



Columbia Pacific CCO
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 Columbia Pacific CCO members. Columbia Pacific CCO 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	
	Columbia Pacific CCO	Overall	Columbia Pacific CCO	Overall
**First mailing - sent	900	17100	900	17100
*First mailing - usable survey returned	171	3058	96	2302
Second mailing - sent	694	13527	767	14026
*Second mailing - usable survey returned	51	1118	55	1027
*Phone - usable surveys	69	1495	116	2309
Total - usable surveys	291	5671	267	5638
†Ineligible: According to population criteria‡	16	431	24	323
†Ineligible: Deceased	2	38	0	2
†Ineligible: Mentally or physically unable to complete survey	7	166	0	0
†Ineligible: Language barrier	0	78	0	81
Incorrect address AND incorrect phone number	62	915	49	878
Refusal/Returned survey blank	44	871	39	905
Nonresponse - Unavailable by mail or phone	478	8930	521	9273
Adjusted Response Rate	33.3%	34.6%	30.5%	33.8%

*Included in response rate numerator

†Excluded from adjusted response rate denominator

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

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

Response/Non-Response Comparison

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

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

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

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

Adult

Gender / Age	Non-Respondents	Respondents	Difference
Male	227 46.0%	113 38.8%	-7.12%
Female	267 54.0%	178 61.2%	7.12%
18-24	87 17.6%	32 11.0%	-6.61%
25-34	144 29.1%	52 17.9%	-11.28%
35-44	111 22.5%	40 13.7%	-8.72%
45-54	81 16.4%	62 21.3%	4.91%
55-64	63 12.8%	94 32.3%	19.55%
65-74	5 1.0%	9 3.1%	2.08%
75 or Older	3 0.6%	2 0.7%	0.08%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	270 51.7%	133 49.8%	-1.91%
Female	252 48.3%	134 50.2%	1.91%
<3	110 21.1%	51 19.1%	-1.97%
4-7	125 23.9%	66 24.7%	0.77%
8-12	145 27.8%	77 28.8%	1.06%
13 or older	142 27.2%	73 27.3%	0.14%

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

	COPA 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	MALE		
Q1 YES	286 100%	5577 100%	28 100%	48 100%	39 100%	58 100%	93 100%	11 100%	190 100%	~	~	~	~	~	~	20 100%	253 100%	187 100%	86 100%	109 100%	166 100%
NOT ANSWERED	5	94	1	1	1	1	1	3							5	3	2	4	1		
VALID CASES	286	5577	28	48	39	58	93	11	190						20	253	187	86	109	166	
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%	

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?

	COPA 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 ILLND	AMER IND/ ALSK	MUL- TI	HIS- IC	HIS- IC	NOT VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q3 YES	138 49%	2267 41%*	9 31%~	21 45%~	24 60%~	28 48%	46 51%	7 58%~	90 47%	~	~	~	~	~	13 65%~	120 47%~	75 40%*	58 67%*	42 38%*	91 55%*
NO	146 51%	3221 59%*	20 69%~	26 55%~	16 40%~	30 52%	45 49%	5 42%~	102 53%	~	~	~	~	~	7 35%~	134 53%~	113 60%*	28 33%*	68 62%*	74 45%*
NOT ANSWERED	7	183	2		3			1								4	2	2	3	2
VALID CASES	284	5488	29	47	40	58	91	12	192						20	254	188	86	110	165
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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			
	COPA	OHP	18	25	35	45	55	65	BLCK	NATV	AMER					NOT	EX &					
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	AS-	HAW/	IND/	ALSK	MUL-	HIS-	HIS-	VERY	GOOD	FAIR			
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AMER	IAN	ILND	NATV	OTHR	TI	PAN-	PAN-	GOOD	POOR	&	&	MALE	FE-
									##	##	#	##	##	##	IC	IC	GOOD	POOR	MALE	MALE		
Q4 NEVER	2	61			1											1	1					1
	2%	3%	~	~	5%~	~	~	~	~	~	~	~	~	~	~	1%	2%	~	~	~	~	1%
SOMETIMES	9	267	1	1	1	3	2	1	6						9	5	4				1	8
	7%	13%*	13%~	5%~	5%~	12%~	5%~	14%~	8%~	~	~	~	~	~	~	9%~	8%~	7%~			3%~	10%~
USUALLY	34	526	1	9	6	7	9	2	22						3	31	16	17			10	24
	28%	26%	13%~	45%~	27%~	28%~	24%~	29%~	29%~	~	~	~	~	~	25%~	30%~	25%~	31%~			27%~	30%~
ALWAYS	77	1196	6	10	14	15	26	4	47						9	64	41	33			26	48
	63%	58%	75%~	50%~	64%~	60%~	70%~	57%~	63%~	~	~	~	~	~	75%~	61%~	65%~	61%~			70%~	59%~
#ALWAYS + USUALLY (NET)	111	1723	7	19	20	22	35	6	69						12	95	57	50			36	72
	91%	84%*	88%~	95%~	91%~	88%~	95%~	86%~	92%~	~	~	~	~	~	100%~	90%~	90%~	93%~			97%~	89%~
TOP BOX SCORE	77	1196	6	10	14	15	26	4	47						9	64	41	33			26	48
	63%	58%	75%~	50%~	64%~	60%~	70%~	57%~	63%~	~	~	~	~	~	75%~	61%~	65%~	61%~			70%~	59%~
NOT ANSWERED	16	187	1	1	2	3	9		15						1	15	12	4			5	10
VALID CASES	122	2050	8	20	22	25	37	7	75						12	105	63	54			37	81
NUMBER OF RESPONDENTS	138	2237	9	21	24	28	46	7	90						13	120	75	58			42	91
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%			100%	100%

[ASKED IF Q3 = YES]

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

	COPA 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	
Q5 YES	192 67%	3682 67%	15 52%~	30 63%~	25 63%~	39 68%	68 74%	9 75%~	127 67%	~	~	~	~	~	~	16 80%~	168 66%~	113 60%*	70 81%*	65 58%*	119 73%*
NO	93 33%	1794 33%	14 48%~	18 37%~	15 37%~	18 32%	24 26%	3 25%~	63 33%	~	~	~	~	~	~	4 20%~	87 34%~	75 40%*	16 19%*	47 42%*	45 27%*
NOT ANSWERED	6	196		1		1	2		3								3	2	2	1	3
VALID CASES	285	5475	29	48	40	57	92	12	190							20	255	188	86	112	164
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	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			
	COPA 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 PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE	FE-MALE	
Q6 NEVER	6 3%	120 4%	2 ~	1 7%~	1 4%~	1 ~	1 2%	1 11%~	2 2%	~	~	~	~	~	5 ~	5 3%~	5 5%	1 ~	4 4%	
SOMETIMES	43 24%	637 19%	3 25%~	10 33%~	7 28%~	8 25%~	13 21%	1 11%~	27 24%	~	~	~	~	~	3 21%~	39 25%~	28 28%	14 21%	14 23%	28 26%
USUALLY	46 26%	905 27%	2 17%~	5 17%~	13 52%~	9 28%~	15 24%	1 11%~	32 28%	~	~	~	~	~	3 21%~	41 27%~	23 23%	21 32%	18 30%	27 25%
ALWAYS	81 46%	1691 50%	7 58%~	13 43%~	4 16%~	15 47%~	33 53%	6 67%~	53 46%	~	~	~	~	~	8 57%~	69 45%~	45 45%	31 47%	28 46%	49 45%
#ALWAYS + USUALLY (NET)	127 72%	2596 77%	9 75%~	18 60%~	17 68%~	24 75%~	48 77%	7 78%~	85 75%	~	~	~	~	~	11 79%~	110 71%~	68 67%	52 79%	46 75%	76 70%
TOP BOX SCORE	81 46%	1691 50%	7 58%~	13 43%~	4 16%~	15 47%~	33 53%	6 67%~	53 46%	~	~	~	~	~	8 57%~	69 45%~	45 45%	31 47%	28 46%	49 45%
NOT ANSWERED	16	330	3			7	6		13						2	14	12	4	4	11
VALID CASES	176	3353	12	30	25	32	62	9	114						14	154	101	66	61	108
NUMBER OF RESPONDENTS	192 100%	3683 100%	15 100%	30 100%	25 100%	39 100%	68 100%	9 100%	127 100%						16 100%	168 100%	113 100%	70 100%	65 100%	119 100%

[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?

	COPA 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 & POOR	GOOD & POOR	FE- MALE MALE	FE- MALE MALE		
Q7 NONE	68 24%	1469 27%	11 38%~	13 28%~	7 18%~	12 21%	20 22%	3 25%~	46 24%	~	~	~	~	~	~	4 21%~	61 24%~	54 29%*	11 13%*	38 35%*	28 17%*
1 TIME	49 17%	947 17%	6 21%~	6 13%~	13 34%~	7 12%	14 15%	2 17%~	34 18%	~	~	~	~	~	~	3 16%~	44 17%~	39 21%*	9 11%*	25 23%	23 14%
2	45 16%	900 17%	3 10%~	7 15%~	4 11%~	12 21%	15 16%	3 25%~	28 15%	~	~	~	~	~	~	3 16%~	41 16%~	30 16%	14 16%	18 17%	26 16%
3	37 13%	659 12%	4 14%~	6 13%~	3 8%~	10 18%	12 13%	1 8%~	27 14%	~	~	~	~	~	~	2 11%~	34 13%~	22 12%	13 15%	5 5%*	31 19%*
4	30 11%	465 9%	2 7%~	6 13%~	3 8%~	5 9%	12 13%	2 17%~	22 11%	~	~	~	~	~	~	4 21%~	26 10%~	23 12%	6 7%	9 8%	21 13%
5 TO 9	39 14%	673 12%	1 3%~	5 11%~	5 13%~	9 16%	17 18%	1 8%~	27 14%	~	~	~	~	~	~	3 16%~	35 14%~	13 7%*	24 28%*	11 10%	25 15%
10 OR MORE TIMES	14 5%	305 6%	2 7%~	4 9%~	3 8%~	2 4%	2 2%	~	8 4%	~	~	~	~	~	~	~	13 5%~	5 3%*	8 9%	3 3%	10 6%
NOT ANSWERED	9	254	2	2	1	2		1							1	4	4	3	4	3	
VALID CASES	282	5417	29	47	38	57	92	12	192						19	254	186	85	109	164	
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	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?

	COPA 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	OTH- R	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q8 #YES	156 75%	2759 72%	12 67%	25 74%	22 71%	33 79%	53 77%	6 67%	110 78%	~	~	~	~	~	~	10 67%	140 75%	92 71%	56 80%	52 75%	97 73%
NO	52 25%	1087 28%	6 33%	9 26%	9 29%	9 21%	16 23%	3 33%	31 22%	~	~	~	~	~	~	5 33%	47 25%	38 29%	14 20%	17 25%	35 27%
NOT ANSWERED	6	93				3	3		5							6		2	4	2	4
VALID CASES	208	3846	18	34	31	42	69	9	141							15	187	130	70	69	132
NUMBER OF RESPONDENTS	214 100%	3939 100%	18 100%	34 100%	31 100%	45 100%	72 100%	9 100%	146 100%							15 100%	193 100%	132 100%	74 100%	71 100%	136 100%

[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?

	COPA 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	FE- MALE	MALE	
Q9 YES	132 63%	2168 56%*	11 61%~	20 59%~	18 58%~	28 65%~	45 65%	7 78%~	98 70%*	~	~	~	~	~	9 60%~	120 64%~	74 57%*	54 76%*	39 57%	88 66%
NO	77 37%	1687 44%*	7 39%~	14 41%~	13 42%~	15 35%~	24 35%	2 22%~	43 30%*	~	~	~	~	~	6 40%~	68 36%~	56 43%*	17 24%*	30 43%	45 34%
NOT ANSWERED	5	84				2	3		5							5	2	3	2	3
VALID CASES	209	3855	18	34	31	43	69	9	141						15	188	130	71	69	133
NUMBER OF RESPONDENTS	214	3939	18	34	31	45	72	9	146						15	193	132	74	71	136
	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?

	COPA 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			
Q10 #YES	118 92%	1919 93%	10 91%~	18 90%~	18 100%~	25 93%~	38 90%~	6 86%~	87 93%~	~	~	~	~	~	~	6 67%~	109 94%~	66 93%	48 91%	37 95%~	77 92%~
NO	10 8%	152 7%	1 9%~	2 10%~	~	2 7%~	4 10%~	1 14%~	7 7%~	~	~	~	~	~	~	3 33%~	7 6%~	5 7%	5 9%	2 5%~	7 8%~
NOT ANSWERED	18	379		2	2	4	8		10							1	13	9	7	6	10
VALID CASES	128	2072	11	20	18	27	42	7	94							9	116	71	53	39	84
NUMBER OF RESPONDENTS	146 100%	2451 100%	11 100%	22 100%	20 100%	31 100%	50 100%	7 100%	104 100%							10 100%	129 100%	80 100%	60 100%	45 100%	94 100%

[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?

	COPA 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	FE- MALE	MALE	
Q11 #YES	106 83%	1506 73%*	9 90%~	18 90%~	15 83%~	20 74%~	36 86%~	6 86%~	83 89%~	~	~	~	~	~	5 ~ 56%~	99 ~ 86%~	57 81%	46 87%	33 85%~	70 84%~
NO	21 17%	555 27%*	1 10%~	2 10%~	3 17%~	7 26%~	6 14%~	1 14%~	10 11%~	~	~	~	~	~	4 ~ 44%~	16 ~ 14%~	13 19%	7 13%	6 15%~	13 16%~
NOT ANSWERED	5	53	1			1	3		5							5	4	1		5
VALID CASES	127	2061	10	20	18	27	42	7	93						9	115	70	53	39	83
NUMBER OF RESPONDENTS	132 100%	2114 100%	11 100%	20 100%	18 100%	28 100%	45 100%	7 100%	98 100%						9 100%	120 100%	74 100%	54 100%	39 100%	88 100%

[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?

	COPA 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	FE- MALE	
Q12 #YES	102 80%	1561 76%	8 73%~	17 85%~	12 67%~	22 81%~	35 83%~	5 71%~	76 81%~	~	~	~	~	~	6 67%~	93 80%~	55 77%	43 81%	32 82%~	67 80%~
NO	26 20%	492 24%	3 27%~	3 15%~	6 33%~	5 19%~	7 17%~	2 29%~	18 19%~	~	~	~	~	~	3 33%~	23 20%~	16 23%	10 19%	7 18%~	17 20%~
NOT ANSWERED	4	61				1	3		4						4	3	1		4	
VALID CASES	128	2053	11	20	18	27	42	7	94						9	116	71	53	39	84
NUMBER OF RESPONDENTS	132 100%	2114 100%	11 100%	20 100%	18 100%	28 100%	45 100%	7 100%	98 100%						9 100%	120 100%	74 100%	54 100%	39 100%	88 100%

[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?

	COPA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE			
Q13 WORST HEALTH CARE POSSIBLE	1 0.5%	27 0.7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
01	1 0.5%	7 0.2%	~	~	1 3%	~	~	~	~	~	~	~	~	1 0.5%	1 0.8%	~	~	1 0.7%		
02	1 0.5%	49 1%	~	1 3%	~	~	~	~	~	~	~	~	~	1 0.5%	1 0.8%	~	~	1 0.7%		
03	9 4%	78 2%	1 6%	3 9%	2 6%	2 5%	1 1%	~	5 4%	~	~	~	~	1 7%	8 4%	6 5%	3 4%	1 1%	8 6%	
04	6 3%	87 2%	1 6%	1 3%	2 6%	~	2 3%	~	5 4%	~	~	~	~	~	6 3%	4 3%	2 3%	2 3%	4 3%	
05	21 10%	281 7%	~	3 9%	4 13%	3 7%	9 13%	2 22%	17 12%	~	~	~	~	~	21 11%	9 7%	12 17%*	4 6%	17 13%	
06	15 7%	233 6%	1 6%	2 6%	4 13%	6 14%	~	2 22%	9 6%	~	~	~	~	~	15 8%	8 6%	7 10%	3 4%	12 9%	
07	26 12%	502 13%	2 11%	3 9%	5 16%	7 16%	9 13%	~	16 11%	~	~	~	~	~	3 20%	23 12%	15 12%	10 14%	16 23%*	10 7%*
08	33 16%	866 23%*	5 28%	6 18%	6 19%	3 7%	11 16%	1 11%	24 17%	~	~	~	~	~	2 13%	30 16%	23 18%	9 12%	13 19%	18 13%
09	29 14%	651 17%	2 11%	6 18%	2 6%	5 11%	12 17%	1 11%	21 15%	~	~	~	~	~	28 15%	21 16%	6 8%	12 17%	16 12%	
BEST HEALTH CARE POSSIBLE	68 32%	1054 27%	6 33%	9 26%	5 16%	18 41%	25 36%	3 33%	45 32%	~	~	~	~	~	9 60%	56 30%	42 32%	23 32%	18 26%	47 35%
#8-10 (NET)	130 62%	2571 67%	13 72%	21 62%	13 42%	26 59%	48 70%	5 56%	90 63%	~	~	~	~	~	11 73%	114 60%	86 66%	38 53%	43 62%	81 60%

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		
		COPA 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	HIS- IC	NOT VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
9-10 (NET)	97 46%	1705 44%	8 44%~	15 44%~	7 23%~	23 52%~	37 54%	4 44%~	66 46%	~	~	~	~	~	~	9 60%~	84 44%~	63 48%	29 40%	30 43%	63 47%
NOT ANSWERED	4	105				1	3		4								4	2	2	2	2
VALID CASES	210	3834	18	34	31	44	69	9	142							15	189	130	72	69	134
NUMBER OF RESPONDENTS	214 100%	3939 100%	18 100%	34 100%	31 100%	45 100%	72 100%	9 100%	146 100%							15 100%	193 100%	132 100%	74 100%	71 100%	136 100%
MEAN	7.79	7.91	8.06	7.50	6.77	8.07	8.19	7.67	7.87							8.67	7.72	7.91	7.57	8.01	7.67
p stat_(*=Sig @ p<=.05)		.399	~	~	~	~.055	~	~.510	~	~	~	~	~	~	~	~	~	~.341	.296	.256	.281

[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	
	COPA 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
Q14 NEVER	3 1%	112 3%	~	~	3%~	1 2%~	~	~0.7%	~	~	~	~	~	~	1 7%~	1 0.5%~	1 0.8%~	1 1%	~	2 1%
SOMETIMES	36 17%	652 17%	3 17%~	6 18%~	8 26%~	10 23%~	7 10%*	2 22%~	25 18%	~	~	~	~	~	~	36 19%~	20 15%	16 23%	12 18%	24 18%
USUALLY	79 38%	1292 34%	7 39%~	15 44%~	10 32%~	11 25%~	30 44%	5 56%~	55 39%	~	~	~	~	~	4 27%~	74 39%~	51 39%	26 37%	27 40%	51 38%
ALWAYS	91 44%	1764 46%	8 44%~	13 38%~	12 39%~	22 50%~	31 46%	2 22%~	60 43%	~	~	~	~	~	10 67%~	77 41%~	58 45%	28 39%	29 43%	57 43%
#ALWAYS + USUALLY (NET)	170 81%	3056 80%	15 83%~	28 82%~	22 71%~	33 75%~	61 90%*	7 78%~	115 82%	~	~	~	~	~	14 93%~	151 80%~	109 84%	54 76%	56 82%	108 81%
TOP BOX SCORE	91 44%	1764 46%	8 44%~	13 38%~	12 39%~	22 50%~	31 46%	2 22%~	60 43%	~	~	~	~	~	10 67%~	77 41%~	58 45%	28 39%	29 43%	57 43%
NOT ANSWERED	5	119				1	4		5						5	2	3	3	2	
VALID CASES	209	3820	18	34	31	44	68	9	141						15	188	130	71	68	134
NUMBER OF RESPONDENTS	214	3939	18	34	31	45	72	9	146						15	193	132	74	71	136
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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?

	COPA 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	214 75%	4350 80%	17 59%~	32 68%~	32 80%~	44 76%	76 82%	7 64%~	142 75%	~	~	~	~	~	~	16 80%~	189 74%~	129 68%*	76 89%*	80 71%	126 77%		
NO	71 25%	1094 20%	12 41%~	15 32%~	8 20%~	14 24%	17 18%	4 36%~	48 25%	~	~	~	~	~	~	4 20%~	66 26%~	60 32%*	9 11%*	32 29%	38 23%		
NOT ANSWERED	6	228	2		1		1	3							3	1	3	1	3				
VALID CASES	285	5443	29	47	40	58	93	11	190							20	255	189	85	112	164		
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%		

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

	COPA 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 PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q16 NONE	26 13%	890 22%*	4 24%~	5 16%~	5 16%~	2 5%~	8 12%	1 14%~	18 14%	~	~	~	~	~	~	1 7%~	23 13%~	21 18%*	4 6%*	17 22%*	8 7%*
1 TIME	41 21%	1017 25%	4 24%~	5 16%~	10 31%~	6 16%~	15 22%	~	29 22%	~	~	~	~	~	~	2 14%~	37 21%~	29 25%	11 15%	19 25%	21 18%
2	42 21%	826 20%	5 29%~	4 13%~	3 9%~	12 32%~	12 17%	4 57%~	23 18%	~	~	~	~	~	~	4 29%~	36 20%~	27 23%	13 18%	14 18%	25 22%
3	32 16%	578 14%	2 12%~	6 19%~	6 19%~	7 19%~	10 14%	1 14%~	23 18%	~	~	~	~	~	~	1 7%~	31 18%~	15 13%	16 22%	10 13%	22 19%
4	20 10%	309 7%	2 12%~	2 6%~	3 9%~	3 8%~	9 13%	1 14%~	11 8%	~	~	~	~	~	~	4 29%~	15 9%~	13 11%	7 10%	5 7%	14 12%
5 TO 9	33 17%	401 10%*	~	9 29%~	4 13%~	5 14%~	15 22%	~	25 19%	~	~	~	~	~	~	2 14%~	31 18%~	13 11%*	18 25%*	10 13%	23 20%
10 OR MORE TIMES	4 2%	98 2%	~	~	1 3%~	2 5%~	~	~	1 0.8%	~	~	~	~	~	~	~	3 2%~	~	3 4%	1 1%	2 2%
NOT ANSWERED	16	232		1		7	7		12							2	13	11	4	4	11
VALID CASES	198	4118	17	31	32	37	69	7	130							14	176	118	72	76	115
NUMBER OF RESPONDENTS	214	4350	17	32	32	44	76	7	142							16	189	129	76	80	126
	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?

	COPA 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	
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q17 NEVER		58 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	10 6%	230 7%	1 8%	1 4%	3 11%	3 9%	2 3%	7 6%	~	~	~	~	~	~	10 7%	4 4%	6 9%	1 2%*	9 8%*	
USUALLY	37 22%	675 21%	2 15%	6 23%	7 26%	7 20%	14 23%	26 23%	~	~	~	~	~	~	4 31%	32 21%	16 16%	20 29%*	16 27%	19 18%
ALWAYS	125 73%	2229 70%	10 77%	19 73%	17 63%	25 71%	45 74%	6 100%	79 71%	~	~	~	~	~	9 69%	111 73%	77 79%*	42 62%*	42 71%	79 74%
#ALWAYS + USUALLY (NET)	162 94%	2905 91%	12 92%	25 96%	24 89%	32 91%	59 97%	6 100%	105 94%	~	~	~	~	~	13 100%	143 93%	93 96%	62 91%	58 98%*	98 92%*
TOP BOX SCORE	125 73%	2229 70%	10 77%	19 73%	17 63%	25 71%	45 74%	6 100%	79 71%	~	~	~	~	~	9 69%	111 73%	77 79%*	42 62%*	42 71%	79 74%
NOT ANSWERED		27																		
VALID CASES	172	3193	13	26	27	35	61	6	112						13	153	97	68	59	107
NUMBER OF RESPONDENTS	172 100%	3220 100%	13 100%	26 100%	27 100%	35 100%	61 100%	6 100%	112 100%						13 100%	153 100%	97 100%	68 100%	59 100%	107 100%

[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	
	COPA 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 HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
			%	%	%	%	%	%	##	##	#	##	##	##	##	##	%	%	%	%
Q18 NEVER	1	63					1	1							1		1		1	
	0.6%	2%*	~	~	~	~	2%	~0.9%	~	~	~	~	~	~	~0.7%	~	~1%	~	~0.9%	
SOMETIMES	14	266	1	1	5	3	4	11							14	4	10	5	9	
	8%	8%	8%~	4%~	19%~	9%~	7%	~10%	~	~	~	~	~	~	~9%	4%*	15%*	8%	8%	
USUALLY	37	675	3	7	5	8	12	22							3	33	20	16	11	24
	22%	21%	23%~	27%~	19%~	23%~	20%	~20%	~	~	~	~	~	~	~23%~	~22%~	~21%	~24%	~19%	~22%
ALWAYS	120	2196	9	18	17	24	44	5	78						10	105	73	41	43	73
	70%	69%	69%~	69%~	63%~	69%~	72%	83%~	~70%	~	~	~	~	~	~77%~	~69%~	~75%	~60%*	~73%	~68%
#ALWAYS + USUALLY (NET)	157	2872	12	25	22	32	56	6	100						13	138	93	57	54	97
	91%	90%	92%~	96%~	81%~	91%~	92%	100%~	~89%	~	~	~	~	~	~100%~	~90%~	~96%*	~84%*	~92%	~91%
TOP BOX SCORE	120	2196	9	18	17	24	44	5	78						10	105	73	41	43	73
	70%	69%	69%~	69%~	63%~	69%~	72%	83%~	~70%	~	~	~	~	~	~77%~	~69%~	~75%	~60%*	~73%	~68%
NOT ANSWERED		19																		
VALID CASES	172	3201	13	26	27	35	61	6	112						13	153	97	68	59	107
NUMBER OF RESPONDENTS	172	3220	13	26	27	35	61	6	112						13	153	97	68	59	107
	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	
	COPA	OHP	18	25	35	45	55	65	BLCK	AS-	NATV	AMER					EX &			
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	IAN	HAW/	IND/	MUL-	HIS-	HIS-	NOT	VERY	GOOD	FAIR	FE-
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AMER	ILND	NATV	OTHR	TI	IC	IC	GOOD	POOR	MALE	MALE	
Q19																				
NEVER	2	78			1		1	2							2	1	1		2	
	1%	2%	~	~	4%~	~	2%	2%~	~	~	~	~	~	~	~	1%~	1%	1%	~	2%~
SOMETIMES	9	205		2	2	2	3	6							9	1	8	1	8	
	5%	6%	~	8%~	7%~	6%~	5%	5%	~	~	~	~	~	~	6%~	1%*	12%*	2%	7%*	
USUALLY	32	539	3	5	7	6	10	19							3	29	20	12	15	16
	19%	17%	23%~	19%~	26%~	17%~	16%	17%~	~	~	~	~	~	~	23%~	19%~	21%	18%	25%	15%
ALWAYS	129	2374	10	19	17	27	47	85							10	113	75	47	43	81
	75%	74%	77%~	73%~	63%~	77%~	77%	76%	~	~	~	~	~	~	77%~	74%~	77%	69%	73%	76%
#ALWAYS + USUALLY (NET)	161	2913	13	24	24	33	57	104							13	142	95	59	58	97
	94%	91%	100%~	92%~	89%~	94%~	93%	93%	~	~	~	~	~	~	100%~	93%~	98%*	87%*	98%*	91%*
TOP BOX SCORE	129	2374	10	19	17	27	47	85							10	113	75	47	43	81
	75%	74%	77%~	73%~	63%~	77%~	77%	76%	~	~	~	~	~	~	77%~	74%~	77%	69%	73%	76%
NOT ANSWERED		24																		
VALID CASES	172	3196	13	26	27	35	61	112							13	153	97	68	59	107
NUMBER OF RESPONDENTS	172	3220	13	26	27	35	61	112							13	153	97	68	59	107
	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		
	COPA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q20 NEVER	2 1%	89 3%	~	1 4%	1 4%	~	~	2 2%	~	~	~	~	~	~	~	2 1%	1 1%	1 1%	~	2 2%	
SOMETIMES	17 10%	317 10%	15%~	2 ~	7 26%	1 3%	6 10%	1 17%	11 10%	~	~	~	~	~	~	17 11%	9 9%	8 12%	6 10%	11 10%	
USUALLY	40 23%	782 24%	31%~	4 27%	7 19%	5 19%	10 29%	12 20%	21 19%	~	~	~	~	~	~	3 23%	35 23%	21 22%	16 24%	14 24%	23 21%
ALWAYS	113 66%	2009 63%	54%~	7 54%	18 69%	14 52%	24 69%	43 70%	5 83%	78 70%	~	~	~	~	~	10 77%	99 65%	66 68%	43 63%	39 66%	71 66%
#ALWAYS + USUALLY (NET)	153 89%	2790 87%	85%~	11 85%	25 96%	19 70%	34 97%	55 90%	5 83%	99 88%	~	~	~	~	~	13 100%	134 88%	87 90%	59 87%	53 90%	94 88%
TOP BOX SCORE	113 66%	2009 63%	54%~	7 54%	18 69%	14 52%	24 69%	43 70%	5 83%	78 70%	~	~	~	~	~	10 77%	99 65%	66 68%	43 63%	39 66%	71 66%
NOT ANSWERED		24																			
VALID CASES	172	3196	13	26	27	35	61	6	112							13	153	97	68	59	107
NUMBER OF RESPONDENTS	172 100%	3220 100%	13 100%	26 100%	27 100%	35 100%	61 100%	6 100%	112 100%							13 100%	153 100%	97 100%	68 100%	59 100%	107 100%

[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?

	COPA 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	
Q21 YES	99 58%	2002 63%	5 38%~	15 58%~	19 70%~	20 59%~	34 57%	5 83%~	68 62%	~	~	~	~	~	5 38%~	92 61%~	46 48%*	49 73%*	29 49%	67 64%
NO	71 42%	1173 37%	8 62%~	11 42%~	8 30%~	14 41%~	26 43%	1 17%~	42 38%	~	~	~	~	~	8 62%~	59 39%~	50 52%*	18 27%*	30 51%	38 36%
NOT ANSWERED	2	45				1	1		2							2	1	1		2
VALID CASES	170	3175	13	26	27	34	60	6	110						13	151	96	67	59	105
NUMBER OF RESPONDENTS	172 100%	3220 100%	13 100%	26 100%	27 100%	35 100%	61 100%	6 100%	112 100%						13 100%	153 100%	97 100%	68 100%	59 100%	107 100%

[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?

	COPA 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 & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE
Q22 NEVER	6 6%	115 6%	1 ~	2 7%	1 11%	2 5%	2 6%	5 7%	~	~	~	~	~	6 7%	3 7%	3 6%	6 ~	9%	
SOMETIMES	14 14%	272 14%	3 ~	3 20%	3 16%	5 15%	8 12%	~	~	~	~	~	1 20%	12 13%	4 9%	10 21%	3 11%	11 17%	
USUALLY	25 26%	568 30%	1 25%	3 20%	3 16%	3 15%	13 39%	2 40%	21 31%	~	~	~	~	25 28%	12 27%	12 25%	10 36%	14 21%	
ALWAYS	52 54%	925 49%	3 75%	8 53%	11 58%	13 65%	13 39%	3 60%	34 50%	~	~	~	~	4 80%	47 52%	26 58%	23 48%	15 54%	35 53%
#ALWAYS + USUALLY (NET)	77 79%	1493 79%	4 100%	11 73%	14 74%	16 80%	26 79%	5 100%	55 81%	~	~	~	~	4 80%	72 80%	38 84%	35 73%	25 89%	49 74%
TOP BOX SCORE	52 54%	925 49%	3 75%	8 53%	11 58%	13 65%	13 39%	3 60%	34 50%	~	~	~	~	4 80%	47 52%	26 58%	23 48%	15 54%	35 53%
NOT ANSWERED	2	69	1			1								2	1	1	1	1	
VALID CASES	97	1881	4	15	19	20	33	5	68					5	90	45	48	28	66
NUMBER OF RESPONDENTS	99	1950	5	15	19	20	34	5	68					5	92	46	49	29	67
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE						ETHNICITY	HEALTH STATUS		GENDER			
	COPA 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 & POOR	FAIR & POOR	FE-MALE	MALE
Q23 WORST PERSONAL DOCTOR POSSIBLE	21 1%	21 0.5%	~	~	~	~	1%	~0.8%	~	~	~	~	~	~	~	1	~	1%	1%	~
01	38 0.5%	38 0.9%	~	~	1	~	~	~0.8%	~	~	~	~	~	~	~	1	~0.8%	~	~	1
02	42 1%	42 1%	1	1	~	~	~	~0.8%	~	~	~	~	~	~	~	2	1	1	~	2
03	61 2%	61 2%	~	1	~	~	3%	~	~	~	~	~	~	~	~	3	1	2	1	2
04	88 1%	88 2%	~	~	1	1	~	~	~	~	~	~	~	~	~	2	1	1	~	2
05	212 5%	212 5%	1	1	1	4	2	~	~	~	~	~	~	~	~	1	8	5	4	3
06	181 6%	181 4%	~	~	5	1	6	~	~	~	~	~	~	~	~	12	6	6	4	8
07	352 5%	352 9%*	~	2	1	3	3	~	~	~	~	~	~	~	~	9	5	4	3	5
08	703 18%	703 17%	6	7	6	5	11	1	~	~	~	~	~	~	~	4	32	23	13	17
09	736 18%	736 18%	3	6	6	7	10	2	~	~	~	~	~	~	~	1	32	22	11	24
BEST PERSONAL DOCTOR POSSIBLE	1648 43%	1648 40%	6	13	10	16	33	4	~	~	~	~	~	~	~	9	72	53	27	22
#8-10 (NET)	3087 79%	3087 76%	15	26	22	28	54	7	~	~	~	~	~	~	~	14	136	98	51	63

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		
		COPA 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	HIS- IC	NOT & VERY GOOD & FAIR POOR	EX & VERY GOOD & FAIR POOR	FE- MALE	MALE	
9-10 (NET)	119 61%	2384 58%	9 53%	19 61%	16 52%	23 62%	43 63%	6 86%	82 64%	~	~	~	~	~	~	10 67%	104 60%	75 64%	38 54%	46 61%	69 61%
NOT ANSWERED	19	266		1	1	7	8		13							1	15	11	6	5	12
VALID CASES	195	4084	17	31	31	37	68	7	129							15	174	118	70	75	114
NUMBER OF RESPONDENTS	214 100%	4350 100%	17 100%	32 100%	32 100%	44 100%	76 100%	7 100%	142 100%							16 100%	189 100%	129 100%	76 100%	80 100%	126 100%
MEAN	8.43	8.33	8.35	8.52	8.03	8.49	8.54	9.43	8.41							9.07	8.40	8.63	8.13	8.47	8.46
p stat_(*=Sig @ p<=.05)		.486	~	~	~	~	.575	~	.845	~	~	~	~	~	~	~	~	.122	.127	.840	.840

[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?

	COPA 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	FE- MALE		
Q24 YES	114 40%	2150 40%	2 7%	16 34%	16 40%	29 50%	46 49%*	5 42%	80 42%	~	~	~	~	~	7 35%	106 41%	58 31%*	55 62%*	36 32%*	76 46%*	
NO	169 60%	3272 60%	27 93%	31 66%	24 60%	29 50%	48 51%*	7 58%	111 58%	~	~	~	~	~	13 65%	150 59%	130 69%*	33 38%*	77 68%*	89 54%*	
NOT ANSWERED	8	249	2					2						2		2		2			
VALID CASES	283	5422	29	47	40	58	94	12	191							20	256	188	88	113	165
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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 HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q25 NEVER	9 8%	123 6%	2 ~ 13%	2 ~ 13%	2 ~ 8%	2 ~ 4%	1 ~ 20%	7 9%	~	~	~	~	~	~	9 9%	4 7%	5 9%	2 6%	7 10%	
SOMETIMES	31 28%	379 19%*	4 ~ 25%	7 ~ 44%	8 ~ 31%	12 ~ 26%	22 ~ 28%	~	~	~	~	~	~	2 29%	29 28%	14 25%	17 32%	15 42%	16 22%	
USUALLY	24 22%	576 29%	1 ~ 6%	5 ~ 31%	4 ~ 15%	12 ~ 26%	2 ~ 40%	18 23%	~	~	~	~	~	1 14%	23 22%	11 19%	13 25%	6 17%	17 23%	
ALWAYS	47 42%	938 46%	2 100%	9 ~ 56%	2 ~ 13%	12 ~ 46%	20 ~ 43%	2 ~ 40%	31 40%	~	~	~	~	~	4 57%	42 41%	28 49%	18 34%	13 36%	33 45%
#ALWAYS + USUALLY (NET)	71 64%	1514 75%*	2 100%	10 ~ 63%	7 ~ 44%	16 ~ 62%	32 ~ 70%	4 ~ 80%	49 63%	~	~	~	~	~	5 71%	65 63%	39 68%	31 58%	19 53%	50 68%
TOP BOX SCORE	47 42%	938 46%	2 100%	9 ~ 56%	2 ~ 13%	12 ~ 46%	20 ~ 43%	2 ~ 40%	31 40%	~	~	~	~	~	4 57%	42 41%	28 49%	18 34%	13 36%	33 45%
NOT ANSWERED	3	70			3			2						3	1	2		3		
VALID CASES	111	2016	2	16	16	26	46	5	78					7	103	57	53	36	73	
NUMBER OF RESPONDENTS	114	2086	2	16	16	29	46	5	80					7	106	58	55	36	76	
	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	
	COPA 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	
								WHTE												
Q26 NONE	6 5%	110 5%	~	1 6%~	1 6%~	1 4%~	3 7%~	5 6%~	~	~	~	~	~	~	6 6%~	2 4%	4 8%	2 6%~	4 5%~	
1 SPECIALIST	53 48%	1016 50%	100%~	2 56%~	9 56%~	9 48%~	12 43%~	20 20%~	1 45%~	35 ~	~	~	~	~	2 33%~	51 50%~	35 61%*	18 35%*	20 57%~	33 45%~
2	32 29%	508 25%	~	3 19%~	5 31%~	7 28%~	16 35%~	1 20%~	24 31%~	~	~	~	~	~	3 50%~	28 27%~	14 25%	17 33%	9 26%~	22 30%~
3	12 11%	258 13%	~	1 6%~	~	5 20%~	5 11%~	1 20%~	11 14%~	~	~	~	~	~	~	12 12%~	3 5%	9 17%*	3 9%~	9 12%~
4	4 4%	69 3%	~	1 6%~	1 6%~	~	~	2 40%~	~	~	~	~	~	~	1 17%~	3 3%~	1 2%	3 6%	~	3 4%~
5 OR MORE SPECIALISTS	3 3%	55 3%	~	1 6%~	~	~	2 4%~	~	2 3%~	~	~	~	~	~	~	3 3%~	2 4%	1 2%	1 3%~	2 3%~
NOT ANSWERED	4	71				4		3							1	3	1	3	1	3
VALID CASES	110	2015	2	16	16	25	46	5	77						6	103	57	52	35	73
NUMBER OF RESPONDENTS	114	2086	2	16	16	29	46	5	80						7	106	58	55	36	76
	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?

	COPA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	MUL- TI ##	HIS- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q27 WORST SPECIALIST POSSIBLE	4 4%	19 1%	~	~	3 20%~	1 4%~	~	2 3%~	~	~	~	~	~	~	4 4%~	1 2%~	3 6%~	1 3%~	3 4%~	
01	1 1%	7 0.4%	~	~	~	1 2%~	~	1 1%~	~	~	~	~	~	~	1 1%~	1 2%~	~	~	1 1%~	
02		19 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		32 2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04	3 3%	32 2%	~	1 7%~	1 7%~	1 2%~	~	3 4%~	~	~	~	~	~	~	3 3%~	1 2%~	2 4%~	1 3%~	2 3%~	
05	3 3%	67 4%	~	1 7%~	~	1 4%~	1 2%~	2 3%~	~	~	~	~	~	~	3 3%~	1 2%~	2 4%~	1 3%~	2 3%~	
06	4 4%	73 4%	~	~	2 13%~	~	2 5%~	4 6%~	~	~	~	~	~	~	4 4%~	2 4%~	2 4%~	2 6%~	2 3%~	
07	14 14%	158 8%	~	6 40%~	2 13%~	2 9%~	4 9%~	7 10%~	~	~	~	~	~	~	2 33%~	12 13%~	8 15%~	5 10%~	6 19%~	8 12%~
08	16 16%	318 17%	~	1 7%~	1 7%~	3 13%~	10 23%~	1 20%~	10 14%~	~	~	~	~	~	15 16%~	6 11%~	10 21%~	5 16%~	10 14%~	
09	14 14%	355 19%	~	1 7%~	2 13%~	5 22%~	5 12%~	1 20%~	13 18%~	~	~	~	~	~	14 15%~	9 17%~	5 10%~	5 16%~	9 13%~	
BEST SPECIALIST POSSIBLE	44 43%	797 42%	100%~	2 33%~	5 27%~	4 48%~	11 44%~	19 44%~	3 60%~	30 42%~	~	~	~	~	4 67%~	40 42%~	25 46%~	19 40%~	11 34%~	32 46%~
#8-10 (NET)	74 72%	1470 78%	100%~	2 47%~	7 47%~	7 83%~	19 79%~	34 100%~	5 74%~	53 74%~	~	~	~	~	4 67%~	69 72%~	40 74%~	34 71%~	21 66%~	51 74%~

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	
		COPA 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 ##	ASIAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	58 56%	1152 61%	2 100%	6 40%	6 40%	16 70%	24 56%	4 80%	43 60%	~	~	~	~	~	~	4 67%	54 56%	34 63%	24 50%	16 50%	41 59%
NOT ANSWERED	1	16				1										1	1			1	
VALID CASES	103	1878	2	15	15	23	43	5	72							6	96	54	48	32	69
NUMBER OF RESPONDENTS	104	1894	2	15	15	24	43	5	72							6	97	55	48	33	69
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%
MEAN	8.19	8.45	10.0	7.87	6.40	8.61	8.49	9.40	8.24							9.00	8.15	8.46	7.92	8.06	8.23
p stat_(*=Sig @ p<=.05)		.292	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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?

	COPA 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 & POOR	FE- MALE	MALE
Q28 YES	65 23%	1069 20%	17 ~ 35%	11 ~ 27%	13 ~ 22%	20 21%	3 25%	43 22%	~	~	~	~	~	3 ~ 15%	61 24%	37 20%	26 30%	27 24%	36 22%
NO	218 77%	4323 80%	29 100%	31 65%	29 73%	45 78%	74 79%	9 75%	149 78%	~	~	~	~	17 ~ 85%	196 76%	152 80%	62 70%	86 76%	130 78%
NOT ANSWERED	8	279	1					1						1	1				1
VALID CASES	283	5392	29	48	40	58	94	12	192					20	257	189	88	113	166
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%					20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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?

	COPA 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	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q29 NEVER	7 11%	102 11%	1 ~	4 6%~	1 36%~	8%~	~	2 5%~	~	~	~	~	~	~	6 ~	10%~	4 11%~	2 8%~	3 11%~	3 9%~
SOMETIMES	25 39%	354 37%	10 ~	6 59%~	2 55%~	5 17%~	2 25%~	16 38%~	~	~	~	~	~	1 33%~	24 40%~	15 42%~	10 38%~	12 44%~	13 37%~	
USUALLY	25 39%	333 35%	6 ~	1 35%~	8 9%~	9 67%~	1 45%~	18 43%~	~	~	~	~	~	2 67%~	23 38%~	15 42%~	9 35%~	11 41%~	13 37%~	
ALWAYS	7 11%	171 18%	~	~	~	1 8%~	6 30%~	6 14%~	~	~	~	~	~	7 ~	12%~	2 6%~	5 19%~	1 4%~	6 17%~	
#ALWAYS + USUALLY (NET)	32 50%	504 52%	6 ~	1 35%~	9 9%~	15 75%~	1 75%~	24 57%~	~	~	~	~	~	2 67%~	30 50%~	17 47%~	14 54%~	12 44%~	19 54%~	
TOP BOX SCORE	7 11%	171 18%	~	~	~	1 8%~	6 30%~	6 14%~	~	~	~	~	~	7 ~	12%~	2 6%~	5 19%~	1 4%~	6 17%~	
NOT ANSWERED	1	35				1		1							1	1			1	
VALID CASES	64	961		17	11	12	20	3	42					3	60	36	26	27	35	
NUMBER OF RESPONDENTS	65	996		17	11	13	20	3	43					3	61	37	26	27	36	
	100%	100%		100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q28 = YES]

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

	COPA 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	FE- MALE	FE- MALE	
Q30 YES	72 26%	1502 28%	6 21%~	10 21%~	14 36%~	13 23%	24 26%	4 33%~	46 24%	~	~	~	~	~	5 ~	64 25%~	43 23%	27 31%	28 25%	42 26%
NO	207 74%	3866 72%	23 79%~	37 79%~	25 64%~	43 77%	70 74%	8 67%~	143 76%	~	~	~	~	~	15 ~	189 75%~	144 77%	60 69%	84 75%	121 74%
NOT ANSWERED	12	303	2	1	2				4						5	3	1	1	4	
VALID CASES	279	5368	29	47	39	56	94	12	189						20	253	187	87	112	163
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	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	
	COPA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER WHTE	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
									##	##	#	##	##	##	IC	IC	GOOD	POOR		
Q31 NEVER	4 6%	56 4%	2 ~ 20%~	1 7%~	1 ~ 4%~	3 7%~	3 7%~	3 7%~	~	~	~	~	~	~	~	4 6%~	2 5%~	2 7%~	1 4%~	3 7%~
SOMETIMES	14 20%	267 20%	1 17%~	4 40%~	3 21%~	1 8%~	4 17%~	1 25%~	13 30%~	~	~	~	~	~	1 20%~	13 21%~	9 22%~	5 19%~	3 11%~	11 27%~
USUALLY	16 23%	405 30%	1 17%~	2 20%~	2 14%~	7 58%~	3 13%~	1 25%~	8 18%~	~	~	~	~	~	15 24%~	10 24%~	6 22%~	8 29%~	8 20%~	
ALWAYS	36 51%	624 46%	4 67%~	2 20%~	8 57%~	4 33%~	15 65%~	2 50%~	20 45%~	~	~	~	~	~	4 80%~	30 48%~	20 49%~	14 52%~	16 57%~	18 45%~
#ALWAYS + USUALLY (NET)	52 74%	1029 76%	5 83%~	4 40%~	10 71%~	11 92%~	18 78%~	3 75%~	28 64%~	~	~	~	~	~	4 80%~	45 73%~	30 73%~	20 74%~	24 86%~	26 65%~
TOP BOX SCORE	36 51%	624 46%	4 67%~	2 20%~	8 57%~	4 33%~	15 65%~	2 50%~	20 45%~	~	~	~	~	~	4 80%~	30 48%~	20 49%~	14 52%~	16 57%~	18 45%~
NOT ANSWERED	2	48			1	1	2	2							2	2			2	
VALID CASES	70	1351	6	10	14	12	23	4	44						5	62	41	27	28	40
NUMBER OF RESPONDENTS	72	1399	6	10	14	13	24	4	46						5	64	43	27	28	42
	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		
	COPA	OHP	18	25	35	45	55	65	BLCK	AS-	NATV	AMER					EX &				
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	IAN	HAW/	IND/	ALSK	MUL-	HIS-	NOT	VERY	GOOD	FAIR	FE-	
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AMER	ILND	NATV	OTHR	TI	PAN-	PAN-	GOOD	POOR	MALE	MALE		
Q32																					
NEVER	1	18		1					1							1		1		1	
	1%	1%		~ 10%	~	~	~	~	2%	~	~	~	~	~	~	2%	~	4%	~	2%	
SOMETIMES	6	102		3	2		1		5							1	5	3	3	2	4
	9%	8%		~ 30%	~ 14%	~	~ 4%	~	11%	~	~	~	~	~	~	20%	8%	7%	11%	7%	10%
USUALLY	11	291		3	2	1	2	2	7							1	10	9	2	3	8
	16%	21%		50%	~ 20%	~ 7%	~ 17%	~ 9%	~ 25%	~ 16%	~	~	~	~	~	20%	16%	22%	7%	11%	20%
ALWAYS	52	946		3	4	11	10	20	31							3	46	29	21	23	27
	74%	70%		50%	~ 40%	~ 79%	~ 83%	~ 87%	~ 75%	~ 70%	~	~	~	~	~	60%	74%	71%	78%	82%	68%
#ALWAYS + USUALLY (NET)	63	1237		6	6	12	12	22	38							4	56	38	23	26	35
	90%	91%		100%	~ 60%	~ 86%	~ 100%	~ 96%	~ 100%	~ 86%	~	~	~	~	~	80%	90%	93%	85%	93%	88%
TOP BOX SCORE	52	946		3	4	11	10	20	31							3	46	29	21	23	27
	74%	70%		50%	~ 40%	~ 79%	~ 83%	~ 87%	~ 75%	~ 70%	~	~	~	~	~	60%	74%	71%	78%	82%	68%
NOT ANSWERED	2	41					1	1	2							2	2			2	
VALID CASES	70	1358		6	10	14	12	23	44							5	62	41	27	28	40
NUMBER OF RESPONDENTS	72	1399		6	10	14	13	24	46							5	64	43	27	28	42
	100%	100%		100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	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		
Q33																					
YES	66 24%	1713 32%*	6 21%~	14 29%~	7 17%~	18 32%	16 17%	4 36%~	37 20%*	~	~	~	~	~	3 16%~	60 24%~	42 23%	22 26%	31 28%	32 20%	
NO	212 76%	3590 68%*	23 79%~	34 71%~	33 83%~	38 68%	76 83%	7 64%~	152 80%*	~	~	~	~	~	16 84%~	193 76%~	144 77%	64 74%	81 72%	130 80%	
NOT ANSWERED	13	368	1			2	2	1	4						1	5	4	2	1	5	
VALID CASES	278	5303	29	48	40	56	92	11	189						19	253	186	86	112	162	
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	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	
	COPA 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
PQ34 NEVER	9 3%	82 2%	1 3%	5 10%	2 ~	1 4%	1 1%	4 2%	~	~	~	~	~	~	~	9 4%	5 3%	4 5%	4 4%	5 3%
SOMETIMES	13 5%	286 5%	~	~	3 7%	6 11%	2 2%	1 10%	5 3%	~	~	~	~	~	1 5%	10 4%	8 4%	4 5%	8 7%	4 3%
USUALLY	20 7%	671 13%*	3 10%	4 8%	1 2%	2 4%	8 9%	2 20%	12 6%	~	~	~	~	~	2 11%	17 7%	13 7%	7 8%	9 8%	10 6%
ALWAYS	231 85%	4198 80%*	25 86%	39 81%	36 90%	44 81%	79 88%	7 70%	164 89%*	~	~	~	~	~	16 84%	212 85%	156 86%	70 82%	90 81%	139 88%
#ALWAYS + USUALLY (NET)	251 92%	4868 93%	28 97%	43 90%	37 92%	46 85%	87 97%*	9 90%	176 95%*	~	~	~	~	~	18 95%	229 92%	169 93%	77 91%	99 89%	149 94%
TOP BOX SCORE	231 85%	4198 80%*	25 86%	39 81%	36 90%	44 81%	79 88%	7 70%	164 89%*	~	~	~	~	~	16 84%	212 85%	156 86%	70 82%	90 81%	139 88%
NOT ANSWERED	5	86				2	2	1	4						5	4	1	1	4	
VALID CASES	273	5236	29	48	40	54	90	10	185						19	248	182	85	111	158
NUMBER OF RESPONDENTS	278	5322	29	48	40	56	92	11	189						19	253	186	86	112	162
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

	COPA 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/ PAC ILND #	AMER ALSK NATV ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE		
Q35 WORST HEALTH PLAN POSSIBLE	1 0.4%	41 0.8%	~	~	~	2%	~	~	~	~	~	~	~	~	1 ~0.4%	1 ~0.6%	~	~	1 ~0.7%		
01	1 0.4%	47 0.9%	~	~	~	2%	~	~	~	~	~	~	~	~	1 ~0.4%	1 ~1%	~	~	1 ~0.7%		
02	2 0.8%	52 1%	1 4%	~	1 3%	~	~	~	~	~	~	~	~	~	2 ~0.8%	2 1%	~	~	1 ~0.9%	1 0.7%	
03	9 3%	102 2%	1 4%	2 4%	1 3%	3 5%	2 2%	~	4 2%	~	~	~	~	~	1 6%	8 3%	6 3%	3 4%	4 4%	5 3%	
04	15 6%	122 2%*	2 7%	6 13%	2 5%	~	4 5%	1 8%	14 8%*	~	~	~	~	~	~	15 6%	8 5%	7 8%	4 4%	11 7%	
05	28 11%	466 9%	2 7%	5 11%	4 11%	6 11%	10 12%	1 8%	19 11%	~	~	~	~	~	1 6%	27 11%	16 9%	12 14%	12 11%	16 11%	
06	21 8%	327 6%	3 11%	5 11%	5 13%	2 4%	5 6%	1 8%	17 9%	~	~	~	~	~	~	21 9%	15 8%	6 7%	5 5%	16 11%	
07	30 11%	646 13%	3 11%	3 7%	5 13%	6 11%	8 10%	4 33%	19 11%	~	~	~	~	~	~	28 12%	19 11%	10 12%	14 13%	15 10%	
08	60 23%	1048 21%	7 25%	10 22%	12 32%	14 25%	17 20%	~	37 21%	~	~	~	~	~	~	7 39%	53 22%	39 22%	20 24%	24 22%	36 24%
09	34 13%	797 16%	2 7%	7 16%	4 11%	9 16%	10 12%	2 17%	26 14%	~	~	~	~	~	~	2 11%	32 13%	25 14%	8 10%	14 13%	20 13%
BEST HEALTH PLAN POSSIBLE	63 24%	1383 27%	7 25%	7 16%	4 11%	13 24%	28 33%*	3 25%	42 23%	~	~	~	~	~	~	7 39%	53 22%	46 26%	16 19%	30 28%	30 20%
#8-10 (NET)	157 59%	3229 64%	16 57%	24 53%	20 53%	36 65%	55 65%	5 42%	105 58%	~	~	~	~	~	~	16 89%	138 57%	110 62%	44 53%	68 63%	86 57%

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	
		COPA 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 ##	ASIAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	MULTI OTHR ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	MALE	
9-10 (NET)	97 37%	2180 43%*	9 32%~	14 31%~	8 21%~	22 40%	38 45%	5 42%~	68 38%	~	~	~	~	~	~	9 50%~	85 35%~	71 40%	24 29%	44 41%	50 33%
NOT ANSWERED	27	640	1	4	2	3	10		13							2	17	13	5	5	15
VALID CASES	264	5031	28	45	38	55	84	12	180							18	241	177	83	108	152
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%
MEAN	7.52	7.78	7.36	7.09	7.11	7.58	7.90	7.58	7.50							8.44	7.42	7.65	7.18	7.74	7.31
p stat_(*=Sig @ p<=.05)		.045*	~	~	~.812	.042*			~.871	~	~	~	~	~	~	~	~	~.154	.094	.157	.071

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?

	COPA 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	
Q35A YES	31 11%	663 12%	2 ~	4 4%	10 10%	13 18%	2 14%	22 12%	~	~	~	~	~	2 11%	29 11%	10 5%*	20 24%*	8 7%	22 14%	
NO	245 89%	4665 88%	29 100%	45 96%	36 90%	47 82%	77 86%	9 82%	166 88%	~	~	~	~	16 89%	224 89%	177 95%*	64 76%*	102 93%	140 86%	
NOT ANSWERED	15	342	2			1	4	1	5					2	5	3	4	3	5	
VALID CASES	276	5329	29	47	40	57	90	11	188					18	253	187	84	110	162	
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%					20 100%	258 100%	190 100%	88 100%	113 100%	167 100%	

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

	COPA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q35B NEVER	8 27%	127 21%~	1 ~	2 ~	1 ~	4 33%~	5 24%~	~	~	~	~	~	~	~	8 29%~	2 22%~	6 30%~	1 13%~	7 33%~
SOMETIMES		93 16%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
USUALLY	6 20%	141 24%~	~	~	3 30%~	3 25%~	4 19%~	~	~	~	~	~	~	6 21%~	~	6 30%~	3 38%~	3 14%~	
ALWAYS	16 53%	234 39%~	1 ~	2 50%~	6 60%~	5 42%~	2 100%~	12 57%~	~	~	~	~	~	2 100%~	14 50%~	7 78%~	8 40%~	4 50%~	11 52%~
#ALWAYS + USUALLY (NET)	22 73%	375 63%~	1 ~	2 50%~	9 90%~	8 67%~	2 100%~	16 76%~	~	~	~	~	~	2 100%~	20 71%~	7 78%~	14 70%~	7 88%~	14 67%~
TOP BOX SCORE	16 53%	234 39%~	1 ~	2 50%~	6 60%~	5 42%~	2 100%~	12 57%~	~	~	~	~	~	2 100%~	14 50%~	7 78%~	8 40%~	4 50%~	11 52%~
NOT ANSWERED	1	32				1	1							1	1				1
VALID CASES	30	595	2	4	10	12	2	21						2	28	9	20	8	21
NUMBER OF RESPONDENTS	31 100%	627 100%	2 100%	4 100%	10 100%	13 100%	2 100%	22 100%						2 100%	29 100%	10 100%	20 100%	8 100%	22 100%

[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?

	COPA 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		
Q35C YES	43 15%	814 15%	1 3%	9 19%	9 23%	8 14%	12 13%	4 33%	31 16%	~	~	~	~	~	~	2 10%	40 16%	20 11%*	22 26%*	12 11%	31 19%
NO	236 85%	4498 85%	28 97%	39 81%	30 77%	50 86%	79 87%	8 67%	159 84%	~	~	~	~	~	~	18 90%	213 84%	168 89%*	63 74%*	97 89%	135 81%
NOT ANSWERED	12	359		1	1		3		3							5	2	3	4	1	
VALID CASES	279	5312	29	48	39	58	91	12	190							20	253	188	85	109	166
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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 HIS- PAN- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE	
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q35D NEVER	9 21%	169 23%	3 ~ 33%	2 ~ 22%	1 ~ 13%	1 ~ 9%	2 ~ 50%	5 ~ 17%	~	~	~	~	~	~	9 ~ 23%	5 ~ 25%	3 ~ 14%	3 ~ 25%	6 ~ 20%	
SOMETIMES	10 24%	128 17%	4 ~ 44%	1 ~ 11%	2 ~ 25%	3 ~ 27%	8 ~ 27%	~	~	~	~	~	~	10 ~ 26%	4 ~ 20%	6 ~ 29%	3 ~ 25%	7 ~ 23%		
USUALLY	8 19%	197 26%	~	~ 11%	4 ~ 50%	3 ~ 27%	5 ~ 17%	~	~	~	~	~	~	1 ~ 50%	7 ~ 18%	2 ~ 10%	6 ~ 29%	3 ~ 25%	5 ~ 17%	
ALWAYS	15 36%	251 34%	1 ~ 100%	2 ~ 22%	5 ~ 56%	1 ~ 13%	4 ~ 36%	2 ~ 50%	12 ~ 40%	~	~	~	~	~	1 ~ 50%	13 ~ 33%	9 ~ 45%	6 ~ 29%	3 ~ 25%	12 ~ 40%
#ALWAYS + USUALLY (NET)	23 55%	448 60%	1 ~ 100%	2 ~ 22%	6 ~ 67%	5 ~ 63%	7 ~ 64%	2 ~ 50%	17 ~ 57%	~	~	~	~	~	2 ~ 100%	20 ~ 51%	11 ~ 55%	12 ~ 57%	6 ~ 50%	17 ~ 57%
TOP BOX SCORE	15 36%	251 34%	1 ~ 100%	2 ~ 22%	5 ~ 56%	1 ~ 13%	4 ~ 36%	2 ~ 50%	12 ~ 40%	~	~	~	~	~	1 ~ 50%	13 ~ 33%	9 ~ 45%	6 ~ 29%	3 ~ 25%	12 ~ 40%
NOT ANSWERED	1	29				1	1	1						1		1		1		
VALID CASES	42	745	1	9	9	8	11	4	30					2	39	20	21	12	30	
NUMBER OF RESPONDENTS	43	774	1	9	9	8	12	4	31					2	40	20	22	12	31	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q35C = YES]

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

	COPA 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	MALE		
Q35E YES	175 62%	2942 55%*	11 38%~	31 66%~	28 70%~	39 68%	58 62%	7 58%~	122 64%	~	~	~	~	~	~	10 53%~	161 63%~	100 53%*	70 81%*	61 54%*	111 68%*
NO	105 38%	2408 45%*	18 62%~	16 34%~	12 30%~	18 32%	35 38%	5 42%~	68 36%	~	~	~	~	~	~	9 47%~	94 37%~	88 47%*	16 19%*	52 46%*	52 32%*
NOT ANSWERED	11	321		2		1	1		3							1	3	2	2		4
VALID CASES	280	5350	29	47	40	57	93	12	190							19	255	188	86	113	163
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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		
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	
Q35F NO EFFORT AT ALL	1 0.6%	101 4%*	~	~	~	3%~	~	~	~	~	~	~	~	~	~	1 ~0.7%	1 ~	1 1%	1 ~		
A LITTLE EFFORT WAS MADE	24 15%	195 7%*	1 9%~	5 17%~	8 29%~	6 17%~	3 6%*	1 14%~	16 14%	~	~	~	~	~	~	1 11%~	23 15%~	15 16%	8 12%	8 14%	16 16%
SOME EFFORT WAS MADE	36 22%	696 25%	4 36%~	9 30%~	6 21%~	6 17%~	10 19%	1 14%~	20 18%	~	~	~	~	~	~	3 33%~	32 21%~	20 22%	16 24%	16 27%	20 20%
A LOT OF EFFORT WAS MADE	103 63%	1801 64%	6 55%~	16 53%~	14 50%~	22 63%~	39 75%*	5 71%~	75 67%	~	~	~	~	~	~	5 56%~	96 63%~	58 62%	42 63%	35 59%	65 64%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	139 85%	2497 89%	10 91%~	25 83%~	20 71%~	28 80%~	49 94%*	6 86%~	95 85%	~	~	~	~	~	~	8 89%~	128 84%~	78 84%	58 87%	51 86%	85 83%
TOP BOX SCORE	103 63%	1801 64%	6 55%~	16 53%~	14 50%~	22 63%~	39 75%*	5 71%~	75 67%	~	~	~	~	~	~	5 56%~	96 63%~	58 62%	42 63%	35 59%	65 64%
NOT ANSWERED	11	82	1			4	6		10							1	9	7	3	2	9
VALID CASES	164	2794	11	30	28	35	52	7	112							9	152	93	67	59	102
NUMBER OF RESPONDENTS	175	2876	11	31	28	39	58	7	122							10	161	100	70	61	111
	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?

	COPA 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 HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE				
Q35G NO EFFORT AT ALL	3 2%	101 4%	~	~	4%~	3%~	2%	~	2%	~	~	~	~	~	~	~	~	3	1	2	2	1	
A LITTLE EFFORT WAS MADE	19 12%	226 8%	9%~	17%~	21%~	14%~	2%* 14%~	13%	~	~	~	~	~	~	~	~	~	19	14	5	7	12	
SOME EFFORT WAS MADE	45 27%	717 26%	36%~	23%~	32%~	22%~	31% 14%~	25%	~	~	~	~	~	~	~	~	~	4	41	20	24	18	27
A LOT OF EFFORT WAS MADE	97 59%	1741 63%	55%~	60%~	43%~	61%~	65% 71%~	61%	~	~	~	~	~	~	~	~	~	5	89	57	36	32	62
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	142 87%	2458 88%	91%~	83%~	75%~	83%~	96%* 86%~	86%	~	~	~	~	~	~	~	~	~	9	130	77	60	50	89
TOP BOX SCORE	97 59%	1741 63%	55%~	60%~	43%~	61%~	65% 71%~	61%	~	~	~	~	~	~	~	~	~	5	89	57	36	32	62
NOT ANSWERED	11	91		1		3	7	10										1	9	8	3	2	9
VALID CASES	164	2785	11	30	28	36	51	7	112									9	152	92	67	59	102
NUMBER OF RESPONDENTS	175 100%	2876 100%	11 100%	31 100%	28 100%	39 100%	58 100%	7 100%	122 100%									10 100%	161 100%	100 100%	70 100%	61 100%	111 100%

[ASKED IF Q35E = YES]

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

	COPA 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	
Q35H NO EFFORT AT ALL	6 4%	190 7%*	2 ~	3 7%~	11 11%~	1 ~	2 2%	4 4%	~	~	~	~	~	~	6 4%	4 4%	2 3%	4 7%	2 2%	
A LITTLE EFFORT WAS MADE	22 13%	238 9%	4 ~	7 13%~	25 25%~	6 17%~	4 8%	1 14%~	14 13%	~	~	~	~	~	2 22%~	20 13%~	12 13%	10 15%	6 10%	16 16%
SOME EFFORT WAS MADE	46 28%	749 27%	6 55%~	7 23%~	6 21%~	10 28%~	15 29%	2 29%~	31 28%	~	~	~	~	~	3 33%~	43 28%~	23 25%	22 33%	22 37%	24 24%
A LOT OF EFFORT WAS MADE	90 55%	1596 58%	5 45%~	17 57%~	12 43%~	20 56%~	31 61%	4 57%~	63 56%	~	~	~	~	~	4 44%~	83 55%~	53 58%	33 49%	27 46%	60 59%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	136 83%	2345 85%	11 100%~	24 80%~	18 64%~	30 83%~	46 90%	6 86%~	94 84%	~	~	~	~	~	7 78%~	126 83%~	76 83%	55 82%	49 83%	84 82%
TOP BOX SCORE	90 55%	1596 58%	5 45%~	17 57%~	12 43%~	20 56%~	31 61%	4 57%~	63 56%	~	~	~	~	~	4 44%~	83 55%~	53 58%	33 49%	27 46%	60 59%
NOT ANSWERED	11	103	1	3	7	10	10	10	10						1	9	8	3	2	9
VALID CASES	164	2773	11	30	28	36	51	7	112						9	152	92	67	59	102
NUMBER OF RESPONDENTS	175	2876	11	31	28	39	58	7	122						10	161	100	70	61	111
	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?

	COPA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	MUL- TI ##	HIS- IC ##	HIS- IC ##	NOT VERY GOOD & GOOD	FAIR & POOR	FE- MALE	MALE		
Q35I YES	107 39%	1870 35%	9 32%~	19 40%~	11 27%~	28 50%	36 40%	4 33%~	75 40%	~	~	~	~	~	~	10 50%~	95 38%~	65 35%*	41 48%*	40 36%	65 40%
NO	168 61%	3406 65%	19 68%~	29 60%~	29 73%~	28 50%	55 60%	8 67%~	112 60%	~	~	~	~	~	~	10 50%~	156 62%~	122 65%*	44 52%*	71 64%	97 60%
NOT ANSWERED	16	394	1	1		2	3		6							7	3	3	2	5	
VALID CASES	275	5277	28	48	40	56	91	12	187							20	251	187	85	111	162
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	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?

	COPA 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	FE- MALE	MALE	
Q35J #YES	92 89%	1588 89%	8 89%~	15 79%~	10 91%~	25 89%~	31 97%~	3 75%~	65 92%~	~	~	~	~	~	8 80%~	83 91%~	56 90%~	35 88%~	35 90%~	55 89%~
NO	11 11%	204 11%	1 11%~	4 21%~	1 9%~	3 11%~	1 3%~	1 25%~	6 8%~	~	~	~	~	~	2 20%~	8 9%~	6 10%~	5 12%~	4 10%~	7 11%~
NOT ANSWERED	4	60					4		4						4	3	1		1	3
VALID CASES	103	1792	9	19	11	28	32	4	71						10	91	62	40	39	62
NUMBER OF RESPONDENTS	107	1852	9	19	11	28	36	4	75						10	95	65	41	40	65
	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?

	COPA 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		
Q35K #YES	88 85%	1484 84%	7 78%	16 84%	8 73%	22 79%	31 94%	4 100%	61 85%	~	~	~	~	~	~	9 90%	78 85%	56 90%	31 76%	34 85%	52 84%
NO	16 15%	292 16%	2 22%	3 16%	3 27%	6 21%	2 6%	11 15%	~	~	~	~	~	~	1 10%	14 15%	6 10%	10 24%	6 15%	10 16%	
NOT ANSWERED	3	76				3	3								3	3			3		
VALID CASES	104	1776	9	19	11	28	33	4	72						10	92	62	41	40	62	
NUMBER OF RESPONDENTS	107	1852	9	19	11	28	36	4	75						10	95	65	41	40	65	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

[ASKED IF Q35I = YES]

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

	COPA 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	
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q35L NEVER	37 14%	692 13%	9 32%~	4 8%~	3 8%~	6 11%	13 14%	2 18%~	21 11%	~	~	~	~	~	2 10%~	35 14%~	29 16%	8 9%	21 19%*	16 10%*
SOMETIMES	30 11%	623 12%	~	7 15%~	10 27%~	6 11%	7 8%	~	20 11%	~	~	~	~	~	2 10%~	28 11%~	18 10%	12 14%	13 12%	17 10%
USUALLY	62 23%	1195 23%	9 32%~	10 21%~	8 22%~	13 23%	20 22%	2 18%~	45 24%	~	~	~	~	~	5 25%~	57 23%~	39 21%	23 26%	23 21%	39 24%
ALWAYS	144 53%	2698 52%	10 36%~	27 56%~	16 43%~	32 56%	52 57%	7 64%~	102 54%	~	~	~	~	~	11 55%~	129 52%~	96 53%	44 51%	52 48%	90 56%
#ALWAYS + USUALLY (NET)	206 75%	3894 75%	19 68%~	37 77%~	24 65%~	45 79%	72 78%	9 82%~	147 78%	~	~	~	~	~	16 80%~	186 75%~	135 74%	67 77%	75 69%*	129 80%
TOP BOX SCORE	144 53%	2698 52%	10 36%~	27 56%~	16 43%~	32 56%	52 57%	7 64%~	102 54%	~	~	~	~	~	11 55%~	129 52%~	96 53%	44 51%	52 48%	90 56%
NOT ANSWERED	18	462	1	1	3	1	2	1	5							9	8	1	4	5
VALID CASES	273	5209	28	48	37	57	92	11	188						20	249	182	87	109	162
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	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	
	COPA	OHP	18	25	35	45	55	65	65	BLCK	AS-	NATV	AMER	MUL-	HIS-	NOT	EX &	VERY	FE-		
	TOT	TOT	TO	TO	TO	TO	TO	AND	WHTE	AFR-	IAN	HAW/	IND/	OTH-	PAN-	PAN-	GOOD	FAIR	MALE	MALE	
	ADLT	ADLT	24	34	44	54	64	OVER		AMER		ILND	NATV	THR	IC	IC	GOOD	POOR			
Q35M																					
ALWAYS	20	310	2	5	1	2	9	1	11						4	15	11	9	7	12	
	7%	6%	7%~	10%~	3%~	4%	10%	10%~	6%	~	~	~	~	~	20%~	6%~	6%	10%	7%	7%	
USUALLY	9	270	1	1	1	2	4		4						1	8	1	7	5	4	
	3%	5%	4%~	2%~	3%~	4%	4%		2%	~	~	~	~	~	5%~	3%~	0.6%*	8%*	5%	2%	
SOMETIMES	58	952	7	10	11	15	13	2	36						8	50	30	28	22	35	
	21%	18%	25%~	20%~	30%~	27%	14%*	20%~	19%	~	~	~	~	~	40%~	20%~	17%*	32%*	21%	22%	
NEVER	184	3697	18	33	24	37	65	7	134						7	174	137	44	73	111	
	68%	71%	64%~	67%~	65%~	66%	71%	70%~	72%*	~	~	~	~	~	35%~	70%~	77%*	50%*	68%	69%	
#NEVER + SOMETIMES (NET)	242	4649	25	43	35	52	78	9	170						15	224	167	72	95	146	
	89%	89%	89%~	88%~	95%~	93%	86%	90%~	92%	~	~	~	~	~	75%~	91%~	93%*	82%*	89%	90%	
TOP BOX SCORE	184	3697	18	33	24	37	65	7	134						7	174	137	44	73	111	
	68%	71%	64%~	67%~	65%~	66%	71%	70%~	72%*	~	~	~	~	~	35%~	70%~	77%*	50%*	68%	69%	
NOT ANSWERED	20	442	1		3	2	3	2	8						11	11			6	5	
VALID CASES	271	5229	28	49	37	56	91	10	185						20	247	179	88	107	162	
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	167	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	COPA	OHP	18	25	35	45	55	65	BLCK	AS-	NATV	AMER	MUL-	HIS-	NOT	EX &	VERY	FE-		
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	IAN	HAW/	IND/	TI	PAN-	PAN-	GOOD	FAIR	MALE		
	ADLT	ADLT	24	34	44	54	64	OVER	WHTE	##	##	#	##	##	IC	IC	GOOD	POOR	MALE	
Q35N																				
ALWAYS	4	79			1	2	1		1						1	3	2	2	3	1
	1%	2%	~	~	3%	4%	1%	~	0.5%	~	~	~	~	~	5%	1%	1%	2%	3%	0.6%
USUALLY	6	129	1	2		1	2		3						6	2	4	1	5	
	2%	2%	4%	4%	~	2%	2%	~	2%	~	~	~	~	~	2%	1%	5%	0.9%	3%	
SOMETIMES	49	739	4	9	10	10	16		34						7	42	24	24	16	33
	18%	14%	14%	18%	26%	18%	18%	~	18%	~	~	~	~	~	35%	17%	13%*	27%*	15%	20%
NEVER	214	4276	23	38	27	43	72	11	147						12	198	153	58	89	123
	78%	82%	82%	78%	71%	77%	79%	100%	79%	~	~	~	~	~	60%	80%	85%*	66%*	82%	76%
#NEVER + SOMETIMES (NET)	263	5015	27	47	37	53	88	11	181						19	240	177	82	105	156
	96%	96%	96%	96%	97%	95%	97%	100%	98%	~	~	~	~	~	95%	96%	98%	93%	96%	96%
TOP BOX SCORE	214	4276	23	38	27	43	72	11	147						12	198	153	58	89	123
	78%	82%	82%	78%	71%	77%	79%	100%	79%	~	~	~	~	~	60%	80%	85%*	66%*	82%	76%
NOT ANSWERED	18	448	1		2	2	3	1	8						9	9			4	5
VALID CASES	273	5223	28	49	38	56	91	11	185						20	249	181	88	109	162
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	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			
	COPA 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 & POOR	FAIR & POOR	FE-MALE	MALE	
Q350 ALWAYS	4 1%	62 1%	~	~	3%	~	3%	~	1%	~	~	~	~	~	1 5%	3 1%	2 1%	2 2%	2 2%	2 1%
USUALLY	6 2%	77 1%	4%~	3 6%~	1 3%~	1 2%	~	~	2%	~	~	~	~	~	~	6 2%	4 2%	2 2%	2 2%	4 2%
SOMETIMES	27 10%	505 10%	7%~	2 12%~	6 11%~	4 13%	7 9%	~	21 11%	~	~	~	~	~	2 10%	25 10%	10 5%*	17 20%*	9 8%	18 11%
NEVER	236 86%	4589 88%	25 89%~	40 82%~	32 84%~	48 86%	80 88%	11 100%~	159 86%	~	~	~	~	~	17 85%~	215 86%~	166 91%*	66 76%*	96 88%	138 85%
#NEVER + SOMETIMES (NET)	263 96%	5094 97%	27 96%~	46 94%~	36 95%~	55 98%	88 97%	11 100%~	180 97%	~	~	~	~	~	19 95%~	240 96%~	176 97%	83 95%	105 96%	156 96%
TOP BOX SCORE	236 86%	4589 88%	25 89%~	40 82%~	32 84%~	48 86%	80 88%	11 100%~	159 86%	~	~	~	~	~	17 85%~	215 86%~	166 91%*	66 76%*	96 88%	138 85%
NOT ANSWERED	18	438	1		2	2	3	1	8						9	8	1		4	5
VALID CASES	273	5233	28	49	38	56	91	11	185						20	249	182	87	109	162
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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	184 69%	3547 69%	23 85%~	28 58%~	22 59%~	42 75%	63 70%	6 60%~	128 70%	~	~	~	~	~	~	15 79%~	166 68%~	132 75%*	49 56%*	68 66%	114 70%
YES SOMEWHAT	67 25%	1203 23%	3 11%~	16 33%~	12 32%~	11 20%	22 24%	3 30%~	45 24%	~	~	~	~	~	~	4 21%~	62 25%~	34 19%*	32 37%*	29 28%	38 23%
NO	17 6%	417 8%	1 4%~	4 8%~	3 8%~	3 5%	5 6%	1 10%~	11 6%	~	~	~	~	~	~	17 7%~	11 6%	6 7%	6 6%	11 7%	
NOT ANSWERED	23	503	2	1	3	2	4	2	9							1	13	13	1	10	4
VALID CASES	268	5168	27	48	37	56	90	10	184							19	245	177	87	103	163
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	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?

	COPA 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		
Q35Q YES	146 52%	2983 57%	15 54%~	31 63%~	24 60%~	27 47%	44 48%	5 42%~	100 53%	~	~	~	~	~	~	13 65%~	133 52%~	106 56%	39 45%	51 45%*	93 57%
NO	133 48%	2289 43%	13 46%~	18 37%~	16 40%~	31 53%	48 52%	7 58%~	90 47%	~	~	~	~	~	~	7 35%~	122 48%~	82 44%	48 55%	62 55%*	71 43%
NOT ANSWERED	12	399	1				2		3							3	2	1		3	
VALID CASES	279	5272	28	49	40	58	92	12	190							20	255	188	87	113	164
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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?

	COPA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK OTHR ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE		
Q35R NEVER	59 44%	917 37%	9 53%~	10 38%~	5 26%~	18 51%~	17 49%~	29 39%	~	~	~	~	~	5 56%~	52 42%~	36 40%~	22 50%~	24 43%	34 44%
SOMETIMES	27 20%	468 19%	4 24%~	10 38%~	5 26%~	3 9%~	4 11%~	1 50%~	14 19%	~	~	~	~	3 33%~	24 20%~	18 20%~	9 20%~	11 20%	16 21%
USUALLY	23 17%	470 19%	~	6 23%~	5 26%~	5 14%~	7 20%~	~	14 19%	~	~	~	~	~	23 19%~	15 17%~	8 18%~	8 14%	15 19%
ALWAYS	25 19%	619 25%	4 24%~	~	4 21%~	9 26%~	7 20%~	1 50%~	17 23%	~	~	~	~	1 11%~	24 20%~	20 22%~	5 11%~	13 23%	12 16%
#ALWAYS + USUALLY (NET)	48 36%	1089 44%*	4 24%~	6 23%~	9 47%~	14 40%~	14 40%~	1 50%~	31 42%	~	~	~	~	1 11%~	47 38%~	35 39%~	13 30%~	21 37%	27 35%
TOP BOX SCORE	25 19%	619 25%	4 24%~	~	4 21%~	9 26%~	7 20%~	1 50%~	17 23%	~	~	~	~	1 11%~	24 20%~	20 22%~	5 11%~	13 23%	12 16%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	141	2730	12	22	21	22	54	10	115					10	129	98	40	53	87
NOT ANSWERED	16	467		1		1	5		4					1	6	3	4	4	3
VALID CASES	134	2474	17	26	19	35	35	2	74					9	123	89	44	56	77
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%					20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	COPA 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- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
			%	%	%	%	%	%	##	##	#	##	##	##	##	%	%	%	%	
Q36																				
EXCELLENT	22 8%	556 10%	5 17%	5 10%	4 10%	3 5%	5 5%	16 8%	~	~	~	~	~	~	3 15%	19 7%	22 12%*	~	9 8%	13 8%
VERY GOOD	65 23%	1282 24%	13 45%	12 25%	7 17%	13 23%	16 17%	4 33%	40 21%	~	~	~	~	~	3 15%	61 24%	65 34%	~	28 25%	37 22%
GOOD	103 37%	1849 35%	10 34%	18 38%	16 40%	18 32%	36 39%	5 42%	74 39%	~	~	~	~	~	8 40%	93 37%	103 54%*	~	42 38%	60 36%
FAIR	61 22%	1201 23%	1 3%	12 25%	11 27%	14 25%	23 25%	43 23%	~	~	~	~	~	~	3 15%	57 22%	~	61 69%*	21 19%	40 24%
POOR	27 10%	406 8%	~	1 2%	2 5%	8 14%	13 14%	3 25%	17 9%	~	~	~	~	~	3 15%	24 9%	27 31%*	~	11 10%	15 9%
#EXCELLENT + VERY GOOD + GOOD (NET)	190 68%	3686 70%	28 97%	35 73%	27 67%	34 61%	57 61%	9 75%	130 68%	~	~	~	~	~	14 70%	173 68%	190 100%	~	79 71%	110 67%
NOT ANSWERED	13	377		1		2	1	3								4			2	2
VALID CASES	278	5294	29	48	40	56	93	12	190						20	254	190	88	111	165
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
			24	34	44	54	64	OVER	WHTE	##	##	#	##	##	##	##	IC	IC	GOOD	POOR	MALE
Q37 EXCELLENT	49 18%	956 18%	13 45%	6 12%	8 20%	5 9%*	16 17%	1 8%	36 19%	~	~	~	~	~	~	4 20%	44 17%	44 23%*	5 6%*	22 20%	27 16%
VERY GOOD	61 22%	1444 27%*	5 17%	12 25%	8 20%	11 20%	22 23%	3 25%	45 24%	~	~	~	~	~	~	60 24%	52 28%*	9 10%*	24 22%	37 22%	
GOOD	91 33%	1591 30%	9 31%	11 23%	14 35%	21 38%	31 33%	5 42%	55 29%	~	~	~	~	~	~	12 60%	78 31%	62 33%	28 32%	39 35%	51 31%
FAIR	57 20%	1030 19%	1 3%	15 31%	7 18%	14 25%	17 18%	3 25%	39 21%	~	~	~	~	~	~	4 20%	53 21%	26 14%*	29 33%*	20 18%	36 22%
POOR	21 8%	303 6%	1 3%	4 8%	3 8%	5 9%	8 9%	~	15 8%	~	~	~	~	~	~	20 8%	5 3%*	16 18%*	5 5%	16 10%	
#EXCELLENT + VERY GOOD + GOOD (NET)	201 72%	3991 75%	27 93%	29 60%	30 75%	37 66%	69 73%	9 75%	136 72%	~	~	~	~	~	~	16 80%	182 71%	158 84%*	42 48%*	85 77%	115 69%
NOT ANSWERED	12	348		1		2			3							3	1	1		3	
VALID CASES	279	5323	29	48	40	56	94	12	190							20	255	189	87	110	167
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	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?

	COPA 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	85 31%	1949 37%*	7 24%~	10 20%~	10 26%~	22 40%	32 34%	4 33%~	63 33%	~	~	~	~	~	~	6 32%~	77 30%~	48 26%*	37 43%*	23 21%*	60 37%*
NO	192 69%	3261 63%*	22 76%~	39 80%~	28 74%~	33 60%	62 66%	8 67%~	126 67%	~	~	~	~	~	~	13 68%~	177 70%~	138 74%*	50 57%*	89 79%*	103 63%*
DON'T KNOW	2	134			2				2								2	2			2
NOT ANSWERED	12	327				3			2							1	2	2	1	1	2
VALID CASES	277	5210	29	49	38	55	94	12	189							19	254	186	87	112	163
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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	MALE			
Q39 EVERY DAY	72 26%	1034 20%*	7 24%~	16 33%~	7 17%~	16 28%	25 27%	1 8%~	50 26%	~	~	~	~	~	~	4 20%~	67 26%~	41 22%*	31 36%*	30 27%	42 25%
SOME DAYS	26 9%	461 9%	1 3%~	7 14%~	2 5%~	9 16%	6 7%	1 8%~	13 7%	~	~	~	~	~	~	5 25%~	21 8%~	17 9%	7 8%	11 10%	15 9%
NOT AT ALL	181 65%	3773 72%*	21 72%~	26 53%~	31 78%~	32 56%	61 66%	10 83%~	127 67%	~	~	~	~	~	~	11 55%~	167 65%~	130 69%*	49 56%*	70 63%	109 66%
DON'T KNOW	1	42					1		1								1	1			1
NOT ANSWERED	11	360				1	1		2								2	1	1		2
VALID CASES	279	5269	29	49	40	57	92	12	190							20	255	188	87	111	166
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	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?

	COPA TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	MUL-TI ##	OTH-ER ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE	FE-MALE
Q40 NEVER	24 25%	477 30%	4 50%~	7 30%~	2 22%~	2 8%~	9 29%~	14 23%~	~	~	~	~	~	~	3 33%~	21 24%~	14 25%~	9 24%~	9 22%~	15 26%~
SOMETIMES	20 21%	309 20%	1 13%~	5 22%~	4 44%~	6 24%~	4 13%~	12 19%~	~	~	~	~	~	~	19 22%~	12 21%~	8 21%~	9 22%~	11 19%~	
USUALLY	24 25%	270 17%	2 25%~	6 26%~	1 11%~	6 24%~	8 26%~	1 100%~	20 32%~	~	~	~	~	~	2 22%~	22 25%~	15 26%~	9 24%~	8 20%~	16 28%~
ALWAYS	29 30%	513 33%	1 13%~	5 22%~	2 22%~	11 44%~	10 32%~	16 26%~	~	~	~	~	~	~	4 44%~	25 29%~	16 28%~	12 32%~	14 35%~	15 26%~
#ALWAYS + USUALLY (NET)	53 55%	782 50%	3 38%~	11 48%~	3 33%~	17 68%~	18 58%~	1 100%~	36 58%~	~	~	~	~	~	6 67%~	47 54%~	31 54%~	21 55%~	22 55%~	31 54%~
TOP BOX SCORE	29 30%	513 33%	1 13%~	5 22%~	2 22%~	11 44%~	10 32%~	16 26%~	~	~	~	~	~	~	4 44%~	25 29%~	16 28%~	12 32%~	14 35%~	15 26%~
NOT ANSWERED	1	25						1	1						1	1			1	
VALID CASES	97	1569	8	23	9	25	31	1	62						9	87	57	38	40	57
NUMBER OF RESPONDENTS	98	1594	8	23	9	25	31	2	63						9	88	58	38	41	57
	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.

	COPA 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
Q41 NEVER	48 50%	796 51%	5 63%~	11 48%~	7 78%~	11 46%~	14 45%~	27 44%~	~	~	~	~	~	6 67%~	41 48%~	30 54%~	17 45%~	21 54%~	27 47%~
SOMETIMES	21 22%	318 20%	2 25%~	5 22%~	~	5 21%~	9 29%~	15 25%~	~	~	~	~	~	1 11%~	20 23%~	11 20%~	10 26%~	8 21%~	13 23%~
USUALLY	17 18%	179 11%	1 13%~	6 26%~	1 11%~	3 13%~	6 19%~	13 21%~	~	~	~	~	~	1 11%~	16 19%~	10 18%~	7 18%~	6 15%~	11 19%~
ALWAYS	10 10%	266 17%*	~	4%~	1 11%~	1 21%~	5 6%~	2 100%~	1 10%~	~	~	~	~	1 11%~	9 10%~	5 9%~	4 11%~	4 10%~	6 11%~
#ALWAYS + USUALLY (NET)	27 28%	445 29%	1 13%~	7 30%~	2 22%~	8 33%~	8 26%~	1 100%~	19 31%~	~	~	~	~	2 22%~	25 29%~	15 27%~	11 29%~	10 26%~	17 30%~
TOP BOX SCORE	10 10%	266 17%*	~	4%~	1 11%~	1 21%~	5 6%~	2 100%~	1 10%~	~	~	~	~	1 11%~	9 10%~	5 9%~	4 11%~	4 10%~	6 11%~
NOT ANSWERED	2	34				1	1	2							2	2		2	
VALID CASES	96	1560	8	23	9	24	31	1	61					9	86	56	38	39	57
NUMBER OF RESPONDENTS	98 100%	1594 100%	8 100%	23 100%	9 100%	24 100%	31 100%	1 100%	61 100%					9 100%	88 100%	58 100%	38 100%	41 100%	57 100%

[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.

	COPA 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	50 52%	888 57%	6 75%~	13 57%~	5 63%~	12 48%~	14 45%~	34 55%~	~	~	~	~	~	3 33%~	46 53%~	27 48%~	22 58%~	20 50%~	30 54%~
SOMETIMES	22 23%	301 19%	1 13%~	4 17%~	1 13%~	7 28%~	8 26%~	1 100%~	12 19%~	~	~	~	~	3 33%~	19 22%~	13 23%~	9 24%~	10 25%~	12 21%~
USUALLY	13 14%	175 11%	1 13%~	3 13%~	1 13%~	2 8%~	6 19%~	11 18%~	~	~	~	~	~	1 11%~	12 14%~	9 16%~	4 11%~	3 7%~	10 18%~
ALWAYS	11 11%	191 12%	~	3 13%~	1 13%~	4 16%~	3 10%~	5 8%~	~	~	~	~	~	2 22%~	9 10%~	7 12%~	3 8%~	7 17%~	4 7%~
#ALWAYS + USUALLY (NET)	24 25%	367 24%	1 13%~	6 26%~	2 25%~	6 24%~	9 29%~	16 26%~	~	~	~	~	~	3 33%~	21 24%~	16 29%~	7 18%~	10 25%~	14 25%~
TOP BOX SCORE	11 11%	191 12%	~	3 13%~	1 13%~	4 16%~	3 10%~	5 8%~	~	~	~	~	~	2 22%~	9 10%~	7 12%~	3 8%~	7 17%~	4 7%~
NOT ANSWERED	2	39			1		1	1							2	2		1	1
VALID CASES	96	1555	8	23	8	25	31	1	62					9	86	56	38	40	56
NUMBER OF RESPONDENTS	98 100%	1594 100%	8 100%	23 100%	9 100%	25 100%	31 100%	2 100%	63 100%					9 100%	88 100%	58 100%	38 100%	41 100%	57 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q43																					
YES	51 18%	1073 20%	1 3%	3 6%	9 22%	16 28%	22 23%	36 19%	~	~	~	~	~	~	2 10%	47 18%	27 14%*	23 26%*	17 15%	33 20%	
NO	229 82%	4210 80%	28 97%	45 94%	31 78%	41 72%	72 77%	12 100%	156 81%	~	~	~	~	~	18 90%	209 82%	161 86%*	65 74%*	94 85%	134 80%	
DON'T KNOW		36																			
NOT ANSWERED	11	352		1		1		1							2	2			2		
VALID CASES	280	5283	29	48	40	57	94	12	192						20	256	188	88	111	167	
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	167	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

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

	COPA 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	MALE			
Q44 YES	17 7%	481 10%	3 ~	2 7%	6 5%	4 12%	2 5%	2 25%	10 6%	~	~	~	~	~	~	2 12%	15 6%	9 5%	8 12%	6 6%	11 7%
NO	233 93%	4399 90%	26 100%	43 93%	35 95%	46 88%	77 95%	6 75%	157 94%	~	~	~	~	~	~	15 88%	216 94%	168 95%	61 88%	95 94%	136 93%
DON'T KNOW	28	432	2	3	3	5	11	4	23							2	24	11	17	9	19
NOT ANSWERED	13	359	1			1	2		3							1	3	2	2	3	1
VALID CASES	250	4880	26	46	37	52	81	8	167							17	231	177	69	101	147
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	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?

	COPA 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	
Q45 YES	100 36%	1760 33%	2 7%	11 22%	9 22%	25 44%	46 49%*	7 58%	70 36%	~	~	~	~	~	5 25%	93 36%	60 32%	39 44%*	42 38%	57 34%
NO	181 64%	3528 67%	27 93%	38 78%	31 78%	32 56%	48 51%*	5 42%	122 64%	~	~	~	~	~	15 75%	164 64%	129 68%	49 56%*	70 62%	110 66%
NOT ANSWERED	10	383				1			1							1	1		1	
VALID CASES	281	5288	29	49	40	57	94	12	192						20	257	189	88	112	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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		
Q46.1 YES	61 21%	1193 21%	1 3%~	4 8%~	8 20%~	21 36%*	21 22%	6 50%~	43 22%	~	~	~	~	~	7 ~	54 21%~	32 17%*	28 32%*	23 20%	36 22%
NO	230 79%	4478 79%	28 97%~	45 92%~	32 80%~	37 64%*	73 78%	6 50%~	150 78%	~	~	~	~	~	13 ~	204 79%~	158 83%*	60 68%*	90 80%	131 78%
VALID CASES	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	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	81 28%	1634 29%	2 7%	8 16%	11 27%	22 38%	32 34%	6 50%	60 31%	~	~	~	~	~	5 25%	73 28%	36 19%*	44 50%*	32 28%	47 28%	
NO	210 72%	4037 71%	27 93%	41 84%	29 73%	36 62%	62 66%	6 50%	133 69%	~	~	~	~	~	15 75%	185 72%	154 81%*	44 50%*	81 72%	120 72%	
VALID CASES	291	5671	29	49	40	58	94	12	193					20	258	190	88	113	167		
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%					20 100%	258 100%	190 100%	88 100%	113 100%	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

	COPA 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	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q46.3 YES	51 18%	883 16%	18 ~	25 14%	35 17%	45 31%*	55 19%	65 8%~	1 19%	36 ~	~	~	~	~	~	50 ~	24 19%~	27 13%*	14 31%*	36 12%	14 22%*
NO	240 82%	4788 84%	29 100%~	42 86%~	33 83%~	40 69%*	76 81%	11 92%~	157 81%	~	~	~	~	~	~	20 100%~	208 81%~	166 87%*	61 69%*	99 88%	131 78%*
VALID CASES	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	167
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	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

	COPA 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- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q47.1 YES	13 4%	231 4%	2 ~	2 4%~	3 5%~	5 5%	1 8%~	9 5%	~	~	~	~	~	~	13 ~	7 5%~	6 4%	4 7%	4 4%	9 5%
NO	278 96%	5440 96%	29 100%~	47 96%~	38 95%~	55 95%	89 95%	11 92%~	184 95%	~	~	~	~	~	20 ~	245 95%~	183 96%	82 93%	109 96%	158 95%
VALID CASES	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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			
Q47.2 YES	14 5%	220 4%	1 ~	2 2%~	3 5%~	6 5%	2 6%	2 17%~	7 4%	~	~	~	~	~	~	1 5%~	13 5%~	4 2%*	10 11%*	8 7%	6 4%
NO	277 95%	5451 96%	29 100%~	48 98%~	38 95%~	55 95%	88 94%	10 83%~	186 96%	~	~	~	~	~	~	19 95%~	245 95%~	186 98%*	78 89%*	105 93%	161 96%
VALID CASES	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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				
Q47.3 YES	7 2%	243 4%*	~	~	3%~	1 2%	1 5%	5	4 2%	~	~	~	~	~	~	~	7 3%~	6 7%*	3 3%	4 2%		
NO	284 98%	5428 96%*	100%~	100%~	98%~	98%~	95%	100%~	189 98%	~	~	~	~	~	~	~	20 100%~	251 97%~	190 100%~	82 93%*	110 97%	163 98%
VALID CASES	291	5671	29	49	40	58	94	12	193								20	258	190	88	113	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	100%	100%	100%	100%	100%	100%	193 100%								20 100%	258 100%	190 100%	88 100%	113 100%	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	
		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 ##	MUL-OTHR ##	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q47.4																				
YES	37 13%	955 17%*	7 ~ 14%~	5 12%~	9 16%	12 13%	4 33%~	20 10%	~	~	~	~	~	6 ~ 30%~	30 12%~	15 8%*	22 25%*	12 11%	23 14%	
NO	254 87%	4716 83%*	29 100%~	42 86%~	35 88%~	49 84%	82 87%	8 67%~	173 90%	~	~	~	~	14 ~ 70%~	228 88%~	175 92%*	66 75%*	101 89%	144 86%	
VALID CASES	291	5671	29	49	40	58	94	12	193					20	258	190	88	113	167	
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193					20	258	190	88	113	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?

	COPA 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		
Q48 YES	107 38%	1695 32%*	6 21%~	21 43%~	16 40%~	25 43%	37 40%	2 17%~	72 37%	~	~	~	~	~	7 35%~	97 38%~	50 26%*	54 62%*	33 29%*	72 43%*
NO	174 62%	3585 68%*	23 79%~	28 57%~	24 60%~	33 57%	56 60%	10 83%~	121 63%	~	~	~	~	~	13 65%~	160 62%~	140 74%*	33 38%*	79 71%*	95 57%*
NOT ANSWERED	10	392					1									1		1	1	
VALID CASES	281	5279	29	49	40	58	93	12	193						20	257	190	87	112	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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	97 92%	1392 87%*	6 100%~	19 90%~	15 94%~	23 96%~	32 89%~	2 100%~	65 93%~	~	~	~	~	~	~	7 100%~	89 93%~	44 90%~	50 94%~	27 87%~	68 94%~
NO	8 8%	208 13%*	~	2 10%~	1 6%~	1 4%~	4 11%~	~	5 7%~	~	~	~	~	~	~	~	7 7%~	5 10%~	3 6%~	4 13%~	4 6%~
NOT ANSWERED	2	69				1	1		2								1	1	1	2	
VALID CASES	105	1600	6	21	16	24	36	2	70							7	96	49	53	31	72
NUMBER OF RESPONDENTS	107 100%	1669 100%	6 100%	21 100%	16 100%	25 100%	37 100%	2 100%	72 100%							7 100%	97 100%	50 100%	54 100%	33 100%	72 100%

[ASKED IF Q48 = YES]

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

	COPA 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	
Q50 YES	175 63%	3271 62%	7 24%~	22 46%~	26 65%~	43 74%*	68 74%*	9 75%~	124 65%	~	~	~	~	~	14 ~	157 62%~	99 53%*	73 83%*	60 54%*	113 68%*
NO	104 37%	2030 38%	22 76%~	26 54%~	14 35%~	15 26%*	24 26%*	3 25%~	66 35%	~	~	~	~	~	6 ~	98 38%~	88 47%*	15 17%*	52 46%*	52 32%*
NOT ANSWERED	12	369	1				2		3							3	3		1	2
VALID CASES	279	5302	29	48	40	58	92	12	190						20	255	187	88	112	165
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

	COPA 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		
Q51 YES	163 96%	2939 94%	6 86%	22 100%	24 92%	40 95%	63 98%	8 100%	114 97%	~	~	~	~	~	~	13 93%	147 97%	90 96%	71 99%	56 98%	105 95%
NO	6 4%	176 6%	1 14%	~	2 8%	2 5%	1 2%	~	4 3%	~	~	~	~	~	~	1 7%	5 3%	4 4%	1 1%	1 2%	5 5%
NOT ANSWERED	6	111				1	4	1	6								5	5	1	3	3
VALID CASES	169	3115	7	22	26	42	64	8	118						14	152	94	72	57	110	
NUMBER OF RESPONDENTS	175	3226	7	22	26	43	68	9	124						14	157	99	73	60	113	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	COPA	OHP	18	25	35	45	55	65	BLCK	AS-	NATV	AMER	MUL-	HIS-	HIS-	EX &	FAIR	FE-			
	TOT	TOT	TO	TO	TO	TO	AND	OR	IAN	HAW/	IND/	ALSK	TI	PAN-	PAN-	VERY	&	MALE			
	ADLT	ADLT	24	34	44	54	64	OVER	WHTE	##	##	#	##	##	##	IC	IC	GOOD	POOR	MALE	MALE
NQ52																					
18 TO 24	31	544	29						17						4	25	28	1	17	12	
	11%	10%	100%~	~	~	~	~	~	9%	~	~	~	~	~	20%~	10%~	15%*	1%*	15%	7%*	
25 TO 34	54	1042		49					28						4	44	35	13	17	32	
	19%	18%	~100%~	~	~	~	~	~	15%*	~	~	~	~	~	20%~	17%~	18%	15%	15%	19%	
35 TO 44	40	924			40				27							39	27	13	14	26	
	14%	16%	~	~100%~	~	~	~	~	14%	~	~	~	~	~	~	15%~	14%	15%	12%	16%	
45 TO 54	59	1138				58			36						7	51	34	22	23	34	
	20%	20%	~	~	~100%~	~	~	~	19%	~	~	~	~	~	35%~	20%~	18%	25%	20%	20%	
55 TO 64	95	1472					94		78						4	88	57	36	39	55	
	33%	26%*	~	~	~	~100%~	~	~	40%*	~	~	~	~	~	20%~	34%~	30%	41%	35%	33%	
65 TO 74	8	326					8		5						1	7	7	1	2	5	
	3%	6%*	~	~	~	~	~	~	3%	~	~	~	~	~	5%~	3%~	4%	1%	2%	3%	
75 OR OLDER	4	225					4		2							4	2	2	1	3	
	1%	4%*	~	~	~	~	~	~	1%	~	~	~	~	~	~	2%~	1%	2%	0.9%	2%	
VALID CASES	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	167	
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	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?

	COPA 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			
NQ53 MALE	117 40%	2300 41%	17 59%~	17 35%~	14 35%~	23 40%	39 41%	3 25%~	67 35%*	~	~	~	~	~	~	10 50%~	100 39%~	79 42%	32 36%	113 100%~	~
FEMALE	174 60%	3371 59%	12 41%~	32 65%~	26 65%~	35 60%	55 59%	9 75%~	126 65%*	~	~	~	~	~	~	10 50%~	158 61%~	111 58%	56 64%	167 ~100%~	~
VALID CASES	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	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?

	COPA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q54 8TH GRADE OR LESS	10 4%	328 6%*	1 3%~	1 2%~	3 ~	3 5%	2 3%	6 17%~	6 3%	~	~	~	~	~	~	2 10%~	8 3%~	3 2%*	7 8%*	5 4%	5 3%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	33 12%	614 12%	4 14%~	7 14%~	4 10%~	8 14%	9 10%	1 8%~	19 10%	~	~	~	~	~	~	5 25%~	28 11%~	22 12%	11 12%	13 12%	20 12%
HIGH SCHOOL GRADUATE OR GED	96 34%	1659 31%	14 48%~	19 39%~	10 25%~	19 33%	33 36%	1 8%~	66 35%	~	~	~	~	~	~	6 30%~	87 34%~	57 30%	38 43%*	35 31%	61 37%
SOME COLLEGE OR 2-YEAR DEGREE	119 43%	1998 38%	10 34%~	21 43%~	21 53%~	23 40%	37 40%	7 58%~	84 44%	~	~	~	~	~	~	7 35%~	112 44%~	88 47%*	28 32%*	49 44%	69 42%
4-YEAR COLLEGE GRADUATE	14 5%	437 8%*	~	~	5 12%~	2 4%	7 8%	~	10 5%	~	~	~	~	~	~	~	13 5%~	11 6%	3 3%	7 6%	7 4%
MORE THAN 4-YEAR COLLEGE DEGREE	7 3%	242 5%*	~	1 2%~	~	2 4%	3 3%	1 8%~	6 3%	~	~	~	~	~	~	~	7 3%~	6 3%	1 1%	3 3%	4 2%
NOT ANSWERED	12	392				1	2		2								3	3		1	1
VALID CASES	279	5279	29	49	40	57	92	12	191							20	255	187	88	112	166
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	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?

	COPA 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	
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q55 YES HISPANIC OR LATINO	20 7%	668 13%*	4 14%~	4 8%~	7 ~ 12%	4 4%	1 8%~	~	~	~	~	~	~	~	20 ~100%~	14 ~ 7%	6 7%	10 9%	9 5%	
NO NOT HISPANIC OR LATINO	258 93%	4589 87%*	25 86%~	44 92%~	39 100%~	51 88%	88 96%	11 92%~	191 100%~	~	~	~	~	~	258 ~100%~	173 93%	81 93%	100 91%	157 95%	
NOT ANSWERED	13	413	1	1	2	2	2									3	1	3	1	
VALID CASES	278	5258	29	48	39	58	92	12	191						20	258	187	87	110	166
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

	COPA 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	FE- MALE	FE- MALE	
Q56.1 YES	208 71%	3500 62%*	22 76%~	30 61%~	27 68%~	41 71%	80 85%*	8 67%~	193 100%~	~	~	~	~	~	~	6 30%~	200 78%~	142 75%	63 72%	76 67%	130 78%*
NO	83 29%	2171 38%*	7 24%~	19 39%~	13 32%~	17 29%	14 15%*	4 33%~	~	~	~	~	~	~	~	14 70%~	58 22%~	48 25%	25 28%	37 33%	37 22%*
VALID CASES	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%							20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	COPA 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 ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q56.2 YES	2	117					1	1								2	1	1	1	1	
	0.7%	2%*	~	~	~	~	1%	8%	~	~	~	~	~	~	~	~0.8%	~0.5%	1%	0.9%	0.6%	
NO	289	5554	29	49	40	58	93	11	193							20	256	189	87	112	166
	99%	98%*	100%	100%	100%	100%	99%	92%	100%	~	~	~	~	~	~	100%	99%	99%	99%	99%	99%
VALID CASES	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	167
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193							20	258	190	88	113	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

	COPA 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			
Q56.3 YES	3 1%	212 4%*	~	~	3%~	1 2%	1 1%	~	~	~	~	~	~	~	~	~	3 1%~	3 2%	~	2 2%	1 0.6%	
NO	288 99%	5459 96%*	100%~	100%~	98%~	98%~	99%~	100%~	100%~	~	~	~	~	~	~	~	20 100%~	255 99%~	187 98%~	88 100%~	111 98%~	166 99%~
VALID CASES	291	5671	29	49	40	58	94	12	193								20	258	190	88	113	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%								20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	COPA 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/ PAC 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	1	34		1											1	1	1			
	0.3%	0.6%	~	2%	~	~	~	~	~	~	~	~	~	~	~0.4%	~0.5%	~0.9%	~		
NO	290	5637	29	48	40	58	94	12	193						20	257	189	88	112	167
	100%	99%	100%	98%	100%	100%	100%	100%	100%	~	~	~	~	~	~100%	~100%	99%	100%	99%	100%
VALID CASES	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	167
NUMBER OF RESPONDENTS	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	167
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

		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	MALE	FE-MALE		
Q56.5																					
YES	12 4%	211 4%	5 17%	2 ~	5 9%	~	~	~	~	~	~	~	~	2 10%	10 4%	9 5%	3 3%	9 8%*	3 2%*		
NO	279 96%	5460 96%	24 83%	49 100%	38 95%	53 91%	94 100%	12 100%	193 100%	~	~	~	~	18 90%	248 96%	181 95%	85 97%	104 92%*	164 98%*		
VALID CASES	291	5671	29	49	40	58	94	12	193					20	258	190	88	113	167		
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%					20 100%	258 100%	190 100%	88 100%	113 100%	167 100%		

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	COPA 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 ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q56.6 YES	12 4%	307 5%	5 17%~	1 2%~	1 3%~	3 5%	1 1%*	1 8%~	~	~	~	~	~	~	5 25%~	7 3%~	10 5%	2 2%	9 8%*	3 2%*
NO	279 96%	5364 95%	24 83%~	48 98%~	39 98%~	55 95%	93 99%*	11 92%~	193 100%~	~	~	~	~	~	15 75%~	251 97%~	180 95%	86 98%	104 92%*	164 98%*
VALID CASES	291	5671	29	49	40	58	94	12	193						20	258	190	88	113	167
NUMBER OF RESPONDENTS	291 100%	5671 100%	29 100%	49 100%	40 100%	58 100%	94 100%	12 100%	193 100%						20 100%	258 100%	190 100%	88 100%	113 100%	167 100%

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE			
Q57																					
YES	COPA TOT ADLT	20	5	2	1	8	2	15						2	18	10	10	9	11		
	OHP TOT ADLT	630	150	100	150	70	200	80						15	9	7	15	11	8		
		9%	15%*	10%~	15%~	7%~	2%~	9%	20%~	8%~	~	~	~	~	15%~	9%~	7%	15%	11%	8%	
NO		201	29	28	41	77	8	177						11	187	141	57	76	123		
	OHP TOT ADLT	3507	850	900	930	980	910	800						11	187	141	57	76	123		
		91%	85%*	90%~	85%~	93%~	98%~	91%~	80%~	92%~	~	~	~	~	85%~	91%~	93%	85%	89%	92%	
NOT ANSWERED		1			1			1							1		1		1		
VALID CASES		221	34	30	42	85	10	192						13	205	151	67	85	134		
NUMBER OF RESPONDENTS		222	34	30	43	85	10	193						13	206	151	68	85	135		
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	COPA 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	
Q58.1 YES	7 35%	257 48%	18 24	25 34	35 44	45 54	55 64	65 OVER	5 33%	~	~	~	~	~	1 50%	6 33%	2 20%	5 50%	3 33%	4 36%
NO	13 65%	281 52%	2 100%	3 100%	1 50%	1 100%	4 50%	2 100%	10 67%	~	~	~	~	~	1 50%	12 67%	8 80%	5 50%	6 67%	7 64%
VALID CASES	20	538	2	5	2	1	8	2	15						2	18	10	10	9	11
NUMBER OF RESPONDENTS	20 100%	538 100%	2 100%	5 100%	2 100%	1 100%	8 100%	2 100%	15 100%						2 100%	18 100%	10 100%	10 100%	9 100%	11 100%

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	FE-MALE		
Q58.2																					
YES	6 30%	220 41%	2 40%	1 50%	3 38%	4 27%	~	~	~	~	~	~	~	~	6 33%	3 30%	3 30%	3 33%	3 27%		
NO	14 70%	318 59%	2 100%	3 60%	1 50%	1 100%	5 63%	2 73%	~	~	~	~	~	~	2 100%	12 67%	7 70%	7 70%	6 67%	8 73%	
VALID CASES	20	538	2	5	2	1	8	2	15						2	18	10	10	9	11	
NUMBER OF RESPONDENTS	20 100%	538 100%	2 100%	5 100%	2 100%	1 100%	8 100%	2 100%	15 100%						2 100%	18 100%	10 100%	10 100%	9 100%	11 100%	

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

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

	COPA 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	
Q58.3 YES	12 60%	203 38%	2 100%	3 60%	2 100%	3 38%	2 100%	10 67%	~	~	~	~	~	~	1 50%	11 61%	8 80%	4 40%	5 56%	7 64%
NO	8 40%	335 62%	~	2 40%	~	1 100%	5 63%	5 33%	~	~	~	~	~	~	1 50%	7 39%	2 20%	6 60%	4 44%	4 36%
VALID CASES	20	538	2	5	2	1	8	2	15						2	18	10	10	9	11
NUMBER OF RESPONDENTS	20 100%	538 100%	2 100%	5 100%	2 100%	1 100%	8 100%	2 100%	15 100%						2 100%	18 100%	10 100%	10 100%	9 100%	11 100%

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

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

	COPA 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	FE- MALE	FE- MALE		
Q58.4 YES	1 5%	79 15%	~	~	~	100%	~	~	~	~	~	~	~	~	~	~	6%	~	10%	~	9%
NO	19 95%	459 85%	100%	100%	100%	~	100%	~	~	~	~	~	~	~	100%	94%	100%	90%	100%	91%	
VALID CASES	20	538	2	5	2	1	8	2	15						2	18	10	10	9	11	
NUMBER OF RESPONDENTS	20	538	2	5	2	1	8	2	15						2	18	10	10	9	11	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q58.5	COPA TOT ADLT	18	25	35	45	55	65														
YES	OHP TOT ADLT	2	32	1	1			1						2	1	1	1	1	1		
		10%	6%	~ 20%	~ 100%	~	~	7%	~	~	~	~	~	~ 11%	10%	10%	11%	9%	~		
NO		18	506	2	4	2	8	2	14					2	16	9	9	8	10		
		90%	94%	~ 100%	~ 80%	~ 100%	~ 100%	~ 100%	93%	~	~	~	~	~ 100%	89%	90%	90%	89%	91%		
VALID CASES		20	538	2	5	2	1	8	2	15				2	18	10	10	9	11		
NUMBER OF RESPONDENTS		20	538	2	5	2	1	8	2	15				2	18	10	10	9	11		
		100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%		

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

NQ13 RATING OF ALL HEALTH CARE

	COPA 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	
NQ13 0-6	54 26%	761 20%	3 17%~	10 29%~	13 42%~	11 25%~	12 17%*	4 44%~	36 25%	~	~	~	~	~	~	1 7%~	52 28%~	29 22%	24 33%	10 14%*	43 32%*
7-8	59 28%	1368 36%*	7 39%~	9 26%~	11 35%~	10 23%~	20 29%	1 11%~	40 28%	~	~	~	~	~	~	5 33%~	53 28%~	38 29%	19 26%	29 42%*	28 21%*
9-10	97 46%	1705 44%	8 44%~	15 44%~	7 23%~	23 52%~	37 54%	4 44%~	66 46%	~	~	~	~	~	~	9 60%~	84 44%~	63 48%	29 40%	30 43%	63 47%
VALID CASES	210	3835	18	34	31	44	69	9	142							15	189	130	72	69	134
NUMBER OF RESPONDENTS	210 100%	3835 100%	18 100%	34 100%	31 100%	44 100%	69 100%	9 100%	142 100%							15 100%	189 100%	130 100%	72 100%	69 100%	134 100%
MEAN	2.20	2.25	2.28	2.15	1.81	2.27	2.36	2.00	2.21							2.53	2.17	2.26	2.07	2.29	2.15
p stat_(*=Sig @ p<=.05)		.435	~	~	~	~.046*			~.870	~	~	~	~	~	~	~	~	~.214	.095	.264	.173

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	COPA 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
NQ23 0-6	31 16%	642 16%	2 12%	3 10%	8 26%	6 16%	11 16%	23 18%	~	~	~	~	~	~	1 7%	29 17%	15 13%	15 21%	9 12%	21 18%
7-8	45 23%	1053 26%	6 35%	9 29%	7 23%	8 22%	14 21%	1 14%	24 19%*	~	~	~	~	~	4 27%	41 24%	28 24%	17 24%	20 27%	24 21%
9-10	119 61%	2378 58%	9 53%	19 61%	16 52%	23 62%	43 63%	6 86%	82 64%	~	~	~	~	~	10 67%	104 60%	75 64%	38 54%	46 61%	69 61%
VALID CASES	195	4074	17	31	31	37	68	7	129						15	174	118	70	75	114
NUMBER OF RESPONDENTS	195 100%	4074 100%	17 100%	31 100%	31 100%	37 100%	68 100%	7 100%	129 100%						15 100%	174 100%	118 100%	70 100%	75 100%	114 100%
MEAN	2.45	2.43	2.41	2.52	2.26	2.46	2.47	2.86	2.46						2.60	2.43	2.51	2.33	2.49	2.42
p stat_(*=Sig @ p<=.05)		.640	~	~	~	~.795	~	.872	~	~	~	~	~	~	~	~	.205	.090	.541	.509

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	COPA 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
NQ27 0-6	15 15%	249 13%	2 ~ 13%	6 ~ 40%	2 ~ 9%	5 ~ 12%	12 ~ 17%	~	~	~	~	~	~	15 ~ 16%	6 11%	9 19%	5 16%	10 14%	
7-8	30 29%	475 25%	7 ~ 47%	3 ~ 20%	5 ~ 22%	14 ~ 33%	1 ~ 20%	17 ~ 24%	~	~	~	~	~	2 ~ 33%	27 ~ 28%	14 ~ 26%	15 ~ 31%	11 ~ 34%	18 ~ 26%
9-10	58 56%	1151 61%	2 100%	6 ~ 40%	6 ~ 40%	16 ~ 70%	24 ~ 56%	4 ~ 80%	43 ~ 60%	~	~	~	~	4 ~ 67%	54 ~ 56%	34 ~ 63%	24 ~ 50%	16 ~ 50%	41 ~ 59%
VALID CASES	103	1875	2	15	15	23	43	5	72					6	96	54	48	32	69
NUMBER OF RESPONDENTS	103 100%	1875 100%	2 100%	15 100%	15 100%	23 100%	43 100%	5 100%	72 100%					6 100%	96 100%	54 100%	48 100%	32 100%	69 100%
MEAN	2.42	2.48	3.00	2.27	2.00	2.61	2.44	2.80	2.43					2.67	2.41	2.52	2.31	2.34	2.45
p stat_(*=Sig @ p<=.05)		.373	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ35 RATING OF HEALTH PLAN

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		COPA 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	GOOD & POOR	MALE	FE- MALE	
NQ35																					
0-6	77 29%	1160 23%*	9 32%~	18 40%~	13 34%~	13 24%	21 25%	3 25%~	56 31%	~	~	~	~	~	2 11%~	75 31%~	48 27%	29 35%	26 24%	51 34%	
7-8	90 34%	1699 34%	10 36%~	13 29%~	17 45%~	20 36%	25 30%	4 33%~	56 31%	~	~	~	~	~	7 39%~	81 34%~	58 33%	30 36%	38 35%	51 34%	
9-10	97 37%	2187 43%*	9 32%~	14 31%~	8 21%~	22 40%	38 45%	5 42%~	68 38%	~	~	~	~	~	9 50%~	85 35%~	71 40%	24 29%	44 41%	50 33%	
VALID CASES	264	5046	28	45	38	55	84	12	180						18	241	177	83	108	152	
NUMBER OF RESPONDENTS	264 100%	5046 100%	28 100%	45 100%	38 100%	55 100%	84 100%	12 100%	180 100%						18 100%	241 100%	177 100%	83 100%	108 100%	152 100%	
MEAN	2.08	2.20	2.00	1.91	1.87	2.16	2.20	2.17	2.07						2.39	2.04	2.13	1.94	2.17	1.99	
p stat_(*=Sig @ p<=.05)		.009*	~	~	~.359	.086	~	.785	~	~	~	~	~	~	~	~	.121	.065	.128	.054	

GETTING NEEDED CARE

	COPA 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	MALE	FE- MALE	
NPRBSEE4 NQ25	2.06	2.22	3.00	2.19	1.56	2.08	2.13	2.20	2.03							2.29	2.04	2.18	1.92	1.89	2.14
p stat_(*=Sig @ p<=.05)		.050	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.173	.118	~	~
NCARNES4 NQ14	2.25	2.26	2.28	2.21	2.10	2.25	2.35	2.00	2.24							2.60	2.21	2.28	2.15	2.25	2.23
p stat_(*=Sig @ p<=.05)		.809	~	~	~	~.141	~	~.832	~	~	~	~	~	~	~	~	~	.389	.207	.987	.655
COMPOSITE	2.16	2.24	2.64	2.20	1.83	2.16	2.24	2.10	2.13	x	x	x	x	x	x	2.44	2.13	2.23	2.04	2.07	2.18
p stat_(*=Sig @ p<=.05)		.320	~	~	~	~.495	~	~.705	~	~	~	~	~	~	~	~	~	.273	.321	.472	.650

GETTING CARE QUICKLY

	AGE							RACE						ETHNICITY	HEALTH STATUS		GENDER			
	COPA 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	GOOD & POOR	FE-MALE	MALE	
NCARSN4 NQ4	2.54	2.42	2.63	2.45	2.55	2.48	2.65	2.43	2.55						2.75	2.51	2.56	2.54	2.68	2.48
p stat_(*=Sig @ p<=.05)	.085		~	~	~	~	~	~	~	~	~	~	~	~	~	~	.802	.953	~	~
NAPGET4 NQ6	2.18	2.28	2.33	2.03	1.84	2.22	2.31	2.44	2.21						2.36	2.16	2.12	2.26	2.21	2.16
p stat_(*=Sig @ p<=.05)	.113		~	~	~	~.146	~	~	.543	~	~	~	~	~	~	~	.246	.346	.718	.628
COMPOSITE	2.36	2.35	2.48	2.24	2.19	2.35	2.48	2.44	2.38	x	x	x	x	x	2.55	2.34	2.34	2.40	2.44	2.32
p stat_(*=Sig @ p<=.05)	.928		~	~	~	~.489	~	~	.844	~	~	~	~	~	~	~	.808	.822	.606	.645

HOW WELL DOCTORS COMMUNICATE

	COPA 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 ##	OTH R ##	MUL- TI ##	HIS- IC IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE	FE- MALE	
NDREXPL4 NQ17	2.67	2.61	2.69	2.69	2.52	2.63	2.70	3.00	2.64							2.69	2.66	2.75	2.53	2.69	2.65
p stat_(*=Sig @ p<=.05)		.220	~	~	~	~.530	~.423	~	~	~	~	~	~	~	~	~	~	.037*	.016*	.649	.662
NDRLSTN4 NQ18	2.61	2.58	2.62	2.65	2.44	2.60	2.64	2.83	2.59							2.77	2.59	2.71	2.44	2.64	2.59
p stat_(*=Sig @ p<=.05)		.597	~	~	~	~.662	~.540	~	~	~	~	~	~	~	~	~	~	.025*	.009*	.621	.569
NDRESPU4 NQ19	2.69	2.65	2.77	2.65	2.52	2.71	2.70	2.83	2.69							2.77	2.67	2.75	2.56	2.71	2.66
p stat_(*=Sig @ p<=.05)		.516	~	~	~	~.756	~.965	~	~	~	~	~	~	~	~	~	~	.109	.035*	.655	.494
NDRTMEN4 NQ20	2.55	2.50	2.38	2.65	2.22	2.66	2.61	2.67	2.58							2.77	2.52	2.58	2.50	2.56	2.54
p stat_(*=Sig @ p<=.05)		.407	~	~	~	~.391	~.379	~	~	~	~	~	~	~	~	~	~	.509	.475	.859	.912
COMPOSITE	2.63	2.59	2.62	2.66	2.43	2.65	2.66	2.83	2.62	x	x	x	x	x	x	2.75	2.61	2.70	2.51	2.65	2.61
p stat_(*=Sig @ p<=.05)		.776	~	~	~	~.864	~.980	~	~	~	~	~	~	~	~	~	~	.604	.526	.909	.897

CUSTOMER SERVICE

	COPA 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	FE- MALE	FE- MALE	
NPBCLCS4 NQ31	2.26	2.22	2.50	1.60	2.29	2.25	2.43	2.25	2.09							2.60	2.21	2.22	2.26	2.43	2.10
p stat_(*=Sig @ p<=.05)		.736	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.64	2.61	2.50	2.00	2.64	2.83	2.83	2.75	2.57							2.40	2.65	2.63	2.63	2.75	2.55
p stat_(*=Sig @ p<=.05)		.667	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.45	2.42	2.50	1.80	2.46	2.54	2.63	2.50	2.33	x	x	x	x	x	x	2.50	2.43	2.43	2.44	2.59	2.32
p stat_(*=Sig @ p<=.05)		.875	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	COPA 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 & GOOD	FAIR & POOR	FE- MALE	MALE
NNRXWHY NQ10																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ11	2.67	2.46	2.80	2.80	2.67	2.48	2.71	2.71	2.78					2.11	2.72	2.63	2.74	2.69	2.69
p stat_(*=Sig @ p<=.05)		.002*	~	~	~	~	~	~	~	~	~	~	~	~	~	.499	.399	~	~
NRXBST NQ12	2.59	2.52	2.45	2.70	2.33	2.63	2.67	2.43	2.62					2.33	2.60	2.55	2.62	2.64	2.60
p stat_(*=Sig @ p<=.05)		.331	~	~	~	~	~	~	~	~	~	~	~	~	~	.491	.736	~	~
COMPOSITE	2.63	2.49	2.63	2.75	2.50	2.56	2.69	2.57	2.70	x	x	x	x	x	x	2.22	2.66	2.59	2.64
p stat_(*=Sig @ p<=.05)		.198	~	~	~	~	~	~	~	~	~	~	~	~	~	.695	.741	~	~

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

	COPA 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	64%	75%	100%	63%	44%	62%	70%	80%	63%								71%	63%	68%	58%	53%	68%
CARNES4 Q14	81%	80%	83%	82%	71%	75%	90%	78%	82%								93%	80%	84%	76%	82%	81%
AVERAGE	72.65	77.53	83.33	72.43	57.36	68.27	79.64	78.89	72.19	x	x	x	x	x	x	x	82.38	71.71	76.13	67.27	67.57	74.55

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

	COPA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTH R ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
CARSN4 Q4	91%	84%	88%	95%	91%	88%	95%	86%	92%							100%	90%	90%	93%	97%	89%
APGET4 Q6	72%	77%	75%	60%	68%	75%	77%	78%	75%							79%	71%	67%	79%	75%	70%
AVERAGE	81.57	80.73	81.25	77.50	79.45	81.50	86.01	81.75	83.28	x	x	x	x	x	x	89.29	80.95	78.90	85.69	86.35	79.63

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

	COPA 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- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
DREXPL4 Q17	94%	91%	92%	96%	89%	91%	97%	100%	94%							100%	93%	96%	91%	98%	92%
DRLSTN4 Q18	91%	90%	92%	96%	81%	91%	92%	100%	89%							100%	90%	96%	84%	92%	91%
DRESPU4 Q19	94%	91%	100%	92%	89%	94%	93%	100%	93%							100%	93%	98%	87%	98%	91%
DRTMEN4 Q20	89%	87%	85%	96%	70%	97%	90%	83%	88%							100%	88%	90%	87%	90%	88%
AVERAGE	92.0	89.8	92.3	95.2	82.4	93.6	93.0	95.8	91.1	x	x	x	x	x	x	100	91.0	94.8	87.1	94.5	90.2

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

	COPA 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	74%	76%	83%	40%	71%	92%	78%	75%	64%							80%	73%	73%	74%	86%	65%
CSRESP Q32	90%	91%	100%	60%	86%	100%	96%	100%	86%							80%	90%	93%	85%	93%	88%
AVERAGE	82.14	83.64	91.67	50.00	78.57	95.83	86.96	87.50	75.00	x	x	x	x	x	x	80.00	81.45	82.93	79.63	89.29	76.25

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	COPA 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/ALS	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
NRXWHY Q10	92%	93%	91%	90%	100%	93%	90%	86%	93%							67%	94%	93%	91%	95%	92%
NRXWYNT Q11	83%	73%	90%	90%	83%	74%	86%	86%	89%							56%	86%	81%	87%	85%	84%
RXBST Q12	80%	76%	73%	85%	67%	81%	83%	71%	81%							67%	80%	77%	81%	82%	80%
AVERAGE	85.1	80.6	84.5	88.3	83.3	82.7	86.5	81.0	87.6	x	x	x	x	x	x	63.0	86.7	84.0	86.2	87.2	85.3

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q1 YES	266	5578	50	64	73	79	87					18	72	167	236	9	210	56
	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	1	60			1							1	1	1	1		1	
VALID CASES	266	5578	50	64	73	79	87					18	72	167	236	9	210	56
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87					19	72	168	237	9	210	57
	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?

	COPA 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 ILLND NATV ###	AMER IND/ ALS K ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q3 YES	94 36%	1643 30%*	23 48%~	24 38%	25 35%	22 29%	40 47%*	~	~	~	~	~	5 ~ 26%~	13 19%*	72 43%*	82 35%~	4 50%~	63 31%*	31 54%*
NO	164 64%	3803 70%*	25 52%~	39 62%	46 65%	54 71%	46 53%*	~	~	~	~	~	14 ~ 74%~	57 81%*	95 57%*	153 65%~	4 50%~	138 69%*	26 46%*
NOT ANSWERED	9	191	2	1	3	3	1							2	1	2	1	9	
VALID CASES	258	5447	48	63	71	76	86						19	70	167	235	8	201	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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?

	COPA 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	
Q4 NEVER		21 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	7 8%	109 7%	1 4%	3 13%	1 4%	2 10%	2 5%	~	~	~	~	~	1 20%	3 25%	3 4%	5 6%	1 25%	6 10%	1 3%
USUALLY	15 16%	253 16%	2 9%	5 22%	7 29%	1 5%	10 26%	~	~	~	~	~	1 20%	1 8%	13 19%	13 16%	1 25%	9 15%	6 20%
ALWAYS	69 76%	1212 76%	20 87%	15 65%	16 67%	18 86%	26 68%	~	~	~	~	~	3 60%	8 67%	54 77%	61 77%	2 50%	46 75%	23 77%
#ALWAYS + USUALLY (NET)	84 92%	1464 92%	22 96%	20 87%	23 96%	19 90%	36 95%	~	~	~	~	~	4 80%	9 75%	67 96%	74 94%	3 75%	55 90%	29 97%
TOP BOX SCORE	69 76%	1212 76%	20 87%	15 65%	16 67%	18 86%	26 68%	~	~	~	~	~	3 60%	8 67%	54 77%	61 77%	2 50%	46 75%	23 77%
NOT ANSWERED	3	102		1	1	1	2							1	2	3		2	1
VALID CASES	91	1594	23	23	24	21	38						5	12	70	79	4	61	30
NUMBER OF RESPONDENTS	94	1696	23	24	25	22	40						5	13	72	82	4	63	31
	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		
	COPA 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	
Q5 YES	175 68%	3547 65%	34 71%	45 73%	49 68%	47 63%	62 71%	~	~	~	~	~	9 47%	45 65%	114 68%	154 66%	8 100%	130 65%*	45 79%*
Q5 NO	82 32%	1877 35%	14 29%	17 27%	23 32%	28 37%	25 29%	~	~	~	~	~	10 53%	24 35%	53 32%	80 34%	~	70 35%*	12 21%*
NOT ANSWERED	10	214	2	2	2	4								3	1	3	1	10	
VALID CASES	257	5424	48	62	72	75	87						19	69	167	234	8	200	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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		
	COPA 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 ##	MUL-OTHR ##	TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q6 NEVER	6 4%	50 2%	1 3%	3 7%	1 2%	1 2%	4 7%	~	~	~	~	~	~	1 3%	4 4%	4 3%	1 14%	4 3%	2 5%
SOMETIMES	20 12%	468 14%	4 12%	7 16%	3 7%	6 14%	8 14%	~	~	~	~	~	2 22%	6 15%	11 10%	17 12%	1 14%	15 12%	5 12%
USUALLY	47 29%	881 27%	5 15%	10 23%	19 44%	13 30%	17 30%	~	~	~	~	~	2 22%	13 33%	31 29%	41 29%	3 43%	33 27%	14 33%
ALWAYS	90 55%	1910 58%	23 70%	23 53%	20 47%	24 55%	28 49%	~	~	~	~	~	5 56%	19 49%	62 57%	81 57%	2 29%	69 57%	21 50%
#ALWAYS + USUALLY (NET)	137 84%	2792 84%	28 85%	33 77%	39 91%	37 84%	45 79%	~	~	~	~	~	7 78%	32 82%	93 86%	122 85%	5 71%	102 84%	35 83%
TOP BOX SCORE	90 55%	1910 58%	23 70%	23 53%	20 47%	24 55%	28 49%	~	~	~	~	~	5 56%	19 49%	62 57%	81 57%	2 29%	69 57%	21 50%
NOT ANSWERED	12	232	1	2	6	3	5							6	6	11	1	9	3
VALID CASES	163	3310	33	43	43	44	57						9	39	108	143	7	121	42
NUMBER OF RESPONDENTS	175	3542	34	45	49	47	62						9	45	114	154	8	130	45
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

	COPA 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
Q7 NONE	80 31%	1626 30%	11 24%	16 25%	23 32%	30 39%	23 26%	~	~	~	~	~	10 53%	24 34%	50 30%	76 33%	~	75 38%*	5 9%*
1 TIME	68 27%	1614 30%	15 33%	22 35%	17 24%	14 18%*	22 25%	~	~	~	~	~	3 16%	25 36%	37 22%*	61 26%	3 33%	57 29%	11 19%
2	55 21%	1048 20%	11 24%	12 19%	17 24%	15 20%	22 25%	~	~	~	~	~	3 16%	13 19%	36 22%	49 21%	2 22%	37 19%	18 32%
3	27 11%	512 10%	2 4%	6 10%	8 11%	11 14%	13 15%	~	~	~	~	~	1 5%	5 7%	22 13%*	25 11%	2 22%	18 9%	9 16%
4	11 4%	232 4%	4 9%	5 8%	1 1%	1 1%*	3 3%	~	~	~	~	~	~	1 1%	9 5%	10 4%	~	8 4%	3 5%
5 TO 9	10 4%	256 5%	2 4%	1 2%	5 7%	2 3%	3 3%	~	~	~	~	~	2 11%	1 1%	9 5%*	8 3%	2 22%	3 2%*	7 12%*
10 OR MORE TIMES	5 2%	57 1%	1 2%	1 2%	~	3 4%	1 1%	~	~	~	~	~	~	1 1%	3 2%	4 2%	~	1 0.5%	4 7%
NOT ANSWERED	11	293	4	1	3	3								2	2	4		11	
VALID CASES	256	5345	46	63	71	76	87						19	70	166	233	9	199	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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		
	COPA 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	
Q8 #YES	114 66%	2462 67%	23 66%~	29 62%~	34 76%~	28 61%~	41 66%	~	~	~	~	~	7 ~ 78%~	29 64%~	78 68%	103 66%~	6 75%~	76 63%	38 73%
NO	59 34%	1197 33%	12 34%~	18 38%~	11 24%~	18 39%~	21 34%	~	~	~	~	~	2 ~ 22%~	16 36%~	36 32%	52 34%~	2 25%~	45 37%	14 27%
NOT ANSWERED	3	87				3	2							1	2	2	1	3	
VALID CASES	173	3659	35	47	45	46	62						9	45	114	155	8	121	52
NUMBER OF RESPONDENTS	176	3746	35	47	48	46	64						9	46	116	157	9	124	52
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND NATV ###	AMER ALSK ##	MUL-OTHR #	TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q9 NEVER	5 3%	111 3%		3 ~ 7%		2 ~ 4%	3 5%	~	~	~	~	~	~	1 2%	4 4%	5 3%		3 3%	2 4%
SOMETIMES	14 8%	330 9%	3 9%	3 7%	5 11%	3 7%	4 6%	~	~	~	~	~	1 11%	4 9%	7 6%	11 7%	1 13%	8 7%	6 12%
USUALLY	41 24%	815 22%	5 14%	9 20%	13 29%	14 31%	15 24%	~	~	~	~	~	1 11%	11 26%	28 25%	35 23%	4 50%	27 23%	14 27%
ALWAYS	111 65%	2400 66%	27 77%	31 67%	27 60%	26 58%	40 65%	~	~	~	~	~	7 78%	27 63%	75 66%	102 67%	3 38%	81 68%	30 58%
#ALWAYS + USUALLY (NET)	152 89%	3215 88%	32 91%	40 87%	40 89%	40 89%	55 89%	~	~	~	~	~	8 89%	38 88%	103 90%	137 90%	7 88%	108 91%	44 85%
TOP BOX SCORE	111 65%	2400 66%	27 77%	31 67%	27 60%	26 58%	40 65%	~	~	~	~	~	7 78%	27 63%	75 66%	102 67%	3 38%	81 68%	30 58%
NOT ANSWERED	5	90		1	3	1	2							3	2	4	1	5	
VALID CASES	171	3656	35	46	45	45	62						9	43	114	153	8	119	52
NUMBER OF RESPONDENTS	176	3746	35	47	48	46	64						9	46	116	157	9	124	52
	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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q10 YES	47 27%	1058 29%	7 20%~	11 23%~	16 35%~	13 30%~	14 23%	~	~	~	~	~	3 ~ 33%~	12 27%~	33 29%	41 26%~	4 57%~	20 17%*	27 53%*
NO	125 73%	2578 71%	28 80%~	36 77%~	30 65%~	31 70%~	48 77%	~	~	~	~	~	6 ~ 67%~	32 73%~	81 71%	114 74%~	3 43%~	101 83%*	24 47%*
NOT ANSWERED	4	110				2 2	2							2	2	2	2	3	1
VALID CASES	172	3636	35	47	46	44	62						9	44	114	155	7	121	51
NUMBER OF RESPONDENTS	176 100%	3746 100%	35 100%	47 100%	48 100%	46 100%	64 100%						9 100%	46 100%	116 100%	157 100%	9 100%	124 100%	52 100%

[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?

	COPA 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	
Q11 #YES	46	931	7	11	15	13	13	~	~	~	~	~	3	12	32	40	4	20	26
	100%	93%	~100%	~100%	~100%	~100%	~100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NO		71	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	16	408	4	1	6	5	3							4	5	7	2	14	2
VALID CASES	46	1002	7	11	15	13	13						3	12	32	40	4	20	26
NUMBER OF RESPONDENTS	62	1410	11	12	21	18	16						3	16	37	47	6	34	28
	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?

	COPA 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	
Q12 #YES	39 85%	722 71%~	6 86%~	9 82%~	14 93%~	10 77%~	10 77%~	~	~	~	~	~	3 ~100%~	8 67%~	29 91%~	35 88%~	2 50%~	16 80%~	23 88%~
NO	7 15%	300 29%~	1 14%~	2 18%~	1 7%~	3 23%~	3 23%~	~	~	~	~	~	~	4 ~33%~	3 9%~	5 13%~	2 50%~	4 20%~	3 12%~
NOT ANSWERED	1	19			1	1	1								1	1			1
VALID CASES	46	1022	7	11	15	13	13						3	12	32	40	4	20	26
NUMBER OF RESPONDENTS	47	1041	7	11	16	13	14						3	12	33	41	4	20	27
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ###	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q13 #YES	33 73%	804 80%~	4 67%~	9 82%~	12 80%~	8 62%~	9 69%~	~	~	~	~	~	2 67%~	8 73%~	25 78%~	30 77%~	3 75%~	14 70%~	19 76%~
NO	12 27%	202 20%~	2 33%~	2 18%~	3 20%~	5 38%~	4 31%~	~	~	~	~	~	1 33%~	3 27%~	7 22%~	9 23%~	1 25%~	6 30%~	6 24%~
NOT ANSWERED	2	35	1		1		1							1	1	2			2
VALID CASES	45	1006	6	11	15	13	13						3	11	32	39	4	20	25
NUMBER OF RESPONDENTS	47	1041	7	11	16	13	14						3	12	33	41	4	20	27
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q14 WORST HEALTH CARE POSSIBLE	1 0.6%	7 0.2%	~	~	~	2%~	~	~	~	~	~	~	~	1 2%~	~	1 ~0.7%~	~	1 ~0.8%~	~
01	1 0.6%	7 0.2%	~	1 2%~	~	~	1 2%~	~	~	~	~	~	~	~	1 ~0.9%~	1 ~0.7%~	~	~	1 ~2%~
02		15 0.4%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03		17 0.5%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
04	1 0.6%	22 0.6%	~	~	1 2%~	~	1 2%~	~	~	~	~	~	~	~	1 ~0.9%~	1 ~0.7%~	~	1 ~0.8%~	~
05	11 6%	133 4%	2 6%~	3 6%~	2 5%~	4 9%~	5 8%	~	~	~	~	~	1 ~13%~	2 4%	8 7%	9 6%~	1 13%~	7 6%	4 8%
06	10 6%	105 3%	1 3%~	3 6%~	5 11%~	1 2%~	3 5%	~	~	~	~	~	1 ~13%~	4 9%	5 4%	7 5%~	2 25%~	5 4%	5 10%
07	17 10%	327 9%	3 9%~	4 9%~	1 2%~	9 20%~	5 8%	~	~	~	~	~	~	5 ~11%~	11 10%	15 10%~	1 13%~	11 9%	6 12%
08	35 20%	776 21%	5 15%~	8 17%~	10 23%~	12 26%~	13 21%	~	~	~	~	~	1 ~13%~	9 20%~	21 19%	30 20%~	3 38%~	24 20%	11 22%
09	36 21%	815 22%	9 26%~	10 21%~	10 23%~	7 15%~	17 27%	~	~	~	~	~	~	8 ~18%~	27 24%	34 22%~	1 13%~	28 23%	8 16%
BEST HEALTH CARE POSSIBLE	59 35%	1412 39%	14 41%~	18 38%~	15 34%~	12 26%~	17 27%	~	~	~	~	~	5 ~63%~	16 36%~	38 34%	55 36%~	~	43 36%	16 31%
#8-10 (NET)	130 76%	3003 83%*	28 82%~	36 77%~	35 80%~	31 67%~	47 76%	~	~	~	~	~	6 ~75%~	33 73%~	86 77%	119 78%~	4 50%~	95 79%	35 69%

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?

	COPA 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 PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC			
9-10 (NET)	95 56%	2227 61%	23 68%	28 60%	25 57%	19 41%	34 55%	~	~	~	~	~	~	5 63%	24 53%	65 58%	89 58%	1 13%	71 59%	24 47%	
NOT ANSWERED	5	109	1		4	2								1	1	4	4	1	4	1	
VALID CASES	171	3637	34	47	44	46	62							8	45	112	153	8	120	51	
NUMBER OF RESPONDENTS	176 100%	3746 100%	35 100%	47 100%	48 100%	46 100%	64 100%							9 100%	46 100%	116 100%	157 100%	9 100%	124 100%	52 100%	
MEAN	8.38	8.64	8.76	8.43	8.43	8.00	8.23							8.63	8.29	8.42	8.45	7.12	8.50	8.10	
p stat_(*=Sig @ p<=.05)		.054	~	~	~	~	.393	~	~	~	~	~	~	~	~	.699	~	~	~	.176	.176

[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	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q15 NEVER	4 2%	66 2%	~	2%~	2%~	5%~	1 2%	~	~	~	~	~	3 7%	1 0.9%	3 2%~	1 13%~	3 3%	1 2%
SOMETIMES	23 14%	356 10%	3 9%~	7 15%~	10 22%~	3 7%~	8 13%	~	~	~	~	1 11%~	7 17%~	15 13%	18 12%~	4 50%~	14 12%	9 17%
USUALLY	52 31%	1161 32%	6 18%~	11 24%~	15 33%~	20 45%~	22 35%	~	~	~	~	3 33%~	11 27%~	35 30%	47 31%~	1 13%~	34 29%	18 35%
ALWAYS	91 54%	2060 57%	25 74%~	27 59%~	20 43%~	19 43%~	32 51%	~	~	~	~	5 56%~	20 49%~	64 56%	84 55%~	2 25%~	67 57%	24 46%
#ALWAYS + USUALLY (NET)	143 84%	3220 88%	31 91%~	38 83%~	35 76%~	39 89%~	54 86%	~	~	~	~	8 89%~	31 76%~	99 86%	131 86%~	3 38%~	101 86%	42 81%
TOP BOX SCORE	91 54%	2060 57%	25 74%~	27 59%~	20 43%~	19 43%~	32 51%	~	~	~	~	5 56%~	20 49%~	64 56%	84 55%~	2 25%~	67 57%	24 46%
NOT ANSWERED	6	104	1	1	2	2	1						5	1	5	1	6	
VALID CASES	170	3642	34	46	46	44	63					9	41	115	152	8	118	52
NUMBER OF RESPONDENTS	176	3746	35	47	48	46	64					9	46	116	157	9	124	52
	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		
	COPA 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		
Q16 YES	181 71%	3847 71%	10 22%~	48 76%	59 82%*	64 84%*	69 79%*	~	~	~	~	~	12 63%~	40 59%*	126 75%*	168 72%~	3 38%~	136 68%	45 79%
NO	75 29%	1561 29%	35 78%~	15 24%	13 18%*	12 16%*	18 21%*	~	~	~	~	~	7 37%~	28 41%*	42 25%*	66 28%~	5 63%~	63 32%	12 21%
NOT ANSWERED	11	230	5	1	2	3								4		3	1	11	
VALID CASES	256	5408	45	63	72	76	87						19	68	168	234	8	199	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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?

	COPA 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		
Q17 YES	19 11%	421 11%	1 10%~	6 13%~	6 11%	6 10%	6 9%	~	~	~	~	~	~	~	4 10%~	12 10%	16 10%~	1 33%~	11 8%~	8 19%~
NO	156 89%	3279 89%	9 90%~	41 87%~	50 89%	56 90%	59 91%	~	~	~	~	~	11 ~100%	35 90%~	109 90%	146 90%~	2 67%~	121 92%~	35 81%~	
NOT ANSWERED	6	221		1	3	2	4						1	1	5	6		4	2	
VALID CASES	175	3699	10	47	56	62	65						11	39	121	162	3	132	43	
NUMBER OF RESPONDENTS	181	3920	10	48	59	64	69						12	40	126	168	3	136	45	
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q16 = YES]

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

	COPA 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	
Q18 #YES	17 89%	351 89%	1 100%	5 83%	6 100%	5 83%	4 67%	~	~	~	~	~	~	4 100%	10 83%	14 88%	1 100%	11 100%	6 75%
NO	2 11%	44 11%	~	1 17%	~	1 17%	2 33%	~	~	~	~	~	~	~	2 17%	2 13%	~	~	2 25%
NOT ANSWERED		4																	
VALID CASES	19	394	1	6	6	6	6							4	12	16	1	11	8
NUMBER OF RESPONDENTS	19	398	1	6	6	6	6							4	12	16	1	11	8
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q16 = YES AND Q17 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA 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	
Q19 YES	6 2%	201 4%	~	2%	6%	1%	1%	~	~	~	~	~	5%	3%	2%	4 2%~	2 25%~	2 1%	4 7%
NO	250 98%	5179 96%	47 100%~	62 98%	66 94%	75 99%	85 99%	~	~	~	~	~	95%~	97%	98%	231 98%~	6 75%~	197 99%	53 93%
NOT ANSWERED	11	258	3	1	4	3	1							2	1	2	1	11	
VALID CASES	256	5380	47	63	70	76	86						19	70	167	235	8	199	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER IND/ALSK NATV ###	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q20 NEVER		19 10%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	3 50%~	32 16%~	~	~	2 50%~	1 100%~	~	~	~	~	~	~	1 50%~	2 50%~	3 75%~	~	1 50%~	2 50%~
USUALLY	1 17%~	40 20%~	~	1 100%~	~	~	~	~	~	~	~	~	1 50%~	~	~	1 50%~	~	1 25%~
ALWAYS	2 33%~	107 54%~	~	~	2 50%~	1 100%~	~	~	~	~	~	~	~	2 50%~	1 25%~	1 50%~	1 50%~	1 25%~
#ALWAYS + USUALLY (NET)	3 50%~	147 74%~	~	1 100%~	2 50%~	1 100%~	~	~	~	~	~	~	1 50%~	2 50%~	1 25%~	2 100%~	1 50%~	2 50%~
TOP BOX SCORE	2 33%~	107 54%~	~	~	2 50%~	1 100%~	~	~	~	~	~	~	~	2 50%~	1 25%~	1 50%~	1 50%~	1 25%~
NOT ANSWERED		9																
VALID CASES	6	198		1	4	1	1					1	2	4	4	2	2	4
NUMBER OF RESPONDENTS	6	207		1	4	1	1					1	2	4	4	2	2	4
	100%	100%		100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND NATV ###	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q21 #YES	5	166		1	3	1	1						1	2	3	3	2	2	3
	83%	83%		~100%	75%	~100%	~100%	~	~	~	~	~	~100%	~100%	75%	75%	~100%	~100%	75%
NO	1	35			1									1	1	1		1	
	17%	17%		~	~ 25%	~	~	~	~	~	~	~	~	~ 25%	25%	~	~	~ 25%	~
NOT ANSWERED		6																	
VALID CASES	6	201		1	4	1	1						1	2	4	4	2	2	4
NUMBER OF RESPONDENTS	6	207		1	4	1	1						1	2	4	4	2	2	4
	100%	100%		100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

	COPA 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/ ALS ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q22 YES	18 7%	487 9%	7 15%~	4 6%	4 6%	3 4%	6 7%	~	~	~	~	~	~	5 7%	11 7%	14 6%~	2 25%~	9 5%*	9 16%*
NO	237 93%	4887 91%	39 85%~	59 94%	65 94%	74 96%	81 93%	~	~	~	~	~	19 ~100%~	65 93%	156 93%	221 94%~	6 75%~	189 95%*	48 84%*
NOT ANSWERED	12	264	4	1	5	2								2	1	2	1	12	
VALID CASES	255	5374	46	63	69	77	87						19	70	167	235	8	198	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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?

	COPA 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- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q23 NEVER	3 17%	64 14%	1 ~ 25%	1 25%	1 33%	1 17%	~	~	~	~	~	~	3 27%	2 14%	1 50%	1 11%	2 22%	
SOMETIMES	5 28%	82 18%	2 29%	2 50%	1 25%	~	~	~	~	~	~	~	1 20%	2 18%	1 14%	1 50%	3 33%	2 22%
USUALLY	6 33%	105 23%	4 57%	1 25%	1 33%	4 67%	~	~	~	~	~	~	2 40%	4 36%	6 43%	~	2 22%	4 44%
ALWAYS	4 22%	198 44%	1 14%	2 50%	1 33%	1 17%	~	~	~	~	~	~	2 40%	2 18%	4 29%	~	3 33%	1 11%
#ALWAYS + USUALLY (NET)	10 56%	303 68%	5 71%	1 25%	2 50%	2 67%	5 83%	~	~	~	~	~	4 80%	6 55%	10 71%	~	5 56%	5 56%
TOP BOX SCORE	4 22%	198 44%	1 14%	2 50%	1 33%	1 17%	~	~	~	~	~	~	2 40%	2 18%	4 29%	~	3 33%	1 11%
NOT ANSWERED		21																
VALID CASES	18	448	7	4	4	3	6						5	11	14	2	9	9
NUMBER OF RESPONDENTS	18	469	7	4	4	3	6						5	11	14	2	9	9
	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?

	COPA 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	9	310	5	2	2	2							3	4	5	2	6	3
	53%	69%	71%	67%	~ 67%	40%	~	~	~	~	~	~	60%	40%	38%	100%	67%	38%
NO	8	142	2	1	4	1	3						2	6	8		3	5
	47%	31%	29%	33%	100%	33%	60%	~	~	~	~	~	40%	60%	62%	~	33%	63%
NOT ANSWERED	1	17	1			1							1	1				1
VALID CASES	17	452	7	3	4	3	5						5	10	13	2	9	8
NUMBER OF RESPONDENTS	18	469	7	4	4	3	6						5	11	14	2	9	9
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

	COPA 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	
Q25 YES	34 13%	692 13%	3 7%	9 15%	10 14%	12 16%	15 17%	~	~	~	~	~	~	1 1%*	31 18%*	31 13%~	1 13%~	7 4%*	27 47%*
NO	221 87%	4667 87%	43 93%~	53 85%	60 86%	65 84%	72 83%	~	~	~	~	~	19 ~100%~	69 99%*	137 82%*	205 87%~	7 88%~	191 96%*	30 53%*
NOT ANSWERED	12	279	4	2	4	2								2		1	1	12	
VALID CASES	255	5359	46	62	70	77	87						19	70	168	236	8	198	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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?

	COPA 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- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q26 NEVER	5 15%	86 13%~	1 ~ 11%~	3 30%~	1 8%~	3 20%~	~	~	~	~	~	~	5 ~ 16%~	5 16%~	~	5 ~ 19%~		
SOMETIMES	9 26%	135 20%~	1 33%~	4 44%~	2 20%~	2 17%~	1 7%~	~	~	~	~	~	1 ~ 100%~	6 19%~	6 19%~	1 100%~	3 43%~	6 22%~
USUALLY	8 24%	147 22%~	1 33%~	3 ~ 30%~	4 33%~	6 40%~	~	~	~	~	~	~	8 ~ 26%~	8 26%~	~	1 ~ 14%~	7 26%~	
ALWAYS	12 35%	290 44%~	1 33%~	4 44%~	2 20%~	5 42%~	5 33%~	~	~	~	~	~	12 ~ 39%~	12 39%~	~	3 ~ 43%~	9 33%~	
#ALWAYS + USUALLY (NET)	20 59%	437 66%~	2 67%~	4 44%~	5 50%~	9 75%~	11 73%~	~	~	~	~	~	20 ~ 65%~	20 65%~	~	4 ~ 57%~	16 59%~	
TOP BOX SCORE	12 35%	290 44%~	1 33%~	4 44%~	2 20%~	5 42%~	5 33%~	~	~	~	~	~	12 ~ 39%~	12 39%~	~	3 ~ 43%~	9 33%~	
NOT ANSWERED		25																
VALID CASES	34	658	3	9	10	12	15						1	31	31	1	7	27
NUMBER OF RESPONDENTS	34	683	3	9	10	12	15						1	31	31	1	7	27
	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?

	COPA 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 NATV ###	AMER IND/ ALS K ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q27 #YES	16 48%	342 52%~	1 33%~	5 56%~	5 50%~	5 45%~	8 53%~	~	~	~	~	~	~	14 ~ 47%~	14 47%~	4 ~ 57%~	12 46%~		
NO	17 52%	320 48%~	2 67%~	4 44%~	5 50%~	6 55%~	7 47%~	~	~	~	~	~	~	1 ~ 100%~	16 53%~	16 53%~	1 100%~	3 43%~	14 54%~
NOT ANSWERED	1	21				1								1	1			1	
VALID CASES	33	662	3	9	10	11	15							1	30	30	1	7	26
NUMBER OF RESPONDENTS	34	683	3	9	10	12	15							1	31	31	1	7	27
	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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q28 YES	57 23%	1125 21%	12 27%	14 23%	14 21%	17 23%	20 23%	~	~	~	~	~	3 ~ 16%	9 13%*	45 27%*	50 22%~	5 63%~	24 12%*	33 60%*
NO	193 77%	4219 79%	33 73%~	48 77%	54 79%	58 77%	66 77%	~	~	~	~	~	16 ~ 84%~	59 87%*	121 73%*	182 78%~	3 38%~	171 88%*	22 40%*
NOT ANSWERED	17	294	5	2	6	4	1							4	2	5	1	15	2
VALID CASES	250	5344	45	62	68	75	86						19	68	166	232	8	195	55
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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?

	COPA 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 NATV ###	AMER IND/ ALS K ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q29 #YES	29 51%	616 57%	4 33%~	7 50%~	7 50%~	11 65%~	10 50%~	~	~	~	~	~	1 33%~	3 33%~	25 56%~	26 52%~	2 40%~	10 42%~	19 58%~
NO	28 49%	465 43%	8 67%~	7 50%~	7 50%~	6 35%~	10 50%~	~	~	~	~	~	2 67%~	6 67%~	20 44%~	24 48%~	3 60%~	14 58%~	14 42%~
NOT ANSWERED		36																	
VALID CASES	57	1081	12	14	14	17	20						3	9	45	50	5	24	33
NUMBER OF RESPONDENTS	57 100%	1117 100%	12 100%	14 100%	14 100%	17 100%	20 100%						3 100%	9 100%	45 100%	50 100%	5 100%	24 100%	33 100%

[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?

	COPA 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	208 85%	4642 88%	39 89%	53 88%	57 85%	59 80%	72 88%	~	~	~	~	~	~	14 ~ 74%	50 74%*	143 88%	193 85%	6 75%	160 84%	48 87%
NO	37 15%	640 12%	5 11%	7 12%	10 15%	15 20%	10 12%	~	~	~	~	~	~	5 ~ 26%	18 26%*	19 12%	35 15%	2 25%	30 16%	7 13%
NOT ANSWERED	22	357	6	4	7	5	5								4	6	9	1	20	2
VALID CASES	245	5281	44	60	67	74	82							19	68	162	228	8	190	55
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%							19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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

	COPA 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	67 33%	1245 28%	10 27%	15 29%	19 35%	23 40%	20 29%	~	~	~	~	~	6 43%	19 40%	44 32%	64 34%	1 20%	55 36%	12 25%
1 TIME	66 33%	1677 37%	12 32%	21 40%	18 33%	15 26%	27 39%	~	~	~	~	~	5 36%	15 32%	44 32%	61 33%	1 20%	57 37%	9 19%
2	31 15%	850 19%	8 22%	7 13%	10 18%	6 11%	11 16%	~	~	~	~	~	1 7%	8 17%	22 16%	30 16%	1 20%	20 13%	11 23%
3	19 9%	387 9%	2 5%	5 10%	5 9%	7 12%	7 10%	~	~	~	~	~	~	3 6%	14 10%	17 9%	~	11 7%	8 17%
4	8 4%	160 4%	2 5%	3 6%	1 2%	2 4%	2 3%	~	~	~	~	~	1 7%	~	8 6%	8 4%	~	5 3%	3 6%
5 TO 9	5 2%	163 4%	1 3%	~	2 4%	2 4%	2 3%	~	~	~	~	~	1 7%	~	5 4%*	4 2%	1 20%	3 2%	2 4%
10 OR MORE TIMES	5 2%	21 0.5%	2 5%	1 2%	~	2 4%	~	~	~	~	~	~	~	2 4%	2 1%	3 2%	1 20%	2 1%	3 6%
NOT ANSWERED	7	173	2	1	2	2	3							3	4	6	1	7	
VALID CASES	201	4503	37	52	55	57	69						14	47	139	187	5	153	48
NUMBER OF RESPONDENTS	208	4676	39	53	57	59	72						14	50	143	193	6	160	48
	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?

	COPA 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	
Q31A ALWAYS	2 2%	87 3%	~	2 5%~	~	~	~	~	~	~	~	~	2 2%	2 2%	~	2 2%	~		
USUALLY	3 2%	60 2%	~	3 8%~	~	~	~	~	~	~	~	~	1 1%	2 2%	~	3 3%	~		
SOMETIMES	9 7%	220 7%	4 15%~	2 5%~	3 8%~	1 2%~	~	~	~	~	1 13%~	6 22%~	3 3%~	8 7%~	1 25%~	8 8%~	1 3%~		
NEVER	119 89%	2850 89%	23 85%~	30 81%~	33 92%~	33 100%~	46 94%~	~	~	~	~	~	7 88%~	21 78%~	89 94%~	110 90%~	3 75%~	84 87%~	35 97%~
#NEVER + SOMETIMES (NET)	128 96%	3070 95%	27 100%~	32 86%~	36 100%~	33 100%~	47 96%~	~	~	~	~	~	8 100%~	27 100%~	92 97%~	118 97%~	4 100%~	92 95%~	36 100%~
TOP BOX SCORE	119 89%	2850 89%	23 85%~	30 81%~	33 92%~	33 100%~	46 94%~	~	~	~	~	~	7 88%~	21 78%~	89 94%~	110 90%~	3 75%~	84 87%~	35 97%~
NOT ANSWERED	1	23				1							1		1		1		
VALID CASES	133	3216	27	37	36	33	49						8	27	95	122	4	97	36
NUMBER OF RESPONDENTS	134 100%	3239 100%	27 100%	37 100%	36 100%	34 100%	49 100%						8 100%	28 100%	95 100%	123 100%	4 100%	98 100%	36 100%

[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			
	COPA 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		
Q32 NEVER	2 2%	78 2%	~	~	2 6%	~	~	~	~	~	~	~	1 4%	1 1%	2 2%	~	2 2%	~	
SOMETIMES	8 6%	156 5%	3 12%	2 5%	1 3%	2 6%	1 2%	~	~	~	~	~	1 13%	3 11%	3 3%	6 5%	1 25%	7 7%	1 3%
USUALLY	25 19%	485 15%	9 35%	6 16%	7 19%	3 9%	10 20%	~	~	~	~	~	1 13%	6 22%	18 19%	24 20%	1 25%	14 15%	11 31%
ALWAYS	97 73%	2499 78%	14 54%	29 78%	26 72%	28 85%	38 78%	~	~	~	~	~	6 75%	17 63%	73 77%	90 74%	2 50%	73 76%	24 67%
#ALWAYS + USUALLY (NET)	122 92%	2984 93%	23 88%	35 95%	33 92%	31 94%	48 98%	~	~	~	~	~	7 88%	23 85%	91 96%	114 93%	3 75%	87 91%	35 97%
TOP BOX SCORE	97 73%	2499 78%	14 54%	29 78%	26 72%	28 85%	38 78%	~	~	~	~	~	6 75%	17 63%	73 77%	90 74%	2 50%	73 76%	24 67%
NOT ANSWERED	2	21	1			1							1		1		2		
VALID CASES	132	3218	26	37	36	33	49					8	27	95	122	4	96	36	
NUMBER OF RESPONDENTS	134 100%	3239 100%	27 100%	37 100%	36 100%	34 100%	49 100%					8 100%	28 100%	95 100%	123 100%	4 100%	98 100%	36 100%	

[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?

	COPA 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		
Q33 NEVER		35 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	9 7%	139 4%	4 15%	2 6%	2 6%	1 3%	4 8%	~	~	~	~	~	1 13%	2 7%	6 6%	8 7%	1 25%	7 7%	2 6%
USUALLY	26 20%	518 16%	3 12%	6 17%	10 28%	7 22%	9 18%	~	~	~	~	~	2 25%	6 22%	19 20%	26 21%	~	20 21%	6 17%
ALWAYS	95 73%	2521 78%	19 73%	28 78%	24 67%	24 75%	36 73%	~	~	~	~	~	5 63%	19 70%	70 74%	88 72%	3 75%	67 71%	28 78%
#ALWAYS + USUALLY (NET)	121 93%	3039 95%	22 85%	34 94%	34 94%	31 97%	45 92%	~	~	~	~	~	7 88%	25 93%	89 94%	114 93%	3 75%	87 93%	34 94%
TOP BOX SCORE	95 73%	2521 78%	19 73%	28 78%	24 67%	24 75%	36 73%	~	~	~	~	~	5 63%	19 70%	70 74%	88 72%	3 75%	67 71%	28 78%
NOT ANSWERED	4	26	1	1		2							1		1			4	
VALID CASES	130	3213	26	36	36	32	49						8	27	95	122	4	94	36
NUMBER OF RESPONDENTS	134	3239	27	37	36	34	49						8	28	95	123	4	98	36
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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	
Q34 NEVER	1 0.8%	28 0.9%	~	~	3%~	~	~	~	~	~	~	~	1 4%~	1 0.8%~	1 1%~	1 1%~	~	
SOMETIMES	7 5%	104 3%	1 4%~	3 8%~	2 6%~	1 3%~	3 6%~	~	~	~	~	1 13%~	7 7%~	7 6%~	5 5%~	2 6%~	~	
USUALLY	23 18%	398 12%	8 31%~	4 11%~	7 19%~	4 13%~	8 16%~	~	~	~	~	1 13%~	5 19%~	16 17%~	22 18%~	16 17%~	7 19%~	~
ALWAYS	99 76%	2679 83%*	17 65%~	29 81%~	26 72%~	27 84%~	38 78%~	~	~	~	~	6 75%~	21 78%~	72 76%~	92 75%~	4 100%~	72 77%~	27 75%~
#ALWAYS + USUALLY (NET)	122 94%	3077 96%	25 96%~	33 92%~	33 92%~	31 97%~	46 94%~	~	~	~	~	7 88%~	26 96%~	88 93%~	114 93%~	4 100%~	88 94%~	34 94%~
TOP BOX SCORE	99 76%	2679 83%*	17 65%~	29 81%~	26 72%~	27 84%~	38 78%~	~	~	~	~	6 75%~	21 78%~	72 76%~	92 75%~	4 100%~	72 77%~	27 75%~
NOT ANSWERED	4	30	1	1		2							1	1		4		
VALID CASES	130	3209	26	36	36	32	49					8	27	95	122	4	94	36
NUMBER OF RESPONDENTS	134 100%	3239 100%	27 100%	37 100%	36 100%	34 100%	49 100%					8 100%	28 100%	95 100%	123 100%	4 100%	98 100%	36 100%

[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		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q35 YES	89 68%	2175 68%	25 ~	33 69%	31 92%	31 97%	32 65%	~	~	~	~	~	5 63%	20 74%	64 67%	84 69%	3 75%	64 68%	25 69%
NO	41 32%	1015 32%	26 100%	11 31%	3 8%	1 3%	17 35%	~	~	~	~	~	3 38%	7 26%	31 33%	38 31%	1 25%	30 32%	11 31%
NOT ANSWERED	4	49	1	1		2								1		1		4	
VALID CASES	130	3190	26	36	36	32	49						8	27	95	122	4	94	36
NUMBER OF RESPONDENTS	134	3239	27	37	36	34	49						8	28	95	123	4	98	36
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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			
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q36 NEVER	1 1%	30 1%	~	~	3%~	~	~	~	~	~	~	~	1 5%~	~	1 1%~	~	1 2%~	~	
SOMETIMES	7 8%	137 6%	~	8%~	15%~	~	1 3%~	~	~	~	~	~	1 20%~	2 10%~	4 6%~	5 6%~	1 33%~	5 8%~	2 8%~
USUALLY	17 19%	493 23%	~	8%~	27%~	19%~	6 23%~	~	~	~	~	~	~	4 20%~	13 21%~	17 20%~	~	11 17%~	6 24%~
ALWAYS	63 72%	1509 70%	~	83%~	55%~	81%~	23 74%~	~	~	~	~	~	4 80%~	13 65%~	46 73%~	60 72%~	2 67%~	46 73%~	17 68%~
#ALWAYS + USUALLY (NET)	80 91%	2002 92%	~	92%~	82%~	100%~	30 97%~	~	~	~	~	~	4 80%~	17 85%~	59 94%~	77 93%~	2 67%~	57 90%~	23 92%~
TOP BOX SCORE	63 72%	1509 70%	~	83%~	55%~	81%~	23 74%~	~	~	~	~	~	4 80%~	13 65%~	46 73%~	60 72%~	2 67%~	46 73%~	17 68%~
NOT ANSWERED	1	40	~	1			1								1	1	1		
VALID CASES	88	2170		24	33	31	31					5	20	63	83	3	63	25	
NUMBER OF RESPONDENTS	89	2210		25	33	31	32					5	20	64	84	3	64	25	
	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	
	COPA 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
Q37 NEVER	5 4%	96 3%	2 8%~	1 3%~	2 6%~	1 2%~	1 ~	~	~	~	~	1 13%~	2 7%~	2 2%~	4 3%~	1 25%~	4 4%~	1 3%~
SOMETIMES	8 6%	305 10%	4 16%~	1 3%~	2 6%~	1 3%~	3 6%~	~	~	~	~	~	3 11%~	5 5%~	8 7%~	~	7 7%~	1 3%~
USUALLY	28 22%	799 25%	5 20%~	6 17%~	9 25%~	8 25%~	11 23%~	~	~	~	~	1 13%~	6 22%~	21 22%~	28 23%~	~	17 18%~	11 31%~
ALWAYS	88 68%	1981 62%	14 56%~	28 78%~	23 64%~	23 72%~	33 69%~	~	~	~	~	6 75%~	16 59%~	66 70%~	81 67%~	3 75%~	66 70%~	22 63%~
#ALWAYS + USUALLY (NET)	116 90%	2780 87%	19 76%~	34 94%~	32 89%~	31 97%~	44 92%~	~	~	~	~	7 88%~	22 81%~	87 93%~	109 90%~	3 75%~	83 88%~	33 94%~
TOP BOX SCORE	88 68%	1981 62%	14 56%~	28 78%~	23 64%~	23 72%~	33 69%~	~	~	~	~	6 75%~	16 59%~	66 70%~	81 67%~	3 75%~	66 70%~	22 63%~
NOT ANSWERED	5	58	2	1		2	1						1	1	2		4	1
VALID CASES	129	3181	25	36	36	32	48					8	27	94	121	4	94	35
NUMBER OF RESPONDENTS	134	3239	27	37	36	34	49					8	28	95	123	4	98	36
	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?

	COPA 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	
Q38 #YES	107 83%	2742 86%	23 88%~	32 89%~	26 72%~	26 84%~	42 86%~	~	~	~	~	~	7 88%~	21 81%~	79 83%~	101 83%~	2 50%~	74 80%~	33 92%~
NO	22 17%	440 14%	3 12%~	4 11%~	10 28%~	5 16%~	7 14%~	~	~	~	~	~	1 13%~	5 19%~	16 17%~	20 17%~	2 50%~	19 20%~	3 8%~
NOT ANSWERED	5	57	1	1		3								2		2		5	
VALID CASES	129	3182	26	36	36	31	49						8	26	95	121	4	93	36
NUMBER OF RESPONDENTS	134	3239	27	37	36	34	49						8	28	95	123	4	98	36
	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?

	COPA 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		
Q39 YES	61 48%	1245 39%*	14 54%~	14 39%~	18 51%~	15 50%~	25 51%~	~	~	~	~	~	~	4 50%~	7 28%~	51 54%~	57 48%~	3 75%~	34 37%~	27 75%~
NO	66 52%	1935 61%*	12 46%~	22 61%~	17 49%~	15 50%~	24 49%~	~	~	~	~	~	~	4 50%~	18 72%~	43 46%~	62 52%~	1 25%~	57 63%~	9 25%~
NOT ANSWERED	7	59	1	1	1	4									3	1	4		7	
VALID CASES	127	3180	26	36	35	30	49							8	25	94	119	4	91	36
NUMBER OF RESPONDENTS	134	3239	27	37	36	34	49							8	28	95	123	4	98	36
	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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER						
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC					
Q40 NEVER	1 2%	77 7%*	~	~	6%~	~	~	~	~	~	~	~	~	25%~	~	2%~	1	1	~	~	1	4%~	
SOMETIMES	3 5%	132 11%*	7%~	8%~	6%~	8%~	~	~	~	~	~	~	~	~	~	4%~	2	2	~	~	1	3%~	
USUALLY	23 39%	337 29%	21%~	23%~	53%~	53%~	40%~	~	~	~	~	~	~	50%~	2	3	20	21	2	~	~	13	10
ALWAYS	32 54%	626 53%	71%~	69%~	35%~	47%~	52%~	~	~	~	~	~	~	25%~	1	4	27	31	1	~	~	18	14
#ALWAYS + USUALLY (NET)	55 93%	962 82%*	93%~	92%~	88%~	100%~	92%~	~	~	~	~	~	~	75%~	3	7	47	52	3	~	~	31	24
TOP BOX SCORE	32 54%	626 53%	71%~	69%~	35%~	47%~	52%~	~	~	~	~	~	~	25%~	1	4	27	31	1	~	~	18	14
NOT ANSWERED	2	42		1	1												1	2				2	
VALID CASES	59	1171	14	13	17	15	25							4	7	50	55	3				32	27
NUMBER OF RESPONDENTS	61 100%	1213 100%	100%	100%	100%	100%	100%							4 100%	7 100%	51 100%	57 100%	3 100%				34 100%	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?

	COPA 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
Q41 WORST PERSONAL DOCTOR POSSIBLE	2 1%	8 0.2%	1 ~	1 2%	1 2%	1 1%	~	~	~	~	~	~	2 1%	2 1%	1 ~	1 2%		
01		20 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
02		19 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
03	1 0.5%	22 0.5%	1 3%	~	~	~	~	~	~	~	~	1 ~0.7%	1 0.5%	1 ~0.7%	~			
04	5 3%	26 0.6%	1 3%	~	3 5%	1 2%	4 6%	~	~	~	~	1 7%	5 4%	5 3%	4 3%	1 2%		
05	9 5%	122 3%	5 14%	3 6%	1 2%	~	4 6%	~	~	~	~	1 7%	2 4%	7 5%	8 4%	1 20%	7 5%	2 4%
06	8 4%	114 3%	1 3%	3 6%	3 5%	1 2%	4 6%	~	~	~	~	1 7%	2 4%	6 4%	7 4%	1 20%	6 4%	2 4%
07	15 8%	260 6%	1 3%	6 12%	5 9%	3 5%	6 9%	~	~	~	~	1 7%	1 2%	10 7%	13 7%	1 20%	12 8%	3 6%
08	38 19%	703 16%	6 16%	7 14%	10 18%	15 27%	14 20%	~	~	~	~	1 7%	8 17%	30 22%	37 20%	1 20%	29 19%	9 19%
09	30 15%	904 20%	4 11%	10 20%	8 15%	8 15%	11 16%	~	~	~	~	2 14%	5 11%	22 16%	29 16%	~	19 13%	11 23%
BEST PERSONAL DOCTOR POSSIBLE	89 45%	2271 51%	18 49%	20 40%	24 44%	27 49%	25 36%	~	~	~	~	7 50%	28 61%	56 40%	84 45%	1 20%	71 47%	18 38%
#8-10 (NET)	157 80%	3877 87%	28 76%	37 74%	42 76%	50 91%	50 72%	~	~	~	~	10 71%	41 89%	108 78%	150 81%	2 40%	119 79%	38 81%

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?

	COPA 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 PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
9-10 (NET)	119 60%	3175 71%*	22 59%~	30 60%	32 58%	35 64%	36 52%	~	~	~	~	~	~	9 64%~	33 72%~	78 56%*	113 61%~	1 20%~	90 60%~	29 62%~
NOT ANSWERED	11	208	2	3	2	4	3								4	4	7	1	10	1
VALID CASES	197	4468	37	50	55	55	69							14	46	139	186	5	150	47
NUMBER OF RESPONDENTS	208 100%	4676 100%	39 100%	53 100%	57 100%	59 100%	72 100%							14 100%	50 100%	143 100%	193 100%	6 100%	160 100%	48 100%
MEAN	8.55	8.91	8.35	8.42	8.40	8.96	8.16							8.43	9.09	8.36	8.56	7.20	8.58	8.47
p stat_(*=Sig @ p<=.05)		.008*	~.562	.506	.020*	.041*	~	~	~	~	~	~	~	~	~.010*	~	~	~	~	~

[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		
	COPA 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	
Q42 YES	56 28%	1079 24%	8 22%~	14 28%	18 33%	16 29%	25 36%	~	~	~	~	~	3 21%~	4 9%~	50 36%*	52 28%~	3 60%~	15 10%~	41 85%~
NO	141 72%	3404 76%	28 78%~	36 72%	37 67%	40 71%	44 64%	~	~	~	~	~	11 79%~	42 91%~	90 64%*	135 72%~	2 40%~	134 90%~	7 15%~
NOT ANSWERED	11	193	3	3	2	3	3							4	3	6	1	11	
VALID CASES	197	4483	36	50	55	56	69						14	46	140	187	5	149	48
NUMBER OF RESPONDENTS	208 100%	4676 100%	39 100%	53 100%	57 100%	59 100%	72 100%						14 100%	50 100%	143 100%	193 100%	6 100%	160 100%	48 100%

[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		
	COPA 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	
Q43 #YES	48 87%	932 89%	6 75%~	11 79%~	16 89%~	15 100%~	23 96%~	~	~	~	~	~	1 33%~	2 50%~	44 90%~	45 88%~	2 67%~	13 87%~	35 88%~
NO	7 13%	112 11%	2 25%~	3 21%~	2 11%~	~	1 4%~	~	~	~	~	~	2 67%~	2 50%~	5 10%~	6 12%~	1 33%~	2 13%~	5 13%~
NOT ANSWERED	1	26				1	1								1	1			1
VALID CASES	55	1045	8	14	18	15	24					3	4	49	51	3	15	40	
NUMBER OF RESPONDENTS	56 100%	1071 100%	8 100%	14 100%	18 100%	16 100%	25 100%					3 100%	4 100%	50 100%	52 100%	3 100%	15 100%	41 100%	

[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?

	COPA 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	
Q44 #YES	45 83%	903 87%	5 71%~	11 79%~	15 83%~	14 93%~	21 91%~	~	~	~	~	~	~	2 50%~	42 88%~	42 84%~	2 67%~	12 80%~	33 85%~
NO	9 17%	141 13%	2 29%~	3 21%~	3 17%~	1 7%~	2 9%~	~	~	~	~	~	3 ~100%~	2 50%~	6 12%~	8 16%~	1 33%~	3 20%~	6 15%~
NOT ANSWERED	2	27	1			1	2								2	2			2
VALID CASES	54	1044	7	14	18	15	23						3	4	48	50	3	15	39
NUMBER OF RESPONDENTS	56 100%	1071 100%	8 100%	14 100%	18 100%	16 100%	25 100%						3 100%	4 100%	50 100%	52 100%	3 100%	15 100%	41 100%

[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	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q45 YES	34 14%	851 16%	6 14%	11 19%	8 12%	9 12%	12 14%	~	~	~	~	~	2 11%	6 9%	27 16%	29 12%	4 44%	15 8%*	19 34%*
NO	211 86%	4406 84%	36 86%	48 81%	61 88%	66 88%	74 86%	~	~	~	~	~	17 89%	64 91%	139 84%	204 88%	5 56%	174 92%*	37 66%*
NOT ANSWERED	22	381	8	5	5	4	1							2	2	4		21	1
VALID CASES	245	5257	42	59	69	75	86						19	70	166	233	9	189	56
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q46 NEVER	2 6%	36 5%	~	~	13% 11%	1 11%	~	~	~	~	~	~	1 17%	1 4%	1 3%	1 25%	2 13%	~
SOMETIMES	4 12%	163 21%	17% 17%	2 18%	~ 11%	1 17%	~	~	~	~	~	~	3 11%	3 10%	~	2 13%	2 11%	
USUALLY	8 24%	221 28%	17% 17%	2 18%	2 25%	3 33%	25%	~	~	~	~	1 50%	8 30%	8 28%	~	1 7%	7 37%	
ALWAYS	20 59%	367 47%	67% 67%	7 64%	5 63%	4 44%	7 58%	~	~	~	~	1 50%	5 83%	15 56%	17 59%	3 75%	10 67%	10 53%
#ALWAYS + USUALLY (NET)	28 82%	589 75%	83% 83%	9 82%	7 88%	7 78%	10 83%	~	~	~	~	2 100%	5 83%	23 85%	25 86%	3 75%	11 73%	17 89%
TOP BOX SCORE	20 59%	367 47%	67% 67%	7 64%	5 63%	4 44%	7 58%	~	~	~	~	1 50%	5 83%	15 56%	17 59%	3 75%	10 67%	10 53%
NOT ANSWERED		15																
VALID CASES	34	787	6	11	8	9	12					2	6	27	29	4	15	19
NUMBER OF RESPONDENTS	34	802	6	11	8	9	12					2	6	27	29	4	15	19
	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	
	COPA 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q47 NONE	3 9%	55 7%	~	~	25%	11%	~	~	~	~	~	~	2 33%	1 4%	2 7%	1 25%	3 20%	~
1 SPECIALIST	25 74%	514 65%	4 67%	10 91%	5 63%	6 67%	9 75%	~	~	~	~	2 100%	4 67%	20 74%	21 72%	3 75%	12 80%	13 68%
2	3 9%	134 17%	~	9%	13%	11%	1 8%	~	~	~	~	~	~	3 11%	3 10%	~	~	3 16%
3	3 9%	51 6%	2 33%	~	~	11%	2 17%	~	~	~	~	~	~	3 11%	3 10%	~	~	3 16%
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS		19 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		16																
VALID CASES	34	786	6	11	8	9	12					2	6	27	29	4	15	19
NUMBER OF RESPONDENTS	34	802	6	11	8	9	12					2	6	27	29	4	15	19
	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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q48 WORST SPECIALIST POSSIBLE	1 3%	7 0.9%	1 17%	~	~	~	~	~	~	~	~	~	~	1 4%	1 4%	~	~	1 5%	
01		4 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		6 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	1 3%	5 0.6%	~	1 9%	~	~	~	~	~	~	~	~	~	~	~	~	1 8%	~	
04	1 3%	6 0.9%	~	~	1 13%	1 8%	~	~	~	~	~	~	~	1 4%	1 4%	~	~	1 5%	
05	2 6%	29 4%	1 17%	1 9%	~	1 8%	~	~	~	~	~	~	~	2 8%	2 7%	~	1 8%	1 5%	
06		32 4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
07	1 3%	59 8%	~	1 9%	~	~	~	~	~	~	~	~	1 25%	~	1 33%	~	~	1 5%	
08	2 6%	116 16%	~	~	1 17%	1 13%	1 8%	~	~	~	~	~	~	2 8%	2 7%	~	~	2 11%	
09	10 32%	143 20%	1 17%	3 27%	3 50%	3 38%	3 25%	~	~	~	~	~	~	2 50%	8 31%	9 33%	1 33%	3 25%	7 37%
BEST SPECIALIST POSSIBLE	13 42%	312 43%	3 50%	5 45%	2 33%	3 38%	6 50%	~	~	~	~	~	~	2 25%	1 46%	12 44%	1 33%	7 58%	6 32%

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	
	COPA 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)	25 81%	570 80%	4 67%	8 73%	6 100%	7 88%	10 83%	~	~	~	~	~100%	3 75%	22 85%	23 85%	2 67%	10 83%	15 79%
9-10 (NET)	23 74%	455 63%	4 67%	8 73%	5 83%	6 75%	9 75%	~	~	~	~	~100%	3 75%	20 77%	21 78%	2 67%	10 83%	13 68%
NOT ANSWERED		7																
VALID CASES	31	717	6	11	6	8	12					2	4	26	27	3	12	19
NUMBER OF RESPONDENTS	31	724	6	11	6	8	12					2	4	26	27	3	12	19
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%
MEAN	8.39	8.55	7.33	8.36	9.17	8.63	8.67					10.0	8.75	8.54	8.56	8.67	8.75	8.16
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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q49 YES	56 23%	1347 26%	11 26%~	14 24%	19 28%	12 16%	13 15%*	~	~	~	~	~	7 37%~	17 24%	36 22%	52 22%~	3 38%~	40 21%	16 29%
NO	188 77%	3870 74%	31 74%~	44 76%	50 72%	63 84%	73 85%*	~	~	~	~	~	12 63%~	53 76%	130 78%	181 78%~	5 63%~	148 79%	40 71%
NOT ANSWERED	23	421	8	6	5	4	1							2	2	4	1	22	1
VALID CASES	244	5217	42	58	69	75	86						19	70	166	233	8	188	56
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ###	AMER IND/ ALSK ##	OTHR NATV ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q50 NEVER	3 5%	45 3%	2 18%~	~	~	1 8%~	2 15%~	~	~	~	~	~	~	1 6%~	2 6%~	3 6%~	3 8%~	~		
SOMETIMES	11 20%	221 17%	2 18%~	3 21%~	4 22%~	2 17%~	5 38%~	~	~	~	~	~	3 43%~	1 6%~	8 22%~	11 21%~	5 13%~	6 38%~		
USUALLY	10 18%	378 29%*	3 27%~	1 7%~	3 17%~	3 25%~	2 15%~	~	~	~	~	~	~	5 31%~	5 14%~	10 19%~	8 21%~	2 13%~		
ALWAYS	31 56%	651 50%	4 36%~	10 71%~	11 61%~	6 50%~	4 31%~	~	~	~	~	~	~	4 57%~	9 56%~	21 58%~	28 54%~	2 100%~	23 59%~	8 50%~
#ALWAYS + USUALLY (NET)	41 75%	1029 79%	7 64%~	11 79%~	14 78%~	9 75%~	6 46%~	~	~	~	~	~	~	4 57%~	14 88%~	26 72%~	38 73%~	2 100%~	31 79%~	10 63%~
TOP BOX SCORE	31 56%	651 50%	4 36%~	10 71%~	11 61%~	6 50%~	4 31%~	~	~	~	~	~	~	4 57%~	9 56%~	21 58%~	28 54%~	2 100%~	23 59%~	8 50%~
NOT ANSWERED	1	28			1									1			1	1		
VALID CASES	55	1295	11	14	18	12	13						7	16	36	52	2	39	16	
NUMBER OF RESPONDENTS	56	1323	11	14	19	12	13						7	17	36	52	3	40	16	
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

	COPA 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	
Q51 NEVER	1 2%	23 2%	~	~	~	9%~	1 8%~	~	~	~	~	~	~	1 3%~	1 2%~	1 3%~	~	
SOMETIMES	2 4%	90 7%	~	1 7%~	1 6%~	~	~	~	~	~	1 14%~	~	1 3%~	2 4%~	2 5%~	~		
USUALLY	9 17%	268 21%	3 27%~	2 14%~	3 17%~	1 9%~	3 25%~	~	~	~	~	~	3 19%~	6 17%~	9 18%~	4 11%~	5 31%~	
ALWAYS	42 78%	903 70%	8 73%~	11 79%~	14 78%~	9 82%~	8 67%~	~	~	~	~	6 86%~	13 81%~	27 77%~	39 76%~	2 100%~	31 82%~	11 69%~
#ALWAYS + USUALLY (NET)	51 94%	1171 91%	11 100%~	13 93%~	17 94%~	10 91%~	11 92%~	~	~	~	~	6 86%~	16 100%~	33 94%~	48 94%~	2 100%~	35 92%~	16 100%~
TOP BOX SCORE	42 78%	903 70%	8 73%~	11 79%~	14 78%~	9 82%~	8 67%~	~	~	~	~	6 86%~	13 81%~	27 77%~	39 76%~	2 100%~	31 82%~	11 69%~
NOT ANSWERED	2	39			1	1	1						1	1	1	1	2	
VALID CASES	54	1284	11	14	18	11	12				7	16	35	51	2	38	16	
NUMBER OF RESPONDENTS	56	1323	11	14	19	12	13				7	17	36	52	3	40	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		
	COPA 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	
Q52 YES	87 36%	1805 35%	11 26%	19 32%	29 43%	28 38%	24 28%	~	~	~	~	~	7 37%	34 51%*	52 31%*	82 36%	5 56%	66 36%	21 37%
NO	155 64%	3343 65%	31 74%	41 68%	38 57%	45 62%	61 72%	~	~	~	~	~	12 63%	33 49%*	114 69%*	148 64%	4 44%	119 64%	36 63%
NOT ANSWERED	25	490	8	4	7	6	2							5	2	7		25	
VALID CASES	242	5148	42	60	67	73	85						19	67	166	230	9	185	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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		
	COPA 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		
PQ53 NEVER	5 2%	124 2%	1 2%~	3 ~	1 5%	1 1%	~	~	~	~	~	~	2 11%~	3 5%	2 1%	3 1%~	2 25%~	4 2%	1 2%
SOMETIMES	16 7%	397 8%	1 2%~	6 10%	6 9%	3 4%	5 6%	~	~	~	~	~	2 11%~	5 8%	11 7%	15 7%~	1 13%~	12 7%	4 7%
USUALLY	21 9%	575 11%	3 7%~	2 3%*	7 11%	9 12%	10 12%	~	~	~	~	~	~	6 9%	15 9%	21 9%~	~	11 6%*	10 18%*
ALWAYS	193 82%	3983 78%	36 88%~	50 86%	48 75%	59 82%	68 82%	~	~	~	~	~	15 79%~	50 78%	135 83%	185 83%~	5 63%~	152 85%	41 73%
#ALWAYS + USUALLY (NET)	214 91%	4559 90%	39 95%~	52 90%	55 86%	68 94%	78 94%	~	~	~	~	~	15 79%~	56 88%	150 92%	206 92%~	5 63%~	163 91%	51 91%
TOP BOX SCORE	193 82%	3983 78%	36 88%~	50 86%	48 75%	59 82%	68 82%	~	~	~	~	~	15 79%~	50 78%	135 83%	185 83%~	5 63%~	152 85%	41 73%
NOT ANSWERED	32	559	9	6	10	7	4							8	5	13	1	31	1
VALID CASES	235	5079	41	58	64	72	83						19	64	163	224	8	179	56
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

[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?

	COPA 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
Q54 WORST HEALTH PLAN POSSIBLE	1 0.4%	17 0.3%	~	~	~	1%	1%	~	~	~	~	~	~	1	1	1	1	~
01	1 0.4%	27 0.5%	~	~	1%	~	~	~	~	~	6%	1	1	1	1	1	1	~
02	2 0.8%	33 0.6%	5%	~	~	~	1%	~	~	~	~	~	2	2	2	2	2	~
03	1 0.4%	44 0.9%	~	~	1%	~	~	~	~	~	6%	1	1	1	1	1	1	~
04	3 1%	62 1%	~	~	1%	3%	1%	~	~	~	~	1	2	2	1	2	1	2%
05	11 5%	275 5%	1%	3%	4%	3%	6%	~	~	~	12%	2	10	11	8	5%	4%	5%
06	14 6%	233 5%	1%	7%	2%	4%	6%	~	~	~	6%	1	2	11	12	1	12	2
07	30 12%	496 10%	4%	5%	9%	12%	16%	19%*	~	~	12%	2	3	26	29	1	24	6
08	45 19%	982 19%	4%	10%	20%	11%	13%	~	~	~	24%	4	13	29	44	~	33	12
09	42 17%	974 19%	10%	13%	6%	13%	17%	~	~	~	6%	1	13	29	42	~	29	13
BEST HEALTH PLAN POSSIBLE	91 38%	2033 39%	19%	21%	24%	27%	24%	~	~	~	29%	5	38	50	84	6	71	20
#8-10 (NET)	178 74%	3988 77%	33%	44%	50%	51%	54%	~	~	~	59%	10	64	108	170	6	133	45

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?

	COPA 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 NATV ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
9-10 (NET)	133 55%	3007 58%	29 71%	34 58%	30 44%*	40 55%	41 48%	~	~	~	~	~	6 35%	51 73%*	79 49%*	126 55%	6 67%	100 54%	33 58%
NOT ANSWERED	26	462	9	5	6	6	2						2	2	6	8		26	
VALID CASES	241	5176	41	59	68	73	85						17	70	162	229	9	184	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%
MEAN	8.37	8.44	8.66	8.46	8.19	8.30	8.01						7.35	9.11	8.07	8.37	8.56	8.32	8.53
p stat_(*=Sig @ p<=.05)		.578	~.673	.349	.714	.032*	~	~	~	~	~	~	~.000*	.000*		~	~	~.464	.464

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA 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	94 38%	1994 38%	14 33%	28 47%	27 39%	25 33%	33 38%	~	~	~	~	~	6 32%	22 31%	66 40%	86 37%	6 67%	55 29%*	39 68%*
NO	152 62%	3218 62%	29 67%	31 53%	42 61%	50 67%	53 62%	~	~	~	~	~	13 68%	49 69%	101 60%	148 63%	3 33%	134 71%*	18 32%*
NOT ANSWERED	21	425	7	5	5	4	1							1	1	3		21	
VALID CASES	246	5213	43	59	69	75	86						19	71	167	234	9	189	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC	
Q56 NEVER	2 2%	36 2%	~	~	4%~	4%~	1 3%~	~	~	~	~	~	1 5%~	1 2%~	1 1%~	1 20%~	2 4%~	~	
SOMETIMES	7 8%	176 9%	1 7%~	2 7%~	4 15%~	4 12%~	~	~	~	~	~	1 20%~	1 5%~	5 8%~	6 7%~	1 20%~	3 6%~	4 10%~	
USUALLY	20 22%	474 24%	1 7%~	4 15%~	9 35%~	6 24%~	10 30%~	~	~	~	~	~	6 29%~	14 22%~	20 24%~	~	11 21%~	9 23%~	
ALWAYS	63 68%	1301 65%	12 86%~	21 78%~	12 46%~	18 72%~	18 55%~	~	~	~	~	~	4 80%~	13 62%~	45 69%~	58 68%~	3 60%~	37 70%~	26 67%~
#ALWAYS + USUALLY (NET)	83 90%	1775 89%	13 93%~	25 93%~	21 81%~	24 96%~	28 85%~	~	~	~	~	~	4 80%~	19 90%~	59 91%~	78 92%~	3 60%~	48 91%~	35 90%~
TOP BOX SCORE	63 68%	1301 65%	12 86%~	21 78%~	12 46%~	18 72%~	18 55%~	~	~	~	~	~	4 80%~	13 62%~	45 69%~	58 68%~	3 60%~	37 70%~	26 67%~
NOT ANSWERED	2	29	1	1								1	1	1	1	1	2		
VALID CASES	92	1988	14	27	26	25	33					5	21	65	85	5	53	39	
NUMBER OF RESPONDENTS	94	2017	14	28	27	25	33					6	22	66	86	6	55	39	
	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?

	COPA 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 ILLND NATV ###	AMER IND/ ALS K ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57 #YES	46 51%	1177 60%	7 50%~	17 63%~	12 48%~	10 40%~	13 39%~	~	~	~	~	~	2 40%~	12 57%~	33 52%~	43 51%~	2 40%~	27 52%~	19 49%~
NO	45 49%	795 40%	7 50%~	10 37%~	13 52%~	15 60%~	20 61%~	~	~	~	~	~	3 60%~	9 43%~	31 48%~	41 49%~	3 60%~	25 48%~	20 51%~
NOT ANSWERED	3	45		1	2								1	1	2	2	1	3	
VALID CASES	91	1972	14	27	25	25	33						5	21	64	84	5	52	39
NUMBER OF RESPONDENTS	94	2017	14	28	27	25	33						6	22	66	86	6	55	39
	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?

	COPA 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	176 75%	4014 79%	13 33%~	50 88%*	57 88%*	56 76%	61 73%	~	~	~	~	~	8 ~ 44%	50 76%	119 73%	169 75%~	6 75%~	135 75%	41 73%
NO	60 25%	1085 21%	27 68%~	7 12%*	8 12%*	18 24%	22 27%	~	~	~	~	~	10 ~ 56%	16 24%	43 27%	57 25%~	2 25%~	45 25%	15 27%
NOT ANSWERED	31	539	10	7	9	5	4						1	6	6	11	1	30	1
VALID CASES	236	5099	40	57	65	74	83						18	66	162	226	8	180	56
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57B NEVER	41 36%	667 28%	10 67%~	11 33%~	10 30%~	10 29%~	11 50%~	~	~	~	~	~	6 67%~	12 30%~	28 38%~	37 34%~	4 57%~	27 31%~	14 52%~
SOMETIMES	15 13%	484 20%*	2 13%~	3 9%~	8 24%~	2 6%~	1 5%~	~	~	~	~	~	~	8 20%~	7 10%~	15 14%~	~	13 15%~	2 7%~
USUALLY	33 29%	468 20%*	2 13%~	10 30%~	9 27%~	12 35%~	7 32%~	~	~	~	~	~	2 22%~	10 25%~	23 32%~	30 28%~	3 43%~	26 30%~	7 26%~
ALWAYS	26 23%	771 32%*	1 7%~	9 27%~	6 18%~	10 29%~	3 14%~	~	~	~	~	~	1 11%~	10 25%~	15 21%~	26 24%~	~	22 25%~	4 15%~
#ALWAYS + USUALLY (NET)	59 51%	1239 52%	3 20%~	19 58%~	15 45%~	22 65%~	10 45%~	~	~	~	~	~	3 33%~	20 50%~	38 52%~	56 52%~	3 43%~	48 55%~	11 41%~
TOP BOX SCORE	26 23%	771 32%*	1 7%~	9 27%~	6 18%~	10 29%~	3 14%~	~	~	~	~	~	1 11%~	10 25%~	15 21%~	26 24%~	~	22 25%~	4 15%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	127	2768	28	26	33	40	63						10	30	91	124	1	97	30
NOT ANSWERED	25	480	7	5	8	5	2							2	4	5	1	25	
VALID CASES	115	2390	15	33	33	34	22						9	40	73	108	7	88	27
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- #	AS- IAN ##	NATV ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	56 23%	1124 22%	6 14%~	10 18%	18 27%	22 30%	14 16%*	~	~	~	~	~	2 11%~	14 20%	41 25%	54 23%~	1 14%~	42 23%	14 25%
NO	184 77%	3960 78%	37 86%~	47 82%	48 73%	52 70%	71 84%*	~	~	~	~	~	17 89%~	55 80%	123 75%	178 77%~	6 86%~	141 77%	43 75%
NOT ANSWERED	27	553	7	7	8	5	2							3	4	5	2	27	
VALID CASES	240	5085	43	57	66	74	85						19	69	164	232	7	183	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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?

	COPA 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 ILLND NATV ###	AMER IND/ ALS K ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57D #YES	46 84%	945 87%	3 50%~	9 90%~	15 88%~	19 86%~	10 71%~	~	~	~	~	~	2 ~100%~	12 86%~	33 83%~	44 83%~	1 100%~	32 78%~	14 100%~
NO	9 16%	135 13%	3 50%~	1 10%~	2 12%~	3 14%~	4 29%~	~	~	~	~	~	2 ~14%~	7 18%~	9 17%~	~	9 22%~	~	
NOT ANSWERED	1	16			1									1	1		1		
VALID CASES	55	1081	6	10	17	22	14						2	14	40	53	1	41	14
NUMBER OF RESPONDENTS	56 100%	1097 100%	6 100%	10 100%	18 100%	22 100%	14 100%						2 100%	14 100%	41 100%	54 100%	1 100%	42 100%	14 100%

[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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ###	AMER IND/ ALSK ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q57E #YES	45 80%	905 84%	4 67%	10 100%	13 72%	18 82%	10 71%	~	~	~	~	~	1 50%	13 93%	31 76%	43 80%	1 100%	32 76%	13 93%	
NO	11 20%	169 16%	2 33%	~	5 28%	4 18%	4 29%	~	~	~	~	~	1 50%	1 7%	10 24%	11 20%	~	10 24%	1 7%	
NOT ANSWERED		24																		
VALID CASES	56	1073	6	10	18	22	14						2	14	41	54	1	42	14	
NUMBER OF RESPONDENTS	56 100%	1097 100%	6 100%	10 100%	18 100%	22 100%	14 100%						2 100%	14 100%	41 100%	54 100%	1 100%	42 100%	14 100%	

[ASKED IF Q57C = YES]

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

	COPA 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 PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q57F NEVER	1 2%	20 2%	1 17%	~	~	~	~	~	~	~	~	~	1 7%	1 2%	1 2%	1 2%	~	
SOMETIMES	2 4%	94 9%	~	~	1 6%	1 5%	2 14%	~	~	~	~	~	2 5%	2 4%	2 5%	~		
USUALLY	16 29%	257 24%	2 33%	2 20%	6 33%	6 29%	1 7%	~	~	~	~	1 50%	6 43%	10 25%	16 30%	13 32%	3 21%	
ALWAYS	36 65%	704 66%	3 50%	8 80%	11 61%	14 67%	11 79%	~	~	~	~	1 50%	7 50%	28 70%	34 64%	1 100%	25 61%	11 79%
#ALWAYS + USUALLY (NET)	52 95%	960 89%	5 83%	10 100%	17 94%	20 95%	12 86%	~	~	~	~	2 100%	13 93%	38 95%	50 94%	1 100%	38 93%	14 100%
TOP BOX SCORE	36 65%	704 66%	3 50%	8 80%	11 61%	14 67%	11 79%	~	~	~	~	1 50%	7 50%	28 70%	34 64%	1 100%	25 61%	11 79%
NOT ANSWERED	1	23				1							1	1	1			
VALID CASES	55	1074	6	10	18	21	14					2	14	40	53	1	41	14
NUMBER OF RESPONDENTS	56	1097	6	10	18	22	14					2	14	41	54	1	42	14
	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	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57G NEVER	3 5%	53 5%		1 ~ 10%	1 6%	1 5%	1 7%	~	~	~	~	~	~	3 7%	3 6%	3 7%	~	~
SOMETIMES	5 9%	120 11%		~	3 ~ 17%	2 9%	3 21%	~	~	~	~	~	1 7%	4 10%	5 9%	5 12%	~	~
USUALLY	5 9%	238 22%*		~	4 ~ 22%	1 5%	1 7%	~	~	~	~	1 50%	1 7%	4 10%	5 9%	4 10%	1 7%	~
ALWAYS	43 77%	662 62%*	6 100%	9 90%	10 56%	18 82%	9 64%	~	~	~	~	1 50%	12 86%	30 73%	41 76%	1 100%	30 71%	13 93%
#ALWAYS + USUALLY (NET)	48 86%	901 84%	6 100%	9 90%	14 78%	19 86%	10 71%	~	~	~	~	2 100%	13 93%	34 83%	46 85%	1 100%	34 81%	14 100%
TOP BOX SCORE	43 77%	662 62%*	6 100%	9 90%	10 56%	18 82%	9 64%	~	~	~	~	1 50%	12 86%	30 73%	41 76%	1 100%	30 71%	13 93%
NOT ANSWERED		23																
VALID CASES	56	1074	6	10	18	22	14					2	14	41	54	1	42	14
NUMBER OF RESPONDENTS	56	1097	6	10	18	22	14					2	14	41	54	1	42	14
	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?

	COPA 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 PAC ALSK	OTH R	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57H NEVER	1 2%	23 2%	~	~	6%~	1 8%~	~	~	~	~	~	~	1 3%~	1 2%~	~	~	1 7%~		
SOMETIMES	4 7%	97 9%	~	~	17%~	1 8%~	~	~	~	~	~	~	1 7%~	3 8%~	4 8%~	~	4 10%~		
USUALLY	10 18%	214 20%	1 17%~	3 ~	6 17%~	3 27%~	23 23%~	~	~	~	~	~	3 21%~	7 18%~	9 17%~	1 100%~	8 20%~	2 14%~	
ALWAYS	40 73%	741 69%	5 83%~	9 100%~	11 61%~	15 68%~	8 62%~	~	~	~	~	~	2 100%~	10 71%~	29 72%~	39 74%~	~	29 71%~	11 79%~
#ALWAYS + USUALLY (NET)	50 91%	955 89%	6 100%~	9 100%~	14 78%~	21 95%~	11 85%~	~	~	~	~	~	2 100%~	13 93%~	36 90%~	48 91%~	1 100%~	37 90%~	13 93%~
TOP BOX SCORE	40 73%	741 69%	5 83%~	9 100%~	11 61%~	15 68%~	8 62%~	~	~	~	~	~	2 100%~	10 71%~	29 72%~	39 74%~	~	29 71%~	11 79%~
NOT ANSWERED	1	23		1			1							1	1		1		
VALID CASES	55	1074	6	9	18	22	13						2	14	40	53	1	41	14
NUMBER OF RESPONDENTS	56	1097	6	10	18	22	14						2	14	41	54	1	42	14
	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	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q58																		
EXCELLENT	93 38%	2143 41%	18 41%	28 49%	21 30%	26 34%	30 35%	~	~	~	~	8 42%	22 31%	68 40%	93 39%	~	83 44%*	10 18%*
VERY GOOD	95 39%	1856 36%	21 48%	17 30%	29 42%	28 37%	39 45%	~	~	~	~	7 37%	27 37%	67 40%	95 40%	~	73 39%	22 39%
GOOD	49 20%	944 18%	4 9%	10 18%	16 23%	19 25%	16 19%	~	~	~	~	4 21%	16 22%	31 18%	49 21%	~	28 15%*	21 37%*
FAIR	8 3%	237 5%	1 2%	2 4%	3 4%	2 3%	1 1%	~	~	~	~	~	7 10%*	1 0.6%*	~	8 89%	5 3%	3 5%
POOR	1 0.4%	15 0.3%	~	~	~	1 1%	~	~	~	~	~	~	~	1 -0.6%	~	1 11%	~	1 2%
#EXCELLENT + VERY GOOD + GOOD (NET)	237 96%	4943 95%	43 98%	55 96%	66 96%	73 96%	85 99%	~	~	~	~	19 ~100%	65 90%*	166 99%*	237 100%*	~	184 97%	53 93%
NOT ANSWERED	21	443	6	7	5	3	1										21	
VALID CASES	246	5195	44	57	69	76	86					19	72	168	237	9	189	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%					19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	93 38%	2231 43%	24 55%	28 49%	22 32%	19 25%*	29 34%	~	~	~	~	5 26%	29 40%	62 37%	93 39%	~	86 46%*	7 13%*
VERY GOOD	87 36%	1483 29%*	12 27%	18 32%	24 35%	33 43%	32 38%	~	~	~	~	10 53%	26 36%	59 35%	85 36%	2 22%	72 38%	15 27%
GOOD	44 18%	1030 20%	7 16%	7 12%	11 16%	19 25%	16 19%	~	~	~	~	~	14 19%	28 17%	40 17%	4 44%	26 14%*	18 32%*
FAIR	18 7%	368 7%	1 2%	4 7%	10 15%*	3 4%	5 6%	~	~	~	~	4 21%	3 4%	15 9%	15 6%	3 33%	5 3%*	13 23%*
POOR	3 1%	70 1%	~	~	1 1%	2 3%	3 4%	~	~	~	~	~	~	3 2%	3 1%	~	~	3 5%
#EXCELLENT + VERY GOOD + GOOD (NET)	224 91%	4745 92%	43 98%	53 93%	57 84%*	71 93%	77 91%	~	~	~	~	15 79%	69 96%	149 89%*	218 92%	6 67%	184 97%*	40 71%*
NOT ANSWERED	22	455	6	7	6	3	2							1	1		21	1
VALID CASES	245	5183	44	57	68	76	85					19	72	167	236	9	189	56
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%					19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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
Q60 YES	59 24%	1055 20%	8 19%	10 18%	18 26%	23 31%	26 30%	~	~	~	~	~	2 11%	46 16%*	56 24%	3 38%	17 9%*	42 74%*
NO	184 76%	4144 80%	35 81%	47 82%	50 74%	52 69%	60 70%	~	~	~	~	~	17 89%	121 84%*	179 76%	5 63%	169 91%*	15 26%*
NOT ANSWERED	24	439	7	7	6	4	1							2	1	2	1	24
VALID CASES	243	5199	43	57	68	75	86						19	167	235	8	186	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	168	237	9	210	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA 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	
Q61 YES	46	796	6	7	17	16	19	~	~	~	~	~	2	8	36	43	3	4	42
	78%	77%	75%~	70%~	94%~	70%~	73%~	~	~	~	~	~	~100%~	73%~	78%~	77%~	100%~	24%~	100%~
NO	13	235	2	3	1	7	7	~	~	~	~	~	~	3	10	13	~	13	~
	22%	23%	25%~	30%~	6%~	30%~	27%~	~	~	~	~	~	~	27%~	22%~	23%~	~	76%~	~
NOT ANSWERED		22																	
VALID CASES	59	1030	8	10	18	23	26						2	11	46	56	3	17	42
NUMBER OF RESPONDENTS	59	1052	8	10	18	23	26						2	11	46	56	3	17	42
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA 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	
Q62 YES	42	716	6	7	15	14	19	~	~	~	~	2	6	35	39	3	42	
	93%	91%	100%	100%	88%	93%	100%	~	~	~	~	100%	75%	97%	93%	100%	100%	
NO	3	75	~	~	2	1	~	~	~	~	~	~	2	1	3	3	3	
	7%	9%	~	~	12%	7%	~	~	~	~	~	~	25%	3%	7%	100%	~	
NOT ANSWERED	1	15				1									1	1		
VALID CASES	45	791	6	7	17	15	19					2	8	36	42	3	3	42
NUMBER OF RESPONDENTS	46	806	6	7	17	16	19					2	8	36	43	3	4	42
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES AND Q61 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA 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
Q63 YES	39 16%	788 15%	8 18%	8 14%	13 19%	10 13%	18 21%	~	~	~	~	~	1 5%	4 6%*	35 21%*	36 15%	3 43%	8 4%*	31 55%*
Q63 NO	205 84%	4394 85%	36 82%	49 86%	55 81%	65 87%	68 79%	~	~	~	~	~	18 95%	66 94%*	133 79%*	201 85%	4 57%	180 96%*	25 45%*
Q63 NOT ANSWERED	23	456	6	7	6	4	1							2			2	22	1
VALID CASES	244	5182	44	57	68	75	86						19	70	168	237	7	188	56
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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?

	COPA 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		
Q64 YES	32 82%	637 85%	6 75%	7 88%	10 77%	9 90%	16 89%	~	~	~	~	~	1 ~100%	1 25%	31 89%	30 83%	2 67%	1 13%	31 100%	
NO	7 18%	110 15%	2 25%	1 13%	3 23%	1 10%	2 11%	~	~	~	~	~	~	3 75%	4 11%	6 17%	1 33%	7 88%	~	
NOT ANSWERED		19																		
VALID CASES	39	747	8	8	13	10	18						1	4	35	36	3	8	31	
NUMBER OF RESPONDENTS	39 100%	766 100%	8 100%	8 100%	13 100%	10 100%	18 100%						1 100%	4 100%	35 100%	36 100%	3 100%	8 100%	31 100%	

[ASKED IF Q63 = YES]

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

	COPA 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	
Q65 YES	31	591	5	7	10	9	16	~	~	~	~	~	~	1	1	30	29	2	31
	100%	96%	~100%	~100%	~100%	~100%	~100%	~	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%
NO		26	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	1	7	1												1	1			1
VALID CASES	31	617	5	7	10	9	16							1	1	30	29	2	31
NUMBER OF RESPONDENTS	32	624	6	7	10	9	16							1	1	31	30	2	1
	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		
	COPA 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	VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q66 YES	24 10%	639 12%	2 5%	4 7%	11 16%	7 9%	9 10%	~	~	~	~	~	3 16%	1 1%*	23 14%*	23 10%	1 13%	5 3%*	19 33%*
NO	221 90%	4546 88%	42 95%	53 93%	58 84%	68 91%	77 90%	~	~	~	~	~	16 84%	70 99%*	145 86%*	214 90%	7 88%	183 97%*	38 67%*
NOT ANSWERED	22	453	6	7	5	4	1							1		1		22	
VALID CASES	245	5185	44	57	69	75	86						19	71	168	237	8	188	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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?

	COPA 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		
Q67 YES	20 83%	445 77%	4 ~100%	10 91%	6 86%	7 78%	~	~	~	~	~	2 67%	1 100%	19 83%	19 83%	1 100%	1 20%	19 100%	
NO	4 17%	136 23%	2 100%	1 ~	1 14%	2 22%	~	~	~	~	1 33%	4 ~	4 17%	4 17%	4 ~	4 80%	~		
NOT ANSWERED		22																	
VALID CASES	24	582	2	4	11	7	9				3	1	23	23	1	5	19		
NUMBER OF RESPONDENTS	24 100%	604 100%	2 100%	4 100%	11 100%	7 100%	9 100%				3 100%	1 100%	23 100%	23 100%	1 100%	5 100%	19 100%		

[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	
	COPA 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	
Q68 YES	18 95%	427 96%	~100%	4	8	6	7	~	~	~	~	~	1	17	17	1	18	
NO	1 5%	17 4%	~	~	11%	~	~	~	~	~	~	1	1	1	1	~	1	
NOT ANSWERED	1	6			1						1		1	1		1		
VALID CASES	19	444		4	9	6	7				1	1	18	18	1		19	
NUMBER OF RESPONDENTS	20 100%	450 100%	100%	4	10	6	7				2	1	19	19	1	1	19	
			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?

	COPA 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	CCC	
Q69 YES	13 5%	531 10%*	6 14%~	2 4%	3 4%	2 3%	7 8%	~	~	~	~	~	~	~	4 6%	9 5%	11 5%~	2 29%~	5 3%*	8 15%*
NO	230 95%	4648 90%*	38 86%~	55 96%	65 96%	72 97%	79 92%	~	~	~	~	~	19 ~100%~	67 94%	157 95%	225 95%~	5 71%~	183 97%*	47 85%*	
NOT ANSWERED	24	459	6	7	6	5	1							1	2	1	2	22	2	
VALID CASES	243	5179	44	57	68	74	86						19	71	166	236	7	188	55	
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%	

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

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q70 YES	7	336	2	2	1	2	6	~	~	~	~	~	~	~	7	7	~	7		
	54%	68%	33%	100%	33%	100%	86%	~	~	~	~	~	~	~	78%	64%	~	88%		
NO	6	157	4		2		1	~	~	~	~	~	~	~	4	2	4	2	5	1
	46%	32%	67%	~	67%	~	14%	~	~	~	~	~	~	~	100%	22%	36%	100%	100%	13%
NOT ANSWERED		8																		
VALID CASES	13	493	6	2	3	2	7								4	9	11	2	5	8
NUMBER OF RESPONDENTS	13	501	6	2	3	2	7								4	9	11	2	5	8
	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?

	COPA 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
Q71 YES	7	293	2	2	1	2	6	~	~	~	~	~	~	~	7	7	~	7
	100%	92%	100%	100%	100%	100%	100%	~	~	~	~	~	~	~	100%	100%	~	100%
NO		24	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		3																
VALID CASES	7	317	2	2	1	2	6							7	7		7	
NUMBER OF RESPONDENTS	7	320	2	2	1	2	6							7	7		7	
	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?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ###	AMER IND/ ALS ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q72 YES	35 14%	736 14%	4 9%	9 16%	11 16%	11 15%	18 21%*	~	~	~	~	~	4 ~ 21%	1 1%*	33 20%*	34 14%~	1 13%~	5 3%*	30 53%*
NO	209 86%	4444 86%	40 91%~	48 84%	58 84%	63 85%	68 79%*	~	~	~	~	~	15 ~ 79%	70 99%*	134 80%*	202 86%~	7 88%~	182 97%*	27 47%*
NOT ANSWERED	23	458	6	7	5	5	1							1	1	1	1	23	
VALID CASES	244	5180	44	57	69	74	86						19	71	167	236	8	187	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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
Q73 YES	29	628	3	6	10	10	15	~	~	~	~	~	3	1	27	28	1	29
	85%	90%	100%	67%	91%	91%	83%	~	~	~	~	~	75%	100%	84%	85%	100%	~ 97%
NO	5	72		3	1	1	3	~	~	~	~	1		5	5		4	1
	15%	10%	~	33%	9%	9%	17%	~	~	~	~	25%	~	16%	15%	~	100%	3%
NOT ANSWERED	1	16	1											1	1		1	
VALID CASES	34	700	3	9	11	11	18					4	1	32	33	1	4	30
NUMBER OF RESPONDENTS	35	716	4	9	11	11	18					4	1	33	34	1	5	30
	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		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER ALSK NATV ##	OTH#	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																			
3 YEARS OLD OR LESS	50 19%	971 17%	50 100%	~	~	~	13 15%	~	~	~	~	~	6 32%	14 19%	30 18%	43 18%	1 11%	41 20%	9 16%
4 TO 7 YEARS OLD	64 24%	1380 24%	~	64 ~100%	~	~	19 22%	~	~	~	~	~	3 16%	15 21%	38 23%	55 23%	2 22%	54 26%	10 18%
8 TO 12 YEARS OLD	74 28%	1689 30%	~	~	74 ~100%	~	26 30%	~	~	~	~	~	6 32%	21 29%	48 29%	66 28%	3 33%	55 26%	19 33%
13 OR OLDER	79 30%	1597 28%	~	~	79 ~100%	~	29 33%	~	~	~	~	~	4 21%	22 31%	52 31%	73 31%	3 33%	60 29%	19 33%
VALID CASES	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

[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		
	COPA 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		
NQ75 MALE	133 50%	2948 52%	25 50%	33 52%	35 47%	40 51%	44 51%	~	~	~	~	~	9 47%	32 44%	83 49%	115 49%	4 44%	105 50%	28 49%
FEMALE	134 50%	2690 48%	25 50%	31 48%	39 53%	39 49%	43 49%	~	~	~	~	~	10 53%	40 56%	85 51%	122 51%	5 56%	105 50%	29 51%
VALID CASES	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

[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	
	COPA 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
Q76																		
HISPANIC OR LATINO	72 30%	2037 40%*	14 32%~	15 28%	21 30%	22 30%	~	~	~	~	~	~	~100%~	~	65 28%~	7 78%~	64 35%*	8 14%*
NOT HISPANIC OR LATINO	168 70%	3094 60%*	30 68%~	38 72%	48 70%	52 70%	86 100%~	~	~	~	~	18 ~100%~	168 ~100%~	166 72%~	2 22%~	120 65%*	48 86%*	
NOT ANSWERED	27	507	6	11	5	5	1					1		6		26	1	
VALID CASES	240	5131	44	53	69	74	86					18	72	168	231	9	184	56
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%					19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK NATV ###	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.1 YES	128 48%	2548 45%	24 48%	26 41%	36 49%	42 53%	87 100%	~	~	~	~	~	19 ~100%	22 31%*	104 62%*	126 53%~	1 11%~	94 45%*	34 60%*
NO	139 52%	3090 55%	26 52%	38 59%	38 51%	37 47%	~	~	~	~	~	~	~	50 69%*	64 38%*	111 47%~	8 89%~	116 55%*	23 40%*
VALID CASES	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q77.2	COPA TOT CHLD																		
YES	7 3%	139 2%	4 8%	~	3 4%	~	~	~	~	~	6 32%	1 1%	5 3%	7 3%	~	5 2%	2 4%		
NO	260 97%	5499 98%	46 92%	64 100%	74 100%	76 96%	87 100%	~	~	~	13 68%	71 99%	163 97%	230 97%	9 100%	205 98%	55 96%		
VALID CASES	267	5638	50	64	74	79	87				19	72	168	237	9	210	57		
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%				19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%		

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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	
Q77.3 YES	3 1%	186 3%*	~	2%	1%	1%	~	~	~	~	~	11%	~	~	1%	~	1%	2%
NO	264 99%	5452 97%*	100%~	98%~	99%	99%	100%~	~	~	~	~	89%~	100%~	99%	99%~	100%~	99%	98%
VALID CASES	267	5638	50	64	74	79	87					19	72	168	237	9	210	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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	
Q77.4 YES	7	61	3	2	2							5	7	7	7	7		
	3%	1%	6%	3%	3%	~	~	~	~	~	~	26%	~	4%*	3%~	~	3%~	
NO	260	5577	47	62	72	79	87					14	72	161	230	9	203	57
	97%	99%	94%	97%	97%	100%	100%	~	~	~	~	74%	100%	96%*	97%	100%	97%	100%
VALID CASES	267	5638	50	64	74	79	87					19	72	168	237	9	210	57
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87					19	72	168	237	9	210	57
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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	
Q77.5 YES	6 2%	168 3%	2 4%	1 2%	2 3%	1 1%	~	~	~	~	~	3 16%	1 1%	5 3%	6 3%	~	3 1%	3 5%
NO	261 98%	5470 97%	48 96%	63 98%	72 97%	78 99%	87 100%	~	~	~	~	16 84%	71 99%	163 97%	231 97%	9 100%	207 99%	54 95%
VALID CASES	267	5638	50	64	74	79	87					19	72	168	237	9	210	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%					19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK NATV ###	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.6 YES	17 6%	486 9%	5 10%	5 8%	3 4%	4 5%	~	~	~	~	~	6 32%	10 14%*	6 4%*	17 7%	~	14 7%	3 5%
NO	250 94%	5152 91%	45 90%	59 92%	71 96%	75 95%	87 100%	~	~	~	~	13 68%	62 86%*	162 96%*	220 93%~	9 100%~	196 93%	54 95%
VALID CASES	267	5638	50	64	74	79	87					19	72	168	237	9	210	57
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%					19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

Q78 WHAT IS YOUR AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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 ###	MUL-OTHR ##	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q78 UNDER 18	9	196	1	1	6	1	7	~	~	~	~	1	1	8	9	~	8	1
	4%	4%	2%~	2%	9%*	1%	8%*	~	~	~	~	5%~	1%	5%	4%~	~	4%	2%
18 TO 24	6	176	4	1	~	1	4	~	~	~	~	2	~	6	6	~	5	1
	2%	3%	9%~	2%	~	1%	5%	~	~	~	~	11%~	~	4%*	3%~	~	3%	2%
25 TO 34	87	1691	28	26	28	5	25	~	~	~	~	5	31	55	84	2	65	22
	36%	33%	64%~	46%	41%	7%*	29%	~	~	~	~	26%~	44%	33%	37%~	22%~	35%	40%
35 TO 44	85	2049	11	20	20	34	26	~	~	~	~	8	30	54	81	4	67	18
	35%	40%	25%~	36%	29%	47%*	30%	~	~	~	~	42%~	42%	33%	35%~	44%~	36%	33%
45 TO 54	35	738	~	6	12	17	18	~	~	~	~	2	6	28	33	2	29	6
	15%	14%	~	11%	18%	24%*	21%	~	~	~	~	11%~	8%*	17%	14%~	22%~	16%	11%
55 TO 64	17	229	~	2	2	13	5	~	~	~	~	1	3	13	16	1	11	6
	7%	4%	~	4%	3%	18%*	6%	~	~	~	~	5%~	4%	8%	7%~	11%~	6%	11%
65 TO 74	1	87	~	~	~	1	1	~	~	~	~	~	~	1	1	~	~	1
	0.4%	2%*	~	~	~	1%	1%~	~	~	~	~	~	~	0.6%~	0.4%~	~	~	2%
75 OR OLDER	15	0.3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	27	457	6	8	6	7	1	~	~	~	~	~	1	3	7	~	25	2
VALID CASES	240	5181	44	56	68	72	86	~	~	~	~	19	71	165	230	9	185	55
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87	~	~	~	~	19	72	168	237	9	210	57
	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		
	COPA 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	36 15%	711 14%	3 7%	6 11%	16 24%*	11 15%	11 13%	~	~	~	~	~	4 21%	10 14%	25 15%	36 16%	9 ~	30 16%	6 11%
FEMALE	204 85%	4484 86%	41 93%	50 89%	52 76%*	61 85%	76 87%	~	~	~	~	~	15 79%	60 86%	141 85%	194 84%	9 100%	155 84%	49 89%
NOT ANSWERED	27	443	6	8	6	7								2	2	7		25	2
VALID CASES	240	5195	44	56	68	72	87						19	70	166	230	9	185	55
NUMBER OF RESPONDENTS	267 100%	5638 100%	50 100%	64 100%	74 100%	79 100%	87 100%						19 100%	72 100%	168 100%	237 100%	9 100%	210 100%	57 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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
Q80																		
8TH GRADE OR LESS	20 9%	593 12%	1 2%~	3 5%	9 14%	7 10%	2 2%*	~	~	~	~	~	18 27%*	2 1%*	16 7%~	4 44%~	18 10%	2 4%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	28 12%	565 11%	4 9%~	8 15%	5 8%	11 15%	6 7%*	~	~	~	~	2 11%~	16 24%*	12 7%*	26 12%~	2 22%~	22 12%	6 11%
HIGH SCHOOL GRADUATE OR GED	79 34%	1483 29%	17 40%~	15 27%	28 43%	19 26%	30 34%	~	~	~	~	6 33%~	23 34%	55 34%	77 34%~	2 22%~	64 36%	15 27%
SOME COLLEGE OR 2-YEAR DEGREE	88 37%	1722 33%	17 40%~	23 42%	19 29%	29 40%	40 46%*	~	~	~	~	7 39%~	9 13%*	76 46%*	86 38%~	1 11%~	59 33%*	29 53%*
4-YEAR COLLEGE GRADUATE	13 6%	491 10%*	1 2%~	6 11%	2 3%	4 6%	6 7%	~	~	~	~	2 11%~	13 ~	8 8%*	13 6%~	~	10 6%	3 5%
MORE THAN 4-YEAR COLLEGE DEGREE	7 3%	290 6%*	3 7%~	~	2 3%	2 3%	3 3%	~	~	~	~	1 6%~	1 1%	6 4%	7 3%~	~	7 4%*	~
NOT ANSWERED	32	495	7	9	9	7						1	5	4	12		30	2
VALID CASES	235	5143	43	55	65	72	87					18	67	164	225	9	180	55
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87					19	72	168	237	9	210	57
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q81																			
MOTHER OR FATHER	224 93%	4883 95%	43 98%	50 91%	65 96%	66 89%	81 94%	~	~	~	~	~	18 95%	68 96%	153 92%	214 93%	9 100%	175 95%	49 88%
GRANDPARENT	14 6%	145 3%*	~	4 7%	2 3%	8 11%	4 5%	~	~	~	~	~	1 5%	3 4%	10 6%	14 6%	~	9 5%	5 9%
AUNT OR UNCLE	1 0.4%	13 0.2%	~	1 2%	~	~	1 1%	~	~	~	~	~	~	~	1 0.6%	1 0.4%	~	~	1 2%
OLDER BROTHER OR SISTER		12 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE		4 0.1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	1 0.4%	51 1%	1 2%	~	~	~	~	~	~	~	~	~	~	1 0.6%	1 0.4%	~	~	1 0.5%	~
SOMEONE ELSE	1 0.4%	36 0.7%	~	~	1 1%	~	~	~	~	~	~	~	~	1 0.6%	1 0.4%	~	~	~	1 2%
NOT ANSWERED	26	494	6	9	6	5	1							1	2	6		25	1
VALID CASES	241	5144	44	55	68	74	86						19	71	166	231	9	185	56
NUMBER OF RESPONDENTS	267	5638	50	64	74	79	87						19	72	168	237	9	210	57
	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	
	COPA 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	5 3%	143 4%	~	3%~	8%~	2%~	2	~	~	~	~	~	2	2	5	4	1	
NO	142 97%	3143 96%	100%~	97%~	92%~	98%~	84	~	~	~	~	15	35	105	138	3	111	31
NOT ANSWERED	4	43			2	2	1						1	2	4	3	1	
VALID CASES	147	3286	31	31	38	47	86					15	37	107	143	3	115	32
NUMBER OF RESPONDENTS	151 100%	3329 100%	100%	100%	100%	100%	87 100%					15 100%	38 100%	109 100%	147 100%	3 100%	118 100%	33 100%

[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	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER PAC ALSK	OTH	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	1	56				1												
	20%	41%	~	~		~100%	~	~	~	~	~	~	~	~	~	~	~	~
NO	4	79		1	3		2											
	80%	59%	~	~100%	~100%	~	~100%	~	~	~	~	~	~	~	~	~	~	~
VALID CASES	5	135		1	3	1	2											
NUMBER OF RESPONDENTS	5	135		1	3	1	2											
	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	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER IND/ALS PAC NATV ###	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.2 YES	1 20%	44 32%	~	~	~	100%	~	~	~	~	~	~	~	50%	~	20%	~	25%
NO	4 80%	91 68%	~	100%	~	100%	~	~	~	~	~	~	~	50%	100%	~	80%	~
VALID CASES	5	135	1	3	1	2								2	2	5		4
NUMBER OF RESPONDENTS	5 100%	135 100%	1 100%	3 100%	1 100%	2 100%								2 100%	2 100%	5 100%		4 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.3 YES	2 40%	11 8%	~	~	67%	~	2 100%	~	~	~	~	~	~	2 100%	2 40%	1 25%	1 100%	
NO	3 60%	124 92%	~	100%	33%	100%	~	~	~	~	~	~	2 100%	3 60%	3 75%	~	~	
VALID CASES	5	135		1	3	1	2						2	2	5	4	1	
NUMBER OF RESPONDENTS	5 100%	135 100%		1 100%	3 100%	1 100%	2 100%						2 100%	2 100%	5 100%	4 100%	1 100%	

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

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER PAC ALSK ###	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.4	COPA TOT CHLD																
YES	OHP TOT CHLD	1	76		1							1		1	1		
		20%	56%	~	33%	~	~	~	~	~	~	50%	~	20%	25%	~	
NO		4	59	1	2	1	2					1	2	4	3	1	
		80%	44%	~100%	67%	100%	100%	~	~	~	~	50%	100%	80%	75%	100%	
VALID CASES		5	135	1	3	1	2					2	2	5	4	1	
NUMBER OF RESPONDENTS		5	135	1	3	1	2					2	2	5	4	1	
		100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	

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

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

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

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK ###	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ14 0-6	24 14%	307 8%*	3 9%~	7 15%~	8 18%~	6 13%~	10 16%	~	~	~	~	2 25%~	7 16%~	15 13%	19 12%~	3 38%~	14 12%	10 20%
7-8	52 30%	1107 30%	8 24%~	12 26%~	11 25%~	21 46%~	18 29%	~	~	~	~	1 13%~	14 31%~	32 29%	45 29%~	4 50%~	35 29%	17 33%
9-10	95 56%	2234 61%	23 68%~	28 60%~	25 57%~	19 41%~	34 55%	~	~	~	~	5 63%~	24 53%~	65 58%	89 58%~	1 13%~	71 59%	24 47%
VALID CASES	171	3648	34	47	44	46	62					8	45	112	153	8	120	51
NUMBER OF RESPONDENTS	171 100%	3648 100%	34 100%	47 100%	44 100%	46 100%	62 100%					8 100%	45 100%	112 100%	153 100%	8 100%	120 100%	51 100%
MEAN	2.42	2.53	2.59	2.45	2.39	2.28	2.39					2.37	2.38	2.45	2.46	1.75	2.47	2.27
p stat_(*=Sig @ p<=.05)		.042*	~	~	~	~	.704	~	~	~	~	~	~	.441	~	~	.100	.099

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC	
NQ41 0-6	25 13%	330 7%*	8 22%~	7 14%	8 15%	2 4%*	13 19%	~	~	~	~	~	3 21%~	4 9%~	21 15%	23 12%~	2 40%~	19 13%~	6 13%~
7-8	53 27%	960 22%	7 19%~	13 26%	15 27%	18 33%	20 29%	~	~	~	~	~	2 14%~	9 20%~	40 29%	50 27%~	2 40%~	41 27%~	12 26%~
9-10	119 60%	3168 71%*	22 59%~	30 60%	32 58%	35 64%	36 52%	~	~	~	~	~	9 64%~	33 72%~	78 56%*	113 61%~	1 20%~	90 60%~	29 62%~
VALID CASES	197	4459	37	50	55	55	69						14	46	139	186	5	150	47
NUMBER OF RESPONDENTS	197 100%	4459 100%	37 100%	50 100%	55 100%	55 100%	69 100%						14 100%	46 100%	139 100%	186 100%	5 100%	150 100%	47 100%
MEAN	2.48	2.64	2.38	2.46	2.44	2.60	2.33						2.43	2.63	2.41	2.48	1.80	2.47	2.49
p stat_(*=Sig @ p<=.05)		.002*	~.844	.618	.088	.048*	~	~	~	~	~	~	~.028*	~	~	~	~	~	~

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	COPA 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
NQ48 0-6	5 16%	88 12%	2 33%	2 18%	1 ~	13 13%	2 17%	~	~	~	~	~	~	4 15%	4 15%	2 17%	3 16%	
7-8	3 10%	175 24%	~	1 9%	1 17%	1 13%	1 8%	~	~	~	~	~	1 25%	2 8%	2 7%	1 33%	3 16%	
9-10	23 74%	456 63%	4 67%	8 73%	5 83%	6 75%	9 75%	~	~	~	~	2 100%	3 75%	20 77%	21 78%	2 67%	10 83%	13 68%
VALID CASES	31	718	6	11	6	8	12					2	4	26	27	3	12	19
NUMBER OF RESPONDENTS	31 100%	718 100%	6 100%	11 100%	6 100%	8 100%	12 100%					2 100%	4 100%	26 100%	27 100%	3 100%	12 100%	19 100%
MEAN	2.58	2.51	2.33	2.55	2.83	2.62	2.58					3.00	2.75	2.62	2.63	2.67	2.67	2.53
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		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ54 0-6	33 14%	696 13%	4 10%	10 17%	9 13%	10 14%	15 18%	~	~	~	~	~	5 29%	3 4%*	28 17%*	30 13%	2 22%	27 15%	6 11%
7-8	75 31%	1488 29%	8 20%	15 25%	29 43%*	23 32%	29 34%	~	~	~	~	~	6 35%	16 23%	55 34%	73 32%	1 11%	57 31%	18 32%
9-10	133 55%	3026 58%	29 71%	34 58%	30 44%*	40 55%	41 48%	~	~	~	~	~	6 35%	51 73%*	79 49%*	126 55%	6 67%	100 54%	33 58%
VALID CASES	241	5210	41	59	68	73	85						17	70	162	229	9	184	57
NUMBER OF RESPONDENTS	241 100%	5210 100%	41 100%	59 100%	68 100%	73 100%	85 100%						17 100%	70 100%	162 100%	229 100%	9 100%	184 100%	57 100%
MEAN	2.41	2.45	2.61	2.41	2.31	2.41	2.31						2.06	2.69	2.31	2.42	2.44	2.40	2.47
p stat_(*=Sig @ p<=.05)		.487		~.924	.146	.955	.091	~	~	~	~	~	~.000*	.001*		~	~	~.483	.483

GETTING NEEDED CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NPRBSEE4 NQ46	2.41	2.21	2.50	2.45	2.50	2.22	2.42					2.50	2.67	2.41	2.45	2.50	2.40	2.42	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.38	2.45	2.65	2.41	2.20	2.32	2.37					2.44	2.24	2.42	2.41	1.62	2.42	2.27	
p stat_(*=Sig @ p<=.05)	.168		~	~	~	~	.878	~	~	~	~	~	~	.304	~	~	.216	.215	
COMPOSITE	2.39	2.33	2.57	2.43	2.35	2.27	2.39	x	x	x	x	x	2.47	2.46	2.41	2.43	2.06	2.41	2.35
p stat_(*=Sig @ p<=.05)	.427		~	~	~	~	.976	~	~	~	~	~	~	.741	~	~	.764	.722	

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA 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	2.68	2.68	2.83	2.52	2.63	2.76	2.63						2.40	2.42	2.73	2.71	2.25	2.66	2.73
p stat_(*=Sig @ p<=.05)	.965		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.39	2.42	2.55	2.30	2.37	2.39	2.28						2.33	2.31	2.44	2.42	2.00	2.41	2.33
p stat_(*=Sig @ p<=.05)	.632		~	~	~	~	.164	~	~	~	~	~	~	~	.313	~	~	~	~
COMPOSITE	2.54	2.55	2.69	2.41	2.50	2.57	2.46	x	x	x	x	x	2.37	2.36	2.58	2.56	2.13	2.53	2.53
p stat_(*=Sig @ p<=.05)	.907		~	~	~	~	.592	~	~	~	~	~	~	~	.535	~	~	~	~

HOW WELL DOCTORS COMMUNICATE

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND PAC ###	AMER IND/ ALSK NATV ###	OTHR ###	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
NDREXPL4 NQ32	2.66	2.70	2.42	2.73	2.64	2.79	2.76						2.62	2.48	2.73	2.67	2.25	2.67	2.64
p stat_(*=Sig @ p<=.05)		.385	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NDRLSTN4 NQ33	2.66	2.73	2.58	2.72	2.61	2.72	2.65						2.50	2.63	2.67	2.66	2.50	2.64	2.72
p stat_(*=Sig @ p<=.05)		.156	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NDRESPU4 NQ34	2.70	2.79	2.62	2.72	2.64	2.81	2.71						2.62	2.74	2.68	2.69	3.00	2.70	2.69
p stat_(*=Sig @ p<=.05)		.066	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NDRTMEN4 NQ37	2.58	2.50	2.32	2.72	2.53	2.69	2.60						2.62	2.41	2.63	2.57	2.50	2.59	2.57
p stat_(*=Sig @ p<=.05)		.175	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.65	2.68	2.48	2.72	2.60	2.75	2.68	x	x	x	x	x	2.59	2.56	2.68	2.65	2.56	2.65	2.66
p stat_(*=Sig @ p<=.05)		.837	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ ALSK OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC	
NPBCLCS4 NQ50	2.31	2.30	2.00	2.50	2.39	2.25	1.77				2.14	2.44	2.31	2.27	3.00		2.38	2.13	
p stat_(*=Sig @ p<=.05)	.919		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ51	2.72	2.62	2.73	2.71	2.72	2.73	2.58				2.71	2.81	2.71	2.71	3.00		2.74	2.69	
p stat_(*=Sig @ p<=.05)	.221		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.52	2.46	2.36	2.61	2.56	2.49	2.18	x	x	x	x	x	2.43	2.63	2.51	2.49	3.00	2.56	2.41
p stat_(*=Sig @ p<=.05)	.789		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA 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	
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ12	2.70	2.41	2.71	2.64	2.87	2.54	2.54						3.00	2.33	2.81	2.75	2.00	2.60	2.77
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ13	2.47	2.60	2.33	2.64	2.60	2.23	2.38						2.33	2.45	2.56	2.54	2.50	2.40	2.52
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.58	2.51	2.52	2.64	2.73	2.38	2.46	x	x	x	x	x	2.67	2.39	2.69	2.64	2.25	2.50	2.64
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NEZMDEQ NQ20	1.83	2.28		2.00	2.00	1.00	3.00					1.00	1.50	2.00	1.50	2.50	2.00	1.75	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTHP NQ23	1.78	2.12	1.86	1.25	2.00	2.00	2.00						2.20	1.73	2.00	1.00	1.89	1.67	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTC NQ26	1.94	2.11	2.00	1.89	1.70	2.17	2.07						1.00	2.03	2.03	1.00	2.00	1.93	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	1.85	2.17	1.93	1.71	1.90	1.72	2.36	x	x	x	x	x	1.00	1.57	1.92	1.84	1.50	1.96	1.78
p stat_(*=Sig @ p<=.05)		.002*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

	COPA 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	82%	75%	83%	82%	88%	78%	83%							100%	83%	85%	86%	75%	73%	89%
CARNES4 Q15	84%	88%	91%	83%	76%	89%	86%							89%	76%	86%	86%	38%	86%	81%
AVERAGE	83.24	81.59	87.25	82.21	81.79	83.21	84.52	x	x	x	x	x	x	94.44	79.47	85.64	86.20	56.25	79.46	85.12

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<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 & FAIR & POOR	NO CCC	CCC	
CARSN4 Q4	92%	92%	96%	87%	96%	90%	95%						80%	75%	96%	94%	75%	90%	97%
APGET4 Q6	84%	84%	85%	77%	91%	84%	79%						78%	82%	86%	85%	71%	84%	83%
AVERAGE	88.18	88.10	90.25	81.85	93.27	87.28	86.84	x	x	x	x	x	78.89	78.53	90.91	89.49	73.21	87.23	90.00

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA 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	92%	93%	88%	95%	92%	94%	98%					88%	85%	96%	93%	75%	91%	97%	
DRLSTN4 Q33	93%	95%	85%	94%	94%	97%	92%					88%	93%	94%	93%	75%	93%	94%	
DRESPU4 Q34	94%	96%	96%	92%	92%	97%	94%					88%	96%	93%	93%	100%	94%	94%	
DRTMEN4 Q37	90%	87%	76%	94%	89%	97%	92%					88%	81%	93%	90%	75%	88%	94%	
AVERAGE	92.3	92.6	86.3	93.8	91.7	96.1	93.8	x	x	x	x	x	87.5	88.9	93.7	92.6	81.3	91.3	95.1

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

	COPA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND ###	AMER IND/ ALSK NATV ###	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
PBCLCS4 Q50	75%	79%	64%	79%	78%	75%	46%							57%	88%	72%	73%	100%	79%	63%
CSRESP Q51	94%	91%	100%	93%	94%	91%	92%							86%	100%	94%	94%	100%	92%	100%
AVERAGE	84.49	85.33	81.82	85.71	86.11	82.95	68.91	x	x	x	x	x	x	71.43	93.75	83.25	83.60	100.0	85.80	81.25

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	COPA 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	
NRXWHY Q11	100%	93%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%	
NRXWYNT Q12	85%	71%	86%	82%	93%	77%							100%	67%	91%	88%	50%	80%	88%
RXBST Q13	73%	80%	67%	82%	80%	69%							67%	73%	78%	77%	75%	70%	76%
AVERAGE	86.0	81.2	84.1	87.9	91.1	79.5	82.1	x	x	x	x	x	88.9	79.8	89.6	88.1	75.0	83.3	88.2

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK NATV ###	MUL-OTHR ##	TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
EZMDEQ Q20	50%	74%	100%	50%	0%	100%						0%	50%	50%	25%	100%	50%	50%		
EZTHP Q23	56%	68%	71%	25%	50%	67%	83%						80%	55%	71%	0%	56%	56%		
EZTC Q26	59%	66%	67%	44%	50%	75%	73%						0%	65%	65%	0%	57%	59%		
AVERAGE	54.8	69.4	69.0	34.7	50.0	70.8	78.3	x	x	x	x	x	x	x	65.0	56.4	53.6	50.0	54.2	54.9

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

	COPA 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		
DRTLKU Q38	83%	86%	88%	89%	72%	84%	86%							88%	81%	83%	83%	50%	80%	92%
DRUNCON Q43	87%	89%	75%	79%	89%	100%	96%							33%	50%	90%	88%	67%	87%	88%
DRUNFAM Q44	83%	87%	71%	79%	83%	93%	91%							0%	50%	88%	84%	67%	80%	85%
AVERAGE	84.5	87.3	78.3	82.0	81.5	92.4	91.0	x	x	x	x	x	x	40.3	60.3	86.8	85.2	61.1	82.1	87.9

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	COPA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
HELPCONT Q18	89%	89%	100%	83%	100%	83%	67%						100%	83%	88%	100%	100%	75%	
HLPCOORD Q29	51%	57%	33%	50%	50%	65%	50%					33%	33%	56%	52%	40%	42%	58%	
AVERAGE	70.2	73.0	33.3	66.7	75.0	74.0	58.3	x	x	x	x	x	33.3	66.7	69.4	69.8	40.0	70.8	66.3

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2	Q3	IN THE LAST 6 MONTHS, DID YOU HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?
3	Q4	IN THE LAST 6 MONTHS, WHEN YOU NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOU GET CARE AS SOON AS YOU NEEDED? [ASKED IF Q3 = YES]
4	Q5	IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC?
5	Q6	IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC AS SOON AS YOU NEEDED? [ASKED IF Q5 = YES]
6	Q7	IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOU WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID YOU GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE FOR YOURSELF?
7	Q8	IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS? [ASKED IF Q7 >= 1 TIME]
8	Q9	IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE? [ASKED IF Q7 >= 1 TIME]
9	Q10	DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]
10	Q11	DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]
11	Q12	WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOU? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]
12	Q13	USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1 TIME]
13	Q14	IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS OR TREATMENT YOU NEEDED? [ASKED IF Q7 >= 1 TIME]

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

5. ACCESS TO DENTAL CARE

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

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53	Q36	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?
54	Q37	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?
55	Q38	HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2015?
56	Q39	DO YOU NOW SMOKE CIGARETTES OR USE TOBACCO EVERY DAY, SOME DAYS, OR NOT AT ALL?
57	Q40	IN THE LAST 6 MONTHS, HOW OFTEN WERE YOU ADVISED TO QUIT SMOKING OR USING TOBACCO BY A DOCTOR OR OTHER HEALTH PROVIDER IN YOUR PLAN? [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
58	Q41	IN THE LAST 6 MONTHS, HOW OFTEN WAS MEDICATION RECOMMENDED OR DISCUSSED BY A DOCTOR OR HEALTH PROVIDER TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF MEDICATION ARE: NICOTINE GUM, PATCH, NASAL SPRAY, INHALER, OR PRESCRIPTION MEDICATION. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
59	Q42	IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR DOCTOR OR HEALTH PROVIDER DISCUSS OR PROVIDE METHODS AND STRATEGIES OTHER THAN MEDICATION TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF METHODS AND STRATEGIES ARE: TELEPHONE HELPLINE, INDIVIDUAL OR GROUP COUNSELING, OR CESSATION PROGRAM. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
60	Q43	DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?
61	Q44	DO YOU HAVE A HEALTH PROBLEM OR TAKE MEDICATION THAT MAKES TAKING ASPIRIN UNSAFE FOR YOU?
62	Q45	HAS A DOCTOR OR HEALTH PROVIDER EVER DISCUSSED WITH YOU THE RISKS AND BENEFITS OF ASPIRIN TO PREVENT HEART ATTACK OR STROKE?

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

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

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

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

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

PAGE	QUESTION	TITLE
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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
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103		SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

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3	Q4	IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED? [ASKED IF Q3 = YES]
4	Q5	IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC?
5	Q6	IN THE LAST 6 MONTHS, WHEN YOU MADE AN APPOINTMENT FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC, HOW OFTEN DID YOU GET AN APPOINTMENT AS SOON AS YOUR CHILD NEEDED? [ASKED IF Q5 = YES]
6	Q7	IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOUR CHILD WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID HE OR SHE GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE?
7	Q8	IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS IN YOUR CHILD? [ASKED IF Q7 >= 1 TIME]
8	Q9	IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE YOUR QUESTIONS ANSWERED BY YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER? [ASKED IF Q7 >= 1 TIME]
9	Q10	IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME]
10	Q11	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
11	Q12	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
12	Q13	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
13	Q14	USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1]
14	Q15	IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED? [ASKED IF Q7 >= 1 TIME]
15	Q16	IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?

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

3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING

110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

115 SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

118 CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks 

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

Yes → *Go to Question 1*
 No

↓ **START HERE** ↓

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

- Yes → *Go to Question 3*
- No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 24*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 23*

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

- Never
- Sometimes
- Usually
- Always

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

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



GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
 No → *Go to Question 28*

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

- Never
 Sometimes
 Usually
 Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
 No → *Go to Question 30*

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 33*

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 35*



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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



37. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2015?

- Yes
- No
- Don't know

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → *Go to Question 43*
- Don't know → *Go to Question 43*

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

43. Do you take aspirin daily or every other day?

- Yes
- No
- Don't know

44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- Yes
- No
- Don't know

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- Yes
- No

46. Are you aware that you have any of the following conditions? Mark all that apply.

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

47. Has a doctor ever told you that you have any of the following conditions? Mark all that apply.

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar



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

- Yes
- No → **Go to Question 50**

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

- Yes
- No

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

- Yes
- No → **Go to Question 52**

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

- Yes
- No

52. What is your age?

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

53. Are you male or female?

- Male
- Female

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

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

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

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

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

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

57. Did someone help you complete this survey?

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

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

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

THANK YOU

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

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

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



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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

1. Our records show that your child is now in the Oregon Health Plan. Is that right?

- Yes → *Go to Question 3*
- No

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



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

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
 Yes
 No → *Go to Question 5*

- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 Never
 Sometimes
 Usually
 Always

- 5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
 Yes
 No → *Go to Question 7*

- 6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
 Never
 Sometimes
 Usually
 Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
 None → *Go to Question 16*
 1 time
 2
 3
 4
 5 to 9
 10 or more times

- 8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
 Yes
 No

- 9. In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers?
 Never
 Sometimes
 Usually
 Always

- 10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?
 Yes
 No → *Go to Question 14*

- 11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
 Yes
 No



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always



32. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
33. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
35. Is your child able to talk with doctors about his or her health care?
- Yes
 - No → *Go to Question 37*
36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?
- Never
 - Sometimes
 - Usually
 - Always
37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?
- Never
 - Sometimes
 - Usually
 - Always

38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?
- Yes
 - No
39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?
- Yes
 - No → *Go to Question 41*
40. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?
- Never
 - Sometimes
 - Usually
 - Always
41. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?
- 0 1 2 3 4 5 6 7 8 9 10
 Worst Personal 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

SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

EL DOCTOR PERSONAL DE SU NIÑO

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

- Sí
- No → *Pase a la pregunta 45*

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

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

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

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

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

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

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 37*

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

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



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 45*

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

- Sí
- No

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

- Sí
- No



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 49*

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

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

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

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

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

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

EL PLAN DE SALUD DE SU NIÑO

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

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

- Sí
- No → *Pase a la pregunta 52*

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

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

PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 58*

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

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

ACERCA DE USTED Y DE SU NIÑO

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No → *Pase a la pregunta 63*

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

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

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

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

Masculino

Femenino

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

Sí, hispano o latino

No, ni hispano ni latino

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

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

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

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

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

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

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

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

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

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

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

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

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

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



DIAL.SCREEN

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

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

(IWER: THIS IS NOT A PROXY INTERVIEW.)

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

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

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

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

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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

PRVENT5

Q8. / PRVENT5

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

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

Do you have a personal doctor?

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

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

DRTMS

16. / DRTMS

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

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

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

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

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

DREXPL4

17. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

23. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

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

NDSPDR4

24. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

25. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

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

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

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

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

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

RTSPDR4

27. / RTSPDR4

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

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

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

LOOMAT4

28. / LOOMAT4

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

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

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

UNDINF4

29. / UNDINF4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4

30. / CLCSRV4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

31. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

HPMDEQ

35a. / HPMDEQ

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

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

EZMDHP

35b. / EZMDHP

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

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

POSTHP

35c. / POSTHP

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

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

EZPOST

35d. / EZPOST

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

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

INTRO.SHLTHIS

INTRO.SHLTHIS

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

SHLTHIS

35e. / SHLTHIS

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

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

(READ LIST)

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

ELISTEN

35g. / ELISTEN

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

35i. / CHTREAT

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

35j. / PCTREAT

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

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

BSTREAT

35k. / BSTREAT

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

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

EASYQC

35l. / EASYQC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

REGDENT

35q. / REGDENT

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

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

DNTASAP

35r.

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

36. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

37. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

FLUSHOTQ

38. / FLUSHOTQ

Have you had either a flu shot or flu spray in the nose since July 1, 2015?

1. YES
2. NO
3. DON'T KNOW
9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

NOWSMOK

39. / NOWSMOK

Do you now smoke cigarettes or use tobacco...

(READ LIST)

1. EVERY DAY,
2. SOME DAYS, OR
3. NOT AT ALL? -----> ASPDAY
4. DON'T KNOW (DO NOT READ) -----> ASPDAY
9. REFUSAL/NOT ASCERTAINED (DO NOT READ) --> ASPDAY

ADVQUIT9

40. / ADVQUIT9

In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PATCH9

41. / PATCH9

In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication. Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

WILLPWR9

42. / WILLPWR9

In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program. Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPDAY

43. / ASPDAY

Do you take aspirin daily or every other day?

(IF NEEDED: "Would you say YES or NO?")

(IWER: If the R asks about whether a particular medication or Brand name is considered aspirin, you may provide the following clarification:

Aspirin: Bayer and Bufferin

Not Aspirin: Tylenol, Motrin, Aleve, Advil, ibuprofen and acetaminophen)

1. YES
2. NO
3. DON'T KNOW
9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPUSF

44. / ASPUSF

Do you have a health problem or take medication that makes taking aspirin unsafe for you?

(IF NEEDED: "Would you say YES or NO?")

1. YES
2. NO
3. DON'T KNOW

9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPPRV

45. / ASPPRV

Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.AWCOND
INTRO.AWCOND

When I read the following list, please tell me if you are aware that you have any of these conditions.

PHAWCD.(1-3)
46.(1-3) / PHAWCD.(1-3)

[First,/(Next/How About...)]

1. "High cholesterol"
2. "High blood pressure"
3. "Parent or sibling who had a heart attack before the age of 60"

(IWER IF NECESSARY: "Are you aware if you have this condition?")

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.DRCOND
INTRO.DRCOND

When I read the following list, please tell me if a doctor has ever told you that you have any of these conditions.

PHDRCD.(1-4)
47.(1-4) / PHDRCD.(1-4)

[First,/(Next/How About...)]

1. "A heart attack"
2. "Angina or coronary heart disease"
3. "A stroke"
4. "Any kind of diabetes or high blood sugar"

(IWER IF NECESSARY: "Has a doctor ever told you that you have this condition?")

[FOR PHDRCD.2: (IWER IF NEEDED, CLARIFY: Angina pectoris (an-JYE-nuh or AN-jin-uh PECK-ter-iss) is severe pain in the chest associated with insufficient blood supply to the heart.)]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SMPROB

48. / SMPROB

I have just a few more questions.

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

1. YES
2. NO -----> TKMED

DK/REFUSAL/NOT ASCERTAINED --> TKMED

PRBLST

49. / PRBLST

Is this a condition or problem that has lasted for at least 3 months? [Please do NOT include pregnancy or menopause.]

[(IWER IF NEEDED, CLARIFY: Menopause (men-ne-paws) is the time in a woman's life when she stops having menstrual periods. It is sometimes called 'the change of life' or 'the change'.)]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TKMED

50. / TKMED

Do you now need or take medicine prescribed by a doctor? [Please do NOT include birth control.]

1. YES
2. NO -----> QAGE4

DK/REFUSAL\NOT ASCERTAINED --> QAGE4

TRTCOND

51. / TRTCOND

Is this medicine to treat a condition that has lasted for at least three months? [Please do NOT include pregnancy or menopause.]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

QAGE4

52. / QAGE4

What is your age?

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

QGENDER

53. / QGENDER

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

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

1. MALE
2. FEMALE

EDUCAT

54. / EDUCAT

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

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

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

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

LATINO

55. / LATINO

Are you of Hispanic or Latino origin or descent?

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

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

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

PQRACE3.(1-6)

56.(1-6) / PQRACE3.(1-6)

[(Are you)]

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

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

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

RETURN TO COVERSHEET

DIAL.SCREEN

DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH ONLY THE PARENT OR GUARDIAN WHO KNOWS MOST ABOUT FNAME LNAME'S HEALTH CARE.
PHONE NUMBER ---> [1 CELL PHONE - HAND DIAL ([AREA\$]) [FRST3\$] - [LAST4\$] /*** ***-****]

(IWER: THIS IS A PROXY INTERVIEW.)

Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may be monitored and recorded for quality control. May I please speak with the person who knows the most about [NAME OF CHILD]'s health care?

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been lost in the mail. And since the deadline for mailing surveys has passed, we're now in the telephone phase of this study. May I continue?

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

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

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO
RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

I will be asking you about [NAME OF CHILD]'s health care. Please answer these questions based on the experiences you have had in getting health care for [NAME OF CHILD], and not on any experiences you may have had getting care for yourself or other members of your family.

Our records show that your child is now in Oregon Health Plan. Is that right?

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your child's health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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

PRVENT5

Q8. / PRVENT5

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

OFTQUES

9. / OFTQUES

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RXSTP

10. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

11. / NRXWHY

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

12. / NRXWYNT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

13. / RXBST

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

14. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHSCHL

16. / CHSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

CONTSCHL

17. / CONTSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

HELPCONT

18. / HELPCONT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MEDEQUIP

19. / MEDEQUIP

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

EZMDEQ

20. / EZMDEQ

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPMDEQ

21. / HELPMDEQ

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPCTHY

22. / SPCTHY

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

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

DK/REFUSAL/NOT ASCERTAINED --> TCPBLM

EZTHP

23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTHP

24. / HELPTHP

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TCPBLM

25. / TCPBLM

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLUSCARE

EZTC

26. / EZTC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PLUSCARE

28. / PLUSCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> PRSNLD4

HLPCOORD

29. / HLPCOORD

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

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

Does your child have a personal doctor?

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

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

DRTMS

31. / DRTMS

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

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

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

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

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

PBDRNG

31a. / PBDRNG

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DREXPL4

32. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

33. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

34. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK

35. / CABLTLK

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

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

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL

36. / CDREXPL

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

37. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTLKU

38. / DRTLKU

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DIFFDR

39. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

40. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

41. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

COND3MO

42. / COND3MO

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

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

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

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

DRUNCON

43. / DRUNCON

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DRUNFAM

44. / DRUNFAM

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

INTRO.SPDR

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

NDSPDR4

45. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

46. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

47. / SPDRS

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

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

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

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

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

RTSPDR4

48. / RTSPDR4

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

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

INTRO.PLAN

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

CLCSR4

49. / CLCSR4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

53. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

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

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

DK/REFUSAL/NOT ASCERTAINED --> REGDENT

EZPRES

56. / EZPRES

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPPRES

57. / HELPPRES

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

REGDENT

57a. / REGDENT

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

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DNTASAP

57b. / DNTASAP

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

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

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

57c. / CHTREAT

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

57d. / PCTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

BSTREAT

57e. / BSTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RESPCHT

57f. / RESPCHT

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

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

DK/REFUSAL/NOT ASCERTAINED

ENCORQC

57g. / ENCORQC

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

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

DK/REFUSAL/NOT ASCERTAINED

EASYQC

57h. / EASYQC

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

58. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

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

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

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDA

61. / WHYMEDA

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

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

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDB

62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MOREMED

63. / MOREMED

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

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

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREA

64. / WHYMOREA

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

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

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREB

65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

LIMITED

66. / LIMITED

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMA

67. / WHYLIMA

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB

68. / WHYLIMB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA

70. / WHYSTA

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTB

71. / WHYSTB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

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

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

DK/REFUSAL/NOT ASCERTAINED --> CAGE

TIMCOUNA

73. / TIMCOUNA

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

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

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

___ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

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

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

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

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

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

PQRACE3.(1-6)

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

[(Is your child)]

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

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

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

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

1. MALE
2. FEMALE

EDUCAT

80. / EDUCAT

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

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

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

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT

81. / CHRELT

How are you related to the child?

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

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