 10%	6 3%	~	13 93%	8 4%	5 8%
POOR	1 0.4%	15 0.3%	~	~	~	1 1%	1 0.9%	~	~	~	~	~	~	~	1 ~0.5%	~	1 7%	~	1 2%
#EXCELLENT + VERY GOOD + GOOD (NET)	262 95%	4943 95%	47 98%	74 96%	61 97%	80 91%	105 98%*	~	~	~	~	~	14 93%	63 90%	195 97%	262 100%	~	205 96%	57 90%
NOT ANSWERED	24	443	3	6	11	4	2							1					24
VALID CASES	276	5195	48	77	63	88	107						15	70	202	262	14	213	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
Q59																			
EXCELLENT	115 42%	2231 43%	33 67%	36 47%	22 35%	24 28%*	45 42%	~	~	~	~	~	3 20%	37 53%*	77 38%	110 42%	4 29%	108 51%*	7 11%*
VERY GOOD	82 30%	1483 29%	9 18%	22 29%	20 32%	31 36%	27 25%	~	~	~	~	~	6 40%	20 29%	61 30%	81 31%	1 7%	69 32%	13 21%
GOOD	50 18%	1030 20%	7 14%	15 19%	11 17%	17 20%	23 21%	~	~	~	~	~	4 27%	12 17%	37 18%	46 18%	4 29%	33 15%	17 27%
FAIR	21 8%	368 7%	~	3 4%	8 13%	10 11%	8 7%	~	~	~	~	~	1 7%	1 1%	19 9%*	18 7%	3 21%	3 1%*	18 29%*
POOR	8 3%	70 1%	~	1 1%	2 3%	5 6%	4 4%	~	~	~	~	~	1 7%	~	8 4%	6 2%	2 14%	~	8 13%*
#EXCELLENT + VERY GOOD + GOOD (NET)	247 89%	4745 92%	49 100%	73 95%*	53 84%	72 83%*	95 89%	~	~	~	~	~	13 87%	69 99%*	175 87%*	237 91%	9 64%	210 99%*	37 59%*
NOT ANSWERED	24	455	2	6	11	5	2							1		1		24	
VALID CASES	276	5183	49	77	63	87	107						15	70	202	261	14	213	63
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	55 20%	1055 20%	4 8%	12 16%	12 19%	27 31%*	18 17%	~	~	~	~	~	5 33%~	8 11%*	47 23%*	48 18%~	7 50%~	16 8%*	39 62%*
NO	220 80%	4144 80%	44 92%~	65 84%	51 81%	60 69%*	89 83%	~	~	~	~	~	10 67%~	62 89%*	154 77%*	213 82%~	7 50%~	196 92%*	24 38%*
NOT ANSWERED	25	439	3	6	11	5	2							1	1	1		25	
VALID CASES	275	5199	48	77	63	87	107						15	70	201	261	14	212	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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		
Q61 YES	44 80%	796 77%	2 50%~	10 83%~	10 83%~	22 81%~	16 89%~	~	~	~	~	~	4 80%~	5 63%~	39 83%~	37 77%~	7 100%~	6 38%~	38 97%~
NO	11 20%	235 23%	2 50%~	2 17%~	2 17%~	5 19%~	2 11%~	~	~	~	~	~	1 20%~	3 38%~	8 17%~	11 23%~	~	10 63%~	1 3%~
NOT ANSWERED		22																	
VALID CASES	55	1030	4	12	12	27	18						5	8	47	48	7	16	39
NUMBER OF RESPONDENTS	55 100%	1052 100%	4 100%	12 100%	12 100%	27 100%	18 100%						5 100%	8 100%	47 100%	48 100%	7 100%	16 100%	39 100%

[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	
	INHE 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
Q62 YES	37 84%	716 91%~100%	2 90%~	9 80%~	8 82%~	18 88%~	14 ~	~	~	~	~	4 ~100%	3 60%~	34 87%~	33 89%~	4 57%~	~	37 97%~
NO	7 16%	75 9%~	~	1 10%~	2 20%~	4 18%~	2 12%~	~	~	~	~	~	2 40%~	5 13%~	4 11%~	3 43%~	6 100%~	1 3%~
NOT ANSWERED		15																
VALID CASES	44	791	2	10	10	22	16					4	5	39	37	7	6	38
NUMBER OF RESPONDENTS	44 100%	806 100%	2 100%	10 100%	10 100%	22 100%	16 100%					4 100%	5 100%	39 100%	37 100%	7 100%	6 100%	38 100%

[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		
	INHE 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	41 15%	788 15%	4 8%	11 14%	11 17%	15 18%	15 14%	~	~	~	~	~	3 ~ 20%	7 10%	34 17%	37 14%	4 29%	6 3%*	35 56%*
NO	233 85%	4394 85%	45 92%	66 86%	52 83%	70 82%	92 86%	~	~	~	~	~	12 ~ 80%	64 90%	165 83%	222 86%	10 71%	206 97%*	27 44%*
NOT ANSWERED	26	456	2	6	11	7	2								3	3		25	1
VALID CASES	274	5182	49	77	63	85	107						15	71	199	259	14	212	62
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	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		
	INHE 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 & POOR	NO CCC	CCC	
Q64 YES	31	637	4	9	7	11	12	~	~	~	~	~	3	4	27	28	3	31	
	78%	85%	100%	82%	70%	73%	80%	~	~	~	~	~	100%	57%	82%	78%	75%	~	91%
NO	9	110		2	3	4	3	~	~	~	~	~	~	3	6	8	1	6	3
	22%	15%	~	18%	30%	27%	20%	~	~	~	~	~	~	43%	18%	22%	25%	100%	9%
NOT ANSWERED	1	19			1										1	1		1	
VALID CASES	40	747	4	11	10	15	15					3	7	33	36	4	6	34	
NUMBER OF RESPONDENTS	41	766	4	11	11	15	15					3	7	34	37	4	6	35	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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
Q65 YES	31	591	4	9	7	11	12	~	~	~	~	3	4	27	28	3	31	
	100%	96%	100%	100%	100%	100%	100%	~	~	~	~	100%	100%	100%	100%	100%	100%	~
NO		26																
		4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		7																
VALID CASES	31	617	4	9	7	11	12					3	4	27	28	3	31	
NUMBER OF RESPONDENTS	31	624	4	9	7	11	12					3	4	27	28	3	31	
	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		
	INHE 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	
Q66 YES	28 10%	639 12%	6 12%	5 7%	6 10%	11 13%	11 10%	~	~	~	~	~	2 13%	5 7%	23 11%	25 10%	3 21%	5 2%*	23 37%*
NO	248 90%	4546 88%	43 88%	71 93%	57 90%	77 87%	96 90%	~	~	~	~	~	13 87%	65 93%	179 89%	236 90%	11 79%	209 98%*	39 63%*
NOT ANSWERED	24	453	2	7	11	4	2							1		1		23	1
VALID CASES	276	5185	49	76	63	88	107						15	70	202	261	14	214	62
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%



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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
Q67 YES	21 81%	445 77%	4 67%	5 100%	4 80%	8 80%	9 82%	~	~	~	~	~	2 100%	3 60%	18 86%	18 78%	3 100%	21 95%	
NO	5 19%	136 23%	2 33%	~	1 20%	2 20%	2 18%	~	~	~	~	~	~	2 40%	3 14%	5 22%	~	4 100%	1 5%
NOT ANSWERED	2	22			1	1									2	2		1	1
VALID CASES	26	582	6	5	5	10	11					2	5	21	23	3	4	22	
NUMBER OF RESPONDENTS	28	604	6	5	6	11	11					2	5	23	25	3	5	23	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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
Q68 YES	21	427	4	5	4	8	9	~	~	~	~	2	3	18	18	3		21
	100%	96%	100%	100%	100%	100%	100%	~	~	~	~	100%	100%	100%	100%	100%	~	100%
NO		17																
		4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		6																
VALID CASES	21	444	4	5	4	8	9					2	3	18	18	3		21
NUMBER OF RESPONDENTS	21	450	4	5	4	8	9					2	3	18	18	3		21
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%		100%

[ASKED IF Q66 = YES AND Q67 = YES]

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	14 5%	531 10%*	4 8%~	2 3%	5 8%	3 3%	5 5%	~	~	~	~	~	1 7%~	2 3%	12 6%	14 5%~	~	5 2%*	9 14%*
NO	261 95%	4648 90%*	45 92%~	74 97%	58 92%	84 97%	102 95%	~	~	~	~	~	14 93%~	67 97%	190 94%	246 95%~	14 100%~	207 98%*	54 86%*
NOT ANSWERED	25	459	2	7	11	5	2							2		2		25	
VALID CASES	275	5179	49	76	63	87	107						15	69	202	260	14	212	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	
Q70 YES	8	336	3	2	3	3	~	~	~	~	~	1	1	7	8	1	7	
	62%	68%	75%	~	50%	~100%	60%	~	~	~	~	~100%	50%	64%	62%	~	20%	88%
NO	5	157	1	2	2	2	~	~	~	~	~	~	1	4	5	4	1	
	38%	32%	25%	~	100%	50%	~	~	~	~	~	~	50%	36%	38%	~	80%	13%
NOT ANSWERED	1	8			1									1	1		1	
VALID CASES	13	493	4	2	4	3	5					1	2	11	13	5	8	
NUMBER OF RESPONDENTS	14	501	4	2	5	3	5					1	2	12	14	5	9	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q69 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	
Q71 YES	7	293	3	1	3	3	~	~	~	~	~	1	1	6	7	~	7	
	88%	92%	~100%	~	50%	~100%	~100%	~	~	~	~	~100%	~100%	86%	88%	~	~100%	
NO	1	24	~	1	~	~	~	~	~	~	~	~	1	1	~	1	~	
	13%	8%	~	50%	~	~	~	~	~	~	~	~	14%	13%	~	~100%	~	
NOT ANSWERED		3																
VALID CASES	8	317	3	2	3	3					1	1	7	8		1	7	
NUMBER OF RESPONDENTS	8	320	3	2	3	3					1	1	7	8		1	7	
	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?

	INHE 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	43 16%	736 14%	4 8%	8 11%	10 16%	21 24%*	19 18%	~	~	~	~	~	3 20%~	4 6%*	38 19%*	40 15%~	3 21%~	4 2%*	39 63%*
NO	232 84%	4444 86%	45 92%~	67 89%	53 84%	67 76%*	88 82%	~	~	~	~	~	12 80%~	66 94%*	163 81%*	220 85%~	11 79%~	209 98%*	23 37%*
NOT ANSWERED	25	458	2	8	11	4	2							1	1	2		24	1
VALID CASES	275	5180	49	75	63	88	107						15	70	201	260	14	213	62
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
Q73 YES	38 90%	628 90%	3 75%	7 100%	8 80%	20 95%	17 89%	~	~	~	~	~	3 ~100%	3 75%	34 92%	35 90%	3 100%	38 ~97%	
NO	4 10%	72 10%	1 25%	~	2 20%	1 5%	2 11%	~	~	~	~	~	~	1 25%	3 8%	4 10%	~	3 100%	1 3%
NOT ANSWERED	1	16		1										1	1			1	
VALID CASES	42	700	4	7	10	21	19						3	4	37	39	3	3	39
NUMBER OF RESPONDENTS	43	716	4	8	10	21	19						3	4	38	40	3	4	39
	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	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	51 17%	971 17%	51 100%	~	~	~	21 19%	~	~	~	~	2 13%	12 17%	36 18%	47 18%	1 7%	47 20%*	4 6%*
4 TO 7 YEARS OLD	83 28%	1380 24%	~	83 ~100%	~	~	30 28%	~	~	~	~	4 27%	21 30%	56 28%	74 28%	3 21%	68 29%	15 24%
8 TO 12 YEARS OLD	74 25%	1689 30%*	~	~	74 ~100%	~	23 21%	~	~	~	~	2 13%	22 31%	39 19%*	61 23%	2 14%	60 25%	14 22%
13 OR OLDER	92 31%	1597 28%	~	~	92 ~100%	~	35 32%	~	~	~	~	7 47%	16 23%	71 35%*	80 31%	8 57%	62 26%*	30 48%*
VALID CASES	300	5638	51	83	74	92	109					15	71	202	262	14	237	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%					15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

[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		
	INHE 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 50%	2948 52%	25 49%	37 45%	43 58%	45 49%	62 57%	~	~	~	~	~	6 40%	36 51%	103 51%	134 51%	6 43%	119 50%	31 49%
FEMALE	150 50%	2690 48%	26 51%	46 55%	31 42%	47 51%	47 43%	~	~	~	~	~	9 60%	35 49%	99 49%	128 49%	8 57%	118 50%	32 51%
VALID CASES	300	5638	51	83	74	92	109					15	71	202	262	14	237	63	
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%					15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%	

[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	
	INHE 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
Q76																		
HISPANIC OR LATINO	71 26%	2037 40%*	12 25%~	21 27%	22 36%	16 18%*	~	~	~	~	~	~	71 ~100%~	~	63 24%~	7 50%~	64 30%*	7 11%*
NOT HISPANIC OR LATINO	202 74%	3094 60%*	36 75%~	56 73%	39 64%	71 82%*	106 100%~	~	~	~	~	14 ~100%~	202 ~100%~	~	195 76%~	7 50%~	147 70%*	55 89%*
NOT ANSWERED	27	507	3	6	13	5	3					1			4		26	1
VALID CASES	273	5131	48	77	61	87	106					14	71	202	258	14	211	62
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%					15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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		
Q77.1 YES	144 48%	2548 45%	28 55%	39 47%	29 39%	48 52%	109 100%	~	~	~	~	~	15 ~100%	20 28%*	120 59%*	137 52%~	5 36%~	111 47%	33 52%
NO	156 52%	3090 55%	23 45%	44 53%	45 61%	44 48%	~	~	~	~	~	~	~	51 72%*	82 41%*	125 48%~	9 64%~	126 53%	30 48%
VALID CASES	300	5638	51	83	74	92	109						15	71	202	262	14	237	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	
Q77.2 YES	4 1%	139 2%		1 1%	1 1%	2 2%						4 27%		4 2%	4 2%		2 0.8%	2 3%
NO	296 99%	5499 98%	51 100%	82 99%	73 99%	90 98%	109 100%					11 73%	71 100%	198 98%*	258 98%	14 100%	235 99%	61 97%
VALID CASES	300	5638	51	83	74	92	109					15	71	202	262	14	237	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%					15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.3	INHE TOT CHLD																	
YES	10 3%	186 3%	2 4%	2 2%	2 3%	4 4%					3 20%	10 5%*	8 3%	2 14%	9 4%	1 2%		
NO	290 97%	5452 97%	49 96%	81 98%	72 97%	88 96%	109 100%	~	~	~	12 80%	71 100%	192 95%*	254 97%	12 86%	228 96%	62 98%	
VALID CASES	300	5638	51	83	74	92	109				15	71	202	262	14	237	63	
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%				15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%	

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	INHE TOT CHLD																		
YES	2 0.7%	61 1%	1 ~	1 1%	1 ~	109 100%~	~	~	~	~	2 13%~	2 ~	2 1%	2 0.8%~	1 ~	1 2%			
NO	298 99%	5577 99%	51 100%~	82 99%	74 100%~	91 99%	109 100%~	~	~	~	13 87%~	71 100%~	200 99%~	260 99%~	14 100%~	236 100%~	62 98%		
VALID CASES	300	5638	51	83	74	92	109				15	71	202	262	14	237	63		
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%				15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%		

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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
Q77.5 YES	12 4%	168 3%	3 6%	3 4%	3 4%	3 3%	~	~	~	~	~	5 33%	2 3%	8 4%	11 4%	1 7%	8 3%	4 6%
NO	288 96%	5470 97%	48 94%	80 96%	71 96%	89 97%	109 100%	~	~	~	~	10 67%	69 97%	194 96%	251 96%	13 93%	229 97%	59 94%
VALID CASES	300	5638	51	83	74	92	109					15	71	202	262	14	237	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%					15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	
Q77.6 YES	15 5%	486 9%*	2 4%	3 4%	5 7%	5 5%	~	~	~	~	~	4 ~ 27%	10 14%*	4 2%*	12 5%	3 21%~	12 5%	3 5%
NO	285 95%	5152 91%*	49 96%	80 96%	69 93%	87 95%	109 100%~	~	~	~	~	11 ~ 73%	61 86%*	198 98%*	250 95%~	11 79%~	225 95%	60 95%
VALID CASES	300	5638	51	83	74	92	109					15	71	202	262	14	237	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%					15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%



Q78 WHAT IS YOUR AGE?

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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		
Q78 UNDER 18	10 4%	196 4%	2 4%~	2 3%	2 3%	4 5%	10 9%*	~	~	~	~	~	~	10 5%*	9 3%~	1 7%~	4 2%*	6 10%*		
18 TO 24	12 4%	176 3%	7 15%~	3 4%	~	2 2%	6 6%	~	~	~	~	~	~	4 6%	8 4%	12 5%~	~	12 6%*		
25 TO 34	93 34%	1691 33%	24 50%~	41 55%*	20 31%	8 9%*	30 28%	~	~	~	~	~	6 40%~	30 44%*	62 31%	88 34%~	5 36%~	77 36%	16 26%	
35 TO 44	100 36%	2049 40%	8 17%~	24 32%	29 45%	39 45%	38 35%	~	~	~	~	~	4 27%~	30 44%	68 34%	92 36%~	7 50%~	78 37%	22 35%	
45 TO 54	37 13%	738 14%	4 8%~	2 3%*	8 12%	23 26%*	14 13%	~	~	~	~	~	2 13%~	4 6%*	31 15%	35 14%~	1 7%~	26 12%	11 18%	
55 TO 64	15 5%	229 4%	3 6%~	3 4%	4 6%	5 6%	8 7%	~	~	~	~	~	1 7%~	14 7%*	15 6%~	~	11 5%	4 6%		
65 TO 74	6 2%	87 2%	~	~	2 3%	4 5%	3 3%	~	~	~	~	~	1 7%~	6 3%~	6 2%~	~	4 2%	2 3%		
75 OR OLDER	2 0.7%	15 0.3%	~	~	~	2 2%~	~	~	~	~	~	~	1 7%~	2 1%	2 0.8%~	~	1 0.5%	1 2%		
NOT ANSWERED	25	457	3	8	9	5								3	1	3		24	1	
VALID CASES	275	5181	48	75	65	87	109							15	68	201	259	14	213	62
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109							15	71	202	262	14	237	63
	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	
	INHE 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		
Q79																			
MALE	33 12%	711 14%	6 12%~	7 9%	5 8%	15 17%	11 10%	~	~	~	~	~	2 13%~	8 12%	24 12%	29 11%~	3 21%~	28 13%	5 8%
FEMALE	243 88%	4484 86%	43 88%~	69 91%	59 92%	72 83%	98 90%	~	~	~	~	~	13 87%~	61 88%	177 88%	230 89%~	11 79%~	185 87%	58 92%
NOT ANSWERED	24	443	2	7	10	5								2	1	3		24	
VALID CASES	276	5195	49	76	64	87	109						15	69	201	259	14	213	63
NUMBER OF RESPONDENTS	300 100%	5638 100%	51 100%	83 100%	74 100%	92 100%	109 100%						15 100%	71 100%	202 100%	262 100%	14 100%	237 100%	63 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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		
Q80																			
8TH GRADE OR LESS	19 7%	593 12%*	2 4%~	5 7%	8 12%	4 5%	2 2%*	~	~	~	~	~	~	16 23%*	2 1%*	14 5%~	5 36%~	16 8%	3 5%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	30 11%	565 11%	5 10%~	4 5%*	11 17%	10 12%	10 9%	~	~	~	~	~	~	14 20%*	16 8%*	27 10%~	3 21%~	27 13%*	3 5%*
HIGH SCHOOL GRADUATE OR GED	75 27%	1483 29%	15 31%~	26 34%	14 22%	20 24%	25 23%	~	~	~	~	4 29%~	25 36%	48 24%	74 29%~	1 7%~	64 30%*	11 17%*	
SOME COLLEGE OR 2-YEAR DEGREE	108 39%	1722 33%*	16 33%~	29 38%	23 35%	40 47%	46 43%	~	~	~	~	9 64%~	11 16%*	94 47%*	101 39%~	5 36%~	70 33%*	38 60%*	
4-YEAR COLLEGE GRADUATE	28 10%	491 10%	9 19%~	7 9%	4 6%	8 9%	15 14%	~	~	~	~	1 7%~	3 4%*	25 13%*	28 11%~	~	24 11%	4 6%	
MORE THAN 4-YEAR COLLEGE DEGREE	14 5%	290 6%	1 2%~	5 7%	5 8%	3 4%	10 9%*	~	~	~	~	~	~	14 7%~	14 5%~	~	10 5%	4 6%	
NOT ANSWERED	26	495	3	7	9	7	1					1	2	3	4		26		
VALID CASES	274	5143	48	76	65	85	108					14	69	199	258	14	211	63	
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109					15	71	202	262	14	237	63	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

Q81 HOW ARE YOU RELATED TO THE CHILD?

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q81 MOTHER OR FATHER	246 91%	4883 95%*	42 89%~	74 97%*	58 91%	72 88%	98 93%	~	~	~	~	~	~	12 86%~	68 100%~	173 89%*	231 91%~	13 93%~	193 93%	53 85%
GRANDPARENT	10 4%	145 3%	2 4%~	1 1%	4 6%	3 4%	3 3%	~	~	~	~	~	~	~	~	10 5%~	10 4%~	~	8 4%	2 3%
AUNT OR UNCLE		13 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OLDER BROTHER OR SISTER		12 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE	1 0.4%	4 0.1%	~	~	~	1 1%~	~	~	~	~	~	~	~	1 7%~	1 ~0.5%~	~	1 7%~	~	1 ~	1 2%~
LEGAL GUARDIAN	5 2%	51 1%	1 2%~	~	1 2%	3 4%	2 2%	~	~	~	~	~	~	~	~	4 2%	5 2%~	~	3 1%	2 3%
SOMEONE ELSE	7 3%	36 0.7%*	2 4%~	1 1%	1 2%	3 4%	2 2%	~	~	~	~	~	~	1 7%~	7 4%*	7 3%~	~	~	3 1%	4 6%
NOT ANSWERED	31	494	4	7	10	10	4							1	3	7	9		30	1
VALID CASES	269	5144	47	76	64	82	105							14	68	195	253	14	207	62
NUMBER OF RESPONDENTS	300	5638	51	83	74	92	109							15	71	202	262	14	237	63
	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	
	INHE 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	
Q82 YES	3	143	1	1		1						1		2	3		3	
	2%	4%*	3%~	2%~		2%	~	~	~	~	~	9%~	~	2%~	2%~	~	2%~	
NO	156	3143	30	45	31	50	107					10	26	127	149	4	121	35
	98%	96%*	97%~	98%~	100%~	98%	~	~	~	~	~	91%~	100%~	98%~	98%~	100%~	98%~	100%~
NOT ANSWERED	4	43		2	1	1							1	1	2		4	
VALID CASES	159	3286	31	46	31	51	109					11	26	129	152	4	124	35
NUMBER OF RESPONDENTS	163	3329	31	48	32	52	109					11	27	130	154	4	128	35
	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	
	INHE 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	
Q83.1 YES	3	56	1	1		1	2					1		2	3		3	
	100%	41%	100%	100%		100%						100%		100%	100%		100%	
NO		79																
		59%																
VALID CASES	3	135	1	1		1	2					1		2	3		3	
NUMBER OF RESPONDENTS	3	135	1	1		1	2					1		2	3		3	
	100%	100%	100%	100%		100%						100%		100%	100%		100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	
Q83.2 YES	2 67%	44 32%	1 100%	1 100%	~	~	1 50%	~	~	~	~	1 100%	~	2 100%	2 67%	2 67%	2 67%	~
NO	1 33%	91 68%	~	~	~	1 100%	1 50%	~	~	~	~	~	~	~	1 33%	1 33%	1 33%	~
VALID CASES	3	135	1	1		1	2					1		2	3	3	3	
NUMBER OF RESPONDENTS	3 100%	135 100%	1 100%	1 100%		1 100%	2 100%					1 100%		2 100%	3 100%	3 100%	3 100%	

[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 ALSK ##	OTH#	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q83.3	INHE TOT CHLD																	
YES	OHP TOT CHLD	11																
		8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NO		3	124	1	1	1	2				1	2	3	3	3			
		100%	92%	~100%	~100%	~100%	~100%	~	~	~	~100%	~100%	~100%	~100%	~100%	~		
VALID CASES		3	135	1	1	1	2				1	2	3	3	3			
NUMBER OF RESPONDENTS		3	135	1	1	1	2				1	2	3	3	3			
		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	
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTH	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q83.4 YES	1 33%	76 56%	~	~	~	100%	1 50%	~	~	~	~	~	~	~	1 33%	~	1 33%	~
NO	2 67%	59 44%	100%	100%	~	~	1 50%	~	~	~	~	1 100%	~	2 100%	2 67%	~	2 67%	~
VALID CASES	3	135	1	1	1	2					1		2	3		3		
NUMBER OF RESPONDENTS	3	135	1	1	1	2					1		2	3		3		
	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.

	INHE TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC
Q83.5 YES		7 5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	3 100%	128 95%	1 100%	1 100%	1 100%	2 100%	~	~	~	~	~	1 100%	2 100%	3 100%	3 100%	3 100%	~	
VALID CASES	3	135	1	1	1	2						1	2	3	3	3		
NUMBER OF RESPONDENTS	3 100%	135 100%	1 100%	1 100%	1 100%	2 100%						1 100%	2 100%	3 100%	3 100%	3 100%		

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
NQ14 0-6	18 9%	307 8%	2 5%~	2 4%*	6 12%~	8 15%	8 12%	~	~	~	~	~	2 17%~	3 7%~	15 10%	14 8%~	4 40%~	12 8%	6 11%
7-8	67 34%	1107 30%	12 31%~	19 35%	22 46%~	14 26%	26 38%	~	~	~	~	~	2 17%~	9 21%~	53 37%	61 34%~	2 20%~	47 33%	20 38%
9-10	110 56%	2234 61%	25 64%~	33 61%	20 42%~	32 59%	34 50%	~	~	~	~	~	8 67%~	30 71%~	76 53%	103 58%~	4 40%~	83 58%	27 51%
VALID CASES	195	3648	39	54	48	54	68						12	42	144	178	10	142	53
NUMBER OF RESPONDENTS	195 100%	3648 100%	39 100%	54 100%	48 100%	54 100%	68 100%						12 100%	42 100%	144 100%	178 100%	10 100%	142 100%	53 100%
MEAN	2.47	2.53	2.59	2.57	2.29	2.44	2.38						2.50	2.64	2.42	2.50	2.00	2.50	2.40
p stat_(*=Sig @ p<=.05)		.210		~.147		~.721	.167	~	~	~	~	~	~	~.087		~	~	.330	.330

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	
NQ41 0-6	15 6%	330 7%	2 5%	2 3%	7 11%	4 5%	8 8%	~	~	~	~	~	1 2%*	13 7%	13 6%	1 9%	11 6%	4 7%
7-8	50 20%	960 22%	8 19%	8 11%*	18 29%	16 21%	20 21%	~	~	~	~	3 21%	12 19%	35 20%	44 19%	5 45%	38 19%	12 21%
9-10	187 74%	3168 71%	32 76%	61 86%*	38 60%*	56 74%	67 71%	~	~	~	~	11 79%	50 79%	131 73%	178 76%	5 45%	147 75%	40 71%
VALID CASES	252	4459	42	71	63	76	95					14	63	179	235	11	196	56
NUMBER OF RESPONDENTS	252 100%	4459 100%	42 100%	71 100%	63 100%	76 100%	95 100%					14 100%	63 100%	179 100%	235 100%	11 100%	196 100%	56 100%
MEAN	2.68	2.64	2.71	2.83	2.49	2.68	2.62					2.79	2.78	2.66	2.70	2.36	2.69	2.64
p stat_(*=Sig @ p<=.05)		.220		~.004*	.009*	.976	.210	~	~	~	~	~	~.083	.280	~	~	~.563	.563

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	
NQ48 0-6	4 10%	88 12%	~	11%	~	18%	3 25%	~	~	~	~	~	~	4 14%	4 11%	~	1 5%	3 15%
7-8	9 23%	175 24%	100%	11%	25%	24%	3 25%	~	~	~	~	1 50%	1 13%	6 21%	8 22%	~	5 26%	4 20%
9-10	26 67%	456 63%	~	78%	75%	59%	6 50%	~	~	~	~	1 50%	7 88%	19 66%	25 68%	1 100%	13 68%	13 65%
VALID CASES	39	718	1	9	12	17	12					2	8	29	37	1	19	20
NUMBER OF RESPONDENTS	39 100%	718 100%	100%	100%	100%	100%	100%					2 100%	8 100%	29 100%	37 100%	1 100%	19 100%	20 100%
MEAN	2.56	2.51	2.00	2.67	2.75	2.41	2.25					2.50	2.88	2.52	2.57	3.00	2.63	2.50
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR & POOR	NO CCC	CCC	
NQ54 0-6	36 13%	696 13%	7 14%~	9 11%	9 14%	11 12%	21 19%*	~	~	~	~	~	1 7%~	1 1%*	32 16%*	31 12%~	2 14%~	28 13%	8 13%
7-8	94 34%	1488 29%	9 18%~	29 37%	29 45%*	27 31%	41 38%	~	~	~	~	~	3 20%~	13 19%*	78 39%*	89 34%~	4 29%~	69 32%	25 40%
9-10	150 54%	3026 58%	33 67%~	41 52%	26 41%*	50 57%	46 43%*	~	~	~	~	~	11 73%~	55 80%*	91 45%*	139 54%~	8 57%~	121 56%	29 47%
VALID CASES	280	5210	49	79	64	88	108						15	69	201	259	14	218	62
NUMBER OF RESPONDENTS	280 100%	5210 100%	49 100%	79 100%	64 100%	88 100%	108 100%						15 100%	69 100%	201 100%	259 100%	14 100%	218 100%	62 100%
MEAN	2.41	2.45	2.53	2.41	2.27	2.44	2.23						2.67	2.78	2.29	2.42	2.43	2.43	2.34
p stat_(*=Sig @ p<=.05)		.339	~.975	.068	.565	.001*	~	~	~	~	~	~	~.000*	.000*	~	~	~.387	.386	

GETTING NEEDED CARE

			AGE				RACE						ETHNICITY	HEALTH STATUS		CCC SCREENER			
	INHE 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		
NPRBSEE4 NQ46	2.44	2.21	3.00	2.78	2.40	2.28	2.46					2.33	2.56	2.44	2.46	1.00	2.52	2.36	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCARNES4 NQ15	2.46	2.45	2.62	2.45	2.40	2.42	2.57					2.67	2.31	2.51	2.48	2.10	2.45	2.51	
p stat_(*=Sig @ p<=.05)		.762		~.899		~.547	.098	~	~	~	~	~	~	~.190	~	~	~.559	.559	
COMPOSITE	2.45	2.33	2.81	2.62	2.40	2.35	2.51	x	x	x	x	x	2.50	2.43	2.47	2.47	1.55	2.49	2.44
p stat_(*=Sig @ p<=.05)		.000*		~.000*	.320	.022*	.101	~	~	~	~	~	~	~.277	~	~	~.066	.743	

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
NCARSN4 NQ4	2.66	2.68	2.72	2.56	2.60	2.77	2.70						2.43	2.45	2.72	2.70	2.17	2.63	2.77
p stat_(*=Sig @ p<=.05)	.799		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.40	2.42	2.46	2.38	2.33	2.45	2.56						2.30	2.27	2.45	2.41	2.38	2.43	2.33
p stat_(*=Sig @ p<=.05)	.721		~	.852	~	~	.029*	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.53	2.55	2.59	2.47	2.46	2.61	2.63	x	x	x	x	x	2.36	2.36	2.59	2.55	2.27	2.53	2.55
p stat_(*=Sig @ p<=.05)	.655		~	.298	.235	.158	.024*	~	~	~	~	~	~	~	.012*	~	~	~	.834 .792



HOW WELL DOCTORS COMMUNICATE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	GOOD & FAIR & POOR	NO CCC	CCC	
NDREXPL4 NQ32	2.78	2.70	2.92	2.82	2.59	2.81	2.81					2.90	2.67	2.82	2.77	3.00	2.81	2.70	
p stat_(*=Sig @ p<=.05)		.040*		~.509		~	~.574	~	~	~	~	~	~.142		~	~	~	~	
NDRLSTN4 NQ33	2.79	2.73	2.81	2.86	2.72	2.76	2.80					2.80	2.80	2.78	2.79	2.67	2.79	2.80	
p stat_(*=Sig @ p<=.05)		.100		~.142		~	~.874	~	~	~	~	~	~.836		~	~	~	~	
NDRESPU4 NQ34	2.85	2.79	2.94	2.88	2.70	2.86	2.81					2.80	2.88	2.83	2.84	2.83	2.86	2.80	
p stat_(*=Sig @ p<=.05)		.108		~.481		~	~.522	~	~	~	~	~	~.481		~	~	~	~	
NDRTMEN4 NQ37	2.61	2.50	2.69	2.72	2.30	2.67	2.73					2.82	2.32	2.69	2.59	2.71	2.58	2.67	
p stat_(*=Sig @ p<=.05)		.021*		~.087		~	~.035*	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.76	2.68	2.84	2.82	2.58	2.77	2.79	x	x	x	x	x	2.83	2.67	2.78	2.75	2.80	2.76	2.74
p stat_(*=Sig @ p<=.05)		.079		~.144		~.700	.458	~	~	~	~	~	~.170		~	~	~	~	

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NPBCLCS4 NQ50	2.33	2.30	2.17	2.57	2.15	2.28	2.45						3.00	2.35	2.33	2.38	2.00	2.37	2.19
p stat_(*=Sig @ p<=.05)	.749		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.66	2.62	2.83	2.76	2.31	2.67	2.70						3.00	2.61	2.75	2.69	2.50	2.69	2.56
p stat_(*=Sig @ p<=.05)	.602		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.49	2.46	2.50	2.67	2.23	2.47	2.57	x	x	x	x	x	3.00	2.48	2.54	2.53	2.25	2.53	2.37
p stat_(*=Sig @ p<=.05)	.685		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	2.51	2.41	3.00	2.65	2.08	2.57	2.33						3.00	2.20	2.57	2.52	2.00	2.39	2.67
p stat_(*=Sig @ p<=.05)	.395		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ13	2.51	2.60	3.00	2.29	2.23	2.74	2.52						3.00	2.40	2.52	2.48	3.00	2.45	2.58
p stat_(*=Sig @ p<=.05)	.423		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.51	2.51	3.00	2.47	2.15	2.65	2.43	x	x	x	x	x	3.00	2.30	2.54	2.50	2.50	2.42	2.62
p stat_(*=Sig @ p<=.05)	.965		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	2.67	2.28	2.00	3.00	3.00	2.50	2.50							3.00	2.50	2.67	3.00	2.50	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTHP NQ23	2.00	2.12	2.00	2.00	2.33	1.86	2.60					1.00	1.67	2.27	2.31	1.00	1.88	2.11	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTC NQ26	1.97	2.11	2.33	1.89	2.44	1.69	1.92					1.67	2.14	1.93	2.00	1.00	2.10	1.93	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.21	2.17	2.11	2.30	2.59	2.01	2.34	x	x	x	x	x	1.33	2.27	2.23	2.32	1.00	2.33	2.18
p stat_(*=Sig @ p<=.05)	.407		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

	INHE 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	84%	75%	100%	100%	80%	78%	85%							100%	100%	81%	85%	0%	86%	82%
CARNES4 Q15	89%	88%	90%	91%	85%	91%	97%							92%	79%	92%	90%	70%	88%	92%
AVERAGE	86.50	81.59	94.87	95.45	82.55	84.34	90.82	x	x	x	x	x	95.83	89.29	86.81	87.91	35.00	86.91	87.14	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK 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	NO CCC	CCC	
CARSN4 Q4	93%	92%	89%	91%	95%	97%	97%						86%	86%	95%	95%	67%	92%	96%
APGET4 Q6	84%	84%	83%	83%	81%	87%	96%						80%	78%	86%	84%	88%	84%	82%
AVERAGE	88.34	88.10	85.87	86.66	88.20	92.00	96.67	x	x	x	x	x	82.86	81.93	90.30	89.26	77.08	88.19	88.89

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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 & POOR	FAIR & POOR	NO CCC	CCC	
DREXPL4 Q32	95%	93%	97%	98%	90%	96%	97%					100%	93%	97%	95%	100%	96%	93%	
DRLSTN4 Q33	97%	95%	97%	100%	95%	96%	97%					100%	98%	97%	97%	100%	98%	95%	
DRESPU4 Q34	97%	96%	100%	98%	93%	98%	95%					100%	98%	97%	97%	100%	98%	95%	
DRTMEN4 Q37	92%	87%	92%	98%	83%	94%	100%					100%	78%	97%	92%	86%	92%	93%	
AVERAGE	95.4	92.6	96.5	98.5	90.1	95.9	97.0	x	x	x	x	x	100	91.3	96.8	95.2	96.4	95.8	94.4

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PBCLCS4 Q50	83%	79%	67%	90%	85%	83%	90%						100%	83%	83%	86%	50%	85%	75%
CSRESP Q51	94%	91%	100%	95%	85%	94%	100%						100%	91%	97%	95%	75%	96%	87%
AVERAGE	88.28	85.33	83.33	92.86	84.62	88.89	95.00	x	x	x	x	x	100.0	86.96	90.28	90.52	62.50	90.63	81.25



SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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
NRXWHY Q11	95%	93%	75%	100%	85%	100%	100%					100%	80%	98%	94%	100%	91%	100%	
NRXWYNT Q12	75%	71%	100%	82%	54%	78%	67%					100%	60%	78%	76%	50%	70%	83%	
RXBST Q13	75%	80%	100%	65%	62%	87%	76%					100%	70%	76%	74%	100%	73%	79%	
AVERAGE	81.9	81.2	91.7	82.4	66.7	88.4	81.0	x	x	x	x	x	100	70.0	84.1	81.5	83.3	77.8	87.5

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	100%	74%	100%	100%	100%	100%	100%						100%	100%	100%		100%	100%
EZTHP Q23	65%	68%	60%	50%	100%	57%	100%					0%	33%	82%	85%	0%	50%	78%
EZTC Q26	65%	66%	67%	67%	100%	44%	54%					33%	86%	59%	66%	0%	70%	63%
AVERAGE	76.5	69.4	75.6	72.2	100	67.0	84.6	x	x	x	x	x	16.7	73.0	80.1	83.4	73.3	80.2

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE 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	
DRTLKU Q38	87%	86%	92%	92%	79%	86%	90%					80%	88%	87%	87%	83%	87%	89%	
DRUNCON Q43	85%	89%	67%	86%	83%	88%	86%					71%	100%	83%	85%	75%	87%	84%	
DRUNFAM Q44	83%	87%	67%	86%	83%	83%	86%					71%	100%	80%	83%	75%	80%	84%	
AVERAGE	85.1	87.3	75.0	87.8	82.1	85.5	87.0	x	x	x	x	x	74.3	95.9	83.4	85.3	77.8	84.5	85.7

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE 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	
HELPCONT Q18	96%	89%	100%	93%	100%	100%						100%	83%	100%	96%	100%	93%	100%	
HLPCOORD Q29	59%	57%	56%	64%	61%	55%	33%					40%	92%	48%	60%	33%	64%	54%	
AVERAGE	77.6	73.0	77.8	78.6	80.6	77.5	66.7	x	x	x	x	x	70.0	87.5	73.9	77.7	66.7	78.5	76.8

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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]

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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]

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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]

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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?



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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]

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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

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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).

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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.

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Correct  
Mark 

Incorrect  
Marks



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- 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 Best Personal  
 Doctor Possible 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?

- |                           |                       |                       |                       |                       |                       |                          |                       |                       |                       |                       |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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                    |
| Worst Specialist Possible |                       |                       |                       |                       |                       | Best Specialist Possible |                       |                       |                       |                       |

**YOUR CHILD'S HEALTH PLAN**

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

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

- Yes
- No → *Go to Question 52*

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 54**

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

- Never
- Sometimes
- Usually
- Always

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

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

### PRESCRIPTION MEDICINES

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

- Yes
- No → **Go to Question 57a**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

### ACCESS TO DENTAL CARE

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

- Yes
- No

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

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



## ADDITIONAL QUESTIONS

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

## ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No



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

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



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

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

78. What is your age?

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

79. Are you male or female?

- Male
- Female

80. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

81. How are you related to the child?

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

82. Did someone help you complete this survey?

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

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

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

**THANK YOU**

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

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

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







Sus respuestas a esta encuesta son completamente confidenciales. Toda información que pueda identificarle a usted o a su familia se mantendrá privada. El personal de la encuesta no divulgará su información personal sin su permiso.

Usted puede elegir si quiere contestar este cuestionario o no. Si decide no participar, esto no afectará los beneficios que usted recibe. El número en la cubierta de este cuestionario sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.

Si quiere recibir más información acerca de este estudio, llame al 1-888-506-5136 (aquellos con impedimentos de audición, favor llamar al 1-888-631-2097).

**INSTRUCCIONES PARA EL CUESTIONARIO**

- ▶ Por favor llene el círculo de su respuesta completamente. Use solamente tinta NEGRA o AZUL o un lápiz oscuro para completar la encuesta.

Marca  
Correcta 

Marca  
Incorrecta   

- ▶ A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará cuál es la siguiente pregunta a la que tiene que pasar. Por ejemplo:

- Sí → *Pase a la Pregunta 1*
- No

↓ **COMIENCE AQUI** ↓

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

- Sí → *Pase a la pregunta 3*
- No

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

\_\_\_\_\_



**LA ATENCIÓN MÉDICA QUE USTED  
RECIBIÓ EN LOS ÚLTIMOS 6 MESES**

Estas preguntas son acerca de la atención médica que usted ha recibido. No incluya la atención que recibió cuando pasó la noche hospitalizado. No incluya las consultas al dentista.

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata en una clínica, en una sala de emergencia o en un consultorio médico?
- Sí  
 No → *Pase a la pregunta 5*
4. En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
5. En los últimos 6 meses, ¿hizo alguna cita para un chequeo o una consulta regular en un consultorio médico o en una clínica?
- Sí  
 No → *Pase a la pregunta 7*
6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular en un consultorio médico o en una clínica tan pronto como la necesitaba?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

7. En los últimos 6 meses, sin contar las veces en que fue a una sala de emergencia, ¿cuántas veces fue a un consultorio médico o a una clínica para recibir atención médica para usted mismo?
- Ninguna vez → *Pase a la pregunta 15*  
 1 vez  
 2  
 3  
 4  
 5 a 9  
 10 veces o más
8. En los últimos 6 meses, ¿hablaron usted y un doctor u otro profesional médico sobre cosas específicas que usted podría hacer para prevenir enfermedades?
- Sí  
 No
9. En los últimos 6 meses, ¿hablaron usted y un doctor u otro profesional médico sobre comenzar o suspender una medicina recetada?
- Sí  
 No → *Pase a la pregunta 13*
10. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez quiera tomar una medicina?
- Sí  
 No
11. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez no quiera tomar una medicina?
- Sí  
 No
12. Cuando hablaron de comenzar o suspender una medicina recetada, ¿le preguntó un doctor u otro profesional médico sobre lo que usted creía que sería lo mejor para usted?
- Sí  
 No









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

- Sí
- No

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

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

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

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

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

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

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

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

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

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

↓ **COMIENCE AQUI** ↓

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

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

○ Sí ➔ *Pase a la pregunta 3*  
○ No

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

\_\_\_\_\_



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

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

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

Sí  
 No → *Pase a la pregunta 5*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

Sí  
 No → *Pase a la pregunta 7*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

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

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

Sí  
 No

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

◆

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

- Sí
- No → *Pase a la pregunta 14*

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

- Sí
- No

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

- Sí
- No

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

- Sí
- No

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

- |                                 |                       |                       |                       |                       |                       |                                  |                       |                       |                       |                       |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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

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

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

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 37*

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

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

### EL DOCTOR PERSONAL DE SU NIÑO

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

- Sí
- No → *Pase a la pregunta 45*

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

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

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

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



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 45*

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

- Sí
- No

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

- Sí
- No

## LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 49*

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

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

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

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

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

- |                              |                       |                       |                       |                       |                       |                       |                       |                               |                       |                       |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| <input type="radio"/>        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |
| 0                            | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                             | 9                     | 10                    |
| El peor especialista posible |                       |                       |                       |                       |                       |                       |                       | El mejor especialista 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       | El mejor      |
| plan de salud | plan de salud |
| posible       | 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 --&gt; APMAKE4

CARSN4

Q4. / CARSN4

In the last 6 months, when your child NEEDED CARE RIGHT AWAY, how often did your child get care as soon as [he/she] needed? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

In the last 6 months, NOT counting the times your child went to an emergency room, how many times did [he/she] go to a doctor's office or clinic to get health care?

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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



## PRVENT5

Q8. / PRVENT5

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## OFTQUES

9. / OFTQUES

In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## RXSTP

10. / RXSTP

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

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

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

## NRXWHY

11. / NRXWHY

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

12. / NRXWYNT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

13. / RXBST

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

14. / RTALLCR

Using ANY NUMBER FROM 0 TO 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## CHSCHL

16. / CHSCHL

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

1. YES
2. NO -----> MEDEQUIP

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## CONTSCHL

17. / CONTSCHL

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

1. YES
2. NO -----> MEDEQUIP

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## HELPCONT

18. / HELPCONT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MEDEQUIP

19. / MEDEQUIP

Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

1. YES
2. NO -----> SPCTHY

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

## EZMDEQ

20. / EZMDEQ

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPMDEQ

21. / HELPMDEQ

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## SPCTHY

22. / SPCTHY

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

1. YES
2. NO -----> TCPBLM

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

## EZTHP

23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPTHP

24. / HELPTHP

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## TCPBLM

25. / TCPBLM

In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

1. YES
2. NO -----> PLUSCARE

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

EZTC

26. / EZTC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PLUSCARE

28. / PLUSCARE

In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

1. YES
2. NO -----> PRSNLD4

DK/REFUSAL/NOT ASCERTAINED --&gt; PRSNLD4

HLPCOORD

29. / HLPCOORD

In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

A personal doctor is the one your child would see if [he/she] needs a check-up, has a health problem or gets sick or hurt.

Does your child have a personal doctor?

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

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

DRTMS

31. / DRTMS

In the last 6 months, how many times did your child visit  
[his/her] personal doctor for care?

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

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

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

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

PBDRNG

31a. / PBDRNG

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DREXPL4

32. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

33. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

34. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK

35. / CABLTLK

Is your child able to talk with doctors about [his/her] health care?

1. YES
2. NO -----> DRTMEN4

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL

36. / CDREXPL

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

37. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTLKU

38. / DRTLKU

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DIFFDR

39. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

40. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)



RATEDR4

41. / RATEDR4

Using ANY NUMBER FROM 0 TO 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

COND3MO

42. / COND3MO

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

(IWER: "We are looking for a condition that the child CURRENTLY HAS that has lasted for more than 3 months." )

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

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

DRUNCON

43. / DRUNCON

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DRUNFAM

44. / DRUNFAM

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

INTRO.SPDR

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

NDSPDR4

45. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

46. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

47. / SPDRS

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

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

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

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

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

RTSPDR4

48. / RTSPDR4

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

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

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

INTRO.PLAN

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

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 --&gt; RTPLEXP

PBPLPW4

53. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

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

1. YES
2. NO -----> REGDENT

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

## EZPRES

56. / EZPRES

In the last 6 months, how often was it easy to get prescription medicines for your child through [his/her] health plan? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPPRES

57. / HELPPRES

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## REGDENT

57a. / REGDENT

A regular dentist is one you would go to for check-ups and cleanings or when [he/she] has a cavity or tooth pain.

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## DNTASAP

57b. / DNTASAP

In the last 6 months, if your child needed to see a dentist right away because of a DENTAL EMERGENCY, did [he/she] get to see a dentist as soon as you wanted? Would you say...?

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

DK/REFUSAL/NOT ASCERTAINED

## CHTREAT

57c. / CHTREAT

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

## PCTREAT

57d. / PCTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## BSTREAT

57e. / BSTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## RESPCHT

57f. / RESPCHT

In the last 6 months, how often did your child's provider respect what health care and treatment choices you thought work best for your child? Would you say...?

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

DK/REFUSAL/NOT ASCERTAINED

## ENCORQC

57g. / ENCORQC

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

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

DK/REFUSAL/NOT ASCERTAINED

EASYQC

57h. / EASYQC

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

58. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

Other than vitamins, does your child currently need or use medicine prescribed by a doctor?

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

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

## WHYMEDA

61. / WHYMEDA

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

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

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

## WHYMEDB

62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MOREMED

63. / MOREMED

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

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

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREA

64. / WHYMOREA

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

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

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREB

65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## LIMITED

66. / LIMITED

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP



WHYLIMA

67. / WHYLIMA

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

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

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

WHYLIMB

68. / WHYLIMB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

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

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

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

WHYSTA

70. / WHYSTA

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

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

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

WHYSTB

71. / WHYSTB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

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

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

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

TIMCOUNA

73. / TIMCOUNA

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

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

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

\_\_\_ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

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

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

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

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

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

PQRACE3.(1-6)

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

[(Is your child)]

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

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

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

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

1. MALE
2. FEMALE

EDUCAT  
80. / EDUCAT

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

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

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

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT  
81. / CHRELT

How are you related to the child?

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE  
THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

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