



FamilyCare  
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 FamilyCare members. FamilyCare 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	
	FamilyCare	Overall	FamilyCare	Overall
<b>**First mailing - sent</b>	900	17100	900	17100
<b>*First mailing - usable survey returned</b>	127	3058	105	2302
<b>Second mailing - sent</b>	726	13527	759	14026
<b>*Second mailing - usable survey returned</b>	51	1118	64	1027
<b>*Phone - usable surveys</b>	63	1495	126	2309
<b>Total - usable surveys</b>	241	5671	295	5638
<b>†Ineligible: According to population criteria‡</b>	36	431	26	323
<b>†Ineligible: Deceased</b>	0	38	0	2
<b>†Ineligible: Mentally or physically unable to complete survey</b>	6	166	0	0
<b>†Ineligible: Language barrier</b>	14	78	9	81
<b>Incorrect address AND incorrect phone number</b>	54	915	48	878
<b>Refusal/Returned survey blank</b>	37	871	29	905
<b>Nonresponse - Unavailable by mail or phone</b>	512	8930	493	9273
<b>Adjusted Response Rate</b>	<b>28.6%</b>	<b>34.6%</b>	<b>34.1%</b>	<b>33.8%</b>

\*Included in response rate numerator

†Excluded from adjusted response rate denominator

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

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

## Response/Non-Response Comparison

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

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

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

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

### Adult

Gender / Age	Non-Respondents	Respondents	Difference
Male	253 49.2%	106 44.0%	-5.24%
Female	261 50.8%	135 56.0%	5.24%
18-24	93 18.1%	25 10.4%	-7.72%
25-34	176 34.2%	58 24.1%	-10.17%
35-44	116 22.6%	45 18.7%	-3.90%
45-54	68 13.2%	53 22.0%	8.76%
55-64	55 10.7%	54 22.4%	11.71%
65-74	4 0.8%	5 2.1%	1.30%
75 or Older	2 0.4%	1 0.4%	0.03%

### Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	256 52.4%	145 49.2%	-3.20%
Female	233 47.6%	150 50.8%	3.20%
<3	115 23.5%	61 20.7%	-2.84%
4-7	140 28.6%	68 23.1%	-5.58%
8-12	124 25.4%	85 28.8%	3.46%
13 or older	110 22.5%	81 27.5%	4.96%

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

		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	ASIAN	NATV HAW/ILND	AMER IND/PAC	ALSK	MULTI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
Q1																				
YES	238	5577	23	52	40	46	56	121		14					30	194	160	63	98	126
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	3	94		1	1	1		2							3	2	1			3
VALID CASES	238	5577	23	52	40	46	56	121		14					30	194	160	63	98	126
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123		14					30	197	162	64	98	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV HAW/ PAC #	AMER IND/ ALSK #	MUL- OTHR ##	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE	
Q3																				
YES	76 32%	2267 41%	4 17%	15 29%	16 40%	18 40%	16 29%	40 33%	3 21%	~	~	~	~	7 26%	64 33%	50 32%	22 35%	27 28%	44 35%	
NO	158 68%	3221 59%	19 83%	37 71%	24 60%	27 60%	39 71%	82 67%	11 79%	~	~	~	~	20 74%	130 67%	108 68%	41 65%	68 72%	82 65%	
NOT ANSWERED	7	183		1	1	2	1	1						3	3	4	1	3	3	
VALID CASES	234	5488	23	52	40	45	55	122	14					27	194	158	63	95	126	
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%	

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

	FMCA 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/ PAC ALSK #	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q4 NEVER	1 1%	61 3%	~	~	~	6%~	~	~	~	~	~	~	~	1 2%~	~	1 5%~	~	1 3%~	
SOMETIMES	11 15%	267 13%	~	2 13%~	4 29%~	3 17%~	2 14%~	6 17%~	1 33%~	~	~	~	~	1 14%~	10 17%~	7 15%~	4 20%~	3 12%~	8 20%~
USUALLY	18 25%	526 26%	2 50%~	3 20%~	2 14%~	6 33%~	4 29%~	9 25%~	2 67%~	~	~	~	~	1 14%~	16 27%~	10 21%~	7 35%~	6 23%~	11 28%~
ALWAYS	41 58%	1196 58%	2 50%~	10 67%~	8 57%~	8 44%~	8 57%~	20 56%~	~	~	~	~	~	5 71%~	32 54%~	31 65%~	8 40%~	17 65%~	20 50%~
#ALWAYS + USUALLY (NET)	59 83%	1723 84%	4 100%~	13 87%~	10 71%~	14 78%~	12 86%~	29 81%~	2 67%~	~	~	~	~	6 86%~	48 81%~	41 85%~	15 75%~	23 88%~	31 78%~
TOP BOX SCORE	41 58%	1196 58%	2 50%~	10 67%~	8 57%~	8 44%~	8 57%~	20 56%~	~	~	~	~	~	5 71%~	32 54%~	31 65%~	8 40%~	17 65%~	20 50%~
NOT ANSWERED	5	187			2	2	4							5	2	2	1	4	
VALID CASES	71	2050	4	15	14	18	14	36	3					7	59	48	20	26	40
NUMBER OF RESPONDENTS	76	2237	4	15	16	18	16	40	3					7	64	50	22	27	44
	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?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 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/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
Q5																				
YES	148 62%	3682 67%	8 35%	30 57%	29 73%	31 67%	38 68%	77 64%	9 64%	~	~	~	~	18 62%	124 64%	101 63%	42 68%	56 58%	86 67%	
NO	89 38%	1794 33%	15 65%	23 43%	11 28%	15 33%	18 32%	44 36%	5 36%	~	~	~	~	11 38%	71 36%	60 37%	20 32%	40 42%	42 33%	
NOT ANSWERED	4	196			1	1		2						1	2	1	2	2	1	
VALID CASES	237	5475	23	53	40	46	56	121	14					29	195	161	62	96	128	
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%	

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?

	FMCA TOT ADULT	OHP TOT ADULT	AGE					65 AND OVER ##	RACE					ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64		BLK OR AFR-AMER ##	NATV HAW/ILND AS-IAN #	AMER IND/PAC ALSK #	MUL-TI ##	OTH#	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q6 NEVER	7 5%	120 4%	1 13%~	2 ~	3 8%~	3 10%~	~	6 9%	~	~	~	~	~	~	1 6%~	6 5%~	3 3%~	4 10%~	1 2%	6 8%
SOMETIMES	24 18%	637 19%	4 50%~	4 13%~	4 15%~	8 28%~	4 12%~	14 20%	~	3 33%~	~	~	~	~	2 11%~	22 19%~	17 18%~	7 18%~	11 21%	13 16%
USUALLY	38 28%	905 27%	1 13%~	9 30%~	7 27%~	7 24%~	11 32%~	15 21%	~	4 44%~	~	~	~	~	6 33%~	30 26%~	26 28%~	10 25%~	13 25%	23 29%
ALWAYS	68 50%	1691 50%	2 25%~	17 57%~	13 50%~	11 38%~	19 56%~	35 50%	~	2 22%~	~	~	~	~	9 50%~	56 49%~	47 51%~	19 47%~	28 53%	37 47%
#ALWAYS + USUALLY (NET)	106 77%	2596 77%	3 38%~	26 87%~	20 77%~	18 62%~	30 88%~	50 71%	~	6 67%~	~	~	~	~	15 83%~	86 75%~	73 78%~	29 73%~	41 77%	60 76%
TOP BOX SCORE	68 50%	1691 50%	2 25%~	17 57%~	13 50%~	11 38%~	19 56%~	35 50%	~	2 22%~	~	~	~	~	9 50%~	56 49%~	47 51%~	19 47%~	28 53%	37 47%
NOT ANSWERED	11	330			3	2	4	7							10		8	2	3	7
VALID CASES	137	3353	8	30	26	29	34	70		9					18	114	93	40	53	79
NUMBER OF RESPONDENTS	148	3683	8	30	29	31	38	77		9					18	124	101	42	56	86
	100%	100%	100%	100%	100%	100%	100%	100%		100%					100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

	FMCA 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 IAN	NATV HAW/ PAC #	AMER IND/ ALSK #	MUL- TI ##	HIS- IC IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE	FE- MALE MALE
Q7 NONE	73 31%	1469 27%	12 52%~	20 38%	10 25%~	9 20%~	15 27%	38 31%	4 ~ 29%~	~	~	~	~	8 27%~	58 30%~	55 34%	11 17%*	32 33%	34 27%
1 TIME	45 19%	947 17%	7 30%~	7 13%	10 25%~	7 15%~	11 20%	23 19%	5 ~ 36%~	~	~	~	~	6 20%~	39 20%~	34 21%	10 16%	18 18%	27 21%
2	31 13%	900 17%	2 9%~	8 15%	4 10%~	8 17%~	6 11%	15 12%	3 ~ 21%~	~	~	~	~	5 17%~	24 12%~	21 13%	8 13%	14 14%	15 12%
3	25 11%	659 12%	1 4%~	4 8%	4 10%~	8 17%~	6 11%	11 9%	1 ~ 7%~	~	~	~	~	5 17%~	20 10%~	17 11%	8 13%	12 12%	13 10%
4	21 9%	465 9%	1 4%~	2 4%	4 10%~	8 17%~	5 9%	14 12%	~	~	~	~	~	2 7%~	19 10%~	10 6%	11 17%*	10 10%	11 9%
5 TO 9	31 13%	673 12%	~	7 13%	7 18%~	6 13%~	11 20%	15 12%	1 ~ 7%~	~	~	~	~	4 13%~	27 14%~	17 11%	13 20%	9 9%	22 17%*
10 OR MORE TIMES	10 4%	305 6%	~	5 9%	1 3%~	~	2 4%	5 4%	~	~	~	~	~	~	8 4%~	6 4%	3 5%	3 3%	5 4%
NOT ANSWERED	5	254			1	1		2							2	2			2
VALID CASES	236	5417	23	53	40	46	56	121	14					30	195	160	64	98	127
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE	
FMCA TOT ADULT	OHP TOT ADULT																		
Q8 #YES	109 69%	2759 72%	5 45%~	18 56%~	21 72%~	27 73%~	32 80%~	61 75%	6 ~ 60%~	~	~	~	15 68%~	93 69%~	72 70%	35 69%	49 74%	59 66%	
NO	49 31%	1087 28%	6 55%~	14 44%~	8 28%~	10 27%~	8 20%~	20 25%	4 ~ 40%~	~	~	~	7 32%~	41 31%~	31 30%	16 31%	17 26%	31 34%	
NOT ANSWERED	5	93	1	1	1	1	2						3	2	2		3		
VALID CASES	158	3846	11	32	29	37	40	81	10				22	134	103	51	66	90	
NUMBER OF RESPONDENTS	163	3939	11	33	30	37	41	83	10				22	137	105	53	66	93	
	100%	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, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE?

	FMCA 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
Q9 YES	88 55%	2168 56%	6 55%~	16 48%~	12 41%~	21 58%~	26 65%~	48 ~ 59%	3 ~ 30%	~	~	~	10 ~ 48%	77 ~ 57%	54 52%	32 62%	39 60%	48 53%	
NO	72 45%	1687 44%	5 45%~	17 52%~	17 59%~	15 42%~	14 35%~	34 ~ 41%	7 ~ 70%	~	~	~	11 ~ 52%	58 ~ 43%	49 48%	20 38%	26 40%	43 47%	
NOT ANSWERED	3	84			1	1	1	1					1	2	2	1	1	2	
VALID CASES	160	3855	11	33	29	36	40	82	10				21	135	103	52	65	91	
NUMBER OF RESPONDENTS	163 100%	3939 100%	11 100%	33 100%	30 100%	37 100%	41 100%	83 100%	10 100%				22 100%	137 100%	105 100%	53 100%	66 100%	93 100%	

[ASKED IF Q7 >= 1 TIME]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND #	AMER IND/ PAC ALSK #	MUL-OTHR #	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q10 #YES	79 90%	1919 93%	5 83%	16 100%	11 92%	18 86%	23 88%	43 90%	3 100%	~	~	~	8 80%	70 91%	50 93%	27 84%	35 90%	43 90%	
NO	9 10%	152 7%	1 17%	~	1 8%	3 14%	3 12%	5 10%	~	~	~	~	2 20%	7 9%	4 7%	5 16%	4 10%	5 10%	
NOT ANSWERED	8	379			2	2	1	3					1	4	4	1	1	4	
VALID CASES	88	2072	6	16	12	21	26	48	3				10	77	54	32	39	48	
NUMBER OF RESPONDENTS	96 100%	2451 100%	6 100%	16 100%	14 100%	23 100%	27 100%	51 100%	3 100%				11 100%	81 100%	58 100%	33 100%	40 100%	52 100%	

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



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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q11 #YES	60 69%	1506 73%	3 50%~	12 75%~	10 91%~	13 62%~	17 65%~	34 72%~	2 ~	67%~	~	~	~	5 50%~	54 71%~	38 72%~	21 66%~	26 67%~	33 70%~
NO	27 31%	555 27%	3 50%~	4 25%~	1 9%~	8 38%~	9 35%~	13 28%~	1 ~	33%~	~	~	~	5 50%~	22 29%~	15 28%~	11 34%~	13 33%~	14 30%~
NOT ANSWERED	1	53			1		1							1	1				1
VALID CASES	87	2061	6	16	11	21	26	47	3					10	76	53	32	39	47
NUMBER OF RESPONDENTS	88	2114	6	16	12	21	26	48	3					10	77	54	32	39	48
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

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

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	FE- MALE
Q12 #YES	70 80%	1561 76%	4 67%~	12 80%~	10 83%~	18 86%~	21 81%~	39 81%~	2 ~ 67%~	~	~	~	9 90%~	60 79%~	43 81%~	25 78%~	32 84%~	37 77%~
NO	17 20%	492 24%	2 33%~	3 20%~	2 17%~	3 14%~	5 19%~	9 19%~	1 ~ 33%~	~	~	~	1 10%~	16 21%~	10 19%~	7 22%~	6 16%~	11 23%~
NOT ANSWERED	1	61	1										1	1	1			
VALID CASES	87	2053	6	15	12	21	26	48	3			10	76	53	32	38	48	
NUMBER OF RESPONDENTS	88 100%	2114 100%	6 100%	16 100%	12 100%	21 100%	26 100%	48 100%	3 100%			10 100%	77 100%	54 100%	32 100%	39 100%	48 100%	

[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?

	FMCA 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 HAW/ PAC AS- ILND IAN	AMER IND/ ALSK OTHR ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
Q13 WORST HEALTH CARE POSSIBLE	2 1%	27 0.7%	~	~	~	2 6%	~	~	~	~	~	~	~	2 2%	1 1%	1 2%	1 2%	1 2%	1 1%	
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	3 2%	49 1%	1 9%	~	~	1 3%	~	~	~	~	~	~	~	1 5%	1 0.8%	2 2%	1 2%	1 2%	1 1%	
03	3 2%	78 2%	~	1 3%	~	1 3%	~	~	~	~	~	~	~	~	3 2%	2 2%	1 2%	~	3 3%	
04	3 2%	87 2%	~	1 3%	~	1 3%	~	~	1 10%	~	~	~	~	1 5%	2 2%	~	3 6%	1 2%	2 2%	
05	9 6%	281 7%	1 9%	1 3%	4 14%	3 9%	~	~	~	~	~	~	~	~	9 7%	4 4%	5 10%	5 8%	4 4%	
06	11 7%	233 6%	~	5 16%	1 3%	2 6%	2 5%	~	~	~	~	~	~	~	2 9%	9 7%	7 7%	4 8%	4 6%	7 8%
07	24 15%	502 13%	4 36%	5 16%	8 28%	2 6%	5 13%	~	~	~	~	~	~	~	2 9%	22 17%	15 15%	8 16%	9 14%	15 17%
08	36 23%	866 23%	3 27%	9 28%	4 14%	8 23%	9 22%	~	4 40%	~	~	~	~	~	5 23%	29 22%	24 24%	10 20%	14 22%	20 22%
09	34 22%	651 17%	1 9%	6 19%	7 24%	9 26%	8 20%	~	5 50%	~	~	~	~	~	4 18%	29 22%	27 26%*	6 12%*	18 28%	15 17%
BEST HEALTH CARE POSSIBLE	33 21%	1054 27%*	1 9%	4 13%	5 17%	8 23%	13 33%	~	~	~	~	~	~	~	7 32%	26 20%	20 20%	12 24%	11 17%	22 24%
#8-10 (NET)	103 65%	2571 67%	5 45%	19 59%	16 55%	25 71%	30 75%	~	9 90%	~	~	~	~	~	16 73%	84 64%	71 70%	28 55%	43 67%	57 63%

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	
		18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV ILND	AMER PAC ALSK	MUL-TI	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR	VERY GOOD & POOR	FE-MALE	MALE	
FMCA TOT ADLT	OHP TOT ADLT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	WHTE	IAN	#	#	##	##	IC	IC	GOOD	POOR	MALE	MALE
9-10 (NET)	67 42%	1705 44%	2 18%	10 31%	12 41%	17 49%	21 53%	29 36%	5 50%	~	~	~	~	11 50%	55 42%	47 46%	18 35%	29 45%	37 41%
NOT ANSWERED	5	105	1	1	2	1	3							5	3	2	2	3	
VALID CASES	158	3834	11	32	29	35	40	80	10					22	132	102	51	64	90
NUMBER OF RESPONDENTS	163 100%	3939 100%	11 100%	33 100%	30 100%	37 100%	41 100%	83 100%	10 100%					22 100%	137 100%	105 100%	53 100%	66 100%	93 100%
MEAN	7.78	7.91	7.09	7.59	7.83	7.69	8.25	7.53	8.10					8.09	7.77	7.96	7.37	7.84	7.79
p stat_(*=Sig @ p<=.05)	.393		~	~	~	~	~	.107	~	~	~	~	~	~	~	.147	.109	.764	.977

[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?

	FMCA 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
Q14 NEVER	8 5%	112 3%	1 10%~	1 3%~	1 4%~	3 8%~	2 5%~	4 5%	1 10%~	~	~	~	~	1 5%~	7 5%~	4 4%	3 6%	5 8%	3 3%
SOMETIMES	32 21%	652 17%	3 30%~	6 18%~	5 19%~	10 27%~	6 15%~	16 20%	4 40%~	~	~	~	~	3 14%~	28 21%~	17 17%	13 26%	11 17%	20 23%
USUALLY	59 38%	1292 34%	4 40%~	13 39%~	12 44%~	12 32%~	16 41%~	39 49%*	3 30%~	~	~	~	~	6 27%~	53 40%~	41 41%	18 36%	24 37%	35 40%
ALWAYS	57 37%	1764 46%*	2 20%~	13 39%~	9 33%~	12 32%~	15 38%~	20 25%*	2 20%~	~	~	~	~	12 55%~	43 33%~	39 39%	16 32%	25 38%	30 34%
#ALWAYS + USUALLY (NET)	116 74%	3056 80%	6 60%~	26 79%~	21 78%~	24 65%~	31 79%~	59 75%	5 50%~	~	~	~	~	18 82%~	96 73%~	80 79%	34 68%	49 75%	65 74%
TOP BOX SCORE	57 37%	1764 46%*	2 20%~	13 39%~	9 33%~	12 32%~	15 38%~	20 25%*	2 20%~	~	~	~	~	12 55%~	43 33%~	39 39%	16 32%	25 38%	30 34%
NOT ANSWERED	7	119	1		3		2	4							6	4	3	1	5
VALID CASES	156	3820	10	33	27	37	39	79	10					22	131	101	50	65	88
NUMBER OF RESPONDENTS	163	3939	11	33	30	37	41	83	10					22	137	105	53	66	93
	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?

	FMCA 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 HAW/ PAC AS- IAN #	AMER IND/ ALSK NATV OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE MALE	FE- MALE MALE
Q15 YES	168 72%	4350 80%*	11 48%~	38 73%	33 80%~	34 72%~	40 74%	95 78%*	8 ~ 57%~	~	~	~	16 57%~	147 75%~	110 69%	53 83%*	66 68%	97 76%
NO	66 28%	1094 20%*	12 52%~	14 27%	8 20%~	13 28%~	14 26%	27 22%*	6 ~ 43%~	~	~	~	12 43%~	49 25%~	49 31%	11 17%*	31 32%	30 24%
NOT ANSWERED	7	228	1		2		1					2	1	3			1	2
VALID CASES	234	5443	23	52	41	47	54	122	14				28	196	159	64	97	127
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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

	FMCA 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
Q16 NONE	32 20%	890 22%	4 36%~	13 36%~	5 17%~	3 9%~	6 15%~	23 26%*	~	~	~	~	~	1 7%~	31 22%~	26 25%*	5 10%*	17 26%	15 17%
1 TIME	48 30%	1017 25%	6 55%~	9 25%~	9 30%~	9 28%~	10 26%~	28 31%	2 25%~	~	~	~	~	6 40%~	41 29%~	32 31%	15 29%	18 28%	29 32%
2	22 14%	826 20%*	1 9%~	4 11%~	3 10%~	6 19%~	6 15%~	10 11%	3 38%~	~	~	~	~	4 27%~	17 12%~	14 14%	7 14%	9 14%	12 13%
3	22 14%	578 14%	~	2 6%~	6 20%~	7 22%~	7 18%~	12 13%	~	~	~	~	~	3 20%~	19 14%~	14 14%	8 16%	14 22%*	8 9%*
4	17 11%	309 7%	~	2 6%~	5 17%~	2 6%~	7 18%~	7 8%	2 25%~	~	~	~	~	1 7%~	16 11%~	8 8%	8 16%	2 3%*	15 17%*
5 TO 9	16 10%	401 10%	~	5 14%~	1 3%~	5 16%~	3 8%~	8 9%	1 13%~	~	~	~	~	~	14 10%~	7 7%	8 16%	4 6%	10 11%
10 OR MORE TIMES	2 1%	98 2%	~	1 3%~	1 3%~	~	~	2 2%~	~	~	~	~	~	~	2 1%~	2 2%	~	1 2%	1 1%
NOT ANSWERED	9	232	~	2	3	2	1	5	~	~	~	~	~	1	7	7	2	1	7
VALID CASES	159	4118	11	36	30	32	39	90	8	~	~	~	~	15	140	103	51	65	90
NUMBER OF RESPONDENTS	168	4350	11	38	33	34	40	95	8	~	~	~	~	16	147	110	53	66	97
	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	FMCA 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/ PAC ALSK	MUL-TI	HIS-PAN-IC	NOT PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q17 NEVER	4 3%	58 2%	~	~	~	10%	~	2 3%	~	~	~	~	~	~	3 3%	2 3%	2 4%	1 2%	2 3%	
SOMETIMES	7 6%	230 7%	~	4%	8%	7%	3%	3 4%	~	25%	~	~	~	~	7 6%	4 5%	3 7%	3 6%	4 5%	
USUALLY	33 26%	675 21%	14%	30%	40%	17%	24%	15 22%	~	38%	~	~	~	~	6 43%	26 24%	22 29%	10 22%	11 23%	21 28%
ALWAYS	83 65%	2229 70%	86%	65%	52%	66%	73%	47 70%	~	38%	~	~	~	~	8 57%	73 67%	49 64%	31 67%	33 69%	48 64%
#ALWAYS + USUALLY (NET)	116 91%	2905 91%	100%	96%	92%	83%	97%	62 93%	~	75%	~	~	~	~	14 100%	99 91%	71 92%	41 89%	44 92%	69 92%
TOP BOX SCORE	83 65%	2229 70%	86%	65%	52%	66%	73%	47 70%	~	38%	~	~	~	~	8 57%	73 67%	49 64%	31 67%	33 69%	48 64%
NOT ANSWERED		27																		
VALID CASES	127	3193	7	23	25	29	33	67	8						14	109	77	46	48	75
NUMBER OF RESPONDENTS	127	3220	7	23	25	29	33	67	8						14	109	77	46	48	75
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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



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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER		
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q18 NEVER	3 2%	63 2%	~	~	~	7%	~	1 1%	~	~	~	~	~	~	2 2%	1 1%	2 4%	~	2 3%
SOMETIMES	9 7%	266 8%	14%~	9%~	4%~	7%~	6%~	5 7%	~	13%~	~	~	~	8 7%	6 8%	2 4%	4 8%	4 5%	
USUALLY	28 22%	675 21%	14%~	30%~	36%~	21%~	9%~	16 24%	~	25%~	~	~	~	4 29%~	24 22%~	14 18%	14 30%~	11 23%~	17 23%
ALWAYS	87 69%	2196 69%	71%~	61%~	60%~	66%~	85%~	45 67%	~	5 62%~	~	~	~	10 71%~	75 69%~	56 73%	28 61%~	33 69%~	52 69%
#ALWAYS + USUALLY (NET)	115 91%	2872 90%	86%~	91%~	96%~	86%~	94%~	61 91%	~	7 88%~	~	~	~	14 100%~	99 91%~	70 91%	42 91%	44 92%~	69 92%
TOP BOX SCORE	87 69%	2196 69%	71%~	61%~	60%~	66%~	85%~	45 67%	~	5 62%~	~	~	~	10 71%~	75 69%~	56 73%	28 61%~	33 69%~	52 69%
NOT ANSWERED		19																	
VALID CASES	127	3201	7	23	25	29	33	67	8					14	109	77	46	48	75
NUMBER OF RESPONDENTS	127	3220	7	23	25	29	33	67	8					14	109	77	46	48	75
	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?

	FMCA 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			
Q19 NEVER	5 4%	78 2%	~	~	~	10%~	3%~	~	3%	~	13%~	~	~	~	~	~	4%~	3%~	7%~	4%~	3%~	
SOMETIMES	5 4%	205 6%	~	~	8%~	7%~	3%~	~	4%	~	~	~	~	~	~	~	5%~	3%~	7%~	4%~	4%~	
USUALLY	26 20%	539 17%	29%~	26%~	28%~	21%~	9%~	~	13%~	~	38%~	~	~	~	~	~	21%~	20%~	21%~	20%~	21%~	20%~
ALWAYS	91 72%	2374 74%	71%~	74%~	64%~	62%~	85%~	~	49%~	~	50%~	~	~	~	~	~	79%~	72%~	74%~	67%~	71%~	73%~
#ALWAYS + USUALLY (NET)	117 92%	2913 91%	100%~	100%~	92%~	83%~	94%~	~	62%~	~	88%~	~	~	~	~	~	100%~	92%~	95%~	87%~	92%~	93%~
TOP BOX SCORE	91 72%	2374 74%	71%~	74%~	64%~	62%~	85%~	~	49%~	~	50%~	~	~	~	~	~	79%~	72%~	74%~	67%~	71%~	73%~
NOT ANSWERED		24																				
VALID CASES	127	3196	7	23	25	29	33		67		8						14	109	77	46	48	75
NUMBER OF RESPONDENTS	127	3220	7	23	25	29	33		67		8						14	109	77	46	48	75
	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		
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL-TI	HIS-PAN-IC	NOT PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q20 NEVER	4 3%	89 3%	~	~	4%~	3%~	3%~	1	1	1	1	1	1	3	1	3	1	2	
SOMETIMES	14 11%	317 10%	29%~	9%~	12%~	17%~	3%~	8	~	~	~	~	7	12	7	6	7	6	
USUALLY	34 27%	782 24%	14%~	26%~	44%~	24%~	21%~	16	~	3	~	~	4	30	21	13	12	22	
ALWAYS	75 59%	2009 63%	57%~	65%~	40%~	55%~	73%~	42	~	4	~	~	9	64	48	24	28	45	
#ALWAYS + USUALLY (NET)	109 86%	2790 87%	71%~	91%~	84%~	79%~	94%~	58	~	7	~	~	13	94	69	37	40	67	
TOP BOX SCORE	75 59%	2009 63%	57%~	65%~	40%~	55%~	73%~	42	~	4	~	~	9	64	48	24	28	45	
NOT ANSWERED		24																	
VALID CASES	127	3196	7	23	25	29	33	67	8				14	109	77	46	48	75	
NUMBER OF RESPONDENTS	127	3220	7	23	25	29	33	67	8				14	109	77	46	48	75	
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q21																			
YES	74 59%	2002 63%	3 43%	15 65%	15 60%	17 63%	19 58%	41 62%	4 50%	~	~	~	7 50%	66 62%	47 63%	25 54%	26 54%	47 64%	
NO	51 41%	1173 37%	4 57%	8 35%	10 40%	10 37%	14 42%	25 38%	4 50%	~	~	~	7 50%	41 38%	28 37%	21 46%	22 46%	26 36%	
NOT ANSWERED	2	45				2		1						2	2				2
VALID CASES	125	3175	7	23	25	27	33	66	8				14	107	75	46	48	73	
NUMBER OF RESPONDENTS	127	3220	7	23	25	29	33	67	8				14	109	77	46	48	75	
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	

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

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

	FMCA TOT ADULT	OHP TOT ADULT	AGE					65 AND OVER ##	RACE					ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64		BLK OR AFR-AMER ##	NATV HAW/ PAC AS- ILND	AMER IND/ ALSK #	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q22 NEVER	7 10%	115 6%	1 33%~	1 ~	4 7%~	4 25%~	~	4 10%~	~	~	~	~	~	1 14%~	6 9%~	4 9%~	3 13%~	2 8%~	5 11%~
SOMETIMES	12 17%	272 14%	1 33%~	2 13%~	3 21%~	2 13%~	2 11%~	5 13%~	~	1 33%~	~	~	~	~	11 17%~	6 13%~	5 22%~	4 15%~	7 16%~
USUALLY	27 38%	568 30%	1 33%~	9 60%~	5 36%~	4 25%~	7 37%~	15 38%~	~	1 33%~	~	~	~	4 57%~	23 36%~	15 32%~	12 52%~	11 42%~	16 36%~
ALWAYS	26 36%	925 49%*	~	4 27%~	5 36%~	6 37%~	10 53%~	16 40%~	~	1 33%~	~	~	~	2 29%~	24 37%~	22 47%~	3 13%~	9 35%~	17 38%~
#ALWAYS + USUALLY (NET)	53 74%	1493 79%	1 33%~	13 87%~	10 71%~	10 62%~	17 89%~	31 78%~	~	2 67%~	~	~	~	6 86%~	47 73%~	37 79%~	15 65%~	20 77%~	33 73%~
TOP BOX SCORE	26 36%	925 49%*	~	4 27%~	5 36%~	6 37%~	10 53%~	16 40%~	~	1 33%~	~	~	~	2 29%~	24 37%~	22 47%~	3 13%~	9 35%~	17 38%~
NOT ANSWERED	2	69		1	1			1	1						2	2			2
VALID CASES	72	1881	3	15	14	16	19	40	3					7	64	47	23	26	45
NUMBER OF RESPONDENTS	74	1950	3	15	15	17	19	41	4					7	66	47	25	26	47
	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?

	FMCA 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- PAN- IC #	NOT HIS- PAN- IC #	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE	
Q23 WORST PERSONAL DOCTOR POSSIBLE		21 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	4 3%	38 0.9%	~	~	~	2 6%	1 3%	~	1 13%	~	~	~	~	4 3%	~	4 8%	2 3%	2 2%	
02		42 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	4 3%	61 2%	~	1 3%	1 3%	2 6%	~	2 2%	~	~	~	~	~	4 3%	3 3%	1 2%	1 2%	3 3%	
04	5 3%	88 2%	~	4 11%	1 3%	~	~	2 2%	~	~	~	~	~	1 7%	4 3%	3 3%	2 4%	3 5%	2 2%
05	7 4%	212 5%	~	2 6%	1 3%	2 6%	1 3%	5 6%	~	~	~	~	~	6 4%	3 3%	4 8%	2 3%	4 5%	
06	4 3%	181 4%	~	1 3%	1 3%	~	1 3%	3 3%	~	~	~	~	~	4 3%	3 3%	1 2%	2 3%	2 2%	
07	19 12%	352 9%	1 9%	5 14%	5 17%	3 10%	5 13%	14 16%	~	~	~	~	~	19 14%	13 13%	6 12%	11 17%	8 9%	
08	35 22%	703 17%	4 36%	7 20%	6 20%	8 26%	7 18%	21 23%	~	~	~	~	~	3 20%	30 22%	22 22%	11 22%	21 24%	
09	27 17%	736 18%	2 18%	5 14%	7 23%	6 19%	5 13%	11 12%	5 62%	~	~	~	~	4 27%	23 17%	23 23%	4 8%	12 18%	15 17%
BEST PERSONAL DOCTOR POSSIBLE	53 34%	1648 40%	4 36%	10 29%	8 27%	8 26%	19 49%	29 32%	2 25%	~	~	~	~	7 47%	44 32%	32 31%	18 35%	31 35%	
#8-10 (NET)	115 73%	3087 76%	10 91%	22 63%	21 70%	22 71%	31 79%	61 68%	7 88%	~	~	~	~	14 93%	97 70%	77 75%	33 65%	44 68%	67 76%

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	
		FMCA TOT ADLT	OHP TOT ADLT	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK #	MUL- TI ##	HIS- IC #	HIS- IC #	NOT VERY GOOD & FAIR & GOOD POOR	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE
9-10 (NET)	80 51%	2384 58%*	6 55%~	15 43%~	15 50%~	14 45%~	24 62%~	40 44%	7 ~	~	~	~	11 73%~	67 49%~	55 54%	22 43%	32 49%	46 52%	
NOT ANSWERED	10	266		3	3	3	1	5					1	9	8	2	1	9	
VALID CASES	158	4084	11	35	30	31	39	90	8				15	138	102	51	65	88	
NUMBER OF RESPONDENTS	168 100%	4350 100%	11 100%	38 100%	33 100%	34 100%	40 100%	95 100%	8 100%				16 100%	147 100%	110 100%	53 100%	66 100%	97 100%	
MEAN	8.11	8.33	8.82	7.74	8.13	7.65	8.67	7.94	8.25				8.93	8.01	8.31	7.59	8.00	8.18	
p stat_(*=Sig @ p<=.05)		.141	~	~	~	~	~	~.263	~	~	~	~	~	~	~.142	.069	.596	.624	

[ASKED IF Q15 = YES]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MULTI-ETHNIC	HIS-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR	VERY GOOD & POOR	FE-MALE	MALE	
FMCA TOT ADULT	OHP TOT ADULT																		
Q24																			
YES	82 35%	2150 40%	4 17%	16 30%	16 39%	18 39%	21 38%	48 39%	4 29%	~	~	~	~	5 17%	75 38%	56 35%	23 37%	34 35%	46 36%
NO	153 65%	3272 60%	19 83%	37 70%	25 61%	28 61%	34 62%	74 61%	10 71%	~	~	~	~	24 83%	121 62%	105 65%	40 63%	62 65%	83 64%
NOT ANSWERED	6	249				1	1	1						1	1	1	1	2	
VALID CASES	235	5422	23	53	41	46	55	122	14					29	196	161	63	96	129
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%



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

	FMCA 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 & FAIR & POOR	MALE
Q25 NEVER	8 10%	123 6%	1 ~	1 6%~	4 6%~	25%~	~	5 11%~	~	~	~	~	~	6 9%~	4 7%~	2 10%~	5 16%~	1 2%~
SOMETIMES	10 13%	379 19%	4 ~	4 25%~	2 25%~	13%~	~	4 9%~	~	~	~	~	1 20%~	9 13%~	7 13%~	3 15%~	5 16%~	5 12%~
USUALLY	28 36%	576 29%	3 75%~	6 37%~	4 25%~	3 19%~	8 44%~	17 38%~	1 25%~	~	~	~	2 40%~	26 37%~	21 39%~	7 35%~	12 38%~	16 37%~
ALWAYS	31 40%	938 46%	1 25%~	5 31%~	7 44%~	7 44%~	10 56%~	19 42%~	3 75%~	~	~	~	2 40%~	29 41%~	22 41%~	8 40%~	10 31%~	21 49%~
#ALWAYS + USUALLY (NET)	59 77%	1514 75%	4 100%~	11 69%~	11 69%~	10 62%~	18 100%~	36 80%~	4 100%~	~	~	~	4 80%~	55 79%~	43 80%~	15 75%~	22 69%~	37 86%~
TOP BOX SCORE	31 40%	938 46%	1 25%~	5 31%~	7 44%~	7 44%~	10 56%~	19 42%~	3 75%~	~	~	~	2 40%~	29 41%~	22 41%~	8 40%~	10 31%~	21 49%~
NOT ANSWERED	5	70				2 3	3							5	2 3		2	3
VALID CASES	77	2016	4	16	16	16	18	45	4				5	70	54	20	32	43
NUMBER OF RESPONDENTS	82 100%	2086 100%	4 100%	16 100%	16 100%	18 100%	21 100%	48 100%	4 100%				5 100%	75 100%	56 100%	23 100%	34 100%	46 100%

[ASKED IF Q24 = YES]

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

	FMCA 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 IAN	NATV HAW/ ILND #	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q26 NONE	5 6%	110 5%	~	1 6%	~	2 12%	~	3 7%	~	~	~	~	~	~	~	4 6%	3 6%	1 5%	4 12%	~
1 SPECIALIST	37 47%	1016 50%	100%	4 38%	6 56%	9 35%	6 44%	8 44%	23 50%	3 75%	~	~	~	~	3 60%	33 46%	27 50%	9 43%	14 42%	22 51%
2	25 32%	508 25%	~	7 44%	5 31%	6 35%	7 39%	15 33%	1 25%	~	~	~	~	1 20%	24 34%	19 35%	6 29%	13 39%	12 28%	
3	9 12%	258 13%	~	2 13%	1 6%	3 18%	2 11%	5 11%	~	~	~	~	~	1 20%	8 11%	4 7%	4 19%	2 6%	7 16%	
4	2 3%	69 3%	~	~	1 6%	~	1 6%	~	~	~	~	~	~	~	2 3%	1 2%	1 5%	~	2 5%	
5 OR MORE SPECIALISTS		55 3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	4	71				1	3	2							4	2	2	1	3	
VALID CASES	78	2015	4	16	16	17	18	46	4					5	71	54	21	33	43	
NUMBER OF RESPONDENTS	82	2086	4	16	16	18	21	48	4					5	75	56	23	34	46	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	

[ASKED IF Q24 = YES]

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

	FMCA 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- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE		
Q27 WORST SPECIALIST POSSIBLE	1 1%	19 1%	~	~	~	7%~	~	~	~	~	~	~	~	1 1%	~	1 5%~	~	1 2%~	
01		7 0.4%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		19 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	3 4%	32 2%	~	1 7%~	1 6%~	1 7%~	~	~	2 5%~	~	~	~	~	1 20%~	2 3%~	2 4%~	1 5%~	3 10%~	
04	1 1%	32 2%	~	~	1 6%~	~	~	~	~	~	~	~	~	~	1 1%~	1 2%~	~	1 3%~	
05	3 4%	67 4%	~	1 7%~	2 13%~	~	~	~	1 2%~	~	~	~	~	~	3 4%~	3 6%~	~	1 3%~	2 5%~
06		73 4%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
07	4 5%	158 8%	~	1 7%~	1 6%~	1 7%~	1 6%~	~	3 7%~	~	~	~	~	~	4 6%~	2 4%~	2 10%~	4 14%~	
08	14 19%	318 17%	1 25%~	3 20%~	3 19%~	3 20%~	3 17%~	~	10 23%~	~	~	~	~	~	14 21%~	10 20%~	4 20%~	4 14%~	10 23%~
09	12 16%	355 19%	2 50%~	2 13%~	1 6%~	2 13%~	2 11%~	~	8 19%~	2 50%~	~	~	~	1 20%~	11 16%~	8 16%~	4 20%~	4 14%~	8 19%~
BEST SPECIALIST POSSIBLE	35 48%	797 42%	1 25%~	7 47%~	7 44%~	7 47%~	12 67%~	~	18 42%~	2 50%~	~	~	~	3 60%~	31 46%~	25 49%~	8 40%~	12 41%~	22 51%~
#8-10 (NET)	61 84%	1470 78%	4 100%~	12 80%~	11 69%~	12 80%~	17 94%~	~	36 84%~	4 100%~	~	~	~	4 80%~	56 84%~	43 84%~	16 80%~	20 69%~	40 93%~

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	
		18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV ILND	AMER PAC ALSK	MUL-TI	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & FAIR & POOR	FE-MALE	MALE	
FMCA TOT ADLT	OHP TOT ADLT																		
9-10 (NET)	47 64%	1152 61%	3 75%~	9 60%~	8 50%~	9 60%~	14 78%~	26 60%~	4 ~100%~					4 80%~	42 63%~	33 65%~	12 60%~	16 55%~	30 70%~
NOT ANSWERED		16																	
VALID CASES	73	1878	4	15	16	15	18	43	4					5	67	51	20	29	43
NUMBER OF RESPONDENTS	73 100%	1894 100%	4 100%	15 100%	16 100%	15 100%	18 100%	43 100%	4 100%					5 100%	67 100%	51 100%	20 100%	29 100%	43 100%
MEAN	8.58	8.45	9.00	8.47	7.94	8.13	9.39	8.47	9.50					8.40	8.57	8.65	8.25	8.07	8.88
p stat_(*=Sig @ p<=.05)		.560	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO ADULT	25 TO ADULT	35 TO ADULT	45 TO ADULT	55 TO ADULT	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV ILND	AMER PAC ALSK	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
Q28																			
YES	57 25%	1069 20%	7 30%~	13 25%	13 32%~	8 18%~	10 19%	26 22%	2 ~ 14%~	~	~	~	~	8 28%~	45 23%~	37 23%	16 26%	15 16%*	38 30%*
NO	175 75%	4323 80%	16 70%~	40 75%	28 68%~	37 82%~	44 81%	94 78%	12 ~ 86%~	~	~	~	~	21 72%~	149 77%~	123 77%	46 74%	80 84%*	90 70%*
NOT ANSWERED	9	279				2	2	3						1	3	2	2	3	1
VALID CASES	232	5392	23	53	41	45	54	120	14					29	194	160	62	95	128
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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?

	FMCA 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 HAW/ PAC AS- ILND IAN #	AMER IND/ ALSK OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	1 & 2	3 & 4	5 MALE
Q29 NEVER	7 13%	102 11%	2 ~ 15%~	4 31%~	1 13%~	~	4 ~ 15%~	1 ~ 50%~	~	~	~	1 ~ 14%~	6 13%~	5 14%~	2 13%~	1 7%~	6 16%~	
SOMETIMES	23 43%	354 37%	5 83%~	4 31%~	5 38%~	2 25%~	4 40%~	7 ~ 27%~	1 ~ 50%~	~	~	4 ~ 57%~	18 40%~	12 33%~	11 69%~	6 40%~	16 43%~	
USUALLY	15 28%	333 35%	5 ~ 38%~	4 31%~	2 25%~	4 40%~	9 ~ 35%~	~	~	~	~	2 ~ 29%~	13 29%~	13 36%~	2 13%~	7 47%~	8 22%~	
ALWAYS	9 17%	171 18%	1 17%~	2 15%~	3 ~ 38%~	2 20%~	6 ~ 23%~	~	~	~	~	~	8 ~ 18%~	6 17%~	1 6%~	1 7%~	7 19%~	
#ALWAYS + USUALLY (NET)	24 44%	504 52%	1 17%~	7 54%~	4 31%~	5 63%~	6 60%~	15 ~ 58%~	~	~	~	2 ~ 29%~	21 47%~	19 53%~	3 19%~	8 53%~	15 41%~	
TOP BOX SCORE	9 17%	171 18%	1 17%~	2 15%~	3 ~ 38%~	2 20%~	6 ~ 23%~	~	~	~	~	~	8 ~ 18%~	6 17%~	1 6%~	1 7%~	7 19%~	
NOT ANSWERED	3	35	1									1		1		1		
VALID CASES	54	961	6	13	13	8	10	26	2			7	45	36	16	15	37	
NUMBER OF RESPONDENTS	57	996	7	13	13	8	10	26	2			8	45	37	16	15	38	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	

[ASKED IF Q28 = YES]

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

		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 ILND #	AMER IND/ PAC ALSK #	OTHR #	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q30																				
YES	70 30%	1502 28%	4 17%	17 32%	13 33%	14 30%	19 35%	35 29%	4 29%	~	~	~	~	12 43%	57 29%	48 30%	20 32%	28 29%	41 32%	
NO	160 70%	3866 72%	19 83%	36 68%	27 68%	32 70%	36 65%	87 71%	10 71%	~	~	~	~	16 57%	139 71%	111 70%	43 68%	67 71%	88 68%	
NOT ANSWERED	11	303			1	1	1	1						2	1	3	1	3		
VALID CASES	230	5368	23	53	40	46	55	122	14					28	196	159	63	95	129	
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

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

	FMCA 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	
Q31 NEVER	2 3%	56 4%	~	~	~	7%~	6%~	~	~	~	~	~	~	~	2 4%~	2 4%~	1 4%~	1 3%~		
SOMETIMES	14 21%	267 20%	~	18%~	3 38%~	5 7%~	1 24%~	4 21%~	7 21%~	~	~	~	~	~	4 33%~	10 18%~	6 13%~	7 37%~	4 14%~	10 26%~
USUALLY	26 38%	405 30%	3 75%~	10 59%~	3 23%~	6 43%~	3 18%~	10 29%~	2 67%~	~	~	~	~	~	3 25%~	22 40%~	20 43%~	5 26%~	10 36%~	15 38%~
ALWAYS	26 38%	624 46%	1 25%~	4 24%~	5 38%~	6 43%~	9 53%~	15 44%~	1 33%~	~	~	~	~	~	5 42%~	21 38%~	19 40%~	7 37%~	13 46%~	13 33%~
#ALWAYS + USUALLY (NET)	52 76%	1029 76%	4 100%~	14 82%~	8 62%~	12 86%~	12 71%~	25 74%~	3 100%~	~	~	~	~	~	8 67%~	43 78%~	39 83%~	12 63%~	23 82%~	28 72%~
TOP BOX SCORE	26 38%	624 46%	1 25%~	4 24%~	5 38%~	6 43%~	9 53%~	15 44%~	1 33%~	~	~	~	~	~	5 42%~	21 38%~	19 40%~	7 37%~	13 46%~	13 33%~
NOT ANSWERED	2	48					2	1	1						2	1	1		2	
VALID CASES	68	1351	4	17	13	14	17	34	3						12	55	47	19	28	39
NUMBER OF RESPONDENTS	70	1399	4	17	13	14	19	35	4						12	57	48	20	28	41
	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?

	FMCA 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/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q32 NEVER		18 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	5 7%	102 8%	~	1 6%	~	1 7%	1 6%	~	1 3%	~	~	~	~	~	2 17%	2 4%	2 4%	2 11%	2 7%	2 5%
USUALLY	17 25%	291 21%	2 50%	5 29%	6 46%	1 7%	3 17%	~	7 21%	2 50%	~	~	~	~	2 17%	15 27%	13 27%	4 21%	5 18%	12 30%
ALWAYS	47 68%	946 70%	2 50%	11 65%	7 54%	12 86%	14 78%	~	26 76%	2 50%	~	~	~	~	8 67%	39 70%	33 69%	13 68%	21 75%	26 65%
#ALWAYS + USUALLY (NET)	64 93%	1237 91%	4 100%	16 94%	13 100%	13 93%	17 94%	~	33 97%	4 100%	~	~	~	~	10 83%	54 96%	46 96%	17 89%	26 93%	38 95%
TOP BOX SCORE	47 68%	946 70%	2 50%	11 65%	7 54%	12 86%	14 78%	~	26 76%	2 50%	~	~	~	~	8 67%	39 70%	33 69%	13 68%	21 75%	26 65%
NOT ANSWERED	1	41					1	1							1		1		1	
VALID CASES	69	1358	4	17	13	14	18	34	4					12	56	48	19	28	40	
NUMBER OF RESPONDENTS	70	1399	4	17	13	14	19	35	4					12	57	48	20	28	41	
	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/ PAC ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q33																			
YES	67 29%	1713 32%	8 36%	15 29%	16 39%	9 20%	16 29%	26 21%*	2 14%~	~	~	~	10 36%~	56 29%~	46 29%	19 31%	32 34%	34 27%	
NO	161 71%	3590 68%	14 64%~	37 71%	25 61%~	36 80%~	39 71%	95 79%*	12 86%~	~	~	~	18 64%~	138 71%~	113 71%	43 69%	63 66%	93 73%	
NOT ANSWERED	13	368	1	1		2	1	2					2	3	3	2	3	2	
VALID CASES	228	5303	22	52	41	45	55	121	14				28	194	159	62	95	127	
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%	

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

	FMCA 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
PQ34 NEVER	2 0.9%	82 2%	~	2 4%	~	~	~	~	~	~	~	~	~	1 4%	1 0.5%	2 1%	~	1 0.8%	1
SOMETIMES	10 4%	286 5%	~	2 4%	3 7%	2 4%	2 4%	~0.8%*	~	~	~	~	~	2 7%	8 4%	5 3%	5 8%	4 4%	6 5%
USUALLY	29 13%	671 13%	30%	6 10%	5 17%	7 11%	5 11%	6 11%	~	1 7%	~	~	~	2 7%	27 14%	22 14%	6 10%	13 14%	16 13%
ALWAYS	182 82%	4198 80%	70%	14 83%	43 76%	31 84%	38 85%	45 85%	~	13 93%	~	~	~	23 82%	154 81%	129 82%	48 81%	77 81%	100 81%
#ALWAYS + USUALLY (NET)	211 95%	4868 93%	100%	20 92%	48 93%	38 96%	43 96%	51 96%	~	14 100%	~	~	~	25 89%	181 95%	151 96%	54 92%	90 95%	116 94%
TOP BOX SCORE	182 82%	4198 80%	70%	14 83%	43 76%	31 84%	38 85%	45 85%	~	13 93%	~	~	~	23 82%	154 81%	129 82%	48 81%	77 81%	100 81%
NOT ANSWERED	5	86	2				2		3					4	1	3		4	
VALID CASES	223	5236	20	52	41	45	53		118	14				28	190	158	59	95	123
NUMBER OF RESPONDENTS	228	5322	22	52	41	45	55		121	14				28	194	159	62	95	127
	100%	100%	100%	100%	100%	100%	100%		100%	100%				100%	100%	100%	100%	100%	100%

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA 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/ PAC ILND	AMER ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	FE-MALE	MALE
Q35 WORST HEALTH PLAN POSSIBLE	2 0.9%	41 0.8%	~	~	~	2 5%	~	2 2%	~	~	~	~	~	~	2 1%	2 1%	~	1 1%	1 0.9%
01	4 2%	47 0.9%	~	~	~	1 2%	1 2%	2 2%	~	~	~	~	~	1 4%	2 1%	1 0.7%	3 5%	1 1%	2 2%
02	2 0.9%	52 1%	~	1 2%	~	1 2%	~	2 2%	~	~	~	~	~	~	2 1%	2 1%	~	~	2 2%
03	5 2%	102 2%	1 4%	1 2%	1 3%	1 2%	1 2%	4 4%	~	~	~	~	~	1 4%	4 2%	3 2%	2 4%	2 2%	3 3%
04	5 2%	122 2%	~	2 4%	1 3%	2 5%	~	4 4%	~	~	~	~	~	1 4%	4 2%	5 3%*	~	1 1%	4 3%
05	25 12%	466 9%	5 22%	7 14%	5 14%	2 5%	6 12%	15 14%	~	1 8%	~	~	~	3 11%	22 12%	18 12%	6 11%	10 11%	15 13%
06	14 7%	327 6%	~	3 6%	4 11%	4 10%	2 4%	8 7%	~	~	~	~	~	~	13 7%	12 8%	1 2%*	7 8%	6 5%
07	28 13%	646 13%	4 17%	8 16%	4 11%	3 7%	8 16%	16 15%	~	~	~	~	~	2 7%	25 14%	16 11%	11 20%	9 10%	18 16%
08	40 19%	1048 21%	6 26%	10 20%	6 16%	8 19%	8 16%	24 22%	~	5 38%	~	~	~	4 14%	36 20%	26 17%	14 25%	20 22%	20 17%
09	34 16%	797 16%	4 17%	6 12%	7 19%	8 19%	7 14%	11 10%*	~	4 31%	~	~	~	5 18%	28 16%	27 18%	7 13%	15 16%	18 16%
BEST HEALTH PLAN POSSIBLE	52 25%	1383 27%	3 13%	11 22%	9 24%	10 24%	16 33%	21 19%	~	3 23%	~	~	~	11 39%	40 22%	38 25%	12 21%	25 27%	26 23%
#8-10 (NET)	126 60%	3229 64%	13 57%	27 55%	22 59%	26 62%	31 63%	56 51%*	~	12 92%	~	~	~	20 71%	104 58%	91 61%	33 59%	60 66%	64 56%

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER		
	FMCA 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 ##	NATV HAW/ PAC AS- ILND IAN #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	VERY GOOD & FAIR & POOR	EX & FAIR & POOR	FE- MALE MALE	
9-10 (NET)	86 41%	2180 43%	7 30%~	17 35%~	16 43%~	18 43%~	23 47%~	32 29%*	7 ~ 54%~	~	~	~	~	16 57%~	68 38%~	65 43%	19 34%	40 44%	44 38%
NOT ANSWERED	30	640		4	4	5	7	14	1					2	19	12	8	7	14
VALID CASES	211	5031	23	49	37	42	49	109	13					28	178	150	56	91	115
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%
MEAN	7.55	7.78	7.39	7.47	7.70	7.26	7.94	7.06	8.54					8.00	7.51	7.59	7.45	7.81	7.39
p stat_(*=Sig @ p<=.05)		.088	~	~	~	~	~	~.001*	~	~	~	~	~	~	~	~.701	.682	.154	.257

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?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	FE- MALE
Q35A YES	14 6%	663 12%*	1 ~	1 2%*	1 2%~	9 17%*	8 7%	1 ~	1 7%~	~	~	~	1 4%~	12 6%~	8 5%	6 10%	6 6%	7 5%
NO	214 94%	4665 88%*	23 100%~	52 98%*	40 98%~	45 83%*	113 93%	13 ~	93%~	~	~	~	27 96%~	183 94%~	152 95%	56 90%	89 94%	121 95%
NOT ANSWERED	13	342			2	2	2						2	2	2	2	3	1
VALID CASES	228	5329	23	53	41	45	54	121	14				28	195	160	62	95	128
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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

	FMCA 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 HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q35B NEVER	2 15%	127 21%~	1 ~100%~	~	~	~	1 14%~	~	~	~	~	~	~	1 9%~	1 13%~	1 20%~	~	1 17%~	~
SOMETIMES	2 15%	93 16%~	~	~	~	1 13%~	1 14%~	~	~	~	~	~	~	2 18%~	1 13%~	1 20%~	1 17%~	1 17%~	~
USUALLY	4 31%	141 24%~	~	~	1 ~100%~	3 38%~	2 29%~	1 ~100%~	~	~	~	~	~	4 36%~	4 50%~	~	1 17%~	3 50%~	~
ALWAYS	5 38%	234 39%~	~	1 ~100%~	4 ~50%~	~	3 43%~	~	~	~	~	~	1 100%~	4 36%~	2 25%~	3 60%~	4 67%~	1 17%~	~
#ALWAYS + USUALLY (NET)	9 69%	375 63%~	~	1 ~100%~	1 ~100%~	7 88%~	5 71%~	1 ~100%~	~	~	~	~	1 100%~	8 73%~	6 75%~	3 60%~	5 83%~	4 67%~	~
TOP BOX SCORE	5 38%	234 39%~	~	1 ~100%~	4 ~50%~	~	3 43%~	~	~	~	~	~	1 100%~	4 36%~	2 25%~	3 60%~	4 67%~	1 17%~	~
NOT ANSWERED	1	32				1	1							1		1		1	
VALID CASES	13	595	1	1	1	8	7	1					1	11	8	5	6	6	
NUMBER OF RESPONDENTS	14	627	1	1	1	9	8	1					1	12	8	6	6	7	
	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q35A = YES]

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

	FMCA 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 ##	OTHR #	HIS- IC #	NOT HIS- PAN- IC #	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE MALE
Q35C YES	28 12%	814 15%		7 ~ 13%	7 18%~	3 7%~	9 17%	16 ~ 13%	1 ~ 7%	~	~	~	~	2 ~ 7%	25 13%~	18 11%	9 14%	12 13%	15 12%
NO	200 88%	4498 85%	23 100%~	46 87%	33 83%~	43 93%~	45 83%	104 ~ 87%	13 ~ 93%	~	~	~	~	27 ~ 93%	169 87%~	141 89%	54 86%	82 87%	114 88%
NOT ANSWERED	13	359			1	1	2	3						1	3	3	1	4	
VALID CASES	228	5312	23	53	40	46	54	120	14					29	194	159	63	94	129
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%



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

	FMCA 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/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q35D NEVER	5 18%	169 23%	1 ~14%	1 ~14%	2 ~22%	2 ~13%	~	~	~	~	~	~	~	4 ~16%	3 ~17%	1 ~11%	1 ~8%	3 ~20%	
SOMETIMES	5 18%	128 17%	3 ~43%	2 ~29%	~	2 ~13%	~	~	~	~	~	~	5 ~20%	4 ~22%	1 ~11%	1 ~8%	4 ~27%		
USUALLY	12 43%	197 26%	1 ~14%	2 ~29%	2 ~67%	6 ~67%	7 ~44%	1 ~100%	~	~	~	~	1 ~50%	11 ~44%	5 ~28%	7 ~78%	6 ~50%	6 ~40%	
ALWAYS	6 21%	251 34%	2 ~29%	2 ~29%	1 ~33%	1 ~11%	5 ~31%	~	~	~	~	~	1 ~50%	5 ~20%	6 ~33%	~	4 ~33%	2 ~13%	
#ALWAYS + USUALLY (NET)	18 64%	448 60%	3 ~43%	4 ~57%	3 ~100%	7 ~78%	12 ~75%	1 ~100%	~	~	~	~	2 ~100%	16 ~64%	11 ~61%	7 ~78%	10 ~83%	8 ~53%	
TOP BOX SCORE	6 21%	251 34%	2 ~29%	2 ~29%	1 ~33%	1 ~11%	5 ~31%	~	~	~	~	~	1 ~50%	5 ~20%	6 ~33%	~	4 ~33%	2 ~13%	
NOT ANSWERED		29																	
VALID CASES	28	745	7	7	3	9	16	1					2	25	18	9	12	15	
NUMBER OF RESPONDENTS	28	774	7	7	3	9	16	1					2	25	18	9	12	15	
	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?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC	ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
Q35E YES	115 50%	2942 55%	6 26%	22 42%	25 61%	24 52%	30 56%	67 55%	5 36%	~	~	~	~	12 43%	101 52%	75 47%	38 60%	48 50%	65 51%		
NO	114 50%	2408 45%	17 74%	31 58%	16 39%	22 48%	24 44%	55 45%	9 64%	~	~	~	~	16 57%	95 48%	85 53%	25 40%	48 50%	63 49%		
NOT ANSWERED	12	321				1 2	2	1						2	1	2	1	2	1		
VALID CASES	229	5350	23	53	41	46	54	122	14					28	196	160	63	96	128		
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129		
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%		

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

	FMCA 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 HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q35F																			
NO EFFORT AT ALL	4 4%	101 4%	1 ~	2 5%~	2 ~	2 9%~	3 5%~	~	~	~	~	~	1 8%~	3 3%~	2 3%~	2 6%~	1 2%~	3 5%	
A LITTLE EFFORT WAS MADE	6 5%	195 7%	2 40%~	2 9%~	1 ~	1 4%~	5 8%~	~	~	~	~	~	~	6 6%~	3 4%~	3 8%~	4 8%~	2 3%	
SOME EFFORT WAS MADE	29 26%	696 25%	2 40%~	8 36%~	8 35%~	6 26%~	3 10%~	16 25%~	1 ~	~	~	~	3 25%~	25 26%~	22 31%~	6 17%~	10 21%~	18 30%	
A LOT OF EFFORT WAS MADE	71 65%	1801 64%	1 20%~	11 50%~	15 65%~	14 61%~	25 86%~	40 63%~	3 ~	~	~	~	8 67%~	62 65%~	45 63%~	25 69%~	33 69%~	37 62%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	100 91%	2497 89%	3 60%~	19 86%~	23 100%~	20 87%~	28 97%~	56 88%~	4 ~	~	~	~	11 92%~	87 91%~	67 93%~	31 86%~	43 90%~	55 92%	
TOP BOX SCORE	71 65%	1801 64%	1 20%~	11 50%~	15 65%~	14 61%~	25 86%~	40 63%~	3 ~	~	~	~	8 67%~	62 65%~	45 63%~	25 69%~	33 69%~	37 62%	
NOT ANSWERED	5	82	1	2	1	1	3	1						5	3	2		5	
VALID CASES	110	2794	5	22	23	23	29	64	4				12	96	72	36	48	60	
NUMBER OF RESPONDENTS	115	2876	6	22	25	24	30	67	5				12	101	75	38	48	65	
	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?

	FMCA 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
Q35G																				
NO EFFORT AT ALL	4 4%	101 4%	1 ~	2 5%~	2 ~	2 9%~	2 ~	2 3%~	~	~	~	~	~	~	2 17%~	2 2%~	2 3%~	2 6%~	2 4%~	2 3%
A LITTLE EFFORT WAS MADE	7 6%	226 8%	1 20%~	3 14%~	1 4%~	1 4%~	1 3%~	5 8%~	~	~	~	~	~	~	7 ~	5 7%~	2 7%~	3 6%~	4 7%	
SOME EFFORT WAS MADE	32 29%	717 26%	3 60%~	7 32%~	9 39%~	7 30%~	3 10%~	18 28%~	1 ~	1 25%~	~	~	~	~	4 33%~	27 28%~	23 32%~	8 22%~	13 27%~	18 30%
A LOT OF EFFORT WAS MADE	67 61%	1741 63%	1 20%~	11 50%~	13 57%~	13 57%~	25 86%~	39 61%~	3 ~	3 75%~	~	~	~	~	6 50%~	60 63%~	42 58%~	24 67%~	30 63%~	36 60%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	99 90%	2458 88%	4 80%~	18 82%~	22 96%~	20 87%~	28 97%~	57 89%~	4 ~	4 100%~	~	~	~	~	10 83%~	87 91%~	65 90%~	32 89%~	43 90%~	54 90%
TOP BOX SCORE	67 61%	1741 63%	1 20%~	11 50%~	13 57%~	13 57%~	25 86%~	39 61%~	3 ~	3 75%~	~	~	~	~	6 50%~	60 63%~	42 58%~	24 67%~	30 63%~	36 60%
NOT ANSWERED	5	91	1		2	1	1	3	1						5	3	2			5
VALID CASES	110	2785	5	22	23	23	29	64	4						12	96	72	36	48	60
NUMBER OF RESPONDENTS	115	2876	6	22	25	24	30	67	5						12	101	75	38	48	65
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	FMCA 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/ PAC ALSK	OTH R	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35H NO EFFORT AT ALL	6 5%	190 7%	2 ~	2 9%~	2 ~	2 9%~	1 ~	3 5%~	~	~	~	~	~	~	2 17%~	3 3%~	3 4%~	2 6%~	2 4%~	3 5%
A LITTLE EFFORT WAS MADE	9 8%	238 9%	2 40%~	3 14%~	1 4%~	2 9%~	1 3%~	6 9%~	~	~	~	~	~	~	~	9 9%~	5 7%~	4 11%~	5 10%~	4 7%
SOME EFFORT WAS MADE	36 33%	749 27%	2 40%~	7 32%~	11 48%~	7 30%~	6 21%~	19 30%~	2 ~	50%~	~	~	~	~	5 42%~	31 32%~	23 32%~	13 36%~	16 33%~	20 33%
A LOT OF EFFORT WAS MADE	59 54%	1596 58%	1 20%~	10 45%~	11 48%~	12 52%~	22 76%~	36 56%~	2 ~	50%~	~	~	~	~	5 42%~	53 55%~	41 57%~	17 47%~	25 52%~	33 55%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	95 86%	2345 85%	3 60%~	17 77%~	22 96%~	19 83%~	28 97%~	55 86%~	4 ~	100%~	~	~	~	~	10 83%~	84 88%~	64 89%~	30 83%~	41 85%~	53 88%
TOP BOX SCORE	59 54%	1596 58%	1 20%~	10 45%~	11 48%~	12 52%~	22 76%~	36 56%~	2 ~	50%~	~	~	~	~	5 42%~	53 55%~	41 57%~	17 47%~	25 52%~	33 55%
NOT ANSWERED	5	103	1		2	1	1	3	1							5	3	2		5
VALID CASES	110	2773	5	22	23	23	29	64	4						12	96	72	36	48	60
NUMBER OF RESPONDENTS	115	2876	6	22	25	24	30	67	5						12	101	75	38	48	65
	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?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					65 AND OVER ##	RACE					ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64		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	75 33%	1870 35%	4 18%	19 36%	19 46%	17 36%	13 24%	38 31%	3 21%	~	~	~	~	11 38%	63 32%	52 32%	22 35%	27 28%	47 37%
NO	155 67%	3406 65%	18 82%	34 64%	22 54%	30 64%	42 76%	84 69%	11 79%	~	~	~	~	18 62%	133 68%	109 68%	41 65%	70 72%	81 63%
NOT ANSWERED	11	394	1				1	1						1	1	1	1	1	1
VALID CASES	230	5277	22	53	41	47	55	122	14					29	196	161	63	97	128
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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?

	FMCA 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 HAW/ PAC AS- ILLND IAN #	AMER IND/ ALSK OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE MALE	FE- MALE MALE
Q35J #YES	69 93%	1588 89%	4 100%~	18 95%~	16 89%~	16 94%~	13 100%~	38 100%~	3 ~100%~	~	~	~	9 82%~	60 97%~	48 94%~	21 95%~	25 93%~	44 96%~
NO	5 7%	204 11%	~	1 5%~	2 11%~	1 6%~	~	~	~	~	~	~	2 18%~	2 3%~	3 6%~	1 5%~	2 7%~	2 4%~
NOT ANSWERED	1	60			1								1	1			1	
VALID CASES	74	1792	4	19	18	17	13	38	3				11	62	51	22	27	46
NUMBER OF RESPONDENTS	75	1852	4	19	19	17	13	38	3				11	63	52	22	27	47
	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?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE
Q35K #YES	65 88%	1484 84%	3 75%~	17 89%~	15 83%~	16 94%~	12 92%~	36 95%~	2 ~ 67%~	~	~	~	10 91%~	55 89%~	47 92%~	18 82%~	24 89%~	41 89%~
NO	9 12%	292 16%	1 25%~	2 11%~	3 17%~	1 6%~	1 8%~	2 5%~	1 ~ 33%~	~	~	~	1 9%~	7 11%~	4 8%~	4 18%~	3 11%~	5 11%~
NOT ANSWERED	1	76			1									1	1			1
VALID CASES	74	1776	4	19	18	17	13	38	3				11	62	51	22	27	46
NUMBER OF RESPONDENTS	75	1852	4	19	19	17	13	38	3				11	63	52	22	27	47
	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?

	FMCA 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/ PAC	ALSK NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
			24	34	44	54	64	##	WHTE ##								GOOD	POOR		
Q35L																				
NEVER	40 18%	692 13%*	2 9%	8 16%	7 18%	14 30%	8 15%	22 ~18%	3 ~23%	~	~	~	~	3 ~10%	36 ~19%	31 20%	8 13%	16 17%	23 18%	
SOMETIMES	27 12%	623 12%	5 22%	6 12%	3 8%	4 9%	8 15%	13 ~11%	3 ~23%	~	~	~	~	4 ~13%	22 ~12%	14 9%	12 19%	12 13%	14 11%	
USUALLY	50 22%	1195 23%	10 43%	15 29%	10 26%	7 15%	5 9%*	21 ~18%	5 ~38%	~	~	~	~	10 ~33%	40 ~21%	36 23%	13 21%	23 24%	27 22%	
ALWAYS	108 48%	2698 52%	6 26%	22 43%	19 49%	22 47%	33 61%*	64 ~53%	2 ~15%	~	~	~	~	13 ~43%	93 ~49%	76 48%	30 48%	45 47%	61 49%	
#ALWAYS + USUALLY (NET)	158 70%	3894 75%	16 70%	37 73%	29 74%	29 62%	38 70%	85 ~71%	7 ~54%	~	~	~	~	23 ~77%	133 ~70%	112 71%	43 68%	68 71%	88 70%	
TOP BOX SCORE	108 48%	2698 52%	6 26%	22 43%	19 49%	22 47%	33 61%*	64 ~53%	2 ~15%	~	~	~	~	13 ~43%	93 ~49%	76 48%	30 48%	45 47%	61 49%	
NOT ANSWERED	16	462		2	2		2	3	1						6	5	1	2	4	
VALID CASES	225	5209	23	51	39	47	54	120	13					30	191	157	63	96	125	
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

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

	FMCA 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	
Q35M																				
ALWAYS	13 6%	310 6%	1 4%~	3 ~	3 8%~	4 6%~	4 7%	6 5%	~	~	~	~	~	~	3 10%~	9 5%~	5 3%*	7 11%	3 3%	9 7%
USUALLY	13 6%	270 5%	1 4%~	3 ~	4 8%~	1 9%~	2 2%	7 6%	~	2 14%~	~	~	~	~	2 7%~	10 5%~	10 6%	2 3%	6 6%	6 5%
SOMETIMES	38 17%	952 18%	5 22%~	12 24%	4 10%~	10 21%~	6 11%	15 12%	~	5 36%~	~	~	~	~	4 13%~	34 18%~	25 16%	13 20%	13 13%	25 20%
NEVER	163 72%	3697 71%	16 70%~	39 76%	30 75%~	30 64%~	44 80%	92 77%	~	7 50%~	~	~	~	~	21 70%~	140 73%~	118 75%	42 66%	75 77%	86 68%
#NEVER + SOMETIMES (NET)	201 89%	4649 89%	21 91%~	51 100%~	34 85%~	40 85%~	50 91%	107 89%	~	12 86%~	~	~	~	~	25 83%~	174 90%~	143 91%	55 86%	88 91%	111 88%
TOP BOX SCORE	163 72%	3697 71%	16 70%~	39 76%	30 75%~	30 64%~	44 80%	92 77%	~	7 50%~	~	~	~	~	21 70%~	140 73%~	118 75%	42 66%	75 77%	86 68%
NOT ANSWERED	14	442		2	1		1	3								4	4		1	3
VALID CASES	227	5229	23	51	40	47	55	120		14					30	193	158	64	97	126
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123		14					30	197	162	64	98	129
	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			
	FMCA	OHP	18	25	35	45	55	65	BLCK	NATV	AMER				NOT	EX &				
	TOT	TOT	TO	TO	TO	TO	TO	OR	HAW/	IND/	ALSK	MUL-	HIS-	HIS-	VERY	GOOD	FAIR	FE-		
ADLT	ADLT	24	34	44	54	64	AND	AFR-	PAC	ILND	NATV	OTHR	TI	PAN-	PAN-	GOOD	POOR	MALE	MALE	
							##	WHTE	##	IAN	#	#	##	##	IC	IC				
Q35N																				
ALWAYS	5	79		1		1		3						1	3	1	4	1	3	
	2%	2%		~ 2%		~ 2%		3%						3%	2%	0.6%	6%	1%	2%	
USUALLY	4	129		1		2		2		1				1	3	1	3	2	2	
	2%	2%		~ 2%		~ 4%		2%		7%				3%	2%	0.6%	5%	2%	2%	
SOMETIMES	22	739	1	6	7	4	3	15							22	15	7	9	13	
	10%	14%*	4%	12%	18%	9%	6%	13%							12%	10%	11%	9%	10%	
NEVER	193	4276	22	43	33	42	49	99		13				28	163	140	49	84	107	
	86%	82%*	96%	84%	83%	89%	91%	83%		93%				93%	85%	89%	78%*	87%	86%	
#NEVER + SOMETIMES (NET)	215	5015	23	49	40	46	52	114		13				28	185	155	56	93	120	
	96%	96%	100%	96%	100%	98%	96%	96%		93%				93%	97%	99%*	89%*	97%	96%	
TOP BOX SCORE	193	4276	22	43	33	42	49	99		13				28	163	140	49	84	107	
	86%	82%*	96%	84%	83%	89%	91%	83%		93%				93%	85%	89%	78%*	87%	86%	
NOT ANSWERED	17	448		2	1		2	4							6	5	1	2	4	
VALID CASES	224	5223	23	51	40	47	54	119		14				30	191	157	63	96	125	
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123		14				30	197	162	64	98	129	
	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?

	FMCA 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	NATV HAW/ILND AS-	AMER PAC ALSK	MUL-TI	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	MALE	FE-MALE		
Q350 ALWAYS	1	62	~	~	~	~	~	~	~	~	~	~	~	~	1	~	~		
	0.4%	1%													2%				
USUALLY	3	77	~	2	~	1	~	1	~	~	~	~	~	3	2	1	2	1	
	1%	1%	4%		2%	~	~	0.8%	~	~	~	~	~	2%	1%	2%	2%	0.8%	
SOMETIMES	15	505	1	3	2	3	6	7	1	~	~	~	~	1	14	4	11	9	6
	7%	10%*	4%	6%	5%	6%	11%	6%	7%	~	~	~	~	3%	7%	2%*	17%*	9%	5%
NEVER	209	4589	22	46	39	43	50	114	13	~	~	~	~	29	178	154	51	86	121
	92%	88%*	96%	90%	95%	91%	89%	93%	93%	~	~	~	~	97%	91%	96%*	80%*	89%	95%
#NEVER + SOMETIMES (NET)	224	5094	23	49	41	46	56	121	14	~	~	~	~	30	192	158	62	95	127
	98%	97%	100%	96%	100%	98%	100%	99%	100%	~	~	~	~	100%	98%	99%	97%	98%	99%
TOP BOX SCORE	209	4589	22	46	39	43	50	114	13	~	~	~	~	29	178	154	51	86	121
	92%	88%*	96%	90%	95%	91%	89%	93%	93%	~	~	~	~	97%	91%	96%*	80%*	89%	95%
NOT ANSWERED	13	438	2					1						2	2			1	1
VALID CASES	228	5233	23	51	41	47	56	122	14					30	195	160	64	97	128
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

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

	FMCA 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 PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q35P																		
#YES DEFINITELY	147 66%	3547 69%	13 57%~	31 63%~	29 71%~	28 60%~	41 75%	79 ~ 66%	10 ~ 71%~	~	~	~	18 ~ 62%~	128 ~ 66%~	111 71%*	34 53%*	62 64%	84 67%
YES SOMEWHAT	54 24%	1203 23%	8 35%~	16 33%~	7 17%~	10 21%~	10 18%	26 ~ 22%	2 ~ 14%~	~	~	~	10 ~ 34%~	43 ~ 22%~	32 20%	22 34%*	24 25%	29 23%
NO	23 10%	417 8%	2 9%~	2 4%~	5 12%~	9 19%~	4 7%	15 ~ 13%	2 ~ 14%~	~	~	~	1 ~ 3%~	22 ~ 11%~	14 9%	8 13%	11 11%	12 10%
NOT ANSWERED	17	503		4		1	3						1	4	5		1	4
VALID CASES	224	5168	23	49	41	47	55	120	14				29	193	157	64	97	125
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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?

	FMCA 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 HAW/ PAC AS- ILND IAN #	AMER IND/ ALSK NATV OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE MALE	FE- MALE MALE
Q35Q YES	118 52%	2983 57%	11 48%~	31 58%	24 59%~	23 49%~	26 49%	66 54%	8 ~ 57%~	~	~	~	14 48%~	104 53%~	87 54%	29 47%	54 55%	64 51%
NO	108 48%	2289 43%	12 52%~	22 42%	17 41%~	24 51%~	27 51%	56 46%	6 ~ 43%~	~	~	~	15 52%~	91 47%~	74 46%	33 53%	44 45%	62 49%
NOT ANSWERED	15	399				3	1						1	2	1	2		3
VALID CASES	226	5272	23	53	41	47	53	122	14				29	195	161	62	98	126
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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?

	FMCA 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 HAW/ PAC AS- ILND IAN #	AMER IND/ ALSK OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	17 & 10 6 12 6 24 2	19 & 9 10 8 9 17 9 39 84 39 76 162 100%	27 & 14 8 9 17 16* 69 2 58 98 100%
Q35R NEVER	47 40%	917 37%	6 46%~	6 21%~	11 52%~	12 52%~	8 29%~	20 39%	5 ~ 83%~	~	~	~	9 43%~	37 39%~	29 38%~	17 44%~	19 33%	27 47%
SOMETIMES	23 20%	468 19%	3 23%~	5 18%~	4 19%~	6 26%~	5 18%~	9 18%	~	~	~	~	2 10%~	21 22%~	13 17%~	10 26%~	9 16%	14 24%
USUALLY	18 15%	470 19%	3 23%~	4 14%~	3 14%~	1 4%~	7 25%~	10 20%	1 ~ 17%~	~	~	~	1 5%~	17 18%~	11 14%~	6 15%~	10 17%	8 14%
ALWAYS	29 25%	619 25%	1 8%~	13 46%~	3 14%~	4 17%~	8 29%~	12 24%	~	~	~	~	9 43%~	20 21%~	23 30%~	6 15%~	20 34%*	9 16%*
#ALWAYS + USUALLY (NET)	47 40%	1089 44%	4 31%~	17 61%~	6 29%~	5 22%~	15 54%~	22 43%	1 ~ 17%~	~	~	~	10 48%~	37 39%~	34 45%~	12 31%~	30 52%*	17 29%*
TOP BOX SCORE	29 25%	619 25%	1 8%~	13 46%~	3 14%~	4 17%~	8 29%~	12 24%	~	~	~	~	9 43%~	20 21%~	23 30%~	6 15%~	20 34%*	9 16%*
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	109	2730	10	25	20	24	25	71	8				9	99	84	24	39	69
NOT ANSWERED	15	467					3	1						3	2	1	1	2
VALID CASES	117	2474	13	28	21	23	28	51	6				21	95	76	39	58	58
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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

	FMCA 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 HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q36																			
EXCELLENT	21 9%	556 10%	4 17%~	3 6%	8 20%~	4 9%~	1 2%*	11 9%	3 ~ 21%~	~	~	~	~	3 10%~	18 9%~	21 13%*	11 ~ 11%	10 8%	
VERY GOOD	69 31%	1282 24%*	10 43%~	21 40%	11 28%~	11 24%~	16 29%	41 ~ 34%	2 ~ 14%~	~	~	~	~	9 ~ 30%~	60 31%~	69 43%~	33 ~ 34%	36 28%	
GOOD	72 32%	1849 35%	3 13%~	21 40%	13 33%~	15 33%~	17 31%	39 ~ 32%	7 ~ 50%~	~	~	~	~	7 ~ 23%~	64 33%~	72 44%~	24 ~ 25%	47 37%	
FAIR	57 25%	1201 23%	6 26%~	7 13%*	7 18%~	14 30%~	19 35%	29 ~ 24%	1 ~ 7%~	~	~	~	~	10 ~ 33%~	47 24%~	57 ~ 89%~	25 ~ 26%	32 25%	
POOR	7 3%	406 8%*	~	1 2%	1 3%~	2 4%~	2 4%	2 ~ 2%	1 ~ 7%~	~	~	~	~	1 ~ 3%~	5 3%~	7 ~ 11%~	3 3%	3 2%	
#EXCELLENT + VERY GOOD + GOOD (NET)	162 72%	3686 70%	17 74%~	45 85%*	32 80%~	30 65%~	34 62%	91 ~ 75%	12 ~ 86%~	~	~	~	~	19 ~ 63%~	142 73%~	162 100%~	68 ~ 71%	93 73%	
NOT ANSWERED	15	377			1	1	1	1							3		2	1	
VALID CASES	226	5294	23	53	40	46	55	122	14					30	194	162	64	96	128
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%



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

	FMCA 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/ PAC	ALSK NATV	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q37																				
EXCELLENT	47 21%	956 18%	7 30%	12 23%	9 22%	8 17%	11 20%	21 17%	3 23%	~	~	~	~	7 23%	40 21%	41 25%*	4 6%*	23 24%	24 19%	
VERY GOOD	66 29%	1444 27%	6 26%	15 28%	9 22%	17 37%	17 31%	34 28%	6 46%	~	~	~	~	8 27%	58 30%	53 33%*	13 20%	30 31%	36 28%	
GOOD	59 26%	1591 30%	4 17%	15 28%	11 27%	11 24%	14 25%	34 28%	2 15%	~	~	~	~	8 27%	50 26%	49 30%*	10 16%*	24 25%	34 27%	
FAIR	43 19%	1030 19%	4 17%	8 15%	10 24%	7 15%	12 22%	26 21%	1 8%	~	~	~	~	6 20%	37 19%	13 8%*	30 47%*	16 16%	27 21%	
POOR	12 5%	303 6%	2 9%	3 6%	2 5%	3 7%	1 2%	7 6%	1 8%	~	~	~	~	1 3%	10 5%	5 3%	7 11%	4 4%	7 5%	
#EXCELLENT + VERY GOOD + GOOD (NET)	172 76%	3991 75%	17 74%	42 79%	29 71%	36 78%	42 76%	89 73%	11 85%	~	~	~	~	23 77%	148 76%	143 89%*	27 42%*	77 79%	94 73%	
NOT ANSWERED	14	348				1	1	1	1						2	1		1	1	
VALID CASES	227	5323	23	53	41	46	55	122	13					30	195	161	64	97	128	
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129	
	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?

	FMCA 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/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q38 #YES	61 27%	1949 37%*	4 20%~	11 21%	11 27%~	11 23%~	19 35%	27 ~ 22%	4 ~ 29%~	~	~	~	~	10 ~ 33%~	50 26%~	40 25%	20 32%	26 28%	34 27%
NO	162 73%	3261 63%*	16 80%~	41 79%	30 73%~	36 77%~	36 65%	93 ~ 78%	10 ~ 71%~	~	~	~	~	20 ~ 67%~	141 74%~	117 75%	43 68%	68 72%	93 73%
DON'T KNOW	6	134	3	1		1	3								6	5	1	4	2
NOT ANSWERED	12	327																	
VALID CASES	223	5210	20	52	41	47	55	120	14					30	191	157	63	94	127
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 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/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q39																			
EVERY DAY	42 19%	1034 20%	3 14%	9 17%	3 7%	15 35%	10 18%	28 24%*	1 ~	~	~	~	~	1 3%	40 21%	25 16%	17 27%	14 15%	27 21%
SOME DAYS	16 7%	461 9%	~	3 6%	4 10%	5 12%	4 7%	10 8%	~	~	~	~	~	3 10%	13 7%	9 6%	6 10%	11 12%*	5 4%*
NOT AT ALL	164 74%	3773 72%	19 86%	40 77%	34 83%	23 53%	41 75%	80 68%*	13 ~	~	~	~	~	25 86%	138 72%	123 78%*	39 63%*	68 73%	95 75%
DON'T KNOW	2	42		1		1		2						2	1	1	2		
NOT ANSWERED	17	360	1			3	1	3						1	4	4	1	3	2
VALID CASES	222	5269	22	52	41	43	55	118	14					29	191	157	62	93	127
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	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?

	FMCA 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 HAW/ PAC AS- ILND IAN #	AMER IND/ ALSK #	MUL- TI ##	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	MALE MALE	FE- MALE		
Q40 NEVER	18 33%	477 30%	2 67%~	6 55%~	4 57%~	3 16%~	3 23%~	16 43%~	~	~	~	~	~	18 36%~	15 47%~	3 14%~	5 20%~	13 45%~	
SOMETIMES	9 16%	309 20%	~	2 18%~	2 29%~	2 11%~	3 23%~	4 11%~	~	~	~	~	~	2 50%~	7 14%~	3 9%~	5 23%~	6 24%~	3 10%~
USUALLY	9 16%	270 17%	~	1 9%~	~	5 26%~	3 23%~	6 16%~	~	1 100%~	~	~	~	1 25%~	8 16%~	5 16%~	4 18%~	6 24%~	3 10%~
ALWAYS	19 35%	513 33%	1 33%~	2 18%~	1 14%~	9 47%~	4 31%~	11 30%~	~	~	~	~	~	1 25%~	17 34%~	9 28%~	10 45%~	8 32%~	10 34%~
#ALWAYS + USUALLY (NET)	28 51%	782 50%	1 33%~	3 27%~	1 14%~	14 74%~	7 54%~	17 46%~	~	1 100%~	~	~	~	2 50%~	25 50%~	14 44%~	14 64%~	14 56%~	13 45%~
TOP BOX SCORE	19 35%	513 33%	1 33%~	2 18%~	1 14%~	9 47%~	4 31%~	11 30%~	~	~	~	~	~	1 25%~	17 34%~	9 28%~	10 45%~	8 32%~	10 34%~
NOT ANSWERED	3	25	~	1	~	1	1	1	~	~	~	~	~	3	2	1	~	~	3
VALID CASES	55	1569	3	11	7	19	13	37	~	1	~	~	~	4	50	32	22	25	29
NUMBER OF RESPONDENTS	58	1594	3	12	7	20	14	38	~	1	~	~	~	4	53	34	23	25	32
	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.

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN	NATV ILND #	AMER IND/ PAC #	ALSK #	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE
Q41 NEVER	34 61%	796 51%	3 100%~	7 64%~	6 86%~	10 50%~	7 54%~	25 68%~	~	~	~	~	~	3 75%~	31 61%~	21 64%~	12 55%~	15 60%~	19 63%~
SOMETIMES	7 13%	318 20%	~	1 9%~	1 14%~	3 15%~	2 15%~	4 11%~	~	~	~	~	~	1 25%~	6 12%~	3 9%~	4 18%~	4 16%~	3 10%~
USUALLY	7 13%	179 11%	~	2 18%~	~	1 5%~	3 23%~	3 8%~	~100%~	~	~	~	~	~	6 12%~	3 9%~	4 18%~	3 12%~	3 10%~
ALWAYS	8 14%	266 17%	~	1 9%~	~	6 30%~	1 8%~	5 14%~	~	~	~	~	~	~	8 16%~	6 18%~	2 9%~	3 12%~	5 17%~
#ALWAYS + USUALLY (NET)	15 27%	445 29%	~	3 27%~	~	7 35%~	4 31%~	8 22%~	~100%~	~	~	~	~	~	14 27%~	9 27%~	6 27%~	6 24%~	8 27%~
TOP BOX SCORE	8 14%	266 17%	~	1 9%~	~	6 30%~	1 8%~	5 14%~	~	~	~	~	~	~	8 16%~	6 18%~	2 9%~	3 12%~	5 17%~
NOT ANSWERED	2	34	~	1	~	~	1	1	~	~	~	~	~	2	1	1	~	2	
VALID CASES	56	1560	3	11	7	20	13	37	1	~	~	~	~	4	51	33	22	25	30
NUMBER OF RESPONDENTS	58 100%	1594 100%	3 100%	12 100%	7 100%	20 100%	14 100%	38 100%	1 100%	~	~	~	~	4 100%	53 100%	34 100%	23 100%	25 100%	32 100%

[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.

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN	NATV ILND #	AMER IND/ PAC ALSK #	MUL- OTHR ##	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE MALE
Q42																			
NEVER	39 70%	888 57%	3 100%	8 73%	7 100%	12 60%	8 62%	25 68%	~	~	~	~	~	4 100%	35 69%	25 76%	13 59%	18 72%	21 70%
SOMETIMES	4 7%	301 19%	~	1 9%	~	1 5%	2 15%	4 11%	~	~	~	~	~	4 8%	2 6%	2 9%	~	4 13%	~
USUALLY	4 7%	175 11%	~	1 9%	~	1 5%	2 15%	3 8%	1 100%	~	~	~	~	4 8%	2 6%	2 9%	4 16%	~	~
ALWAYS	9 16%	191 12%	~	1 9%	~	6 30%	1 8%	5 14%	~	~	~	~	~	8 16%	4 12%	5 23%	3 12%	5 17%	~
#ALWAYS + USUALLY (NET)	13 23%	367 24%	~	2 18%	~	7 35%	3 23%	8 22%	1 100%	~	~	~	~	12 24%	6 18%	7 32%	7 28%	5 17%	~
TOP BOX SCORE	9 16%	191 12%	~	1 9%	~	6 30%	1 8%	5 14%	~	~	~	~	~	8 16%	4 12%	5 23%	3 12%	5 17%	~
NOT ANSWERED	2	39	~	1	~	1	~	1	~	~	~	~	~	2	1	1	~	2	~
VALID CASES	56	1555	3	11	7	20	13	37	1					4	51	33	22	25	30
NUMBER OF RESPONDENTS	58 100%	1594 100%	3 100%	12 100%	7 100%	20 100%	14 100%	38 100%	1 100%					4 100%	53 100%	34 100%	23 100%	25 100%	32 100%

[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	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q43	FMCA TOT ADLT																			
YES	35 1073		1	4	11	16	17						5	30	19	16	15	20		
	16% 20%*	~	2%*	10%~	24%~	30%*	~ 14%	~	~	~	~	~	~ 17%~	16%~	12%*	25%*	16%	16%		
NO	190 4210	22	52	37	35	38	104	12					25	163	140	47	81	107		
	84% 80%*	100%~	98%*	90%~	76%~	70%*	~ 86%	~100%~	~	~	~	~	~ 83%~	84%~	88%*	75%*	84%	84%		
DON'T KNOW	1 36					1		1						1	1			1		
NOT ANSWERED	15 352	1			1	1	2	1						3	2	1	2	1		
VALID CASES	225 5283	22	53	41	46	54	121	12					30	193	159	63	96	127		
NUMBER OF RESPONDENTS	241 5671	23	53	41	47	56	123	14					30	197	162	64	98	129		
	100% 100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q44																					
YES	16 8%	481 10%	1 ~ 2%	2 ~ 5%	3 ~ 7%	9 18%	7 6%	2 ~ 14%	~	~	~	~	1 3%	14 8%	11 7%	5 10%	6 7%	9 8%			
NO	194 92%	4399 90%	20 100%	48 98%	38 95%	42 93%	40 82%	103 94%	12 ~ 86%	~	~	~	28 97%	165 92%	145 93%	46 90%	85 93%	108 92%			
DON'T KNOW	19	432	3	4	1	2	7	13					1	18	6	13	7	12			
NOT ANSWERED	12	359																			
VALID CASES	210	4880	20	49	40	45	49	110	14				29	179	156	51	91	117			
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14				30	197	162	64	98	129			
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%			



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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- TI ##	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q45 YES	62 27%	1760 33%*	2 9%~	3 6%*	8 20%~	22 47%~	24 43%*	24 20%*	6 43%~	~	~	~	~	9 31%~	53 27%~	38 24%	23 36%	29 30%	33 26%
NO	164 73%	3528 67%*	20 91%~	49 94%*	33 80%~	25 53%~	32 57%*	99 80%*	8 57%~	~	~	~	~	20 69%~	143 73%~	121 76%	41 64%	68 70%	95 74%
NOT ANSWERED	15	383	1	1										1	1	3		1	1
VALID CASES	226	5288	22	52	41	47	56	123	14					29	196	159	64	97	128
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q46.1	FMCA OHP	18	25	35	45	55	65												
	TOT TOT	24	34	44	54	64	##	WHTE ##	IAN	#	#	##	##	IC IC					
YES	43 1193		2	5	14	18		15	5				7	35	22	20	21	21	
	18% 21%		~ 4%*	12%~	30%~	32%*	~ 12%*	~ 36%~	~	~	~	~	~ 23%~	18%~	14%*	31%*	21%	16%	
NO	198 4478	23	51	36	33	38	108	9					23	162	140	44	77	108	
	82% 79%	100%~	96%*	88%~	70%~	68%*	~ 88%*	~ 64%~	~	~	~	~	~ 77%~	82%~	86%*	69%*	79%	84%	
VALID CASES	241 5671	23	53	41	47	56	123	14					30	197	162	64	98	129	
NUMBER OF RESPONDENTS	241 5671	23	53	41	47	56	123	14					30	197	162	64	98	129	
	100% 100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q46.2																			
YES	66 27%	1634 29%	1 4%	6 11%*	5 12%~	23 49%~	26 46%*	32 26%	5 36%~	~	~	~	9 30%~	56 28%~	35 22%*	30 47%*	30 31%	35 27%	
NO	175 73%	4037 71%	22 96%~	47 89%*	36 88%~	24 51%~	30 54%*	91 74%	9 64%~	~	~	~	21 70%~	141 72%~	127 78%*	34 53%*	68 69%	94 73%	
VALID CASES	241	5671	23	53	41	47	56	123	14				30	197	162	64	98	129	
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%	

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18	25	35	45	55	65	BLCK	NATV	AMER					NOT	EX &			
TOT	TOT	TO	TO	TO	TO	TO	AND	OR	HAW/	IND/					VERY				
ADLT	ADLT	TO	TO	TO	TO	TO	OVER	AFR-	PAC	ALSK	MUL-	HIS-	HIS-	GOOD	FAIR				
		24	34	44	54	64	##	AMER	AS-	ILND	NATV	OTHR	TI	PAN-	PAN-	&	&		
								WHTE	IAN	#	#	##	##	IC	IC	GOOD	POOR	MALE	MALE
Q46.3																			
YES	37 15%	883 16%	7 ~ 13%	4 10%~	14 30%~	12 21%		16 ~ 13%	1 ~ 7%	~	~	~	~	3 10%~	34 17%~	24 15%	12 19%	14 14%	23 18%
NO	204 85%	4788 84%	23 100%~	46 87%	37 90%~	33 70%~	44 79%	107 ~ 87%	13 ~ 93%	~	~	~	~	27 ~ 90%	163 83%~	138 85%	52 81%	84 86%	106 82%
VALID CASES	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND #	AMER IND/ALSK	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q47.1	FMCA TOT ADLT																				
YES	3 1%	231 4%*	~	~	~	2 4%~	1 2%	~	~	~	~	~	~	~	3 2%	1 0.6%	2 3%	1 1%	2 2%		
NO	238 99%	5440 96%*	100%	100%	100%	96%~	98%	~	~	~	~	~	~	~	30 100%	194 98%	161 99%	62 97%	97 99%	127 98%	
VALID CASES	241	5671	23	53	41	47	56	123	14				30	197	162	64	98	129			
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%			

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-OTHR	TI	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q47.2	FMCA TOT ADLT	4	220			1	2			1					4	1	3	1	3		
YES		2%	4%*	~	~	~	2%~	4%	~	~	~	7%~	~	~	~	2%~	0.6%	5%	1%	2%	
NO		237	5451	23	53	41	46	54	123	13				30	193	161	61	97	126		
		98%	96%*	100%	100%	100%	98%	96%	~	100%	~	93%	~	~	~	100%	98%	99%	95%	99%	98%
VALID CASES		241	5671	23	53	41	47	56	123	14				30	197	162	64	98	129		
NUMBER OF RESPONDENTS		241	5671	23	53	41	47	56	123	14				30	197	162	64	98	129		
		100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

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

	FMCA 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/ PAC	ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE			
Q47.3 YES	4 2%	243 4%*	~	~	~	2%~	4%	~	2%	~	14%~	~	~	~	~	~	2%~	4	3	1	4	~	~
NO	237 98%	5428 96%*	100%~	100%~	100%~	98%~	96%	~	98%	~	86%~	~	~	~	~	100%~	98%~	159	63	94	129	96%~	100%~
VALID CASES	241	5671	23	53	41	47	56	123	14						30	197	162	64	98	129			
NUMBER OF RESPONDENTS	241 100%	5671 100%	100%	100%	100%	100%	100%	123 100%	14 100%						30 100%	197 100%	162 100%	64 100%	98 100%	129 100%			

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	25	35	45	55	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MULTI-ETHNIC	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR	VERY GOOD & POOR	FE-MALE	MALE	
FMCA TOT ADLT	OHP TOT ADLT	TO	TO	TO	TO	TO	##	##	IAN	#	#	##	##	IC	IC				
Q47.4																			
YES	31 13%	955 17%*	2 ~	5 4%*	8 12%*	14 17%*	25%*	12 10%	2 ~	14%*	~	~	~	5 17%*	25 13%*	14 9%*	16 25%*	12 12%	18 14%
NO	210 87%	4716 83%*	23 100%*	51 96%*	36 88%*	39 83%*	42 75%*	111 90%	12 ~	86%*	~	~	~	25 83%*	172 87%*	148 91%*	48 75%*	86 88%	111 86%
VALID CASES	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	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?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 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/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
Q48 YES	66 30%	1695 32%	2 10%	13 25%	15 37%	13 30%	20 36%	36 30%	3 21%	~	~	~	~	5 18%	61 32%	33 21%*	32 51%*	26 27%	40 32%	
NO	155 70%	3585 68%	19 90%	40 75%	26 63%	31 70%	36 64%	85 70%	11 79%	~	~	~	~	23 82%	132 68%	122 79%*	31 49%*	70 73%	85 68%	
NOT ANSWERED	20	392	2			3		2						2	4	7	1	2	4	
VALID CASES	221	5279	21	53	41	44	56	121	14					28	193	155	63	96	125	
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

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

	FMCA 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 HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q49 YES	56 89%	1392 87%	2 100%~	10 77%~	12 92%~	12 92%~	18 95%~	31 ~ 91%~	3 ~ 100%~	~	~	~	~	2 ~ 40%~	54 93%~	29 91%~	26 87%~	23 88%~	33 89%~
NO	7 11%	208 13%	~	3 23%~	1 8%~	1 8%~	1 5%~	3 ~ 9%~	~	~	~	~	~	3 ~ 60%~	4 7%~	3 9%~	4 13%~	3 12%~	4 11%~
NOT ANSWERED	3	69			2	1	2								3	1	2		3
VALID CASES	63	1600	2	13	13	13	19	34	3					5	58	32	30	26	37
NUMBER OF RESPONDENTS	66 100%	1669 100%	2 100%	13 100%	15 100%	13 100%	20 100%	36 100%	3 100%					5 100%	61 100%	33 100%	32 100%	26 100%	40 100%

[ASKED IF Q48 = YES]

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

		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/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q50																					
YES	119 53%	3271 62%*	6 26%~	15 28%*	17 41%~	33 73%~	42 75%*	67 ~ 55%	5 ~ 36%~	~	~	~	13 ~ 45%~	106 54%~	69 43%*	49 78%*	54 56%	65 51%			
NO	106 47%	2030 38%*	17 74%~	38 72%*	24 59%~	12 27%~	14 25%*	55 ~ 45%	9 ~ 64%~	~	~	~	16 ~ 55%~	90 46%~	90 57%*	14 22%*	43 44%	63 49%			
NOT ANSWERED	16	369			2			1					1	1	3	1	1	1			
VALID CASES	225	5302	23	53	41	45	56	122	14				29	196	159	63	97	128			
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%			

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

	FMCA 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 PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE
Q51 YES	106 93%	2939 94%	5 83%~	14 93%~	17 100%~	27 87%~	39 98%~	61 97%	2 40%~	~	~	~	12 92%~	94 93%~	60 90%~	45 98%~	53 98%*	53 88%*
NO	8 7%	176 6%	1 17%~	1 7%~	~	4 13%~	1 3%~	2 3%	3 60%~	~	~	~	1 8%~	7 7%~	7 10%~	1 2%~	1 2%*	7 12%*
NOT ANSWERED	5	111				2 2	4							5	2	3		5
VALID CASES	114	3115	6	15	17	31	40	63	5				13	101	67	46	54	60
NUMBER OF RESPONDENTS	119 100%	3226 100%	6 100%	15 100%	17 100%	33 100%	42 100%	67 100%	5 100%				13 100%	106 100%	69 100%	49 100%	54 100%	65 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	FMCA	OHP	18	25	35	45	55	65	BLCK	NATV	AMER				NOT	EX &				
	TOT	TOT	TO	TO	TO	TO	TO	OR	AFR-	HAW/	IND/	MUL-	HIS-	HIS-	VERY	GOOD	FAIR	FE-		
ADLT	ADLT	24	34	44	54	64	AND	AMER	AS-	ILND	NATV	OTHR	TI	PAN-	PAN-	GOOD	POOR	MALE	MALE	
							##	WHTE	##	IAN	#	#	##	##	IC	IC	&	&		
NQ52																				
18 TO 24	23	544	23					10	1					5	18	17	6	12	11	
	10%	10%	100%	~	~	~	~	8%	~	7%	~	~	~	17%	9%	10%	9%	12%	9%	
25 TO 34	58	1042		53				27	1					7	47	46	8	21	33	
	24%	18%*	~100%	~	~	~	~	22%	~	7%	~	~	~	23%	24%	28%*	13%*	21%	26%	
35 TO 44	46	924			41			21	3					6	35	33	8	18	23	
	19%	16%	~	~100%	~	~	~	17%	~	21%	~	~	~	20%	18%	20%	13%	18%	18%	
45 TO 54	50	1138				47		27	4					3	44	30	17	18	29	
	21%	20%	~	~	~100%	~	~	22%	~	29%	~	~	~	10%	22%	19%	27%	18%	22%	
55 TO 64	58	1472					56	35	4					7	49	34	21	27	29	
	24%	26%	~	~	~	~100%	~	28%	~	29%	~	~	~	23%	25%	21%	33%	28%	22%	
65 TO 74	5	326						3						2	3	1	4	2	3	
	2%	6%*	~	~	~	~	~	2%	~	~	~	~	~	7%	2%	0.6%	6%	2%	2%	
75 OR OLDER	1	225							1						1	1			1	
	0.4%	4%*	~	~	~	~	~	~	~	7%	~	~	~	~	0.5%	0.6%	~	~	0.8%	
VALID CASES	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129	
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

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

NQ53 ARE YOU MALE OR FEMALE?

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
NQ53																			
MALE	103	2300	12	21	18	18	27	51	3					16	82	68	28	98	
	43%	41%	52%~	40%	44%~	38%~	48%	~ 41%	~ 21%~	~	~	~	~	53%~	42%~	42%	44%	100%~	~
FEMALE	138	3371	11	32	23	29	29	72	11					14	115	94	36	129	
	57%	59%	48%~	60%	56%~	62%~	52%	~ 59%	~ 79%~	~	~	~	~	47%~	58%~	58%	56%	~100%~	
VALID CASES	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129
	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]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	FMCA 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/ PAC ALSK	MUL-TI	HIS-PAN-IC	NOT PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q54																				
8TH GRADE OR LESS	15 7%	328 6%	~	~	2%~	4%~	7%~	3%~	2%*	4%~	~	~	~	~	7%~	8%~	4%~	13%	6%~	9%~
SOME HIGH SCHOOL BUT DID NOT GRADUATE	20 9%	614 12%	17%~	9%~	5%~	13%~	5%~	10%~	8%~	3%~	~	~	~	~	2%~	18%~	8%~	13%	8%~	12%~
HIGH SCHOOL GRADUATE OR GED	64 28%	1659 31%	35%~	25%~	29%~	30%~	27%~	33%~	27%~	3%~	~	~	~	~	11%~	53%~	27%~	32%	33%~	32%~
SOME COLLEGE OR 2-YEAR DEGREE	89 39%	1998 38%	43%~	45%~	41%~	34%~	38%~	53%~	43%~	3%~	~	~	~	~	7%~	82%~	41%~	32%	41%~	49%~
4-YEAR COLLEGE GRADUATE	17 8%	437 8%	4%~	11%~	10%~	9%~	4%~	14%~	11%*	~	~	~	~	~	~	17%~	9%~	5%	6%~	11%~
MORE THAN 4-YEAR COLLEGE DEGREE	21 9%	242 5%*	~	9%~	12%~	6%~	13%~	9%~	7%~	1%~	~	~	~	~	3%~	18%~	11%~	6%	6%~	15%~
NOT ANSWERED	15	392					1	1							1	2	1			1
VALID CASES	226	5279	23	53	41	47	55	122		14					30	196	160	63	98	128
NUMBER OF RESPONDENTS	241	5671	23	53	41	47	56	123		14				30	197	162	64	98	129	
	100%	100%	100%	100%	100%	100%	100%	100%		100%				100%	100%	100%	100%	100%	100%	100%

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

	FMCA 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 IAN	NATV HAW/ ILND #	AMER IND/ ALSK NATV #	OTH R ##	MUL- TI ##	HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q55																			
YES HISPANIC OR LATINO	30 13%	668 13%	5 22%~	7 13%	6 15%~	3 6%~	7 13%	~	~	~	~	~	~	~	30 ~100%~	19 ~	11 17%	16 16%	14 11%
NO NOT HISPANIC OR LATINO	197 87%	4589 87%	18 78%~	46 87%	35 85%~	44 94%~	49 88%	123 ~100%~	14 ~100%~	~	~	~	~	197 ~100%~	142 88%	52 83%	82 84%	115 89%	
NOT ANSWERED	14	413														1	1		
VALID CASES	227	5258	23	53	41	47	56	123	14					30	197	161	63	98	129
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%



Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE
Q56.1																			
YES	142 59%	3500 62%	12 52%	31 58%	26 63%	27 57%	41 73%*	123 100%	~	~	~	~	~	9 30%	133 68%	102 63%	38 59%	61 62%	81 63%
NO	99 41%	2171 38%	11 48%	22 42%	15 37%	20 43%	15 27%*	~	~	14 100%	~	~	~	21 70%	64 32%	60 37%	26 41%	37 38%	48 37%
VALID CASES	241	5671	23	53	41	47	56	123		14				30	197	162	64	98	129
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%		14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV ILND	AMER PAC	IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE	
Q56.2	FMCA																				
YES	OHP TOT ADLT	18	25	35	45	55	65									7	4	3	1	6	
	TOT ADLT	24	34	44	54	64	##	WHTE ##	IAN	ILND #	NATV #	OTHR ##	TI ##	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
		7	117	1	2	2	2	~	~	~	~	~	~	~	~	4%	2%	5%	1%	5%	
		3%	2%	~	2%	5%	4%	~	~	~	~	~	~	~	~	4%	2%	5%	1%	5%	
NO	OHP TOT ADLT	23	52	39	45	54		123	14				30	190	158	61	97	123			
	TOT ADLT	24	34	44	54	64	##	~100%	~100%	~	~	~	~100%	~96%	~98%	~95%	~99%	~95%			
		234	5554	100%	98%	95%	96%	~100%	~100%	~	~	~	~100%	~96%	~98%	~95%	~99%	~95%			
		97%	98%	100%	98%	95%	96%	~100%	~100%	~	~	~	~100%	~96%	~98%	~95%	~99%	~95%			
VALID CASES	OHP TOT ADLT	23	53	41	47	56		123	14				30	197	162	64	98	129			
NUMBER OF RESPONDENTS	TOT ADLT	241	5671	100%	100%	100%	100%	123	14				30	197	162	64	98	129			
		241	5671	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%			

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-OTHR	TI	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR	EX & FAIR & POOR	FE-MALE	MALE	
Q56.3																					
YES	16 7%	212 4%*	1 4%~	2 4%	4 10%~	4 9%~	4 7%	~	~	~100%~	~	~	~	~	~	~	16 8%~	13 8%	3 5%	5 5%	11 9%
NO	225 93%	5459 96%*	22 96%~	51 96%	37 90%~	43 91%~	52 93%	~100%~	~	~	~	~	~	~100%~	30 92%~	181 92%	149 92%	61 95%	93 95%	118 91%	
VALID CASES	241	5671	23	53	41	47	56	123	14					30	197	162	64	98	129		
NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%					30 100%	197 100%	162 100%	64 100%	98 100%	129 100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	ASIAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q56.4	FMCA TOT ADLT	18	25	35	45	55	65 AND														
	OHP TOT ADLT	24	34	44	54	64	##	WHTE ##	IAN	#	#	##	##	IC	IC	GOOD	POOR	MALE	MALE		
YES	1		1										1						1		
	0.4%		2%										3%						0.8%		
NO	240	23	52	41	47	56	123	14					29	197	162	63	98	128			
	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	98%	100%	99%			
VALID CASES	241	23	53	41	47	56	123	14					30	197	162	64	98	129			
NUMBER OF RESPONDENTS	241	23	53	41	47	56	123	14					30	197	162	64	98	129			
	100%	100%	100%	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	BLCK OR AFR-AMER	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-OTHR	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q56.5	YES	3 1%	211 4%*	1 4%~	1 ~	1 2%~	1 ~	~	~	~	~	~	~	~	3 2%~	1 0.6%	2 3%	~	3 2%	
	NO	238 99%	5460 96%*	22 96%~	53 100%~	40 98%~	47 100%~	55 98%	123 ~100%~	14 ~100%~	~	~	~	30 ~100%~	194 98%~	161 99%	62 97%	98 100%~	126 98%	
	VALID CASES	241	5671	23	53	41	47	56	123	14				30	197	162	64	98	129	
	NUMBER OF RESPONDENTS	241 100%	5671 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%				30 100%	197 100%	162 100%	64 100%	98 100%	129 100%	

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-OTHR	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
Q56.6	FMCA TOT ADLT	18	25	35	45	55	65 AND OVER	WHTE	##	IAN	#	#	##	##	HIS-IC	HIS-IC	GOOD	FAIR & POOR	MALE	MALE
YES	15 6%	3 13%	5 9%	3 7%	2 4%	2 4%	~	~	~	~	~	~	~	~	8 27%	7 4%	11 7%	2 3%	10 10%	5 4%
NO	226 94%	20 87%	48 91%	38 93%	45 96%	54 96%	~100%	~100%	~	~	~	~	~	~	22 73%	190 96%	151 93%	62 97%	88 90%	124 96%
VALID CASES	241	23	53	41	47	56	123	14							30	197	162	64	98	129
NUMBER OF RESPONDENTS	241 100%	23 100%	53 100%	41 100%	47 100%	56 100%	123 100%	14 100%							30 100%	197 100%	162 100%	64 100%	98 100%	129 100%

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND #	AMER IND/ PAC ALSK #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE	
Q57 YES	20 11%	630 15%	3 ~ 9%	4 ~ 12%	4 ~ 11%	7 ~ 14%	6 5%*	7 ~ 50%	~	~	~	~	3 ~ 14%	17 ~ 11%	12 10%	8 16%	6 9%	14 13%	
NO	155 89%	3507 85%	14 100%~	31 91%~	29 88%~	33 89%~	43 86%	117 ~ 95%*	7 ~ 50%	~	~	~	19 ~ 86%	136 89%~	110 90%	43 84%	63 91%	92 87%	
NOT ANSWERED	3	39			2									2	1	1	1	1	
VALID CASES	175	4137	14	34	33	37	50	123	14				22	153	122	51	69	106	
NUMBER OF RESPONDENTS	178 100%	4176 100%	14 100%	34 100%	33 100%	39 100%	50 100%	123 100%	14 100%				22 100%	155 100%	123 100%	52 100%	70 100%	107 100%	

[ASKED IF SURVEY COMPLETED BY MAIL]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q58.1																			
YES	12 60%	257 48%	1 33%	3 75%	3 75%	3 43%	4 67%	4 57%					1 33%	11 65%	8 67%	4 50%	2 33%	10 71%	
NO	8 40%	281 52%	2 67%	1 25%	1 25%	4 57%	2 33%	3 43%					2 67%	6 35%	4 33%	4 50%	4 67%	4 29%	
VALID CASES	20	538	3	4	4	7	6	7					3	17	12	8	6	14	
NUMBER OF RESPONDENTS	20 100%	538 100%	3 100%	4 100%	4 100%	7 100%	6 100%	7 100%					3 100%	17 100%	12 100%	8 100%	6 100%	14 100%	

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



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

		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	ASIAN	NATV ILND	AMER IND/PAC	ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE
Q58.2																			
YES	9 45%	220 41%	1 ~ 33%	2 ~ 50%	3 ~ 75%	1 ~ 14%	3 ~ 50%	2 ~ 29%	~	~	~	~	1 ~ 33%	8 47%	5 42%	4 50%	2 33%	7 50%	
NO	11 55%	318 59%	2 ~ 67%	2 ~ 50%	1 ~ 25%	6 ~ 86%	3 ~ 50%	5 ~ 71%	~	~	~	~	2 ~ 67%	9 53%	7 58%	4 50%	4 67%	7 50%	
VALID CASES	20	538	3	4	4	7	6	7					3	17	12	8	6	14	
NUMBER OF RESPONDENTS	20 100%	538 100%	3 100%	4 100%	4 100%	7 100%	6 100%	7 100%					3 100%	17 100%	12 100%	8 100%	6 100%	14 100%	

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

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

		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 ILND	AMER IND/PAC ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q58.3	FMCA TOT ADLT																		
YES	3 15%	203 38%	1 ~ 33%	1 25%	1 ~ 14%	1 ~ 17%	1 ~ 17%	1 ~ 14%	~	~	~	~	3 ~ 18%	1 8%	2 25%	3 50%	~	~	
NO	17 85%	335 62%	2 ~ 67%	3 75%	4 100%	6 86%	5 ~ 83%	6 ~ 86%	~	~	~	~ 100%	3 82%	14 92%	6 75%	3 50%	14 100%	~	
VALID CASES	20	538	3	4	4	7	6	7				3	17	12	8	6	14		
NUMBER OF RESPONDENTS	20 100%	538 100%	3 100%	4 100%	4 100%	7 100%	6 100%	7 100%				3 100%	17 100%	12 100%	8 100%	6 100%	14 100%		

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

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

		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/ PAC ALSK	MUL-OTHR	TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q58.4	YES	8	79	1	1	3	3	2	3					2	6	5	3	2	6
		40%	15%	~ 33%	~ 25%	~ 75%	~ 43%	~ 33%	~ 43%	~	~	~	~	~ 67%	~ 35%	~ 42%	~ 38%	~ 33%	~ 43%
	NO	12	459	2	3	1	4	4	4					1	11	7	5	4	8
		60%	85%	~ 67%	~ 75%	~ 25%	~ 57%	~ 67%	~ 57%	~	~	~	~	~ 33%	~ 65%	~ 58%	~ 62%	~ 67%	~ 57%
	VALID CASES	20	538	3	4	4	7	6	7					3	17	12	8	6	14
	NUMBER OF RESPONDENTS	20	538	3	4	4	7	6	7					3	17	12	8	6	14
		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 AFR-AMER	WHTE	ASIAN	NATV ILND	AMER PAC	IND/ ALSK	MUL- OTHR	HIS- PAN-IC	NOT HIS- PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE
Q58.5	YES	1	32				1									1		1		1
		5%	6%	~	~	~	14%	~	~	~	~	~	~	~	~	33%	~	13%	~	7%
	NO	19	506	3	4	4	6	6	7					2	17	12	7	6	13	
		95%	94%	~100%	~100%	~100%	86%	~100%	~100%	~	~	~	~	~67%	~100%	~100%	~88%	~100%	~93%	
	VALID CASES	20	538	3	4	4	7	6	7					3	17	12	8	6	14	
	NUMBER OF RESPONDENTS	20	538	3	4	4	7	6	7					3	17	12	8	6	14	
		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

		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/ PAC ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
NQ13																			
0-6	31 20%	761 20%	2 18%	8 25%	5 17%	8 23%	5 13%	19 24%	1 10%	~	~	~	~	4 18%	26 20%	16 16%	15 29%*	12 19%	18 20%
7-8	60 38%	1368 36%	7 64%	14 44%	12 41%	10 29%	14 35%	32 40%	4 40%	~	~	~	~	7 32%	51 39%	39 38%	18 35%	23 36%	35 39%
9-10	67 42%	1705 44%	2 18%	10 31%	12 41%	17 49%	21 52%	29 36%	5 50%	~	~	~	~	11 50%	55 42%	47 46%	18 35%	29 45%	37 41%
VALID CASES	158	3835	11	32	29	35	40	80	10					22	132	102	51	64	90
NUMBER OF RESPONDENTS	158 100%	3835 100%	11 100%	32 100%	29 100%	35 100%	40 100%	80 100%	10 100%					22 100%	132 100%	102 100%	51 100%	64 100%	90 100%
MEAN	2.23	2.25	2.00	2.06	2.24	2.26	2.40	2.13	2.40					2.32	2.22	2.30	2.06	2.27	2.21
p stat_(*=Sig @ p<=.05)		.739	~	~	~	~	~	.083	~	~	~	~	~	~	~	.087	.052	.605	.750

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
NQ23																			
0-6	24 15%	642 16%	8 ~ 23%	4 ~ 13%	6 ~ 19%	3 ~ 8%	15 ~ 17%	1 ~ 13%	~	~	~	~	1 ~ 7%	22 ~ 16%	12 ~ 12%	12 ~ 24%	10 15%	13 15%	
7-8	54 34%	1053 26%*	5 45%	12 34%	11 37%	11 35%	12 31%	35 ~ 39%	~	~	~	~	3 ~ 20%	49 ~ 36%	35 34%	17 33%	23 35%	29 33%	
9-10	80 51%	2378 58%*	6 55%	15 43%	15 50%	14 45%	24 62%	40 ~ 44%	7 ~ 88%	~	~	~	11 ~ 73%	67 ~ 49%	55 54%	22 43%	32 49%	46 52%	
VALID CASES	158	4074	11	35	30	31	39	90	8				15	138	102	51	65	88	
NUMBER OF RESPONDENTS	158 100%	4074 100%	11 100%	35 100%	30 100%	31 100%	39 100%	90 100%	8 100%				15 100%	138 100%	102 100%	51 100%	65 100%	88 100%	
MEAN	2.35	2.43	2.55	2.20	2.37	2.26	2.54	2.28	2.75				2.67	2.33	2.42	2.20	2.34	2.38	
p stat_(*=Sig @ p<=.05)		.185	~	~	~	~	~	.130	~	~	~	~	~	~	.119	.060	.819	.693	

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	FMCA 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 IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE	
NQ27 0-6	8 11%	249 13%	2 ~ 13%	4 25%	2 13%	~	4 9%	~	~	~	~	~	1 20%	7 10%	6 12%	2 10%	5 17%	3 7%	
7-8	18 25%	475 25%	1 25%	4 27%	4 25%	4 27%	4 22%	13 30%	~	~	~	~	~	18 27%	12 24%	6 30%	8 28%	10 23%	
9-10	47 64%	1151 61%	3 75%	9 60%	8 50%	9 60%	14 78%	26 60%	4 100%	~	~	~	4 80%	42 63%	33 65%	12 60%	16 55%	30 70%	
VALID CASES	73	1875	4	15	16	15	18	43	4				5	67	51	20	29	43	
NUMBER OF RESPONDENTS	73 100%	1875 100%	4 100%	15 100%	16 100%	15 100%	18 100%	43 100%	4 100%				5 100%	67 100%	51 100%	20 100%	29 100%	43 100%	
MEAN	2.53	2.48	2.75	2.47	2.25	2.47	2.78	2.51	3.00				2.60	2.52	2.53	2.50	2.38	2.63	
p stat_(*=Sig @ p<=.05)		.486	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ35 RATING OF HEALTH PLAN

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
NQ35																			
0-6	57 27%	1160 23%	6 26%~	14 29%~	11 30%~	13 31%~	10 20%~	37 34%*	1 8%~	~	~	~	~	6 21%~	49 28%~	43 29%	12 21%	22 24%	33 29%
7-8	68 32%	1699 34%	10 43%~	18 37%~	10 27%~	11 26%~	16 33%~	40 37%	5 38%~	~	~	~	~	6 21%~	61 34%~	42 28%*	25 45%*	29 32%	38 33%
9-10	86 41%	2187 43%	7 30%~	17 35%~	16 43%~	18 43%~	23 47%~	32 29%*	7 54%~	~	~	~	~	16 57%~	68 38%~	65 43%	19 34%	40 44%	44 38%
VALID CASES	211	5046	23	49	37	42	49	109	13					28	178	150	56	91	115
NUMBER OF RESPONDENTS	211 100%	5046 100%	23 100%	49 100%	37 100%	42 100%	49 100%	109 100%	13 100%					28 100%	178 100%	150 100%	56 100%	91 100%	115 100%
MEAN	2.14	2.20	2.04	2.06	2.14	2.12	2.27	1.95	2.46					2.36	2.11	2.15	2.13	2.20	2.10
p stat_(*=Sig @ p<=.05)		.175	~	~	~	~	~	.001*	~	~	~	~	~	~	~	.797	.888	.348	.414



GETTING NEEDED CARE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI ##	HIS- PAN- IC IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	FE- MALE MALE				
NPRBSEE4	NQ25	2.17	2.22	2.25	2.00	2.13	2.06	2.56	2.22	2.75				2.20	2.20	2.20	2.15	2.00	2.35			
p stat_(*=Sig @ p<=.05)		.583	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NCARNES4	NQ14	2.11	2.26	1.80	2.18	2.11	1.97	2.18	2.00	1.70				2.36	2.06	2.18	2.00	2.14	2.08			
p stat_(*=Sig @ p<=.05)		.006*	~	~	~	~	~	~	.078	~	~	~	~	~	~	.134	.233	.692	.594			
COMPOSITE		2.14	2.24	2.03	2.09	2.12	2.02	2.37	x	2.11	x	2.23	x	x	x	x	2.28	2.13	2.19	2.08	2.07	2.21
p stat_(*=Sig @ p<=.05)		.506	~	~	~	~	~	~	.852	~	~	~	~	~	~	.644	.771	.699	.585			

GETTING CARE QUICKLY

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC #	AMER IND/ ALSK NATV #	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE			
NCARSN4 NQ4	2.41	2.42	2.50	2.53	2.29	2.22	2.43	2.36	1.67					2.57	2.36	2.50	2.15	2.54	2.28		
p stat_(*=Sig @ p<=.05)	.854		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NAPGET4 NQ6	2.27	2.28	1.63	2.43	2.27	2.00	2.44	2.21	1.89					2.33	2.25	2.29	2.20	2.30	2.23		
p stat_(*=Sig @ p<=.05)	.891		~	~	~	~	~	.410	~	~	~	~	~	~	~	~	~	.715	.477		
COMPOSITE	2.34	2.35	2.06	2.48	2.28	2.11	2.43	x	2.29	x	1.78	x	x	x	x	2.45	2.30	2.40	2.18	2.42	2.25
p stat_(*=Sig @ p<=.05)	.943		~	~	~	~	~	.758	~	~	~	~	~	~	~	.652		.706	.565		

HOW WELL DOCTORS COMMUNICATE

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK #	MUL- NATV OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE		
NDREXPL4 NQ17	2.57	2.61	2.86	2.61	2.44	2.48	2.70	2.63	2.13					2.57	2.58	2.56	2.57	2.60	2.56		
p stat_(*=Sig @ p<=.05)	.428		~	~	~	~	~	.272	~	~	~	~	~	~	~	.856	~	~	.886		
NDRLSTN4 NQ18	2.59	2.58	2.57	2.52	2.56	2.52	2.79	2.58	2.50					2.71	2.60	2.64	2.52	2.60	2.61		
p stat_(*=Sig @ p<=.05)	.895		~	~	~	~	~	.879	~	~	~	~	~	~	~	.332	~	~	.641		
NDRESPU4 NQ19	2.64	2.65	2.71	2.74	2.56	2.45	2.79	2.66	2.38					2.79	2.63	2.69	2.54	2.63	2.67		
p stat_(*=Sig @ p<=.05)	.742		~	~	~	~	~	.720	~	~	~	~	~	~	~	.259	~	~	.533		
NDRTMEN4 NQ20	2.45	2.50	2.29	2.57	2.24	2.34	2.67	2.49	2.38					2.57	2.45	2.52	2.33	2.42	2.49		
p stat_(*=Sig @ p<=.05)	.354		~	~	~	~	~	.478	~	~	~	~	~	~	~	.176	~	~	.411		
COMPOSITE	2.56	2.59	2.61	2.61	2.45	2.45	2.73	x	2.59	x	2.34	x	x	x	x	2.66	2.56	2.60	2.49	2.56	2.58
p stat_(*=Sig @ p<=.05)	.919		~	~	~	~	~	.909	~	~	~	~	~	~	~	.852	~	~	.919		

CUSTOMER SERVICE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC #	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI ##	HIS- PAN- IC IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE				
NPBCLCS4	NQ31	2.15	2.22	2.25	2.06	2.00	2.29	2.24	2.18	2.33				2.08	2.16	2.23	2.00	2.29	2.05			
p stat_(*=Sig @ p<=.05)		.385	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NCSRESP	NQ32	2.61	2.61	2.50	2.59	2.54	2.79	2.72	2.74	2.50				2.50	2.66	2.65	2.58	2.68	2.60			
p stat_(*=Sig @ p<=.05)		1.00	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
COMPOSITE		2.38	2.42	2.38	2.32	2.27	2.54	2.48	x	2.46	x	2.42	x	x	x	x	2.29	2.41	2.44	2.29	2.48	2.33
p stat_(*=Sig @ p<=.05)		.911	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			

SHARED DECISION MAKING

		AGE						RACE						ETHNIC- ITY	HEALTH STATUS		GENDER					
FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI ##	HIS- PAN- IC IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE				
NNRXWHY NQ10																						
p stat_(*=Sig @ p<=.05)		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~				
NNRXWYNT NQ11		2.38	2.46	2.00	2.50	2.82	2.24	2.31	2.45	2.33				2.00	2.42	2.43	2.31	2.33	2.40			
p stat_(*=Sig @ p<=.05)		.365	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NRXBST NQ12		2.61	2.52	2.33	2.60	2.67	2.71	2.62	2.63	2.33				2.80	2.58	2.62	2.56	2.68	2.54			
p stat_(*=Sig @ p<=.05)		.285	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
COMPOSITE		2.49	2.49	2.17	2.55	2.74	2.48	2.46	x	2.54	x	2.33	x	x	x	x	2.40	2.50	2.53	2.44	2.51	2.47
p stat_(*=Sig @ p<=.05)		.987	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

		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 IND/ ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE-MALE			
PRBSEE4 Q25	77%	75%	100%	69%	69%	62%	100%	80%	100%					80%	79%	80%	75%	69%	86%		
CARNES4 Q14	74%	80%	60%	79%	78%	65%	79%	75%	50%					82%	73%	79%	68%	75%	74%		
AVERAGE	75.49	77.53	80.00	73.77	73.26	63.68	89.74	x	77.34	x	75.00	x	x	x	x	80.91	75.93	79.42	71.50	72.07	79.96

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		FMCA 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 WHT	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE
CARSN4 Q4	83%	84%	100%	87%	71%	78%	86%		81%	67%					86%	81%	85%	75%	88%	78%	
APGET4 Q6	77%	77%	38%	87%	77%	62%	88%		71%	67%					83%	75%	78%	73%	77%	76%	
AVERAGE	80.24	80.73	68.75	86.67	74.18	69.92	86.97	x	75.99	x	66.67	x	x	x	x	84.52	78.40	81.96	73.75	82.91	76.72

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER ##	BLCK OR AFR- AMER WHTE ##	AS- IAN IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV #	MUL- OTHR TI ##	HIS- IC IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE	FE- MALE MALE		
DREXPL4 Q17	91%	91%	100%	96%	92%	83%	97%	93%	75%					100%	91%	92%	89%	92%	92%		
DRLSTN4 Q18	91%	90%	86%	91%	96%	86%	94%	91%	88%					100%	91%	91%	91%	92%	92%		
DRESPU4 Q19	92%	91%	100%	100%	92%	83%	94%	93%	88%					100%	92%	95%	87%	92%	93%		
DRTMEN4 Q20	86%	87%	71%	91%	84%	79%	94%	87%	88%					93%	86%	90%	80%	83%	89%		
AVERAGE	90.0	89.8	89.3	94.6	91.0	82.8	94.7	x	90.7	x	84.4	x	x	x	x	98.2	89.9	91.9	87.0	89.6	91.7



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

	FMCA 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 WHT	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	76%	76%	100%	82%	62%	86%	71%	74%	100%						67%	78%	83%	63%	82%	72%		
CSRESP Q32	93%	91%	100%	94%	100%	93%	94%	97%	100%						83%	96%	96%	89%	93%	95%		
AVERAGE	84.61	83.64	100.0	88.24	80.77	89.29	82.52	x	85.29	x	100.0	x	x	x	x	x	75.00	87.31	89.41	76.32	87.50	83.40

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		FMCA 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 WHTE ##	AS- IAN IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV #	OTH R ##	MUL- TI ##	HIS- IC IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE	FE- MALE MALE
NRXWHY Q10	90%	93%	83%	100%	92%	86%	88%	90%	100%						80%	91%	93%	84%	90%	90%	
NRXWYNT Q11	69%	73%	50%	75%	91%	62%	65%	72%	67%						50%	71%	72%	66%	67%	70%	
RXBST Q12	80%	76%	67%	80%	83%	86%	81%	81%	67%						90%	79%	81%	78%	84%	77%	
AVERAGE	79.7	80.6	66.7	85.0	88.6	77.8	78.2	x	81.1	x	77.8	x	x	x	x	73.3	80.3	81.8	76.0	80.2	79.0

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q1 YES	293	5578	56	70	88	79	86	13			13	104	163	255	13	237	56	
	100%	100%	~100%	~100%	~100%	~100%	~100%	~100%	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%	
NOT ANSWERED	2	60			1	1	1					1	1	2		2		
VALID CASES	293	5578	56	70	88	79	86	13			13	104	163	255	13	237	56	
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13			13	105	164	257	13	239	56	
	100%	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?

	FMCA 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	
Q3 YES	77 27%	1643 30%	20 36%	12 18%	24 28%	21 27%	28 32%	~	~	~	~	~	3 ~ 25%	24 24%	48 29%	65 26%~	7 54%~	51 22%*	26 47%*
NO	207 73%	3803 70%	35 64%	53 82%	62 72%	57 73%	59 68%	13 ~100%~	~	~	~	~	9 ~ 75%	75 76%	115 71%	185 74%~	6 46%~	178 78%*	29 53%*
NOT ANSWERED	11	191	1	5	3	2							1	6	1	7		10	1
VALID CASES	284	5447	55	65	86	78	87	13					12	99	163	250	13	229	55
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%					13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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?

	FMCA 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	
Q4 NEVER	2 3%	21 1%	1 5%	1 9%	~	~	~	~	~	~	~	1 4%	1 2%	1 14%	1 2%	1 4%		
SOMETIMES	1 1%	109 7%*	~	~	1 4%	~	~	~	~	~	~	~	1 2%	1 2%	~	1 4%		
USUALLY	14 19%	253 16%	2 11%	2 18%	5 21%	5 25%	3 12%	~	~	~	~	1 33%	5 21%	7 16%	9 15%	3 43%	5 18%	5 20%
ALWAYS	57 77%	1212 76%	16 84%	8 73%	18 75%	15 75%	22 88%	~	~	~	~	2 67%	18 75%	37 82%	51 82%	3 43%	18 72%	
#ALWAYS + USUALLY (NET)	71 96%	1464 92%	18 95%	10 91%	23 96%	20 100%	25 100%	~	~	~	~	3 100%	23 96%	44 98%	60 97%	6 86%	23 92%	
TOP BOX SCORE	57 77%	1212 76%	16 84%	8 73%	18 75%	15 75%	22 88%	~	~	~	~	2 67%	18 75%	37 82%	51 82%	3 43%	18 72%	
NOT ANSWERED	3	102	1	1	1	3							3	3	2	1		
VALID CASES	74	1594	19	11	24	20	25					3	24	45	62	7	49	25
NUMBER OF RESPONDENTS	77	1696	20	12	24	21	28					3	24	48	65	7	51	26
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND NATV ##	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q5 YES	197 68%	3547 65%	46 82%*	39 58%	54 62%	58 73%	63 72%	12 ~100%~	~	~	~	11 ~ 85%~	62 60%*	117 72%	168 66%~	12 92%~	150 64%*	47 84%*
Q5 NO	92 32%	1877 35%	10 18%*	28 42%	33 38%	21 27%	24 28%	~	~	~	~	2 ~ 15%~	42 40%*	46 28%	87 34%~	1 8%~	83 36%*	9 16%*
NOT ANSWERED	6	214		3	2	1		1					1	1	2		6	
VALID CASES	289	5424	56	67	87	79	87	12				13	104	163	255	13	233	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV HAW/ PAC ##	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q6 NEVER	3 2%	50 2%	~	3%~	1 2%	1 2%	2 3%	~	~	~	~	~	~	3 3%	3 2%~	~	2 1%~	1 2%~	
SOMETIMES	25 13%	468 14%	11%~	10%~	8 15%	8 15%	4 7%*	~	5 42%~	~	~	~	10 17%	12 11%	19 12%~	3 27%~	19 13%~	6 13%~	
USUALLY	49 26%	881 27%	16 36%~	11 28%~	8 15%*	14 26%	16 27%	~	2 17%~	~	~	~	5 56%~	13 22%*	30 27%	40 25%~	4 36%~	38 26%~	11 24%~
ALWAYS	112 59%	1910 58%	23 52%~	23 59%~	35 67%	31 57%	38 63%	~	5 42%~	~	~	~	4 44%~	37 62%	66 59%	99 61%~	4 36%~	85 59%~	27 60%~
#ALWAYS + USUALLY (NET)	161 85%	2792 84%	39 89%~	34 87%~	43 83%	45 83%	54 90%	~	7 58%~	~	~	~	9 100%~	50 83%	96 86%	139 86%~	8 73%~	123 85%~	38 84%~
TOP BOX SCORE	112 59%	1910 58%	23 52%~	23 59%~	35 67%	31 57%	38 63%	~	5 42%~	~	~	~	4 44%~	37 62%	66 59%	99 61%~	4 36%~	85 59%~	27 60%~
NOT ANSWERED	8	232	2		2	4	3					2	2	6	7	1	6	2	
VALID CASES	189	3310	44	39	52	54	60		12			9	60	111	161	11	144	45	
NUMBER OF RESPONDENTS	197	3542	46	39	54	58	63		12			11	62	117	168	12	150	47	
	100%	100%	100%	100%	100%	100%	100%		100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q5 = YES]

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

	FMCA 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 IAN	NATV HAW/ PAC ##	AMER IND/ ALSK #	MUL- OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC			
Q7 NONE	82 29%	1626 30%	14 26%	28 43%*	23 27%	17 22%	22 26%	1 ~	8%~	~	~	~	~	2 ~	15%~	36 35%	43 27%	77 31%~	2 18%~	76 33%*	6 11%*
1 TIME	83 29%	1614 30%	16 30%	19 29%	24 28%	24 31%	30 36%	7 ~	54%~	~	~	~	~	1 ~	8%~	31 30%	47 29%	75 30%~	3 27%~	72 31%	11 21%
2	63 22%	1048 20%	11 20%	9 14%*	23 27%	20 26%	17 20%	3 ~	23%~	~	~	~	~	6 ~	46%~	18 17%	36 22%	55 22%~	~	50 22%	13 25%
3	32 11%	512 10%	7 13%	5 8%	12 14%	8 10%	12 14%	2 ~	15%~	~	~	~	~	2 ~	15%~	13 13%	19 12%	29 12%~	3 27%~	20 9%*	12 23%*
4	8 3%	232 4%	2 4%	~	3 3%	3 4%	1 1%	~	~	~	~	~	~	~	~	4 4%	3 2%	5 2%~	1 9%~	5 2%	3 6%
5 TO 9	11 4%	256 5%	3 6%	4 6%	~	4 5%	2 2%	~	~	~	~	~	~	2 ~	15%~	1 1%*	9 6%	8 3%~	2 18%~	6 3%	5 9%
10 OR MORE TIMES	3 1%	57 1%	1 2%	~	1 1%	1 1%	~	~	~	~	~	~	~	~	~	~	3 2%	3 1%~	~	~	3 6%
NOT ANSWERED	13	293	2	5	3	3	3									2	4	5	2	10	3
VALID CASES	282	5345	54	65	86	77	84	13						13	103	160	252	11	229	53	
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13						13	105	164	257	13	239	56	
	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND NATV ##	AMER IND/ ALSK #	MUL-OTHR ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q8 #YES	127 65%	2462 67%	26 67%~	26 70%~	38 61%	37 65%	42 70%	5 ~ 42%~				9 ~ 82%~	43 66%	74 64%	108 63%~	8 89%~	92 62%~	35 74%~
NO	68 35%	1197 33%	13 33%~	11 30%~	24 39%	20 35%	18 30%	7 ~ 58%~				2 ~ 18%~	22 34%	41 36%	63 37%~	1 11%~	56 38%~	12 26%~
NOT ANSWERED	5	87	1		1	3	2						2	2	4		5	
VALID CASES	195	3659	39	37	62	57	60	12				11	65	115	171	9	148	47
NUMBER OF RESPONDENTS	200 100%	3746 100%	40 100%	37 100%	63 100%	60 100%	62 100%	12 100%				11 100%	67 100%	117 100%	175 100%	9 100%	153 100%	47 100%

[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		
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC	
Q9 NEVER	5 3%	111 3%	~	1 3%	1 2%	3 5%	2 3%	1 ~	8 ~	~	~	~	1 2%	3 3%	5 3%	~	5 3%	~
SOMETIMES	22 11%	330 9%	1 3%	1 3%	9 15%	11 19%	3 5%*	4 ~	33 ~	~	~	1 9%	6 9%	12 10%	15 9%	3 33%	17 11%	5 11%
USUALLY	46 23%	815 22%	13 33%	8 22%	13 21%	12 20%	13 21%	4 ~	33 ~	~	~	3 27%	17 26%	27 23%	42 24%	2 22%	36 24%	10 21%
ALWAYS	123 63%	2400 66%	25 64%	27 73%	38 62%	33 56%	43 70%	3 ~	25 ~	~	~	7 64%	42 64%	73 63%	110 64%	4 44%	91 61%	32 68%
#ALWAYS + USUALLY (NET)	169 86%	3215 88%	38 97%	35 95%	51 84%	45 76%*	56 92%	7 ~	58 ~	~	~	10 91%	59 89%	100 87%	152 88%	6 67%	127 85%	42 89%
TOP BOX SCORE	123 63%	2400 66%	25 64%	27 73%	38 62%	33 56%	43 70%	3 ~	25 ~	~	~	7 64%	42 64%	73 63%	110 64%	4 44%	91 61%	32 68%
NOT ANSWERED	4	90	1		2	1	1					1	2	3		4		
VALID CASES	196	3656	39	37	61	59	61	12			11	66	115	172	9	149	47	
NUMBER OF RESPONDENTS	200	3746	40	37	63	60	62	12			11	67	117	175	9	153	47	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q7 >= 1 TIME]

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

	FMCA 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	48 25%	1058 29%	8 21%~	9 25%~	15 24%	16 28%	10 17%	2 ~ 17%~	~	~	~	~	4 ~ 36%~	17 26%	29 25%	41 24%~	5 56%~	23 16%~	25 53%~
NO	147 75%	2578 71%	31 79%~	27 75%~	47 76%	42 72%	50 83%	10 ~ 83%~	~	~	~	~	7 ~ 64%~	49 74%	86 75%	131 76%~	4 44%~	125 84%~	22 47%~
NOT ANSWERED	5	110	1	1	1	2	2							1	2	3		5	
VALID CASES	195	3636	39	36	62	58	60	12					11	66	115	172	9	148	47
NUMBER OF RESPONDENTS	200 100%	3746 100%	40 100%	37 100%	63 100%	60 100%	62 100%	12 100%					11 100%	67 100%	117 100%	175 100%	9 100%	153 100%	47 100%

[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?

	FMCA 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	44 94%	931 93%	7 87%	7 78%	14 100%	16 100%	10 100%	1 100%	~	~	~	~	4 100%	16 94%	27 96%	38 95%	5 100%	19 86%	25 100%
NO	3 6%	71 7%	1 13%	2 22%	~	~	~	~	~	~	~	~	1 6%	1 4%	2 5%	~	3 14%	~	
NOT ANSWERED	19	408	3	6	5	5	1						3	7	9	2	16	3	
VALID CASES	47	1002	8	9	14	16	10	1					4	17	28	40	5	22	25
NUMBER OF RESPONDENTS	66 100%	1410 100%	11 100%	15 100%	19 100%	21 100%	15 100%	2 100%					4 100%	20 100%	35 100%	49 100%	7 100%	38 100%	28 100%

[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?

	FMCA 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
Q12 #YES	37 79%	722 71%~	6 75%~	6 67%~	13 93%~	12 75%~	7 70%~	1 ~100%~	~	~	~	2 ~ 50%~	13 76%~	23 82%~	32 80%~	4 80%~	15 68%~	22 88%~
NO	10 21%	300 29%~	2 25%~	3 33%~	1 7%~	4 25%~	3 30%~	~	~	~	~	2 ~ 50%~	4 24%~	5 18%~	8 20%~	1 20%~	7 32%~	3 12%~
NOT ANSWERED	1	19			1			1					1		1		1	
VALID CASES	47	1022	8	9	14	16	10	1				4	17	28	40	5	22	25
NUMBER OF RESPONDENTS	48	1041	8	9	15	16	10	2				4	17	29	41	5	23	25
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

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

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

	FMCA 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	40 85%	804 80%~	5 63%~	7 78%~	14 100%~	14 87%~	9 90%~	1 ~100%~	~	~	~	3 ~ 75%~	14 82%~	25 89%~	35 88%~	4 80%~	17 77%~	23 92%~
NO	7 15%	202 20%~	3 38%~	2 22%~	2 ~ 13%~	1 10%~	~	~	~	~	1 ~ 25%~	3 18%~	3 11%~	5 12%~	1 20%~	5 23%~	2 8%~	
NOT ANSWERED	1	35			1		1						1	1		1		
VALID CASES	47	1006	8	9	14	16	10	1			4	17	28	40	5	22	25	
NUMBER OF RESPONDENTS	48	1041	8	9	15	16	10	2			4	17	29	41	5	23	25	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

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

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

	FMCA 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	
Q14 WORST HEALTH CARE POSSIBLE		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	1 0.5%	15 0.4%	~	~	~	1 2%	~	~	~	~	~	~	1 2%	~	1 0.6%	~	1 0.7%	~	
03	1 0.5%	17 0.5%	~	~	~	1 2%	~	~	~	~	~	~	1 0.9%	1 0.6%	~	~	1 2%		
04	1 0.5%	22 0.6%	~	1 3%	~	~	~	~	~	~	~	~	1 2%	1 0.6%	~	1 0.7%	~		
05	8 4%	133 4%	~	3 9%	4 7%	1 2%	2 3%	~	~	~	~	~	3 5%	4 4%	7 4%	~	7 5%	1 2%	
06	4 2%	105 3%	1 3%	~	1 2%	2 4%	2 3%	~	1 8%	~	~	~	~	4 4%	4 2%	~	2 1%	2 4%	
07	12 6%	327 9%	3 8%	2 6%	3 5%	4 7%	2 3%	~	2 17%	~	~	~	2 18%	3 5%	8 7%	10 6%	1 11%	9 6%	3 6%
08	41 22%	776 21%	10 26%	7 21%	11 18%	13 23%	13 22%	~	3 25%	~	~	~	1 9%	14 22%	23 20%	34 20%	3 33%	32 22%	9 19%
09	52 27%	815 22%	12 31%	9 26%	18 30%	13 23%	20 33%	~	3 25%	~	~	~	5 45%	11 17%*	40 35%*	49 29%	1 11%	33 23%	19 40%*
BEST HEALTH CARE POSSIBLE	70 37%	1412 39%	13 33%	12 35%	23 38%	22 39%	21 35%	~	3 25%	~	~	~	3 27%	31 48%*	34 30%*	62 37%	4 44%	58 41%	12 26%
#8-10 (NET)	163 86%	3003 83%	35 90%	28 82%	52 87%	48 84%	54 90%	~	9 75%	~	~	~	9 82%	56 87%	97 85%	145 86%	8 89%	123 86%	40 85%

Continued

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC
9-10 (NET)	122 64%	2227 61%	25 64%~	21 62%~	41 68%	35 61%	41 68%	6 ~ 50%~				8 ~ 73%~	42 66%	74 65%	111 66%~	5 56%~	91 64%~	31 66%~
NOT ANSWERED	10	109	1	3	3	3	2						3	3	6		10	
VALID CASES	190	3637	39	34	60	57	60	12				11	64	114	169	9	143	47
NUMBER OF RESPONDENTS	200 100%	3746 100%	40 100%	37 100%	63 100%	60 100%	62 100%	12 100%				11 100%	67 100%	117 100%	175 100%	9 100%	153 100%	47 100%
MEAN	8.70	8.64	8.85	8.53	8.78	8.61	8.83	8.42				8.82	8.80	8.66	8.70	8.89	8.73	8.60
p stat_(*=Sig @ p<=.05)		.576	~	~	.589	.631	.359	~	~	~	~	~	~.548	.645	~	~	~	~

[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	
	FMCA 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 NATV #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q15 NEVER	1 0.5%	66 2%*	~	~	2%~	~	~	~	~	~	~	~	1 2%~	~	1 0.6%~	~	1 0.7%~	~
SOMETIMES	24 13%	356 10%	5 13%~	2 6%~	9 15%	8 14%	4 7%	4 ~ 36%~	~	~	~	~	9 14%	14 12%	21 12%~	2 22%~	18 12%~	6 13%~
USUALLY	55 29%	1161 32%	7 18%~	7 19%~	21 35%	20 34%	20 33%	3 ~ 27%~	~	~	~	4 ~ 36%~	19 29%	34 29%	48 28%~	4 44%~	39 27%~	16 34%~
ALWAYS	112 58%	2060 57%	26 68%~	27 75%~	29 48%	30 52%	37 61%	4 ~ 36%~	~	~	~	7 ~ 64%~	37 56%	68 59%	103 60%~	3 33%~	87 60%~	25 53%~
#ALWAYS + USUALLY (NET)	167 87%	3220 88%	33 87%~	34 94%~	50 83%	50 86%	57 93%*	7 ~ 64%~	~	~	~	11 ~100%~	56 85%	102 88%	151 87%~	7 78%~	126 87%~	41 87%~
TOP BOX SCORE	112 58%	2060 57%	26 68%~	27 75%~	29 48%	30 52%	37 61%	4 ~ 36%~	~	~	~	7 ~ 64%~	37 56%	68 59%	103 60%~	3 33%~	87 60%~	25 53%~
NOT ANSWERED	8	104	2	1	3	2	1	1					1	1	2		8	
VALID CASES	192	3642	38	36	60	58	61	11				11	66	116	173	9	145	47
NUMBER OF RESPONDENTS	200	3746	40	37	63	60	62	12				11	67	117	175	9	153	47
	100%	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	
	FMCA TOT CHLD	OHP TOT CHLD	<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-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q16 YES	181 64%	3847 71%*	9 16%*	46 71%	71 82%*	55 72%	56 64%	5 ~ 38%~				8 ~ 62%~	67 64%	105 64%	165 64%~	7 54%~	135 59%*	46 82%*
NO	102 36%	1561 29%*	46 84%*	19 29%	16 18%*	21 28%	31 36%	8 ~ 62%~				5 ~ 38%~	37 36%	59 36%	91 36%~	6 46%~	92 41%*	10 18%*
NOT ANSWERED	12	230	1	5	2	4							1		1		12	
VALID CASES	283	5408	55	65	87	76	87	13			13	104	164	256	13	227	56	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC
Q17 YES	22 13%	421 11%	2 22%~	2 4%~	9 13%	9 18%	4 8%	~	~	~	~	~	8 12%	12 12%	18 12%~	2 29%~	11 9%~	11 25%~
NO	149 87%	3279 89%	7 78%~	43 96%~	58 87%	41 82%	47 92%	~100%~	5	~	~	6 ~100%~	57 88%	86 88%	138 88%~	5 71%~	116 91%~	33 75%~
NOT ANSWERED	10	221		1	4	5	5					2	2	7	9		8	2
VALID CASES	171	3699	9	45	67	50	51	5				6	65	98	156	7	127	44
NUMBER OF RESPONDENTS	181	3920	9	46	71	55	56	5				8	67	105	165	7	135	46
	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	IAN	NATV HAW/ PAC ##	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q18 #YES	20 91%	351 89%~100%	2 100%	2 100%	8 89%	8 89%	3 75%	~	~	~	~	~	7 87%	11 92%	16 89%	2 100%	10 91%	10 91%
NO	2 9%	44 11%	~	~	1 11%	1 11%	1 25%	~	~	~	~	~	1 13%	1 8%	2 11%	~	1 9%	1 9%
NOT ANSWERED		4																
VALID CASES	22	394	2	2	9	9	4						8	12	18	2	11	11
NUMBER OF RESPONDENTS	22 100%	398 100%	2 100%	2 100%	9 100%	9 100%	4 100%						8 100%	12 100%	18 100%	2 100%	11 100%	11 100%

[ASKED IF Q16 = YES AND Q17 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND ##	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q19 YES	6 2%	201 4%	1 2%	2 3%	1 1%	2 3%	1 1%	~	~	~	~	~	~	1 1%	5 3%	6 2%~	3 ~	3 5%	
NO	273 98%	5179 96%	54 98%	63 97%	84 99%	72 97%	85 99%	~100%	~	~	~	~100%	13 ~	103 99%	158 97%	249 98%~	13 ~	220 99%	53 95%
NOT ANSWERED	16	258	1	5	4	6	1	1						1	1	2		16	
VALID CASES	279	5380	55	65	85	74	86	12					13	104	163	255	13	223	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%					13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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	
	FMCA 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 NATV #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q20 NEVER	2 33%	19 10%	~	1 50%	~	1 50%	~	~	~	~	~	~	1 100%	1 20%	2 33%	~	2 67%	~
SOMETIMES	1 17%	32 16%	~	~	~	1 50%	~	~	~	~	~	~	~	1 20%	1 17%	~	1 33%	~
USUALLY	1 17%	40 20%	~	~	1 100%	~	~	~	~	~	~	~	~	1 20%	1 17%	~	1 33%	~
ALWAYS	2 33%	107 54%	1 100%	1 50%	~	1 100%	~	~	~	~	~	~	~	2 40%	2 33%	1 33%	1 33%	~
#ALWAYS + USUALLY (NET)	3 50%	147 74%	1 100%	1 50%	1 100%	1 100%	~	~	~	~	~	~	~	3 60%	3 50%	1 33%	2 67%	~
TOP BOX SCORE	2 33%	107 54%	1 100%	1 50%	~	1 100%	~	~	~	~	~	~	~	2 40%	2 33%	1 33%	1 33%	~
NOT ANSWERED		9																
VALID CASES	6	198	1	2	1	2	1						1	5	6		3	3
NUMBER OF RESPONDENTS	6	207	1	2	1	2	1						1	5	6		3	3
	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?

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

[ASKED IF Q19 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND NATV ##	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q22 YES	19 7%	487 9%	2 4%	4 6%	8 10%	5 7%	5 6%	1 ~ 8%	~	~	~	1 ~ 8%	9 9%	10 6%	16 6%~	3 23%~	8 4%*	11 20%*
NO	259 93%	4887 91%	53 96%	61 94%	76 90%	69 93%	81 94%	11 ~ 92%	~	~	~	12 ~ 92%	95 91%	153 94%	239 94%~	10 77%~	214 96%*	45 80%*
NOT ANSWERED	17	264	1	5	5	6	1	1					1	1	2		17	
VALID CASES	278	5374	55	65	84	74	86	12				13	104	163	255	13	222	56
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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 NATV #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q23 NEVER	2 11%	64 14%~	~	1 25%~	1 14%~	~	~	~	1 100%~	~	~	~	1 13%~	1 10%~	1 7%~	1 33%~	2 29%~	~
SOMETIMES	6 33%	82 18%~	1 50%~	2 29%~	3 60%~	2 40%~	~	~	~	~	~	~	2 25%~	4 40%~	6 40%~	~	1 14%~	5 45%~
USUALLY	2 11%	105 23%~	~	~	1 14%~	1 20%~	~	~	~	~	~	1 100%~	1 13%~	1 10%~	1 7%~	1 33%~	1 14%~	1 9%~
ALWAYS	8 44%	198 44%~	1 50%~	3 75%~	3 43%~	1 20%~	3 60%~	~	~	~	~	~	4 50%~	4 40%~	7 47%~	1 33%~	3 43%~	5 45%~
#ALWAYS + USUALLY (NET)	10 56%	303 68%~	1 50%~	3 75%~	4 57%~	2 40%~	3 60%~	~	~	~	~	1 100%~	5 63%~	5 50%~	8 53%~	2 67%~	4 57%~	6 55%~
TOP BOX SCORE	8 44%	198 44%~	1 50%~	3 75%~	3 43%~	1 20%~	3 60%~	~	~	~	~	~	4 50%~	4 40%~	7 47%~	1 33%~	3 43%~	5 45%~
NOT ANSWERED	1	21			1								1		1		1	
VALID CASES	18	448	2	4	7	5	5	1			1	8	10	15	3	7	11	
NUMBER OF RESPONDENTS	19	469	2	4	8	5	5	1			1	9	10	16	3	8	11	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

	FMCA 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 ILND ##	AMER HAW/ IND/ PAC ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q24 #YES	14 78%	310 69%	2 100%	2 50%	6 86%	4 80%					1 100%	6 75%	8 80%	12 80%	2 67%	5 71%	9 82%	
NO	4 22%	142 31%		2 50%	1 14%	1 20%	1 20%	1 100%					2 25%	2 20%	3 20%	1 33%	2 29%	2 18%
NOT ANSWERED	1	17			1								1		1		1	
VALID CASES	18	452	2	4	7	5		1		1	8	10	15	3	7	11		
NUMBER OF RESPONDENTS	19	469	2	4	8	5		1		1	9	10	16	3	8	11		
	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%		

[ASKED IF Q22 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC
Q25 YES	38 14%	692 13%	2 4%*	6 9%	14 17%	16 21%*	13 15%	1 ~ 8%~	~	~	~	1 ~ 8%~	12 12%	25 15%	32 13%~	5 38%~	14 6%*	24 44%*
NO	238 86%	4667 87%	52 96%*	58 91%	69 83%	59 79%*	72 85%	12 ~ 92%~	~	~	~	12 ~ 92%~	91 88%	137 85%	221 87%~	8 62%~	207 94%*	31 56%*
NOT ANSWERED	19	279	2	6	6	5	2						2	2	4		18	1
VALID CASES	276	5359	54	64	83	75	85	13				13	103	162	253	13	221	55
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	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?

	FMCA 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 ILND ##	AMER IND/ PAC ALSK NATV #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC
Q26 NEVER	86 13%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	10 29%	135 20%~	1 50%~	2 33%~	4 36%~	3 19%~	3 25%~	~	~	~	~	~	3 27%~	7 29%~	8 27%~	2 40%~	3 27%~	7 29%~
USUALLY	9 26%	147 22%~	1 50%~	~	2 18%~	6 38%~	3 25%~	~	~	~	~	1 ~100%~	2 18%~	7 29%~	6 20%~	3 60%~	3 27%~	6 25%~
ALWAYS	16 46%	290 44%~	~	4 67%~	5 45%~	7 44%~	6 50%~	1 ~100%~	~	~	~	~	6 55%~	10 42%~	16 53%~	~	5 45%~	11 46%~
#ALWAYS + USUALLY (NET)	25 71%	437 66%~	1 50%~	4 67%~	7 64%~	13 81%~	9 75%~	1 ~100%~	~	~	~	1 ~100%~	8 73%~	17 71%~	22 73%~	3 60%~	8 73%~	17 71%~
TOP BOX SCORE	16 46%	290 44%~	~	4 67%~	5 45%~	7 44%~	6 50%~	1 ~100%~	~	~	~	~	6 55%~	10 42%~	16 53%~	~	5 45%~	11 46%~
NOT ANSWERED	3	25			3		1						1	1	2		3	
VALID CASES	35	658	2	6	11	16	12	1			1	11	24	30	5	11	24	
NUMBER OF RESPONDENTS	38	683	2	6	14	16	13	1			1	12	25	32	5	14	24	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q25 = YES]

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN	NATV HAW/ PAC ##	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q27 #YES	20 57%	342 52%	2 100%	3 50%	3 27%	12 75%	6 50%	~	~	~	~	~	1 ~100%	8 73%	12 50%	17 57%	3 60%	6 55%	14 58%
NO	15 43%	320 48%	~	3 50%	8 73%	4 25%	6 50%	~	1 100%	~	~	~	~	3 27%	12 50%	13 43%	2 40%	5 45%	10 42%
NOT ANSWERED	3	21			3	1								1	1	2		3	
VALID CASES	35	662	2	6	11	16	12	1					1	11	24	30	5	11	24
NUMBER OF RESPONDENTS	38	683	2	6	14	16	13	1					1	12	25	32	5	14	24
	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

	FMCA 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
Q28 YES	58 21%	1125 21%	10 18%	7 11%*	22 26%	19 25%	25 29%*	2 ~ 15%~	~	~	~	3 ~ 23%~	17 16%	40 24%	50 20%~	6 46%~	32 14%*	26 46%*
NO	220 79%	4219 79%	45 82%	57 89%*	62 74%	56 75%	62 71%*	11 ~ 85%~	~	~	~	10 ~ 77%~	87 84%	124 76%	206 80%~	7 54%~	190 86%*	30 54%*
NOT ANSWERED	17	294	1	6	5	5							1		1		17	
VALID CASES	278	5344	55	64	84	75	87	13				13	104	164	256	13	222	56
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

Q29 IN THE LAST 6 MONTHS, DID ANYONE FROM YOUR CHILD'S HEALTH PLAN, DOCTOR'S OFFICE, OR CLINIC HELP COORDINATE YOUR CHILD'S CARE AMONG THESE DIFFERENT PROVIDERS OR SERVICES?

	FMCA 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	
Q29 #YES	27 51%	616 57%	5 50%~	2 33%~	8 40%~	12 71%~	13 54%~	~	~	~	~	~	2 ~100%~	6 38%~	20 56%~	22 49%~	3 50%~	11 38%~	16 67%~
NO	26 49%	465 43%	5 50%~	4 67%~	12 60%~	5 29%~	11 46%~	2 ~100%~	~	~	~	~	1 ~63%~	16 44%~	23 51%~	3 50%~	18 62%~	8 33%~	
NOT ANSWERED	5	36		1	2	2	1						1	1	4	5		3	2
VALID CASES	53	1081	10	6	20	17	24	2					2	16	36	45	6	29	24
NUMBER OF RESPONDENTS	58 100%	1117 100%	10 100%	7 100%	22 100%	19 100%	25 100%	2 100%					3 100%	17 100%	40 100%	50 100%	6 100%	32 100%	26 100%

[ASKED IF Q28 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND ##	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q30 YES	231 84%	4642 88%	46 85%	52 83%	69 82%	64 86%	75 86%	10 ~ 77%~					11 ~ 85%~	85 83%	137 85%	214 84%~	9 75%~	182 83%	49 89%
NO	44 16%	640 12%	8 15%	11 17%	15 18%	10 14%	12 14%	3 ~ 23%~					2 ~ 15%~	18 17%	25 15%	40 16%~	3 25%~	38 17%	6 11%
NOT ANSWERED	20	357	2	7	5	6								2	2	3	1	19	1
VALID CASES	275	5281	54	63	84	74	87	13					13	103	162	254	12	220	55
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%					13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%



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

	FMCA 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 NATV #	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q31 NONE	59 26%	1245 28%	7 16%~	15 29%	24 36%*	13 21%	19 27%	1 ~ 10%~	~	~	~	~	28 33%	31 24%	59 29%~	31 24%	54 ~ 31%~	5 10%~
1 TIME	78 35%	1677 37%	13 30%~	23 45%	17 26%	25 40%	32 45%*	5 ~ 50%~	~	~	2 ~ 22%~	25 30%	50 38%	74 36%~	1 11%~	62 35%~	16 33%~	
2	45 20%	850 19%	14 32%~	4 8%*	17 26%	10 16%	13 18%	3 ~ 30%~	~	~	4 ~ 44%~	11 13%*	30 23%	39 19%~	2 22%~	35 20%~	10 21%~	
3	24 11%	387 9%	7 16%~	4 8%	4 6%	9 15%	5 7%	1 ~ 10%~	~	~	2 ~ 22%~	13 15%	10 8%	21 10%~	3 33%~	16 9%~	8 17%~	
4	8 4%	160 4%	1 2%~	2 4%	2 3%	3 5%	1 1%	~	~	~	~	~	4 5%	4 3%	6 3%~	1 11%~	3 2%~	5 10%~
5 TO 9	8 4%	163 4%	2 5%~	2 4%	2 3%	2 3%	1 1%	~	~	~	~	1 ~ 11%~	2 2%	6 5%	6 3%~	2 22%~	4 2%~	4 8%~
10 OR MORE TIMES	1 0.4%	21 0.5%	~	1 2%	~	~	~	~	~	~	~	~	1 1%	~	1 ~ 0.5%~	~	1 ~ 0.6%~	~
NOT ANSWERED	8	173	2	1	3	2	4				2	1	6	8		7	1	
VALID CASES	223	4503	44	51	66	62	71	10			9	84	131	206	9	175	48	
NUMBER OF RESPONDENTS	231	4676	46	52	69	64	75	10			11	85	137	214	9	182	49	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q30 = YES]

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

	FMCA 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 IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q31A ALWAYS	2 1%	87 3%	1 3%	~	~	1 2%	~	~	~	~	~	~	2 4%	~	2 1%	~	2 2%	~	
USUALLY	7 4%	60 2%	2 5%	1 3%	1 2%	3 6%	1 2%	~	1 11%	~	~	~	5 9%	2 2%	6 4%	1 11%	5 4%	2 5%	
SOMETIMES	10 6%	220 7%	1 3%	5 14%	1 2%	3 6%	2 4%	~	2 22%	~	~	~	5 9%	4 4%	8 5%	2 22%	8 7%	2 5%	
NEVER	144 88%	2850 89%	33 89%	30 83%	39 95%	42 86%	49 94%	~	6 67%	~	~	~	9 100%	43 78%*	94 94%*	130 89%	6 67%	105 87%	39 91%
#NEVER + SOMETIMES (NET)	154 94%	3070 95%	34 92%	35 97%	40 98%	45 92%	51 98%	~	8 89%	~	~	~	9 100%	48 87%*	98 98%*	138 95%	8 89%	113 94%	41 95%
TOP BOX SCORE	144 88%	2850 89%	33 89%	30 83%	39 95%	42 86%	49 94%	~	6 67%	~	~	~	9 100%	43 78%*	94 94%*	130 89%	6 67%	105 87%	39 91%
NOT ANSWERED	1	23			1								1		1		1		
VALID CASES	163	3216	37	36	41	49	52	9				9	55	100	146	9	120	43	
NUMBER OF RESPONDENTS	164	3239	37	36	42	49	52	9				9	56	100	147	9	121	43	
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	

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

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV HAW/ PAC ILND NATV ##	AMER IND/ ALSK #	MUL-OTHR TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC	
Q32 NEVER	2 1%	78 2%	~	1 3%~	~	1 2%~	~	~	1 11%~	~	~	~	1 2%	1 1%	2 1%~	~	2 2%~	~
SOMETIMES	10 6%	156 5%	2 5%~	2 6%~	4 10%~	2 4%	~	1 11%~	~	~	~	6 11%	4 4%	9 6%~	1 11%~	10 8%~	~	
USUALLY	21 13%	485 15%	6 16%~	5 14%~	2 5%~	8 16%~	1 2%*	~	1 11%~	~	~	14 25%*	6 6%*	18 12%~	2 22%~	15 12%~	6 14%~	
ALWAYS	131 80%	2499 78%	29 78%~	28 78%~	36 86%~	38 78%~	49 94%*	~	6 67%~	~	~	9 100%~	35 63%*	89 89%*	118 80%~	6 67%~	94 78%~	37 86%~
#ALWAYS + USUALLY (NET)	152 93%	2984 93%	35 95%~	33 92%~	38 90%~	46 94%~	50 96%	~	7 78%~	~	~	9 100%~	49 88%	95 95%	136 93%~	8 89%~	109 90%~	43 100%~
TOP BOX SCORE	131 80%	2499 78%	29 78%~	28 78%~	36 86%~	38 78%~	49 94%*	~	6 67%~	~	~	9 100%~	35 63%*	89 89%*	118 80%~	6 67%~	94 78%~	37 86%~
NOT ANSWERED		21																
VALID CASES	164	3218	37	36	42	49	52	9			9	56	100	147	9	121	43	
NUMBER OF RESPONDENTS	164	3239	37	36	42	49	52	9			9	56	100	147	9	121	43	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

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

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

	FMCA 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
Q33 NEVER		35 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	8 5%	139 4%	1 3%	3 8%	3 7%	1 2%	1 2%	~	~	~	~	~	5 9%	3 3%	7 5%	1 11%	8 7%	~
USUALLY	24 15%	518 16%	4 11%	5 14%	5 12%	10 20%	5 10%	~	~	~	~	1 11%	12 21%	11 11%	20 14%	4 44%	14 12%	10 23%
ALWAYS	132 80%	2521 78%	32 86%	28 78%	34 81%	38 78%	46 88%	9 ~100%	~	~	~	8 ~89%	39 70%*	86 86%*	120 82%	4 44%	99 82%	33 77%
#ALWAYS + USUALLY (NET)	156 95%	3039 95%	36 97%	33 92%	39 93%	48 98%	51 98%	9 ~100%	~	~	~	9 ~100%	51 91%	97 97%	140 95%	8 89%	113 93%	43 100%
TOP BOX SCORE	132 80%	2521 78%	32 86%	28 78%	34 81%	38 78%	46 88%	9 ~100%	~	~	~	8 ~89%	39 70%*	86 86%*	120 82%	4 44%	99 82%	33 77%
NOT ANSWERED		26																
VALID CASES	164	3213	37	36	42	49	52	9				9	56	100	147	9	121	43
NUMBER OF RESPONDENTS	164	3239	37	36	42	49	52	9				9	56	100	147	9	121	43
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA 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 NATV #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q34 NEVER	1 0.6%	28 0.9%	~	~	2%	~	~	~	11%	~	~	~	~	~	~	~	~	1 0.8%	~
SOMETIMES	7 4%	104 3%	1 3%	2 6%	3 7%	1 2%	1 2%	~	~	~	~	~	4 7%	3 3%	7 5%	~	6 5%	1 2%	~
USUALLY	14 9%	398 12%	3 8%	1 3%	3 7%	7 14%	5 10%	~	11%	~	~	~	5 9%	8 8%	12 8%	2 22%	10 8%	4 9%	~
ALWAYS	141 87%	2679 83%	33 89%	33 92%	34 83%	41 84%	46 88%	~	7 78%	~	~	9 100%	47 84%	89 89%	128 87%	7 78%	103 86%	38 88%	~
#ALWAYS + USUALLY (NET)	155 95%	3077 96%	36 97%	34 94%	37 90%	48 98%	51 98%	~	8 89%	~	~	9 100%	52 93%	97 97%	140 95%	9 100%	113 94%	42 98%	~
TOP BOX SCORE	141 87%	2679 83%	33 89%	33 92%	34 83%	41 84%	46 88%	~	7 78%	~	~	9 100%	47 84%	89 89%	128 87%	7 78%	103 86%	38 88%	~
NOT ANSWERED	1	30			1													1	
VALID CASES	163	3209	37	36	41	49	52		9			9	56	100	147	9	120	43	
NUMBER OF RESPONDENTS	164	3239	37	36	42	49	52		9			9	56	100	147	9	121	43	
	100%	100%	100%	100%	100%	100%	100%		100%			100%	100%	100%	100%	100%	100%	100%	100%

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

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND ##	AMER IND/PAC ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q35 YES	102	2175	3	18	35	46	34	4			5	38	63	95	5	71	31
	63%	68%	8%~	50%~	88%~	94%~	65%	~ 50%~	~	~	~ 56%~	68%	63%	65%~	56%~	60%~	72%~
NO	60	1015	34	18	5	3	18	4			4	18	37	52	4	48	12
	37%	32%	92%~	50%~	12%~	6%~	35%	~ 50%~	~	~	~ 44%~	32%	37%	35%~	44%~	40%~	28%~
NOT ANSWERED	2	49			2			1									2
VALID CASES	162	3190	37	36	40	49	52	8			9	56	100	147	9	119	43
NUMBER OF RESPONDENTS	164	3239	37	36	42	49	52	9			9	56	100	147	9	121	43
	100%	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?

	FMCA 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	
Q36 NEVER	2 2%	30 1%	~	~	6%~	1 3%~	~	~	~	~	~	1 3%~	1 2%~	2 2%~	~	2 3%~	~	
SOMETIMES	10 10%	137 6%	33%~	17%~	9%~	7%~	3 9%~	~	~	~	~	5 13%~	5 8%~	8 8%~	2 40%~	6 8%~	4 13%~	
USUALLY	20 20%	493 23%	~	22%~	9%~	28%~	7 21%~	~	~	~	~	1 20%~	9 24%~	11 17%~	19 20%~	1 20%~	13 18%~	7 23%~
ALWAYS	70 69%	1509 70%	67%~	61%~	77%~	65%~	23 68%~	4 ~100%~	~	~	~	4 80%~	23 61%~	46 73%~	66 69%~	2 40%~	50 70%~	20 65%~
#ALWAYS + USUALLY (NET)	90 88%	2002 92%	67%~	83%~	86%~	93%~	30 88%~	4 ~100%~	~	~	~	5 ~100%~	32 84%~	57 90%~	85 89%~	3 60%~	63 89%~	27 87%~
TOP BOX SCORE	70 69%	1509 70%	67%~	61%~	77%~	65%~	23 68%~	4 ~100%~	~	~	~	4 80%~	23 61%~	46 73%~	66 69%~	2 40%~	50 70%~	20 65%~
NOT ANSWERED		40																
VALID CASES	102	2170	3	18	35	46	34	4				5	38	63	95	5	71	31
NUMBER OF RESPONDENTS	102	2210	3	18	35	46	34	4				5	38	63	95	5	71	31
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	WHTE	IAN	NATV ILND	AMR PAC ALSK	MUL-OTHR	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q37 NEVER	4 2%	96 3%	2 5%~	1 ~	1 3%~	1 2%~	2 4%	~	~	~	~	~	~	3 3%	3 2%~	4 ~	~	
SOMETIMES	19 12%	305 10%	2 5%~	5 14%~	4 10%~	8 17%~	1 2%*	~	2 22%~	~	~	1 11%~	8 20%*	19 13%~	8 8%	14 ~	5 12%~	
USUALLY	37 23%	799 25%	8 22%~	10 28%~	10 25%~	9 19%~	12 24%	~	2 22%~	~	~	1 11%~	21 27%	32 22%~	5 56%~	24 20%~	13 30%~	
ALWAYS	101 63%	1981 62%	25 68%~	21 58%~	25 63%~	30 63%~	36 71%	~	5 56%~	~	~	7 78%~	67 53%	91 63%~	4 44%~	76 64%~	25 58%~	
#ALWAYS + USUALLY (NET)	138 86%	2780 87%	33 89%~	31 86%~	35 88%~	39 81%~	48 94%*	~	7 78%~	~	~	8 89%~	88 80%	123 85%~	9 100%~	100 85%~	38 88%~	
TOP BOX SCORE	101 63%	1981 62%	25 68%~	21 58%~	25 63%~	30 63%~	36 71%	~	5 56%~	~	~	7 78%~	67 53%	91 63%~	4 44%~	76 64%~	25 58%~	
NOT ANSWERED	3	58			2	1	1						1	1	2		3	
VALID CASES	161	3181	37	36	40	48	51		9			9	55	99	145	9	118	43
NUMBER OF RESPONDENTS	164	3239	37	36	42	49	52		9			9	56	100	147	9	121	43
	100%	100%	100%	100%	100%	100%	100%		100%			100%	100%	100%	100%	100%	100%	100%

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



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

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ##	AMER IND/ ALSK #	OTHR NATV ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q38 #YES	148 91%	2742 86%*	35 95%~	33 92%~	39 95%~	41 84%~	48 92%	8 ~ 89%~	~	~	~	7 ~ 78%~	52 93%	89 89%	132 90%~	9 100%~	107 89%~	41 95%~
NO	15 9%	440 14%*	2 5%~	3 8%~	2 5%~	8 16%~	4 8%	1 ~ 11%~	~	~	~	2 ~ 22%~	4 7%	11 11%	15 10%~	~	13 ~ 11%~	2 5%~
NOT ANSWERED	1	57			1													1
VALID CASES	163	3182	37	36	41	49	52	9				9	56	100	147	9	120	43
NUMBER OF RESPONDENTS	164 100%	3239 100%	37 100%	36 100%	42 100%	49 100%	52 100%	9 100%				9 100%	56 100%	100 100%	147 100%	9 100%	121 100%	43 100%

[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?

	FMCA 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	56 35%	1245 39%	10 27%~	13 36%~	18 45%~	15 31%~	22 42%	2 ~ 25%~	~	~	~	3 ~ 33%~	17 30%	38 38%	49 33%~	5 56%~	31 26%~	25 58%~
NO	106 65%	1935 61%	27 73%~	23 64%~	22 55%~	34 69%~	30 58%	6 ~ 75%~	~	~	~	6 ~ 67%~	39 70%	62 62%	98 67%~	4 44%~	88 74%~	18 42%~
NOT ANSWERED	2	59			2			1										2
VALID CASES	162	3180	37	36	40	49	52	8				9	56	100	147	9	119	43
NUMBER OF RESPONDENTS	164 100%	3239 100%	37 100%	36 100%	42 100%	49 100%	52 100%	9 100%				9 100%	56 100%	100 100%	147 100%	9 100%	121 100%	43 100%

[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?

	FMCA 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 IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q40 NEVER	1 2%	77 7%	~	~	~	7%~	1 5%~	~	~	~	~	~	~	1 3%~	1 2%~	~	~	1 4%~	
SOMETIMES	10 18%	132 11%	1 10%~	3 23%~	4 22%~	2 13%~	4 18%~	~	~	~	~	~	1 33%~	4 24%~	6 16%~	9 18%~	1 20%~	6 19%~	4 16%~
USUALLY	15 27%	337 29%	2 20%~	4 31%~	5 28%~	4 27%~	5 23%~	~	~	~	~	~	1 33%~	6 35%~	8 21%~	13 27%~	1 20%~	9 29%~	6 24%~
ALWAYS	30 54%	626 53%	7 70%~	6 46%~	9 50%~	8 53%~	12 55%~	2 ~100%~	~	~	~	~	1 33%~	7 41%~	23 61%~	26 53%~	3 60%~	16 52%~	14 56%~
#ALWAYS + USUALLY (NET)	45 80%	962 82%	9 90%~	10 77%~	14 78%~	12 80%~	17 77%~	2 ~100%~	~	~	~	~	2 67%~	13 76%~	31 82%~	39 80%~	4 80%~	25 81%~	20 80%~
TOP BOX SCORE	30 54%	626 53%	7 70%~	6 46%~	9 50%~	8 53%~	12 55%~	2 ~100%~	~	~	~	~	1 33%~	7 41%~	23 61%~	26 53%~	3 60%~	16 52%~	14 56%~
NOT ANSWERED		42																	
VALID CASES	56	1171	10	13	18	15	22	2					3	17	38	49	5	31	25
NUMBER OF RESPONDENTS	56	1213	10	13	18	15	22	2					3	17	38	49	5	31	25
	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

	FMCA 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		8 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
01	1 0.4%	20 0.5%	~	~	2%	1 1%	~	~	~	~	~	~	1 ~0.8%	1 0.5%	~	1 ~0.6%	~			
02	3 1%	19 0.4%	~	~	2% 3%	2 3%	~	~	~	~	~	1 1%	2 2%	3 1%	~	3 2%	~			
03	1 0.4%	22 0.5%	~	1 2%	~	~	~	~	~	~	~	1 1%	~	1 ~0.5%	~	1 ~0.6%	~			
04	2 0.9%	26 0.6%	~	1 2%	~	1 1%	~	~	~	~	~	1 1%	1 0.8%	2 1%	~	2 1%	~			
05	6 3%	122 3%	1 2%	1 2%	1 2%	3 5%	4 4%	~	~	~	~	~	1 1%	5 4%	6 3%	~	4 2%	2 4%		
06	6 3%	114 3%	2 4%	1 2%	1 2%	2 3%	1 1%	~	~	~	~	~	1 11%	2 2%	4 3%	6 3%	~	5 3%	1 2%	
07	7 3%	260 6%*	1 2%	1 2%	1 2%	4 6%	1 1%	~	~	~	~	~	~	2 2%	5 4%	6 3%	1 11%	4 2%	3 6%	
08	38 17%	703 16%	10 22%	8 16%	10 15%	10 16%	11 15%	~	3 30%	~	~	~	~	2 22%	13 15%	22 17%	34 16%	2 22%	30 17%	8 16%
09	46 20%	904 20%	6 13%	12 24%	16 24%	12 19%	17 23%	~	2 20%	~	~	~	~	1 11%	17 20%	29 22%	43 21%	3 33%	34 19%	12 24%
BEST PERSONAL DOCTOR POSSIBLE	115 51%	2271 51%	25 56%	26 51%	36 55%	28 44%	36 49%	~	5 50%	~	~	~	~	5 56%	46 55%	64 48%	107 51%	3 33%	92 52%	23 47%
#8-10 (NET)	199 88%	3877 87%	41 91%	46 90%	62 94%	50 79%*	64 88%	~	10 ~100%	~	~	~	~	8 89%	76 90%	115 86%	184 88%	8 89%	156 89%	43 88%

Continued

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND NATV ##	AMER IND/ALSK #	MUL-OTHR ##	TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
9-10 (NET)	161 72%	3175 71%	31 69%	38 75%	52 79%	40 63%	53 73%	7 ~70%				6 ~67%	63 75%	93 70%	150 72%	6 67%	126 72%	35 71%
NOT ANSWERED	6	208	1	1	3	1	2					2	1	4	5		6	
VALID CASES	225	4468	45	51	66	63	73	10				9	84	133	209	9	176	49
NUMBER OF RESPONDENTS	231 100%	4676 100%	46 100%	52 100%	69 100%	64 100%	75 100%	10 100%				11 100%	85 100%	137 100%	214 100%	9 100%	182 100%	49 100%
MEAN	8.89	8.91	9.07	8.96	9.15	8.44	8.74	9.20				9.00	9.01	8.80	8.88	8.89	8.87	8.96
p stat_(*=Sig @ p<=.05)		.884	~.743	.098	.036	*.391	~	~	~	~	~	~.404	.288		~	~	~	~

[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	
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC
Q42 YES	51 23%	1079 24%	5 11%~	10 20%	14 21%	22 35%*	20 28%	~	~	~	~	1 11%~	14 17%	35 27%	43 21%~	6 67%~	12 7%~	39 80%~
NO	172 77%	3404 76%	40 89%~	40 80%	52 79%	40 65%*	52 72%	10 ~100%~	~	~	~	8 89%~	69 83%	97 73%	164 79%~	3 33%~	162 93%~	10 20%~
NOT ANSWERED	8	193	1	2	3	2	3					2	2	5	7		8	
VALID CASES	223	4483	45	50	66	62	72	10				9	83	132	207	9	174	49
NUMBER OF RESPONDENTS	231 100%	4676 100%	46 100%	52 100%	69 100%	64 100%	75 100%	10 100%				11 100%	85 100%	137 100%	214 100%	9 100%	182 100%	49 100%

[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?

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHT	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
Q43 #YES	48 94%	932 89%	5 100%~	9 90%~	13 93%~	21 95%~	18 90%~	~	~	~	~	~	1 ~100%~	13 93%~	33 94%~	41 95%~	5 83%~	11 92%~	37 95%~
NO	3 6%	112 11%	~	10%~	7%~	5%~	10%~	~	~	~	~	~	~	1 7%~	2 6%~	2 5%~	1 17%~	1 8%~	2 5%~
NOT ANSWERED		26																	
VALID CASES	51	1045	5	10	14	22	20						1	14	35	43	6	12	39
NUMBER OF RESPONDENTS	51 100%	1071 100%	5 100%	10 100%	14 100%	22 100%	20 100%						1 100%	14 100%	35 100%	43 100%	6 100%	12 100%	39 100%

[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?

	FMCA 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	48 94%	903 87%*	4 80%~	9 90%~	13 93%~	22 100%~	17 85%~	~	~	~	~	~	1 ~100%~	14 ~100%~	32 91%~	41 95%~	5 83%~	12 100%~	36 92%~
NO	3 6%	141 13%*	1 20%~	1 10%~	1 7%~	3 15%~	~	~	~	~	~	~	~	3 ~9%~	2 5%~	1 17%~	~	3 ~8%~	
NOT ANSWERED		27																	
VALID CASES	51	1044	5	10	14	22	20						1	14	35	43	6	12	39
NUMBER OF RESPONDENTS	51	1071	5	10	14	22	20						1	14	35	43	6	12	39
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER HAW/ PAC	IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC
Q45 YES	53 19%	851 16%	6 11%*	6 10%*	21 26%	20 27%	18 21%	3 ~ 25%~				1 ~ 8%~	16 16%	34 21%	45 18%~	5 38%~	27 12%*	26 46%*
NO	220 81%	4406 84%	49 89%*	56 90%*	61 74%	54 73%	69 79%	9 ~ 75%~				12 ~ 92%~	85 84%	130 79%	208 82%~	8 62%~	190 88%*	30 54%*
NOT ANSWERED	22	381	1	8	7	6		1					4		4		22	
VALID CASES	273	5257	55	62	82	74	87	12				13	101	164	253	13	217	56
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	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?

	FMCA 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
Q46 NEVER	3 6%	36 5%	1 ~ 17%	1 5%	1 5%	1 6%	~	~	~	~	~	1 7%	2 6%	3 7%	3 12%	~		
SOMETIMES	12 24%	163 21%	3 50%	1 17%	3 16%	5 26%	3 18%	2 ~ 67%	~	~	~	1 ~ 100%	3 21%	7 21%	8 19%	3 60%	6 24%	6 24%
USUALLY	17 34%	221 28%	1 17%	3 50%	5 26%	8 42%	7 41%	~	~	~	~	~	5 36%	12 36%	15 36%	2 40%	6 24%	11 44%
ALWAYS	18 36%	367 47%	2 33%	1 17%	10 53%	5 26%	6 35%	1 ~ 33%	~	~	~	~	5 36%	12 36%	16 38%	~	10 40%	8 32%
#ALWAYS + USUALLY (NET)	35 70%	589 75%	3 50%	4 67%	15 79%	13 68%	13 76%	1 ~ 33%	~	~	~	~	10 71%	24 73%	31 74%	2 40%	16 64%	19 76%
TOP BOX SCORE	18 36%	367 47%	2 33%	1 17%	10 53%	5 26%	6 35%	1 ~ 33%	~	~	~	~	5 36%	12 36%	16 38%	~	10 40%	8 32%
NOT ANSWERED	3	15			2	1	1						2	1	3		2	1
VALID CASES	50	787	6	6	19	19	17	3				1	14	33	42	5	25	25
NUMBER OF RESPONDENTS	53	802	6	6	21	20	18	3				1	16	34	45	5	27	26
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q47 NONE	4 8%	55 7%	1 17%	2 33%	1 5%	1 6%	~	~	~	~	~	~	2 13%	1 3%	3 7%	1 20%	4 16%	~
1 SPECIALIST	35 69%	514 65%	3 50%	3 50%	14 74%	15 75%	11 65%	2 67%	~	~	~	~	13 87%	20 61%	30 70%	2 40%	19 76%	16 62%
2	9 18%	134 17%	1 17%	1 17%	2 11%	5 25%	4 24%	~	~	~	~	1 100%	9 27%	7 16%	2 40%	1 4%	8 31%	~
3	2 4%	51 6%	1 17%	~	1 5%	~	1 6%	1 33%	~	~	~	~	2 6%	2 5%	~	1 4%	1 4%	~
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	1 2%	19 2%	~	~	1 5%	~	~	~	~	~	~	~	1 3%	1 2%	~	~	1 4%	~
NOT ANSWERED	2	16			2	1							1	1	2		2	
VALID CASES	51	786	6	6	19	20	17	3			1	15	33	43	5	25	26	
NUMBER OF RESPONDENTS	53	802	6	6	21	20	18	3			1	16	34	45	5	27	26	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	FMCA 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 ILND ##	AMER HAW/ IND/ PAC ALSK #	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q48 WORST SPECIALIST POSSIBLE	1 2%	7 0.9%	1 20%	~	~	~	1 6%	~	~	~	~	~	~	1 3%	1 3%	1 5%	~	
01		4 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	2 4%	6 0.9%	~	~	10%	~	~	~	~	~	~	~	2 6%	2 5%	1 5%	1 4%		
03		5 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
04	2 4%	6 0.9%	~	~	10%	1 6%	~	~	~	~	~	1 8%	1 3%	2 5%	~	2 8%		
05	2 4%	29 4%	~	~	6% 5%	1 6%	~	~	~	~	~	~	2 6%	2 5%	1 5%	1 4%		
06	3 6%	32 4%	~	~	6% 10%	1 6%	~	~	~	~	~	2 15%	1 3%	1 3%	2 50%	3 12%		
07	1 2%	59 8%	1 20%	~	~	1 6%	~	~	~	~	~	~	1 3%	1 3%	~	1 4%		
08	11 23%	116 16%	1 20%	2 50%	4 22%	4 20%	3 19%	~	~	~	~	~	4 31%	6 19%	9 23%	1 25%	5 24%	6 23%
09	10 21%	143 20%	1 20%	1 25%	3 17%	5 25%	5 31%	1 33%	~	~	1 100%	2 15%	7 22%	8 20%	1 25%	6 29%	4 15%	
BEST SPECIALIST POSSIBLE	15 32%	312 43%	1 20%	1 25%	9 50%	4 20%	4 25%	2 67%	~	~	~	~	4 31%	11 34%	14 35%	7 33%	8 31%	

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		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER HAW/ PAC	IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
#8-10 (NET)	36 77%	570 80%	3 60%	4 100%	16 89%	13 65%	12 75%	3 ~100%					1 ~100%	10 77%	24 75%	31 78%	2 50%	18 86%	18 69%
9-10 (NET)	25 53%	455 63%	2 40%	2 50%	12 67%	9 45%	9 56%	3 ~100%					1 ~100%	6 46%	18 56%	22 55%	1 25%	13 62%	12 46%
NOT ANSWERED		7																	
VALID CASES	47	717	5	4	18	20	16	3					1	13	32	40	4	21	26
NUMBER OF RESPONDENTS	47 100%	724 100%	5 100%	4 100%	18 100%	20 100%	16 100%	3 100%					1 100%	13 100%	32 100%	40 100%	4 100%	21 100%	26 100%
MEAN	7.98	8.55	6.80	8.75	8.89	7.30	7.81	9.67					9.00	8.15	7.87	7.97	7.25	8.14	7.85
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q49 YES	78 29%	1347 26%	15 27%	16 26%	20 24%	27 36%	22 25%	4 ~ 33%	~	~	~	4 ~ 31%	28 28%	47 29%	69 27%	7 58%	56 26%*	22 40%*
NO	195 71%	3870 74%	40 73%	45 74%	62 76%	48 64%	65 75%	8 ~ 67%	~	~	~	9 ~ 69%	73 72%	117 71%	185 73%	5 42%	162 74%*	33 60%*
NOT ANSWERED	22	421	1	9	7	5		1					4		3	1	21	1
VALID CASES	273	5217	55	61	82	75	87	12			13	101	164	254	12	218	55	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 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 & POOR	FAIR & POOR	NO CCC	CCC
Q50 NEVER	3 4%	45 3%	~	~	5%~	7%~	1 5%~	~	~	~	~	~	~	3 7%~	3 5%~	~	1 2%~	2 9%~
SOMETIMES	11 15%	221 17%	1 7%~	2 14%~	4 21%~	4 15%~	2 10%~	1 ~ 25%~	~	~	~	~	5 ~ 19%~	6 ~ 13%~	10 15%~	1 14%~	8 15%~	3 14%~
USUALLY	21 28%	378 29%	4 27%~	5 36%~	6 32%~	6 22%~	4 19%~	1 ~ 25%~	~	~	~	1 ~ 25%~	9 35%~	11 24%~	18 27%~	3 43%~	14 26%~	7 32%~
ALWAYS	40 53%	651 50%	10 67%~	7 50%~	8 42%~	15 56%~	14 67%~	2 ~ 50%~	~	~	~	3 ~ 75%~	12 46%~	26 57%~	35 53%~	3 43%~	30 57%~	10 45%~
#ALWAYS + USUALLY (NET)	61 81%	1029 79%	14 93%~	12 86%~	14 74%~	21 78%~	18 86%~	3 ~ 75%~	~	~	~	4 ~ 100%~	21 81%~	37 80%~	53 80%~	6 86%~	44 83%~	17 77%~
TOP BOX SCORE	40 53%	651 50%	10 67%~	7 50%~	8 42%~	15 56%~	14 67%~	2 ~ 50%~	~	~	~	3 ~ 75%~	12 46%~	26 57%~	35 53%~	3 43%~	30 57%~	10 45%~
NOT ANSWERED	3	28	2	1		1							2	1	3		3	
VALID CASES	75	1295	15	14	19	27	21	4			4	26	46	66	7	53	22	
NUMBER OF RESPONDENTS	78	1323	15	16	20	27	22	4			4	28	47	69	7	56	22	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q49 = YES]

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 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 & POOR	FAIR & POOR	NO CCC	CCC
Q51 NEVER	1 1%	23 2%	~	~	~	4%~	1 5%~	~	~	~	~	~	~	1 2%~	1 2%~	~	1 2%~	~
SOMETIMES	5 7%	90 7%	1 7%~	~	2 11%~	2 7%~	~	~	~	~	~	~	3 12%~	1 2%~	4 6%~	1 14%~	4 8%~	1 5%~
USUALLY	16 22%	268 21%	2 14%~	3 21%~	3 16%~	8 30%~	5 24%~	~	~	~	~	2 50%~	4 15%~	12 26%~	16 24%~	~	12 23%~	4 18%~
ALWAYS	52 70%	903 70%	11 79%~	11 79%~	14 74%~	16 59%~	15 71%~	4 ~100%~	~	~	~	2 50%~	19 73%~	32 70%~	45 68%~	6 86%~	35 67%~	17 77%~
#ALWAYS + USUALLY (NET)	68 92%	1171 91%	13 93%~	14 100%~	17 89%~	24 89%~	20 95%~	4 ~100%~	~	~	~	4 ~100%~	23 88%~	44 96%~	61 92%~	6 86%~	47 90%~	21 95%~
TOP BOX SCORE	52 70%	903 70%	11 79%~	11 79%~	14 74%~	16 59%~	15 71%~	4 ~100%~	~	~	~	2 50%~	19 73%~	32 70%~	45 68%~	6 86%~	35 67%~	17 77%~
NOT ANSWERED	4	39	1	2	1		1						2	1	3		4	
VALID CASES	74	1284	14	14	19	27	21	4			4	26	46	66	7	52	22	
NUMBER OF RESPONDENTS	78	1323	15	16	20	27	22	4			4	28	47	69	7	56	22	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q49 = YES]



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q52 YES	81 30%	1805 35%	15 28%	13 21%	23 29%	30 41%*	22 26%	3 ~ 23%~				4 ~ 31%~	32 33%	45 28%	73 29%~	6 50%~	63 30%	18 33%
NO	186 70%	3343 65%	38 72%	48 79%	57 71%	43 59%*	63 74%	10 ~ 77%~				9 ~ 69%~	66 67%	116 72%	175 71%~	6 50%~	150 70%	36 67%
NOT ANSWERED	28	490	3	9	9	7	2						7	3	9	1	26	2
VALID CASES	267	5148	53	61	80	73	85	13				13	98	161	248	12	213	54
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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	
	FMCA 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 NATV #	OTHR ##	MUL-TI	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR & GOOD	NO CCC	CCC
PQ53 NEVER	3 1%	124 2%*	~	~	~	4%~	~	~	~	~	~	~	2 2%	~	3 1%~	~	2 ~0.9%	1 2%
SOMETIMES	24 9%	397 8%	5 9%	4 7%	9 11%	6 8%	5 6%	2 ~15%~	~	~	~	1 8%~	11 11%	12 7%	21 9%~	3 25%~	18 8%	6 11%
USUALLY	25 9%	575 11%	6 11%	3 5%	5 6%	11 15%	8 9%	~	~	~	~	1 8%~	11 11%	13 8%	22 9%~	2 17%~	19 9%	6 11%
ALWAYS	214 80%	3983 78%	42 79%	54 89%*	65 82%	53 73%	72 85%	11 ~85%~	~	~	~	11 ~85%~	73 75%	136 84%*	201 81%~	7 58%~	173 82%	41 76%
#ALWAYS + USUALLY (NET)	239 90%	4559 90%	48 91%	57 93%	70 89%	64 88%	80 94%	11 ~85%~	~	~	~	12 ~92%~	84 87%	149 93%	223 90%~	9 75%~	192 91%	47 87%
TOP BOX SCORE	214 80%	3983 78%	42 79%	54 89%*	65 82%	53 73%	72 85%	11 ~85%~	~	~	~	11 ~85%~	73 75%	136 84%*	201 81%~	7 58%~	173 82%	41 76%
NOT ANSWERED	29	559	3	9	10	7	2						8	3	10	1	27	2
VALID CASES	266	5079	53	61	79	73	85	13				13	97	161	247	12	212	54
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV HAW/ PAC ILND NATV ##	AMER ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q54 WORST HEALTH PLAN POSSIBLE	1 0.4%	17 0.3%	~	~	~	1%	~	~	~	~	~	~	1%	~	1	~	~	1
01	2 0.7%	27 0.5%	~	~	~	3%	1%	~	~	~	~	~	~	2%	2	~	1	1
02	2 0.7%	33 0.6%	~	~	1%	1%	~	~	~	~	~	~	1%	1%	2	~	2	~
03	2 0.7%	44 0.9%	1%	1%	~	~	1%	~	~	~	~	~	1%	1%	2	~	1	1
04	6 2%	62 1%	~	1%	~	7%*	5%	~	~	~	~	~	~	6%	6	~	3	3
05	9 3%	275 5%	1%	2%	3%	4%	4%	~	~	~	~	~	3%	6%	8	1%	6	3
06	11 4%	233 5%	2%	1%	5%	3%	3%	1%	~	~	~	1%	3%	8%	11	~	9	2
07	26 10%	496 10%	3%	7%	10%	6%	12%	2%	~	~	~	~	6%	20%	24	2%	17	9
08	56 21%	982 19%	14%	8%	17%	17%	16%	2%	~	~	~	5%	15%	39%	50	4%	45	11
09	50 19%	974 19%	9%	15%	16%	10%	16%	2%	~	~	~	2%	19%	29%	46	2%	38	12
BEST HEALTH PLAN POSSIBLE	104 39%	2033 39%	23%	27%	28%	26%	28%	6%	~	~	~	5%	52%	50%	99	4%	91	13
#8-10 (NET)	210 78%	3988 77%	46%	50%	61%	53%	60%	10%	~	~	~	12%	86%	118%	195	10%	174	36

Continued

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND NATV ##	AMER IND/ALSK #	MUL-OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
9-10 (NET)	154 57%	3007 58%	32 60%	42 68%*	44 55%	36 49%	44 51%	8 ~ 62%~	~	~	~	7 ~ 54%~	71 70%*	79 49%*	145 58%~	6 46%~	129 61%*	25 45%*
NOT ANSWERED	26	462	3	8	9	6	1						4	2	6		26	
VALID CASES	269	5176	53	62	80	74	86	13				13	101	162	251	13	213	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%
MEAN	8.43	8.44	8.75	8.73	8.46	7.91	8.12	8.77				8.77	8.82	8.16	8.42	8.38	8.62	7.71
p stat_(*=Sig @ p<=.05)		.937	.099	.118	.829	.005*	.062	~	~	~	~	~	~.007*	.004*	~	~	~.001*	.001*

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC
Q55																		
YES	105 39%	1994 38%	17 33%	22 34%	28 34%	38 52%*	29 34%	6 ~ 46%~	~	~	7 ~ 54%~	36 35%	66 40%	95 37%~	8 62%~	57 27%*	48 86%*	
NO	166 61%	3218 62%	35 67%	42 66%	54 66%	35 48%*	57 66%	7 ~ 54%~	~	~	6 ~ 46%~	67 65%	97 60%	159 63%~	5 38%~	158 73%*	8 14%*	
NOT ANSWERED	24	425	4	6	7	7	1					2	1	3		24		
VALID CASES	271	5213	52	64	82	73	86	13			13	103	163	254	13	215	56	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	

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

	FMCA 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 IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q56 NEVER	3 3%	36 2%	1 6%	1 5%	1 ~ 3%	~	~ 20%	~	~	~	1 3%	1 2%	2 2%	~	2 4%	1 2%	
SOMETIMES	8 8%	176 9%	1 6%	3 14%	4 ~ 11%	3 10%	1 ~ 20%	~	~	~	2 6%	5 8%	6 6%	2 25%	4 7%	4 8%	
USUALLY	25 24%	474 24%	5 29%	5 23%	10 19%	8 26%	1 28%	~	~	~	10 29%	15 23%	25 27%	~	16 29%	9 19%	
ALWAYS	67 65%	1301 65%	10 59%	13 59%	21 81%	23 61%	18 62%	2 ~ 40%	~	~	7 ~100%	22 63%	45 68%	61 65%	6 75%	33 60%	34 71%
#ALWAYS + USUALLY (NET)	92 89%	1775 89%	15 88%	18 82%	26 100%	33 87%	26 90%	3 ~ 60%	~	~	7 ~100%	32 91%	60 91%	86 91%	6 75%	49 89%	43 90%
TOP BOX SCORE	67 65%	1301 65%	10 59%	13 59%	21 81%	23 61%	18 62%	2 ~ 40%	~	~	7 ~100%	22 63%	45 68%	61 65%	6 75%	33 60%	34 71%
NOT ANSWERED	2	29			2			1				1		1		2	
VALID CASES	103	1988	17	22	26	38	29	5		7	35	66	94	8	55	48	
NUMBER OF RESPONDENTS	105	2017	17	22	28	38	29	6		7	36	66	95	8	57	48	
	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q55 = YES]

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

	FMCA 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 IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57 #YES	65 64%	1177 60%	10 59%~	11 52%~	20 74%~	24 65%~	16 55%~	4 ~ 80%~	~	~	~	5 ~ 71%~	25 74%~	39 59%~	59 63%~	5 63%~	32 59%~	33 69%~
NO	37 36%	795 40%	7 41%~	10 48%~	7 26%~	13 35%~	13 45%~	1 ~ 20%~	~	~	~	2 ~ 29%~	9 26%~	27 41%~	34 37%~	3 38%~	22 41%~	15 31%~
NOT ANSWERED	3	45		1	1	1		1					2		2		3	
VALID CASES	102	1972	17	21	27	37	29	5				7	34	66	93	8	54	48
NUMBER OF RESPONDENTS	105	2017	17	22	28	38	29	6				7	36	66	95	8	57	48
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

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

	FMCA 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	191 71%	4014 79%*	29 56%*	42 67%	62 77%	58 79%*	62 71%	10 ~ 77%~	~	~	~	6 ~ 50%~	77 76%	110 67%	182 72%~	6 46%~	152 71%	39 70%
NO	78 29%	1085 21%*	23 44%*	21 33%	19 23%	15 21%*	25 29%	3 ~ 23%~	~	~	~	6 ~ 50%~	24 24%	53 33%	70 28%~	7 54%~	61 29%	17 30%
NOT ANSWERED	26	539	4	7	8	7						1	4	1	5		26	
VALID CASES	269	5099	52	63	81	73	87	13				12	101	163	252	13	213	56
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%



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

	FMCA 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	31 27%	667 28%	4 22%~	7 26%~	11 30%~	9 26%~	7 37%~	2 ~ 50%~	~	~	~	~	13 25%	18 30%	30 29%~	1 11%~	21 25%~	10 31%~
SOMETIMES	26 22%	484 20%	5 28%~	6 22%~	6 16%~	9 26%~	2 11%~	1 ~ 25%~	~	~	2 ~100%~	14 26%	11 18%	22 21%~	4 44%~	22 26%~	4 13%~	
USUALLY	24 21%	468 20%	3 17%~	7 26%~	6 16%~	8 24%~	5 26%~	~	~	~	~	~	10 19%	14 23%	23 22%~	1 11%~	16 19%~	8 25%~
ALWAYS	35 30%	771 32%	6 33%~	7 26%~	14 38%~	8 24%~	5 26%~	1 ~ 25%~	~	~	~	~	16 30%	17 28%	30 29%~	3 33%~	25 30%~	10 31%~
#ALWAYS + USUALLY (NET)	59 51%	1239 52%	9 50%~	14 52%~	20 54%~	16 47%~	10 53%~	1 ~ 25%~	~	~	~	~	26 49%	31 52%	53 50%~	4 44%~	41 49%~	18 56%~
TOP BOX SCORE	35 30%	771 32%	6 33%~	7 26%~	14 38%~	8 24%~	5 26%~	1 ~ 25%~	~	~	~	~	16 30%	17 28%	30 29%~	3 33%~	25 30%~	10 31%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	154	2768	33	37	45	39	68	9			10	49	103	148	4	131	23	
NOT ANSWERED	25	480	5	6	7	7					1	3	1	4		24	1	
VALID CASES	116	2390	18	27	37	34	19	4			2	53	60	105	9	84	32	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	

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?

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER HAW/ PAC	IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC
Q57C YES	61 23%	1124 22%	12 24%	12 20%	21 28%	16 22%	15 17%	2 ~ 18%	~	~	~	3 ~ 25%	24 24%	36 23%	51 21%	9 69%	37 18%*	24 44%*
NO	199 77%	3960 78%	39 76%	48 80%	55 72%	57 78%	71 83%	9 ~ 82%	~	~	~	9 ~ 75%	76 76%	122 77%	195 79%	4 31%	168 82%*	31 56%*
NOT ANSWERED	35	553	5	10	13	7	1	2				1	5	6	11		34	1
VALID CASES	260	5085	51	60	76	73	86	11				12	100	158	246	13	205	55
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT#	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	
Q57D #YES	54 89%	945 87%	10 83%~	10 83%~	18 86%~	16 100%~	15 100%~	2 ~100%~					3 ~100%~	18 75%~	35 97%~	46 90%~	7 78%~	30 81%~	24 100%~
NO	7 11%	135 13%	2 17%~	2 17%~	3 14%~									6 25%~	1 3%~	5 10%~	2 22%~	7 19%~	
NOT ANSWERED		16																	
VALID CASES	61	1081	12	12	21	16	15	2				3	24	36	51	9	37	24	
NUMBER OF RESPONDENTS	61 100%	1097 100%	12 100%	12 100%	21 100%	16 100%	15 100%	2 100%				3 100%	24 100%	36 100%	51 100%	9 100%	37 100%	24 100%	

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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 & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q57E #YES	50 83%	905 84%	7 58%	10 83%	18 86%	15 100%	14 93%	2 100%	~	~	~	2 67%	16 70%	33 92%	42 84%	7 78%	26 72%	24 100%
NO	10 17%	169 16%	5 42%	2 17%	3 14%	~	1 7%	~	~	~	~	1 33%	7 30%	3 8%	8 16%	2 22%	10 28%	~
NOT ANSWERED	1	24				1							1		1		1	
VALID CASES	60	1073	12	12	21	15	15	2				3	23	36	50	9	36	24
NUMBER OF RESPONDENTS	61	1097	12	12	21	16	15	2				3	24	36	51	9	37	24
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV HAW/ PAC ILND NATV ##	AMER IND/ ALSK #	MUL-OTHR TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q57F NEVER	1 2%	20 2%			1 5%								1 4%		1 2%		1 3%		
SOMETIMES	7 12%	94 9%	2 17%	2 17%	3 15%	1 7%							4 17%	2 6%	4 8%	3 33%	6 17%	1 4%	
USUALLY	12 20%	257 24%	3 25%	2 17%	3 15%	4 25%	3 21%						2 67%	6 25%	6 17%	11 22%	1 11%	7 19%	5 21%
ALWAYS	40 67%	704 66%	7 58%	8 67%	13 65%	12 75%	10 71%	2 ~100%					1 33%	13 54%	27 77%	34 68%	5 56%	22 61%	18 75%
#ALWAYS + USUALLY (NET)	52 87%	960 89%	10 83%	10 83%	16 80%	16 100%	13 93%	2 ~100%					3 ~100%	19 79%	33 94%	45 90%	6 67%	29 81%	23 96%
TOP BOX SCORE	40 67%	704 66%	7 58%	8 67%	13 65%	12 75%	10 71%	2 ~100%					1 33%	13 54%	27 77%	34 68%	5 56%	22 61%	18 75%
NOT ANSWERED	1	23			1		1							1	1		1		
VALID CASES	60	1074	12	12	20	16	14	2				3	24	35	50	9	36	24	
NUMBER OF RESPONDENTS	61	1097	12	12	21	16	15	2				3	24	36	51	9	37	24	
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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 NATV #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57G NEVER	2 3%	53 5%	~	~	10%~	~	~	~	~	~	~	~	1 4%~	1 3%~	2 4%~	~	1 3%~	1 4%~
SOMETIMES	7 11%	120 11%	3 25%~	~	10%~	2 13%~	2 20%~	~	~	~	~	1 33%~	2 8%~	4 11%~	4 8%~	3 33%~	4 11%~	3 13%~
USUALLY	16 26%	238 22%	2 17%~	4 33%~	6 29%~	4 25%~	3 20%~	~	~	~	~	2 67%~	8 33%~	8 22%~	13 25%~	3 33%~	9 24%~	7 29%~
ALWAYS	36 59%	662 62%	7 58%~	8 67%~	11 52%~	10 63%~	9 60%~	2 ~100%~	~	~	~	~	13 54%~	23 64%~	32 63%~	3 33%~	23 62%~	13 54%~
#ALWAYS + USUALLY (NET)	52 85%	901 84%	9 75%~	12 100%~	17 81%~	14 88%~	12 80%~	2 ~100%~	~	~	~	2 67%~	21 87%~	31 86%~	45 88%~	6 67%~	32 86%~	20 83%~
TOP BOX SCORE	36 59%	662 62%	7 58%~	8 67%~	11 52%~	10 63%~	9 60%~	2 ~100%~	~	~	~	~	13 54%~	23 64%~	32 63%~	3 33%~	23 62%~	13 54%~
NOT ANSWERED	23																	
VALID CASES	61	1074	12	12	21	16	15	2				3	24	36	51	9	37	24
NUMBER OF RESPONDENTS	61	1097	12	12	21	16	15	2				3	24	36	51	9	37	24
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ##	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q57H NEVER		23 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	6 10%	97 9%	2 17%~	2 ~	2 10%~	2 13%~	1 7%~	~	~	~	~	1 ~ 33%~	3 13%~	2 6%~	4 8%~	2 22%~	3 8%~	3 13%~
USUALLY	14 23%	214 20%	3 25%~	4 33%~	5 24%~	2 13%~	4 27%~	~	~	~	~	1 ~ 33%~	8 33%~	6 17%~	11 22%~	3 33%~	9 24%~	5 21%~
ALWAYS	41 67%	741 69%	7 58%~	8 67%~	14 67%~	12 75%~	10 67%~	2 ~100%~	~	~	~	1 ~ 33%~	13 54%~	28 78%~	36 71%~	4 44%~	25 68%~	16 67%~
#ALWAYS + USUALLY (NET)	55 90%	955 89%	10 83%~	12 100%~	19 90%~	14 87%~	14 93%~	2 ~100%~	~	~	~	2 ~ 67%~	21 87%~	34 94%~	47 92%~	7 78%~	34 92%~	21 87%~
TOP BOX SCORE	41 67%	741 69%	7 58%~	8 67%~	14 67%~	12 75%~	10 67%~	2 ~100%~	~	~	~	1 ~ 33%~	13 54%~	28 78%~	36 71%~	4 44%~	25 68%~	16 67%~
NOT ANSWERED		23																
VALID CASES	61	1074	12	12	21	16	15	2				3	24	36	51	9	37	24
NUMBER OF RESPONDENTS	61	1097	12	12	21	16	15	2				3	24	36	51	9	37	24
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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 NATV #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q58																		
EXCELLENT	116 43%	2143 41%	29 57%*	23 36%	40 50%	24 32%*	39 45%	6 ~ 55%~	~	~	~	5 ~ 38%~	42 40%	73 45%	116 45%~	103 ~ 48%*	13 24%*	
VERY GOOD	82 30%	1856 36%*	14 27%	21 33%	18 22%	29 39%	31 36%	4 ~ 36%~	~	~	~	6 ~ 46%~	24 23%*	58 36%*	82 32%~	65 ~ 30%	17 31%	
GOOD	59 22%	944 18%	5 10%*	16 25%	20 25%	18 24%	16 18%	1 ~ 9%~	~	~	~	1 ~ 8%~	30 29%*	29 18%	59 23%~	41 ~ 19%*	18 33%*	
FAIR	12 4%	237 5%	3 6%	3 5%	2 2%	4 5%	1 1%*	~	~	~	~	1 ~ 8%~	8 8%	3 2%*	12 ~ 92%~	6 3%	6 11%	
POOR	1 0.4%	15 0.3%	~	1 2%	~	~	~	~	~	~	~	~	1 ~ 1%~	~	1 ~ 8%~	~	1 2%~	
#EXCELLENT + VERY GOOD + GOOD (NET)	257 95%	4943 95%	48 94%	60 94%	78 98%	71 95%	86 99%*	11 ~100%~	~	~	~	12 ~ 92%~	96 91%*	160 98%*	257 100%~	209 ~ 97%*	48 87%*	
NOT ANSWERED	25	443	5	6	9	5		2						1		24	1	
VALID CASES	270	5195	51	64	80	75	87	11				13	105	163	257	13	215	55
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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 NATV #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	118 44%	2231 43%	34 67%*	30 48%	32 40%	22 30%*	37 43%	5 ~42%~	~	~	~	5 ~38%~	48 47%	70 43%	117 46%~	1 8%~	108 51%*	10 18%*
VERY GOOD	64 24%	1483 29%*	9 18%	18 29%	22 27%	15 20%	24 28%	5 ~42%~	~	~	~	3 ~23%~	19 18%	44 27%	63 25%~	~	51 24%	13 23%
GOOD	67 25%	1030 20%*	6 12%*	14 23%	20 25%	27 36%*	20 23%	2 ~17%~	~	~	~	3 ~23%~	31 30%	36 22%	60 24%~	6 46%~	48 23%	19 34%
FAIR	14 5%	368 7%	2 4%	~	6 7%	6 8%	4 5%	~	~	~	~	1 ~8%~	5 5%	8 5%	9 4%~	5 38%~	5 2%*	9 16%*
POOR	5 2%	70 1%	~	~	1 1%	4 5%	2 2%	~	~	~	~	1 ~8%~	~	5 3%~	4 2%~	1 8%~	~	5 9%*
#EXCELLENT + VERY GOOD + GOOD (NET)	249 93%	4745 92%	49 96%	62 100%~	74 91%	64 86%*	81 93%	12 ~100%~	~	~	~	11 ~85%~	98 95%	150 92%	240 95%~	7 54%~	207 98%*	42 75%*
NOT ANSWERED	27	455	5	8	8	6		1					2	1	4		27	
VALID CASES	268	5183	51	62	81	74	87	12				13	103	163	253	13	212	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q60 YES	57 21%	1055 20%	4 8%*	10 16%	15 18%	28 37%*	12 14%*	2 ~ 17%~				3 ~ 23%~	18 17%	37 23%	51 20%~	6 46%~	17 8%*	40 71%*
NO	214 79%	4144 80%	47 92%*	53 84%	67 82%	47 63%*	75 86%*	10 ~ 83%~				10 ~ 77%~	86 83%	127 77%	205 80%~	7 54%~	198 92%*	16 29%*
NOT ANSWERED	24	439	5	7	7	5		1					1		1		24	
VALID CASES	271	5199	51	63	82	75	87	12				13	104	164	256	13	215	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q61 YES	40 75%	796 77%	1 33%~	7 70%~	11 85%~	21 78%~	12 100%~	1 ~100%~				2 ~ 67%~	9 56%~	30 83%~	35 73%~	5 100%~	2 15%~	38 95%~
NO	13 25%	235 23%	2 67%~	3 30%~	2 15%~	6 22%~						1 ~ 33%~	7 44%~	6 17%~	13 27%~		11 ~ 85%~	2 5%~
NOT ANSWERED	4	22	1		2	1		1					2	1	3	1	4	
VALID CASES	53	1030	3	10	13	27	12	1			3	16	36	48	5	13	40	
NUMBER OF RESPONDENTS	57 100%	1052 100%	4 100%	10 100%	15 100%	28 100%	12 100%	2 100%			3 100%	18 100%	37 100%	51 100%	6 100%	17 100%	40 100%	

[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	
	FMCA TOT CHLD	OHP TOT CHLD	<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	
Q62 YES	35	716	1	7	10	17	10	1				1	8	27	32	3	35	
	90%	91%	100%	100%	91%	85%	91%	~100%	~	~	~	50%	89%	93%	94%	60%	~95%	
NO	4	75			1	3	1					1	1	2	2	2	2	
	10%	9%	~	~	9%	15%	9%	~	~	~	~	50%	11%	7%	6%	40%	~100%	
NOT ANSWERED	1	15				1	1							1	1		1	
VALID CASES	39	791	1	7	11	20	11	1				2	9	29	34	5	2	
NUMBER OF RESPONDENTS	40	806	1	7	11	21	12	1				2	9	30	35	5	2	
	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?

	FMCA 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		
Q63 YES	42 16%	788 15%	3 6%*	7 11%	12 15%	20 27%*	14 16%	~	~	~	~	~	~	1 8%~	14 14%	28 17%	35 14%~	6 50%~	4 2%*	38 68%*
NO	227 84%	4394 85%	47 94%*	56 89%	70 85%	54 73%*	73 84%	~100%~	12 ~	~	~	~	~	12 ~92%~	89 86%	136 83%	220 86%~	6 50%~	209 98%*	18 32%*
NOT ANSWERED	26	456	6	7	7	6		1							2		2	1	26	
VALID CASES	269	5182	50	63	82	74	87	12						13	103	164	255	12	213	56
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13						13	105	164	257	13	239	56
	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND ##	AMER IND/ PAC ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q64 YES	35	637	2	6	9	18	14					1	8	27	30	4	35	
	88%	85%	100%	86%	82%	90%	100%	~	~	~	~	100%	67%	96%	88%	80%	92%	
NO	5	110		1	2	2							4	1	4	1	2	3
	12%	15%	~	14%	18%	10%	~	~	~	~	~	~	33%	4%	12%	20%	100%	8%
NOT ANSWERED	2	19	1		1								2		1	1	2	
VALID CASES	40	747	2	7	11	20	14					1	12	28	34	5	2	38
NUMBER OF RESPONDENTS	42	766	3	7	12	20	14					1	14	28	35	6	4	38
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES]

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

	FMCA 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 ILND ##	AMER IND/ PAC ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q65 YES	35	591	2	6	9	18	14	~	~	~	~	~	1	8	27	30	4	35
	100%	96%	~100%	~100%	~100%	~100%	~100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%
NO		26																
		4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		7																
VALID CASES	35	617	2	6	9	18	14						1	8	27	30	4	35
NUMBER OF RESPONDENTS	35	624	2	6	9	18	14						1	8	27	30	4	35
	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	
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC
Q66 YES	27 10%	639 12%	4 8%	5 8%	8 10%	10 14%	6 7%	1 ~	1 8%~	~	~	2 ~ 15%~	11 11%	15 9%	20 8%~	5 42%~	7 3%*	20 36%*
NO	241 90%	4546 88%	46 92%	58 92%	73 90%	64 86%	80 93%	11 ~ 92%~	~	~	~	11 ~ 85%~	92 89%	148 91%	234 92%~	7 58%~	206 97%*	35 64%*
NOT ANSWERED	27	453	6	7	8	6	1	1					2	1	3	1	26	1
VALID CASES	268	5185	50	63	81	74	86	12				13	103	163	254	12	213	55
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%



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

	FMCA 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	
Q67 YES	18 72%	445 77%	2 67%	2 40%	6 86%	8 100%	6 100%	~	~	~	~	~	1 50%	5 56%	13 87%	14 74%	3 75%	18 90%	
NO	7 28%	136 23%	1 33%	3 60%	1 14%	2 20%	~	~	1 100%	~	~	~	1 50%	4 44%	2 13%	5 26%	1 25%	5 100%	2 10%
NOT ANSWERED	2	22	1		1									2		1	1	2	
VALID CASES	25	582	3	5	7	10	6		1				2	9	15	19	4	5	20
NUMBER OF RESPONDENTS	27	604	4	5	8	10	6		1				2	11	15	20	5	7	20
	100%	100%	100%	100%	100%	100%	100%		100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES]

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

	FMCA 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 ILND	AMER HAW/ IND/ PAC ALSK	OTHR #	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q68 YES	18	427	2	2	6	8	6	~	~	~	~	~	~	1	5	13	14	3	18
	100%	96%	100%	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	~
NO		17																	
		4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		6																	
VALID CASES	18	444	2	2	6	8	6							1	5	13	14	3	18
NUMBER OF RESPONDENTS	18	450	2	2	6	8	6							1	5	13	14	3	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES AND Q67 = YES]

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

	FMCA 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- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q69 YES	27 10%	531 10%	3 6%	6 10%	9 11%	9 12%	8 9%	1 ~ 8%	~	~	~	1 ~ 8%	10 10%	17 10%	23 9%	3 25%	6 3%*	21 37%*
NO	242 90%	4648 90%	47 94%	57 90%	72 89%	66 88%	78 91%	11 ~ 92%	~	~	~	12 ~ 92%	94 90%	146 90%	232 91%	9 75%	207 97%*	35 63%*
NOT ANSWERED	26	459	6	7	8	5	1	1					1	1	2	1	26	
VALID CASES	269	5179	50	63	81	75	86	12				13	104	163	255	12	213	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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
Q70 YES	17	336	2	3	5	7	5						5	12	13	3	17
	65%	68%	67%	50%	63%	78%	63%						56%	71%	59%	100%	81%
NO	9	157	1	3	3	2	3	1			1	4	5	9	5	4	
	35%	32%	33%	50%	38%	22%	38%	100%			100%	44%	29%	41%	100%	19%	
NOT ANSWERED	1	8			1							1		1	1		
VALID CASES	26	493	3	6	8	9	8	1			1	9	17	22	3	5	21
NUMBER OF RESPONDENTS	27	501	3	6	9	9	8	1			1	10	17	23	3	6	21
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES]

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

	FMCA 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 ILND ##	AMER IND/ PAC ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q71 YES	16	293	2	3	4	7	5	~	~	~	~	~	~	~	4	12	13	2	16
	94%	92%	100%	100%	80%	100%	100%	~	~	~	~	~	~	~	80%	100%	100%	67%	94%
NO	1	24			1		~	~	~	~	~	~	~	~	1			1	1
	6%	8%	~	~	20%	~	~	~	~	~	~	~	~	~	20%	~	~	33%	6%
NOT ANSWERED		3																	
VALID CASES	17	317	2	3	5	7	5								5	12	13	3	17
NUMBER OF RESPONDENTS	17	320	2	3	5	7	5								5	12	13	3	17
	100%	100%	100%	100%	100%	100%	100%								100%	100%	100%	100%	100%

[ASKED IF Q69 = YES AND Q70 = YES]

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

	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC
Q72 YES	41 15%	736 14%	1 2%*	7 11%	13 16%	20 27%*	16 18%	1 ~ 8%~	~	~	~	1 ~ 8%~	13 13%	28 17%	34 13%~	6 50%~	6 3%*	35 63%*
NO	227 85%	4444 86%	49 98%*	55 89%	69 84%	54 73%*	71 82%	11 ~ 92%~	~	~	~	12 ~ 92%~	89 87%	136 83%	220 87%~	6 50%~	206 97%*	21 37%*
NOT ANSWERED	27	458	6	8	7	6		1					3		3	1	27	
VALID CASES	268	5180	50	62	82	74	87	12				13	102	164	254	12	212	56
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	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	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q73 YES	35	628	1	6	9	19	14	1				1	9	26	28	6	35	
	88%	90%	~100%	~86%	~75%	~95%	~87%	~100%	~	~	~100%	~75%	~93%	~85%	~100%	~	~100%	
NO	5	72		1	3	1	2						3	2	5		5	
	12%	10%	~	~14%	~25%	~5%	~13%	~	~	~	~	~25%	~7%	~15%	~	~100%	~	
NOT ANSWERED	1	16				1							1		1		1	
VALID CASES	40	700	1	7	12	20	16	1			1	12	28	33	6	5	35	
NUMBER OF RESPONDENTS	41	716	1	7	13	20	16	1			1	13	28	34	6	6	35	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	56 19%	971 17%	56 100%	~	~	~	17 20%	3 ~	~	~	~	4 31%	14 13%	36 22%	48 19%	3 23%	54 23%*	2 4%*
4 TO 7 YEARS OLD	70 24%	1380 24%	~	70 ~100%	~	~	18 21%	1 ~	~	~	~	4 31%	31 30%	33 20%	60 23%	4 31%	60 25%	10 18%
8 TO 12 YEARS OLD	89 30%	1689 30%	~	~	89 ~100%	~	25 29%	6 ~	~	~	~	~	33 31%	48 29%	78 30%	2 15%	72 30%	17 30%
13 OR OLDER	80 27%	1597 28%	~	~	80 ~100%	~	27 31%	3 ~	~	~	~	5 38%	27 26%	47 29%	71 28%	4 31%	53 22%*	27 48%*
VALID CASES	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

[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	
	FMCA 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	
NQ75 MALE	144 49%	2948 52%	28 50%	33 47%	46 52%	37 46%	41 47%	9 ~ 69%~	~	~	~	6 ~ 46%~	57 54%	75 46%	124 48%~	7 54%~	117 49%	27 48%
FEMALE	151 51%	2690 48%	28 50%	37 53%	43 48%	43 54%	46 53%	4 ~ 31%~	~	~	~	7 ~ 54%~	48 46%	89 54%	133 52%~	6 46%~	122 51%	29 52%
VALID CASES	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%				13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

[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	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	IAN	NATV ILND	AMER IND/PAC ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC
Q76 HISPANIC OR LATINO	105 39%	2037 40%	14 28%	31 48%	33 41%	27 36%	~	~	~	~	~	~	105 ~100%	~	96 ~37%	9 75%	91 43%*	14 25%*
NOT HISPANIC OR LATINO	164 61%	3094 60%	36 72%	33 52%	48 59%	47 64%	87 100%	11 ~100%	~	~	13 ~100%	~	164 ~100%	~	160 63%	3 25%	122 57%*	42 75%*
NOT ANSWERED	26	507	6	6	8	6		2							1	1	26	
VALID CASES	269	5131	50	64	81	74	87	11			13		105	164	256	12	213	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%		105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER PAC ALSK	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
FMCA TOT CHLD	OHP TOT CHLD					WHTE ##												
Q77.1 YES	137 46%	2548 45%	24 43%	32 46%	36 40%	45 56%*	87 100%~	~	~	~	~	10 77%~	40 38%*	97 59%*	133 52%~	4 31%~	107 45%	30 54%
NO	158 54%	3090 55%	32 57%	38 54%	53 60%	35 44%*	~	13 ~100%~	~	~	3 ~23%~	65 62%*	67 41%*	124 48%~	9 69%~	132 55%	26 46%	
VALID CASES	295	5638	56	70	89	80	87	13			13	105	164	257	13	239	56	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	

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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q77.2	FMCA TOT CHLD																	
YES	8 3%	139 2%	3 ~ 4%	1 1%	4 5%	~	~	~	~	~	5 38%	8 ~ 5%	7 3%	1 8%	6 3%	2 4%		
NO	287 97%	5499 98%	56 100%	67 96%	88 99%	76 95%	87 100%	13 ~ 100%	~	~	8 62%	105 100%	156 95%*	250 97%	12 92%	233 97%	54 96%	
VALID CASES	295	5638	56	70	89	80	87	13			13	105	164	257	13	239	56	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	IAN	NATV ILND ##	AMER PAC ALSK #	MUL-OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q77.3	FMCA TOT CHLD																	
YES	18 6%	186 3%*	4 7%	3 4%	6 7%	5 6%		13 ~100%~			5 ~38%~		16 ~10%*	16 6%~		16 ~7%	2 4%	
NO	277 94%	5452 97%*	52 93%	67 96%	83 93%	75 94%	87 100%~				8 ~62%~	105 ~100%~	148 ~90%*	241 94%~	13 ~100%~	223 93%	54 96%	
VALID CASES	295	5638	56	70	89	80	87	13			13	105	164	257	13	239	56	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND ##	AMER PAC ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
FMCA TOT CHLD	OHP TOT CHLD																
Q77.4 YES	5 2%	61 1%	1 2%	4 6%	~	~	~	~	~	~	~	2 2%	3 2%	5 2%~	~	4 2%	1 2%
NO	290 98%	5577 99%	55 98%	66 94%	89 100%~100%	80 100%~	13 ~100%~	~	~	~	13 ~100%~	103 98%	161 98%	252 98%~100%~	13 ~	235 98%	55 98%
VALID CASES	295	5638	56	70	89	80	87	13			13	105	164	257	13	239	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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

		AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	IAN	NATV ILND ##	AMER ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.5	FMCA TOT CHLD																
YES	1 0.3%	168 3%*	~	1 1%~	~	~	~	~	~	~	~	1 1%	~	1 ~0.4%~	~	1 ~ 2%~	
NO	294 100%	5470 97%*	56 100%~	69 99%~	89 100%~	80 100%~	87 100%~	13 ~100%~	~	~	13 ~100%~	104 99%~	164 100%~	256 100%~	13 100%~	239 100%~	55 98%~
VALID CASES	295	5638	56	70	89	80	87	13			13	105	164	257	13	239	56
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	IAN	NATV ILND ##	AMER PAC ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q77.6	FMCA TOT CHLD																	
YES	32 11%	486 9%	5 9%	13 19%*	7 8%	7 9%					7 ~ 54%~	22 21%*	10 6%*	30 12%~	2 15%~	25 10%	7 12%	
NO	263 89%	5152 91%	51 91%	57 81%*	82 92%	73 91%	87 100%~	13 ~100%~			6 ~ 46%~	83 79%*	154 94%*	227 88%~	11 85%~	214 90%	49 88%	
VALID CASES	295	5638	56	70	89	80	87	13			13	105	164	257	13	239	56	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	



Q78 WHAT IS YOUR AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q78 UNDER 18	11 4%	196 4%	2 4%	2 3%	4 5%	3 4%	8 9%*	~	~	~	~	~	~	2 2%	9 6%	11 4%~	~	10 5%	1 2%
18 TO 24	5 2%	176 3%*	4 8%	1 2%	~	~	1 1%	~	~	~	~	~	~	3 3%	2 1%	5 2%~	~	5 2%~	~
25 TO 34	101 38%	1691 33%	30 59%*	30 49%*	32 39%	9 12%*	26 30%	~	3 23%~	~	~	~	5 38%~	42 40%	58 36%	96 38%~	4 33%~	83 39%	18 32%
35 TO 44	99 37%	2049 40%	14 27%	24 39%	29 35%	32 43%	29 33%	~	7 54%~	~	~	~	5 38%~	43 41%	55 34%	92 36%~	5 42%~	79 37%	20 36%
45 TO 54	35 13%	738 14%	~	3 5%*	13 16%	19 25%*	15 17%	~	3 23%~	~	~	~	2 15%~	12 12%	22 14%	33 13%~	2 17%~	27 13%	8 14%
55 TO 64	11 4%	229 4%	1 2%	1 2%	1 1%*	8 11%*	4 5%	~	~	~	~	~	1 8%~	1 1%*	10 6%*	10 4%~	1 8%~	4 2%*	7 12%*
65 TO 74	6 2%	87 2%	~	~	3 4%	3 4%	3 3%	~	~	~	~	~	~	1 1%	5 3%	6 2%~	~	5 2%	1 2%
75 OR OLDER	1 0.4%	15 0.3%	~	~	~	1 1%~	1 1%	~	~	~	~	~	~	~	1 ~0.6%	1 0.4%~	~	~	1 2%
NOT ANSWERED	26	457	5	9	7	5								1	2	3	1	26	
VALID CASES	269	5181	51	61	82	75	87		13			13	104	162	254	12	213	56	
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87		13			13	105	164	257	13	239	56	
	100%	100%	100%	100%	100%	100%	100%		100%			100%	100%	100%	100%	100%	100%	100%	

Q79 ARE YOU MALE OR FEMALE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<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-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q79																		
MALE	48 18%	711 14%	8 16%	8 13%	14 17%	18 24%	11 13%	4 ~ 31%	~	~	3 ~ 23%	14 13%	34 21%	47 18%	1 8%	35 16%	13 23%	
FEMALE	222 82%	4484 86%	43 84%	55 87%	67 83%	57 76%	75 87%	9 ~ 69%	~	~	10 ~ 77%	91 87%	128 79%	208 82%	11 92%	179 84%	43 77%	
NOT ANSWERED	25	443	5	7	8	5	1						2	2	1	25		
VALID CASES	270	5195	51	63	81	75	86	13			13	105	162	255	12	214	56	
NUMBER OF RESPONDENTS	295 100%	5638 100%	56 100%	70 100%	89 100%	80 100%	87 100%	13 100%			13 100%	105 100%	164 100%	257 100%	13 100%	239 100%	56 100%	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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 NATV #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q80																		
8TH GRADE OR LESS	24 9%	593 12%	1 2%~	9 15%	9 11%	5 7%	1 1%*	1 ~ 9%~	~	~	~	~	20 19%*	4 2%*	23 9%~	1 8%~	24 11%~	~
SOME HIGH SCHOOL BUT DID NOT GRADUATE	28 11%	565 11%	5 10%~	7 11%	6 7%	10 14%	2 2%*	1 ~ 9%~	~	~	~	1 8%~	18 17%*	10 6%*	25 10%~	3 25%~	25 12%	3 5%
HIGH SCHOOL GRADUATE OR GED	73 28%	1483 29%	13 27%~	21 34%	23 28%	16 22%	16 19%*	3 ~ 27%~	~	~	~	3 23%~	41 40%*	31 19%*	69 27%~	4 33%~	59 28%	14 25%
SOME COLLEGE OR 2-YEAR DEGREE	84 32%	1722 33%	20 41%~	15 24%	23 28%	26 36%	38 44%*	2 ~ 18%~	~	~	~	6 46%~	16 16%*	68 43%*	81 32%~	3 25%~	60 29%	24 43%
4-YEAR COLLEGE GRADUATE	31 12%	491 10%	5 10%~	6 10%	8 10%	12 16%	15 17%	3 ~ 27%~	~	~	~	2 15%~	6 6%*	25 16%*	31 12%~	~	23 11%	8 14%
MORE THAN 4-YEAR COLLEGE DEGREE	25 9%	290 6%*	5 10%~	4 6%	12 15%	4 5%	14 16%*	1 ~ 9%~	~	~	~	1 8%~	2 2%*	22 14%*	22 9%~	1 8%~	18 9%	7 12%
NOT ANSWERED	30	495	7	8	8	7	1	2					2	4	6	1	30	
VALID CASES	265	5143	49	62	81	73	86	11				13	103	160	251	12	209	56
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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
Q81																		
MOTHER OR FATHER	256 96%	4883 95%	47 94%	60 98%	78 96%	71 96%	83 98%	12 ~ 92%	~	~	~	12 ~ 92%	102 99%*	152 95%	243 97%~	11 92%~	206 97%	50 93%
GRANDPARENT	5 2%	145 3%	2 4%	1 2%	1 1%	1 1%	1 1%	1 ~ 8%	~	~	~	1 ~ 8%	1 1%	3 2%	3 1%~	1 8%~	4 2%	1 2%
AUNT OR UNCLE	1 0.4%	13 0.2%	~	~	1 1%~	~	~	~	~	~	~	~	~	1 ~ 0.6%	1 ~ 0.4%	~	~	1 2%~
OLDER BROTHER OR SISTER		12 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE	1 0.4%	4 0.1%	~	~	~	1 1%~	~	~	~	~	~	~	~	1 ~ 0.6%	1 ~ 0.4%	~	~	1 2%~
LEGAL GUARDIAN	2 0.8%	51 1%	1 2%	~	1 1%	~	1 1%	~	~	~	~	~	~	2 ~ 1%	2 ~ 0.8%	~	2 ~ 0.9%	~
SOMEONE ELSE	1 0.4%	36 0.7%	~	~	~	1 1%~	~	~	~	~	~	~	~	1 ~ 0.6%	1 ~ 0.4%	~	~	1 2%~
NOT ANSWERED	29	494	6	9	8	6	2						2	4	6	1	27	2
VALID CASES	266	5144	50	61	81	74	85	13				13	103	160	251	12	212	54
NUMBER OF RESPONDENTS	295	5638	56	70	89	80	87	13				13	105	164	257	13	239	56
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND ##	AMER IND/PAC ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q82 YES	9	143	3	2		4	2	1				1	4	5	9	8	1	
	5%	4%	10%~	5%~		8%	2%	~ 8%~	~	~	~ 11%~	8%~	4%	6%~	~	6%~	3%~	
NO	158	3143	28	37	45	48	85	12			8	45	111	153	3	127	31	
	95%	96%	90%~	95%~	100%~	92%	98%	~ 92%~	~	~	~ 89%~	92%~	96%	94%~	100%~	94%~	97%~	
NOT ANSWERED	2	43		2									1	1	2		2	
VALID CASES	167	3286	31	39	45	52	87	13			9	49	116	162	3	135	32	
NUMBER OF RESPONDENTS	169	3329	31	41	45	52	87	13			9	50	117	164	3	137	32	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF SURVEY COMPLETED BY MAIL]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	6	56	1	2		3	2					1	3	3	6	5	1	
	67%	41%	33%	100%		~ 75%	~ 100%					~ 100%	75%	60%	67%	~ 63%	~ 100%	
NO	3	79	2			1		1					1	2	3	3		
	33%	59%	67%			~ 25%		~ 100%					~ 25%	40%	33%	~ 38%	~	
VALID CASES	9	135	3	2		4	2	1				1	4	5	9	8	1	
NUMBER OF RESPONDENTS	9	135	3	2		4	2	1				1	4	5	9	8	1	
	100%	100%	100%	100%		100%	100%	100%				100%	100%	100%	100%	100%	100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.2 YES	6	44	2	2		2		1			1	2	4	6	5	1		
	67%	32%	67%	100%		100%		100%			100%	50%	80%	67%	63%	100%		
NO	3	91	1			2						2	1	3	3			
	33%	68%	33%			50%						50%	20%	33%	38%			
VALID CASES	9	135	3	2		4	2	1			1	4	5	9	8	1		
NUMBER OF RESPONDENTS	9	135	3	2		4	2	1			1	4	5	9	8	1		
	100%	100%	100%	100%		100%	100%	100%			100%	100%	100%	100%	100%	100%		

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	WHTE ##	IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR #	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.3 YES	1	11				1								1		1		1	
	11%	8%	~	~	~	25%	~	~	~	~	~	~	~	25%	~	11%	~	13%	
NO	8	124	3	2		3	2		1				1	3	5	8		7	1
	89%	92%	~100%	~100%	~	75%	~100%	~	~100%	~	~	~	~100%	75%	~100%	89%	~	87%	~100%
VALID CASES	9	135	3	2		4	2		1				1	4	5	9		8	1
NUMBER OF RESPONDENTS	9	135	3	2		4	2		1				1	4	5	9		8	1
	100%	100%	100%	100%		100%	100%		100%				100%	100%	100%	100%		100%	100%

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



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.4 YES	4	76	1	1		2	2						2	2	4	3	1	
	44%	56%	33%	50%		50%	100%						50%	40%	44%	38%	100%	
NO	5	59	2	1		2		1			1		2	3	5	5		
	56%	44%	67%	50%		50%		100%			100%		50%	60%	56%	63%		
VALID CASES	9	135	3	2		4	2	1			1		4	5	9	8	1	
NUMBER OF RESPONDENTS	9	135	3	2		4	2	1			1		4	5	9	8	1	
	100%	100%	100%	100%		100%	100%	100%			100%		100%	100%	100%	100%	100%	

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

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

		AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND ##	AMER IND/ PAC ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
FMCA TOT CHLD	OHP TOT CHLD																
Q83.5 YES	1 11%	7 5%	1 33%	~	~	~	~	~	~	~	~	~	1 20%	1 11%	1 13%	~	
NO	8 89%	128 95%	2 67%	2 100%	4 100%	2 100%	1 100%	~	~	1 100%	4 100%	4 100%	8 89%	7 87%	1 100%	~	
VALID CASES	9	135	3	2	4	2	1			1	4	5	9	8	1		
NUMBER OF RESPONDENTS	9 100%	135 100%	3 100%	2 100%	4 100%	2 100%	1 100%			1 100%	4 100%	5 100%	9 100%	8 100%	1 100%		

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	WHTE ##	IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR #	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ14 0-6	15 8%	307 8%	1 3%	4 12%	5 8%	5 9%	4 7%	1 ~	8%	~	~	~	~	5 8%	9 8%	14 8%	4 ~	11 8%	4 9%
7-8	53 28%	1107 30%	13 33%	9 26%	14 23%	17 30%	15 25%	5 ~	42%	~	~	3 ~	27%	17 27%	31 27%	44 26%	4 44%	41 29%	12 26%
9-10	122 64%	2234 61%	25 64%	21 62%	41 68%	35 61%	41 68%	6 ~	50%	~	~	8 ~	73%	42 66%	74 65%	111 66%	5 56%	91 64%	31 66%
VALID CASES	190	3648	39	34	60	57	60	12				11	64	114	169	9	143	47	
NUMBER OF RESPONDENTS	190 100%	3648 100%	39 100%	34 100%	60 100%	57 100%	60 100%	12 100%				11 100%	64 100%	114 100%	169 100%	9 100%	143 100%	47 100%	
MEAN	2.56	2.53	2.62	2.50	2.60	2.53	2.62	2.42				2.73	2.58	2.57	2.57	2.56	2.56	2.57	
p stat_(*=Sig @ p<=.05)		.412	~	~	.589	.603	.424	~	~	~	~	~	~	.818	.853	~	~	~	~

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ41 0-6	19 8%	330 7%	3 7%	4 8%	3 5%	9 14%	8 11%	~	~	~	~	1 11%	6 7%	13 10%	19 9%	~	16 9%	3 6%
7-8	45 20%	960 22%	11 24%	9 18%	11 17%	14 22%	12 16%	~	3 30%	~	~	2 22%	15 18%	27 20%	40 19%	3 33%	34 19%	11 22%
9-10	161 72%	3168 71%	31 69%	38 75%	52 79%	40 63%	53 73%	~	7 70%	~	~	6 67%	63 75%	93 70%	150 72%	6 67%	126 72%	35 71%
VALID CASES	225	4459	45	51	66	63	73		10			9	84	133	209	9	176	49
NUMBER OF RESPONDENTS	225 100%	4459 100%	45 100%	51 100%	66 100%	63 100%	73 100%		10 100%			9 100%	84 100%	133 100%	209 100%	9 100%	176 100%	49 100%
MEAN	2.63	2.64	2.62	2.67	2.74	2.49	2.62		2.70			2.56	2.68	2.60	2.63	2.67	2.62	2.65
p stat_(*=Sig @ p<=.05)		.890	~	.650	.064	.066	.817	~	~	~	~	~	.379	.392	~	~	~	~

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC
NQ48 0-6	10 21%	88 12%	1 20%	2 11%	2 35%	7 19%	3 19%	~	~	~	~	~	3 23%	7 22%	8 20%	2 50%	3 14%	7 27%
7-8	12 26%	175 24%	2 40%	2 50%	4 22%	4 20%	4 25%	~	~	~	~	~	4 31%	7 22%	10 25%	1 25%	5 24%	7 27%
9-10	25 53%	456 63%	2 40%	2 50%	12 67%	9 45%	9 56%	3 100%	~	~	~	1 100%	6 46%	18 56%	22 55%	1 25%	13 62%	12 46%
VALID CASES	47	718	5	4	18	20	16	3			1	13	32	40	4	21	26	
NUMBER OF RESPONDENTS	47 100%	718 100%	5 100%	4 100%	18 100%	20 100%	16 100%	3 100%			1 100%	13 100%	32 100%	40 100%	4 100%	21 100%	26 100%	
MEAN	2.32	2.51	2.20	2.50	2.56	2.10	2.38	3.00			3.00	2.23	2.34	2.35	1.75	2.48	2.19	
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	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ54 0-6	33 12%	696 13%	4 8%	5 8%	9 11%	15 20%*	14 16%	1 ~ 8%~	~	~	~	1 ~ 8%~	9 9%	24 15%	32 13%~	1 8%~	22 10%	11 20%
7-8	82 30%	1488 29%	17 32%	15 24%	27 34%	23 31%	28 33%	4 ~ 31%~	~	~	~	5 ~ 38%~	21 21%*	59 36%*	74 29%~	6 46%~	62 29%	20 36%
9-10	154 57%	3026 58%	32 60%	42 68%*	44 55%	36 49%	44 51%	8 ~ 62%~	~	~	~	7 ~ 54%~	71 70%*	79 49%*	145 58%~	6 46%~	129 61%*	25 45%*
VALID CASES	269	5210	53	62	80	74	86	13				13	101	162	251	13	213	56
NUMBER OF RESPONDENTS	269 100%	5210 100%	53 100%	62 100%	80 100%	74 100%	86 100%	13 100%				13 100%	101 100%	162 100%	251 100%	13 100%	213 100%	56 100%
MEAN	2.45	2.45	2.53	2.60	2.44	2.28	2.35	2.54				2.46	2.61	2.34	2.45	2.38	2.50	2.25
p stat_(*=Sig @ p<=.05)		.945	.365	.047*	.851	.017*	.106	~	~	~	~	~	~.003*	.001*	~	~	~.017*	.017*

GETTING NEEDED CARE

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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 NATV #	MUL-OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NPRBSEE4 NQ46	2.06	2.21	1.83	1.83	2.32	1.95	2.12	1.67			1.00	2.07	2.09	2.12	1.40	2.04	2.08
p stat_(*=Sig @ p<=.05)	.145		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.45	2.45	2.55	2.69	2.32	2.38	2.54	2.00			2.64	2.41	2.47	2.47	2.11	2.47	2.40
p stat_(*=Sig @ p<=.05)	.941		~	~	.074	.347	.214	~	~	~	~	~	.538	.769	~	~	~
COMPOSITE	2.26	2.33	2.19	2.26	2.32	2.16	2.33	x 1.83	x	x	x 1.82	2.24	2.28	2.29	1.76	2.25	2.24
p stat_(*=Sig @ p<=.05)	.430		~	~	.686	.532	.624	~	~	~	~	~	.901	.792	~	~	~

GETTING CARE QUICKLY

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN	NATV ILND ##	AMER IND/PAC ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NCARSN4 NQ4	2.73	2.68	2.79	2.64	2.71	2.75	2.88					2.67	2.71	2.80	2.79	2.29	2.78	2.64
p stat_(*=Sig @ p<=.05)	.441		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.44	2.42	2.41	2.46	2.50	2.41	2.53	2.00				2.44	2.45	2.46	2.48	2.09	2.44	2.44
p stat_(*=Sig @ p<=.05)	.627		~	~	.525	.664	.239	~	~	~	~	~	.944	.739	~	~	~	~
COMPOSITE	2.59	2.55	2.60	2.55	2.60	2.58	2.71	x 2.00	x	x	x 2.56	2.58	2.63	2.63	2.19	2.61	2.54	
p stat_(*=Sig @ p<=.05)	.719		~	~	.921	.960	.448	~	~	~	~	~	.960	.637	~	~	~	~



HOW WELL DOCTORS COMMUNICATE

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NDREXPL4 NQ32	2.73	2.70	2.73	2.69	2.76	2.71	2.90	2.44			3.00	2.50	2.84	2.73	2.56	2.68	2.86
p stat_(*=Sig @ p<=.05)	.611		~	~	~		~.002*	~	~	~	~	~.002*	.004*	~	~	~	~
NDRLSTN4 NQ33	2.76	2.73	2.84	2.69	2.74	2.76	2.87	3.00			2.89	2.61	2.83	2.77	2.33	2.75	2.77
p stat_(*=Sig @ p<=.05)	.514		~	~	~		~.041*	~	~	~	~	~.022*	.038*	~	~	~	~
NDRESPU4 NQ34	2.82	2.79	2.86	2.86	2.73	2.82	2.87	2.67			3.00	2.77	2.86	2.82	2.78	2.80	2.86
p stat_(*=Sig @ p<=.05)	.531		~	~	~		~.337	~	~	~	~	~.375	.188	~	~	~	~
NDRTMEN4 NQ37	2.48	2.50	2.57	2.44	2.50	2.44	2.65	2.33			2.67	2.33	2.57	2.48	2.44	2.49	2.47
p stat_(*=Sig @ p<=.05)	.807		~	~	~		~.035*	~	~	~	~	~.062	.076	~	~	~	~
COMPOSITE	2.70	2.68	2.75	2.67	2.68	2.68	2.82	x 2.61	x	x	x 2.89	2.55	2.77	2.70	2.53	2.68	2.74
p stat_(*=Sig @ p<=.05)	.933		~	~	~		~.630	~	~	~	~	~.554	.578	~	~	~	~

CUSTOMER SERVICE

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ##	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
NPBCLCS4 NQ50	2.35	2.30	2.60	2.36	2.16	2.33	2.52	2.25			2.75	2.27	2.37	2.33	2.29	2.40	2.23	
p stat_(*=Sig @ p<=.05)	.549		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ51	2.62	2.62	2.71	2.79	2.63	2.48	2.67	3.00			2.50	2.62	2.65	2.61	2.71	2.58	2.73	
p stat_(*=Sig @ p<=.05)	.926		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.48	2.46	2.66	2.57	2.39	2.41	2.60	x 2.63	x	x	x 2.63	2.44	2.51	2.47	2.50	2.49	2.48	
p stat_(*=Sig @ p<=.05)	.911		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	WHT	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	2.57	2.41	2.50	2.33	2.86	2.50	2.40	3.00				2.00	2.53	2.64	2.60	2.60	2.36	2.76
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ13	2.70	2.60	2.25	2.56	3.00	2.75	2.80	3.00				2.50	2.65	2.79	2.75	2.60	2.55	2.84
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.64	2.51	2.38	2.44	2.93	2.63	2.60	x 3.00	x	x	x	2.25	2.59	2.71	2.67	2.60	2.45	2.80
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	WHT	IAN	NATV ILND ##	AMER IND/PAC ALSK #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NEZMDEQ NQ20	1.83	2.28	3.00	2.00	2.00	1.00	3.00						1.00	2.00	1.83		1.67	2.00
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTHP NQ23	2.00	2.12	2.00	2.50	2.00	1.60	2.20	1.00				2.00	2.13	1.90	2.00	2.00	2.00	2.00
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTC NQ26	2.17	2.11	1.50	2.33	2.09	2.25	2.25	3.00				2.00	2.27	2.13	2.27	1.60	2.18	2.17
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.00	2.17	2.17	2.28	2.03	1.62	2.48	x 2.00	x	x	x 2.00	1.80	2.01	2.03	1.80	1.95	2.06	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR- AMER ##	AS- IAN	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC
PRBSEE4 Q46	70%	75%	50%	67%	79%	68%	76%	33%				0%	71%	73%	74%	40%	64%	76%
CARNES4 Q15	87%	88%	87%	94%	83%	86%	93%	64%			100%		85%	88%	87%	78%	87%	87%
AVERAGE	78.49	81.59	68.42	80.56	81.14	77.31	84.96	x 48.48	x	x	x 50.00	78.14	80.33	80.55	58.89	75.45	81.62	

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR- AMER ##	AS- IAN	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
CARSN4 Q4	96%	92%	95%	91%	96%	100%						100%	96%	98%	97%	86%	98%	92%	
APGET4 Q6	85%	84%	89%	87%	83%	83%	90%		58%			100%	83%	86%	86%	73%	85%	84%	
AVERAGE	90.57	88.10	91.69	89.04	89.26	91.67	95.00	x	58.33	x	x	x	100.0	89.58	92.13	91.55	79.22	91.69	88.22

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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	
DREXPL4 Q32	93%	93%	95%	92%	90%	94%	96%	78%			100%	88%	95%	93%	89%	90%	100%	
DRLSTN4 Q33	95%	95%	97%	92%	93%	98%	98%	100%			100%	91%	97%	95%	89%	93%	100%	
DRESPU4 Q34	95%	96%	97%	94%	90%	98%	98%	89%			100%	93%	97%	95%	100%	94%	98%	
DRTMEN4 Q37	86%	87%	89%	86%	88%	81%	94%	78%			89%	80%	89%	85%	100%	85%	88%	
AVERAGE	92.2	92.6	94.6	91.0	90.3	92.8	96.6	x 86.1	x	x	x 97.2	87.9	94.5	92.0	94.4	90.6	96.5	

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR- AMER ##	AS- IAN	NATV HAW/ PAC ILND ##	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC
PBCLCS4 Q50	81%	79%	93%	86%	74%	78%	86%	75%				100%	81%	80%	80%	86%	83%	77%
CSRESP Q51	92%	91%	93%	100%	89%	89%	95%	100%				100%	88%	96%	92%	86%	90%	95%
AVERAGE	86.61	85.33	93.10	92.86	81.58	83.33	90.48	x 87.50	x	x	x	100.0	84.62	88.04	86.36	85.71	86.70	86.36



SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA 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		
NRXWHY Q11	94%	93%	87%	78%	100%	100%	100%	100%				100%	94%	96%	95%	100%	86%	100%	
NRXWYNT Q12	79%	71%	75%	67%	93%	75%	70%	100%				50%	76%	82%	80%	80%	68%	88%	
RXBST Q13	85%	80%	63%	78%	100%	87%	90%	100%				75%	82%	89%	88%	80%	77%	92%	
AVERAGE	85.8	81.2	75.0	74.1	97.6	87.5	86.7	x	100	x	x	x	75.0	84.3	89.3	87.5	86.7	77.3	93.3

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA 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		
EZMDEQ Q20	50%	74%	100%	50%	100%	0%	100%						0%	60%	50%	33%	67%		
EZTHP Q23	56%	68%	50%	75%	57%	40%	60%	0%			100%		63%	50%	53%	67%	57%	55%	
EZTC Q26	71%	66%	50%	67%	64%	81%	75%	100%			100%		73%	71%	73%	60%	73%	71%	
AVERAGE	59.0	69.4	66.7	63.9	73.6	40.4	78.3	x	50.0	x	x	x	100	45.1	60.3	58.9	63.3	54.4	64.0

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA 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	
DRTLKU Q38	91%	86%	95%	92%	95%	84%	92%	89%				78%	93%	89%	90%	100%	89%	95%
DRUNCON Q43	94%	89%	100%	90%	93%	95%	90%					100%	93%	94%	95%	83%	92%	95%
DRUNFAM Q44	94%	87%	80%	90%	93%	100%	85%					100%	100%	91%	95%	83%	100%	92%
AVERAGE	93.0	87.3	91.5	90.6	93.6	93.0	89.1	x 88.9	x	x	x 92.6	95.2	91.6	93.5	88.9	93.6	94.2	

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
FMCA 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 & GOOD	FAIR & POOR	NO CCC	CCC	
HELPCONT Q18	91%	89%	100%	100%	89%	89%	75%					87%	92%	89%	100%	91%	91%	
HLPCOORD Q29	51%	57%	50%	33%	40%	71%	54%	0%		100%		38%	56%	49%	50%	38%	67%	
AVERAGE	70.9	73.0	75.0	66.7	64.4	79.7	64.6	x	x	x	x	100	62.5	73.6	68.9	75.0	64.4	78.8

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

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

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5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

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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1	Q1	OUR RECORDS SHOW THAT YOUR CHILD IS NOW IN <HEALTH PLAN>. IS THAT RIGHT?
2. YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS		
2	Q3	IN THE LAST 6 MONTHS, DID YOUR CHILD HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?
3	Q4	IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED? [ASKED IF Q3 = YES]
4	Q5	IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC?
5	Q6	IN THE LAST 6 MONTHS, WHEN YOU MADE AN APPOINTMENT FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC, HOW OFTEN DID YOU GET AN APPOINTMENT AS SOON AS YOUR CHILD NEEDED? [ASKED IF Q5 = YES]
6	Q7	IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOUR CHILD WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID HE OR SHE GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE?
7	Q8	IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS IN YOUR CHILD? [ASKED IF Q7 >= 1 TIME]
8	Q9	IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE YOUR QUESTIONS ANSWERED BY YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER? [ASKED IF Q7 >= 1 TIME]
9	Q10	IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME]
10	Q11	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
11	Q12	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
12	Q13	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
13	Q14	USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1]
14	Q15	IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED? [ASKED IF Q7 >= 1 TIME]
15	Q16	IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?

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

### 3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

### 4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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



61 Q57D IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE? [ASKED IF Q57C = YES]

62 Q57E IN THE LAST 6 MONTHS, WHEN THERE WAS MORE THAN ONE CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE, DID YOUR PROVIDER ASK YOU WHICH CHOICE WAS BEST FOR YOUR CHILD? [ASKED IF Q57C = YES]

63 Q57F IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PROVIDER CONSIDER AND RESPECT WHAT HEALTH CARE AND TREATMENT CHOICES YOU THOUGHT WORK BEST FOR YOUR CHILD? [ASKED IF Q57C = YES]

64 Q57G IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PROVIDER ENCOURAGE YOU TO ASK QUESTIONS AND RAISE CONCERNS? [ASKED IF Q57C = YES]

65 Q57H IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PROVIDER MAKE IT EASY FOR YOU TO ASK QUESTIONS AND RAISE CONCERNS? [ASKED IF Q57C = YES]

8. ABOUT YOUR CHILD AND YOU

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

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

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

69 Q61 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q60 = YES]

70 Q62 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q60 = YES AND Q61 = YES]

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

72 Q64 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q63 = YES]

73 Q65 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q63 = YES AND Q64 = YES]

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

75 Q67 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q66 = YES]

76 Q68 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q66 = YES AND Q67 = YES]

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

78 Q70 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q69 = YES]

79 Q71 IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q69 = YES AND Q70 = YES]

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

81 Q73 HAS THIS PROBLEM LASTED OR IS IT EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q72 = YES]

82 NQ74 WHAT IS YOUR CHILD'S AGE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]

83 NQ75 IS YOUR CHILD MALE OR FEMALE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING  
110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

**SURVEY INSTRUCTIONS**

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

Correct  
Mark 

Incorrect  
Marks 

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

Yes → *Go to Question 1*  
 No

↓ **START HERE** ↓

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

Yes → *Go to Question 3*  
 No

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

\_\_\_\_\_

## YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

- Never  
 Sometimes  
 Usually  
 Always

### YOUR PERSONAL DOCTOR

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

- Yes  
 No → **Go to Question 24**

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

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

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Yes  
 No → **Go to Question 23**

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

- Never  
 Sometimes  
 Usually  
 Always

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

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



## GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes  
 No → *Go to Question 28*

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

- Never  
 Sometimes  
 Usually  
 Always

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

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

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

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

## YOUR HEALTH PLAN

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

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

- Yes  
 No → *Go to Question 30*

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Yes  
 No → *Go to Question 33*

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Yes  
 No → *Go to Question 35*



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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → *Go to Question 35c*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 35e*

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

- Never
- Sometimes
- Usually
- Always

## ADDITIONAL QUESTIONS

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

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

- Yes
- No → *Go to Question 35i*

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

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

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

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

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

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

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

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

- Yes
- No → *Go to Question 35l*





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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

### ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

### ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Yes
- No
- Don't know

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

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

- Yes
- No

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

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

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

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



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

- Yes
- No → **Go to Question 50**

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

- Yes
- No

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

- Yes
- No → **Go to Question 52**

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

- Yes
- No

52. What is your age?

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

53. Are you male or female?

- Male
- Female

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

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

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

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

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

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

57. Did someone help you complete this survey?

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

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

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

**THANK YOU**

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

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

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



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

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

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

**SURVEY INSTRUCTIONS**

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

Correct  
Mark 

Incorrect  
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

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

- Yes → *Go to Question 3*
- No

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

\_\_\_\_\_



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

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

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

### SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

### YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always



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

38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?
- Yes
  - No
39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?
- Yes
  - No → *Go to Question 41*
40. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?
- Never
  - Sometimes
  - Usually
  - Always
41. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?
- 
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Personal Doctor Possible                      Best Personal Doctor Possible
42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?
- Yes
  - No → *Go to Question 45*







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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 54*

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

- Never
- Sometimes
- Usually
- Always

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

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

**PRESCRIPTION MEDICINES**

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

- Yes
- No → *Go to Question 57a*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

**ACCESS TO DENTAL CARE**

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

- Yes
- No

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

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



## ADDITIONAL QUESTIONS

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

## ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No

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

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



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

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

78. What is your age?

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

79. Are you male or female?

- Male
- Female

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

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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

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

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

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

**THANK YOU**

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

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

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







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

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

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

**INSTRUCCIONES PARA EL CUESTIONARIO**

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

Marca  
Correcta 

Marca  
Incorrecta   

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

Sí → *Pase a la Pregunta 1*  
 No

↓ **COMIENCE AQUI** ↓

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

Sí → *Pase a la pregunta 3*  
 No

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

\_\_\_\_\_



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

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

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

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





## LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

Sí  
 No → *Pase a la pregunta 28*

25. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

26. ¿Cuántos especialistas ha visto en los últimos 6 meses?

Ninguno → *Pase a la pregunta 28*  
 1 especialista  
 2  
 3  
 4  
 5 especialistas o más

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

0 1 2 3 4 5 6 7 8 9 10  
El peor especialista posible El mejor especialista posible

## SU PLAN DE SALUD

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

28. En los últimos 6 meses, ¿buscó alguna información en materiales escritos o en la Internet sobre cómo funciona su plan de salud?

Sí  
 No → *Pase a la pregunta 30*

29. En los últimos 6 meses, ¿con qué frecuencia encontró la información que usted necesitaba sobre cómo funciona su plan de salud en materiales escritos o en la Internet?

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

Sí  
 No → *Pase a la pregunta 33*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

33. En los últimos 6 meses, ¿le dio su plan de salud algún formulario para que lo llenara?

Sí  
 No → *Pase a la pregunta 35*





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

- Sí
- No

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

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

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

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

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

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

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

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

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

35p. En los últimos 6 meses, ¿sintió usted que podría confiar en el doctor u otro proveedor de salud con su cuidado médico?

- Sí, definitivamente
- Sí, algo
- No

## ACCESO A CUIDADO DENTAL

35q. Un dentista regular es a quien usted va a ver para un chequeo y limpieza o tiene una carie o un dolor de diente. ¿Usted tiene un dentista regular?

- Sí
- No

35r. En los últimos 6 meses, si usted necesitó ver a un dentista de inmediato por una emergencia dental, ¿pudo ver usted a un dentista tan pronto como quería?

- Nunca
- A veces
- La mayoría de las veces
- Siempre
- Yo no tuve una emergencia dental en los últimos 6 meses

## ACERCA DE USTED

36. En general, ¿cómo calificaría toda su salud?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

37. En general, ¿cómo calificaría toda su salud mental o emocional?

- Excelente
- Muy buena
- Buena
- Regular
- Mala

38. Desde el 1 de julio del 2015, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o espray nasal?

- Sí
- No
- No sé

39. Actualmente, ¿fuma cigarrillos o usa tabaco todos los días, algunos días o nunca?

- Todos los días
- Algunos días
- No fumo en absoluto → **Pase a la pregunta 43**
- No sé → **Pase a la pregunta 43**

40. En los últimos 6 meses, ¿qué tan seguido le aconsejó un doctor u otro profesional médico de su seguro que dejara de fumar o usar tabaco?

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

41. En los últimos 6 meses, ¿qué tan seguido le recomendó, o habló un doctor o profesional médico sobre medicamentos para ayudarlo(a) a dejar de fumar o usar tabaco? Ejemplos de medicamentos son: chicle o goma de mascar con nicotina, parche, rociador o aerosol nasal, inhalador o medicamentos con receta.

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

42. En los últimos 6 meses, ¿qué tan seguido le ofreció o habló con su doctor o profesional médico sobre métodos y estrategias, aparte de medicamentos, para ayudarlo(a) a dejar de fumar o usar tabaco? Ejemplos de métodos y estrategias son: una línea telefónica de ayuda, consejería individual o terapia de grupo o un programa para dejar de fumar.

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

43. ¿Toma aspirina todos los días o un día sí y otro día no?

- Sí
- No
- No sé

44. ¿Tiene algún problema de salud o toma algún medicamento que hace que sea peligroso para usted tomar aspirina?

- Sí
- No
- No sé

45. ¿Ha hablado alguna vez un doctor o profesional médico con usted acerca de los riesgos y beneficios de la aspirina para prevenir un infarto o un derrame cerebral?

- Sí
- No

46. Que usted sepa, ¿tiene alguna de las siguientes enfermedades? Marque una o más.

- Colesterol alto
- Presión sanguínea alta (hipertensión arterial)
- Padres o hermanos que hayan tenido un infarto antes de los 60 años

47. ¿Alguna vez le ha dicho un doctor que usted tiene alguna de las siguientes enfermedades? Marque una o más.

- Un infarto
- Angina de pecho o cardiopatía coronaria
- Un derrame cerebral
- Algún tipo de diabetes o niveles altos de azúcar en la sangre

48. En los últimos 6 meses, ¿recibió usted atención médica 3 veces o más para la misma enfermedad o problema?

- Sí
- No → **Pase a la pregunta 50**

49. ¿Se trata de una enfermedad o problema que ha durado al menos 3 meses? **No** incluya el embarazo ni la menopausia.

- Sí
- No

50. ¿Necesita o toma ahora alguna medicina recetada por un doctor? **No** incluya anticonceptivos.

- Sí
- No → **Pase a la pregunta 52**



51. ¿Es esta medicina para tratar una enfermedad o problema que ha durado al menos 3 meses? **No** incluya el embarazo ni la menopausia.

- Sí
- No

52. ¿Qué edad tiene?

- 18 a 24 años
- 25 a 34
- 35 a 44
- 45 a 54
- 55 a 64
- 65 a 74
- 75 años o más

53. ¿Es usted hombre o mujer?

- Hombre
- Mujer

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

- 8 años de escuela o menos
- 9 a 12 años de escuela, pero sin graduarse
- Graduado de la escuela secundaria (high school), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
- Algunos cursos universitarios o un título universitario de un programa de 2 años
- Título universitario de 4 años
- Título universitario de más de 4 años

55. ¿Es usted de origen o ascendencia hispana o latina?

- Sí, hispano o latino
- No, ni hispano ni latino

56. ¿A qué raza pertenece? Marque una o más.

- Blanca
  - Negra o afroamericana
  - Asiática
  - Nativo de Hawái o de otras islas del Pacífico
  - Indígena americano o nativo de Alaska
  - Otra (Por favor escriba en letra de molde)
- \_\_\_\_\_

57. ¿Le ayudó alguien a completar esta encuesta?

- Sí → *Pase a la pregunta 58*
- No → *Gracias. Por favor devuelva esta encuesta en el sobre con el porte o franqueo pagado.*

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

- Me leyó las preguntas
  - Anotó las respuestas que le di
  - Contestó las preguntas por mí
  - Tradujo las preguntas a mi idioma
  - Me ayudó de otra forma (Por favor escriba en letra de molde)
- \_\_\_\_\_

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

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

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



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

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

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

**INSTRUCCIONES PARA EL CUESTIONARIO**

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

Marca  
Correcta ●

Marca  
Incorrecta   

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

● Sí ➔ *Pase a la Pregunta 1*  
○ No

↓ **COMIENCE AQUI** ↓

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

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

○ Sí ➔ *Pase a la pregunta 3*  
○ No

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

\_\_\_\_\_



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

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

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

Sí  
 No → *Pase a la pregunta 5*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

Sí  
 No → *Pase a la pregunta 7*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

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

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

Sí  
 No

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre



## SERVICIOS ESPECIALIZADOS

19. En el equipo o dispositivo médico especial se incluye un andador, silla de ruedas, nebulizador, tubos de alimentación o equipo de oxígeno. En los últimos 6 meses, ¿consiguió o intentó conseguir algún equipo o dispositivo médico especial para su niño?
- Sí  
 No → *Pase a la pregunta 22*
20. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir equipo o dispositivos médicos especiales para su niño?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
21. ¿Alguien del plan de salud, del consultorio médico o clínica de su niño le ayudó a conseguir el equipo o dispositivos médicos especiales para su niño?
- Sí  
 No
22. En los últimos 6 meses, ¿consiguió o intentó conseguir terapia especial para su niño tal como terapia física, ocupacional o del habla?
- Sí  
 No → *Pase a la pregunta 25*
23. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir esta terapia para su niño?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
24. ¿Alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a conseguir esta terapia para su niño?
- Sí  
 No
25. En los últimos 6 meses, ¿consiguió o intentó conseguir tratamiento o consejería para su niño, para un problema emocional, de desarrollo o de comportamiento?
- Sí  
 No → *Pase a la pregunta 28*
26. En los últimos 6 meses, ¿con qué frecuencia fue fácil conseguir este tratamiento o consejería para su niño?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
27. ¿Alguien del plan de salud, consultorio médico o clínica de su niño le ayudó a conseguir este tratamiento o consejería para su niño?
- Sí  
 No
28. En los últimos 6 meses, ¿recibió su niño atención de más de un tipo de profesional médico, o usó más de un tipo de servicio de salud?
- Sí  
 No → *Pase a la pregunta 30*

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

- Sí
- No

### 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 --&gt; APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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



PRVENT5

Q8. / PRVENT5

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

OFTQUES

9. / OFTQUES

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RXSTP

10. / RXSTP

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

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

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

NRXWHY

11. / NRXWHY

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

12. / NRXWYNT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

13. / RXBST

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

14. / RTALLCR

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

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## CHSCHL

16. / CHSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## CONTSCHL

17. / CONTSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## HELPCONT

18. / HELPCONT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MEDEQUIP

19. / MEDEQUIP

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

## EZMDEQ

20. / EZMDEQ

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPMDEQ

21. / HELPMDEQ

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## SPCTHY

22. / SPCTHY

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

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

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

## EZTHP

23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPTHP

24. / HELPTHP

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## TCPBLM

25. / TCPBLM

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

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

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

EZTC

26. / EZTC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PLUSCARE

28. / PLUSCARE

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

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

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

HLPCOORD

29. / HLPCOORD

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

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

Does your child have a personal doctor?

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

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

DRTMS

31. / DRTMS

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

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

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

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

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

PBDRNG

31a. / PBDRNG

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DREXPL4

32. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

33. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

34. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK

35. / CABLTLK

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

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

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL

36. / CDREXPL

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

37. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTLKU

38. / DRTLKU

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DIFFDR

39. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

40. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)



RATEDR4

41. / RATEDR4

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

COND3MO

42. / COND3MO

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

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

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

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

DRUNCON

43. / DRUNCON

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DRUNFAM

44. / DRUNFAM

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

INTRO.SPDR

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

NDSPDR4

45. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

46. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

47. / SPDRS

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

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

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

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

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

RTSPDR4

48. / RTSPDR4

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

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

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

INTRO.PLAN

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

CLCSR4

49. / CLCSR4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

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

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

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

PBPLPW4

53. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

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

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

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

## EZPRES

56. / EZPRES

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPPRES

57. / HELPPRES

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## REGDENT

57a. / REGDENT

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

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## DNTASAP

57b. / DNTASAP

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

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

DK/REFUSAL/NOT ASCERTAINED

## CHTREAT

57c. / CHTREAT

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

## PCTREAT

57d. / PCTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## BSTREAT

57e. / BSTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## RESPCHT

57f. / RESPCHT

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

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

DK/REFUSAL/NOT ASCERTAINED

## ENCORQC

57g. / ENCORQC

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

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

DK/REFUSAL/NOT ASCERTAINED

EASYQC

57h. / EASYQC

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

58. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

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

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

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

## WHYMEDA

61. / WHYMEDA

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

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

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

## WHYMEDB

62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MOREMED

63. / MOREMED

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

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

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREA

64. / WHYMOREA

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

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

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREB

65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## LIMITED

66. / LIMITED

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP



WHYLIMA

67. / WHYLIMA

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

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

DK/REFUSAL/NOT ASCERTAINED --> 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.