



Intercommunity Health Network
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2015



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METHODOLOGY

Introduction

This banner book report summarizes the results of the 2015 CAHPS® Medicaid survey of Intercommunity Health Network members. Intercommunity Health Network is one of 17 CCOs that participated in the survey. It was administered over a 10-week period using a mixed-mode (mail and telephone) five-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:	February 19, 2015
1st mailing of survey packets:	February 26, 2015
1st mailing of reminder postcards:	March 5, 2015
2nd mailing of survey packets:	March 24, 2015
2nd mailing of reminder postcards:	April 2, 2015
Phone follow-up start:	April 9, 2015
Mail and phone field terminated:	May 4, 2015

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. Adults were defined as members aged 18 years or older and children as 17 years old or younger, both as of December 31, 2014. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2014. The final selected sample consisted of 15,300 adult OHP enrollees and 15,300 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. Four 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 six *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

Q29/34. Personal doctor showed respect for what you had to say

Q20/37. Personal doctor spent enough time with you

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 age category, race/ethnicity, health status, and gender. Significance testing was conducted between overall OHP results and plan or 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. For comparisons with statistically significant differences, a star (*) is found to the right of the relevant percentage in the table.

For rating, composite, and reporting measure questions, responses grouped together as scores offer a means of comparing performance across plans and other subgroups. Scores are usually designed to capture respondents' positive experiences. Thus, in rating questions, for example, responses of 8, 9, or 10 represent a positive experience, as do responses of 'Usually' or 'Always' to questions that make up the composites and most of the reporting measures. To make these scores easily available to users, positive responses have been set apart in the banner tables and labelled as 'Nets'. A net score preceded by '#' signifies the most inclusive grouping (i.e. 8, 9, and 10), whereas a net score preceded by the label 'Score 2' represents the least inclusive grouping (i.e. 9 and 10).

Data presented in the banner books were weighted to reflect each plan's actual distribution in the total eligible population. A weight unique to each health plan and age category (adults and children) was constructed by applying the percentage of members by plan in the population to the corresponding percentages in the completed cases.

Sample Disposition

Category	Adult		Child	
	Intercommunity Health Network	Overall	Intercommunity Health Network	Overall
**First mailing - sent	900	15300	900	15300
*First mailing - usable survey returned	171	3240	148	2377
Second mailing - sent	706	12007	745	12648
*Second mailing - usable survey returned	52	979	64	987
*Phone - usable surveys	78	1234	116	1999
Total - usable surveys	301	5453	328	5363
†Ineligible: According to population criteria‡	14	261	6	158
†Ineligible: Deceased	4	39	0	1
†Ineligible: Mentally or physically unable to complete survey	12	207	0	0
†Ineligible: Language barrier	2	52	0	40
Incorrect address AND incorrect phone number	68	1173	79	1296
Refusal/Returned survey blank	41	667	34	729
Nonresponse - Unavailable by mail or phone	458	7448	453	7713
Adjusted Response Rate	34.7%	37.0%	36.7%	35.5%

*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© 2015 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	205 41.1%	131 43.5%	2.44%
Female	294 58.9%	170 56.5%	-2.44%
18-24	109 21.8%	28 9.3%	-12.54%
25-34	136 27.3%	52 17.3%	-9.98%
35-44	95 19.0%	56 18.6%	-0.43%
45-54	78 15.6%	68 22.6%	6.96%
55-64	62 12.4%	79 26.2%	13.82%
65-74	14 2.8%	11 3.7%	0.85%
75 or Older	5 1.0%	7 2.3%	1.32%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	244 50.1%	169 51.5%	1.42%
Female	243 49.9%	159 48.5%	-1.42%
<3	103 21.1%	60 18.3%	-2.86%
4-7	125 25.7%	84 25.6%	-0.06%
8-12	145 29.8%	96 29.3%	-0.51%
13 or older	114 23.4%	88 26.8%	3.42%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q1 YES	298 100%	5345 100%	23 100%	41 100%	54 100%	66 100%	78 100%	18 100%	251 100%	4 100%	3 100%	3 100%	15 100%	19 100%	260 100%	204 100%	77 100%	120 100%	162 100%	
NOT ANSWERED	3	108	1		1		1	3						1	2	3		1	2	
VALID CASES	298	5345	23	41	54	66	78	18	251	4	3	3	15	19	260	204	77	120	162	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	OTH-	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q3 YES	131 45%	2233 43%	12 50%~	13 32%~	29 54%	30 45%	36 47%	5 28%~	112 45%~	~	~	~	2 67%~	2 67%~	8 53%~	8 40%~	116 45%~	89 43%	36 47%	46 39%	80 49%
NO	162 55%	2997 57%	12 50%~	28 68%~	25 46%	37 55%	40 53%	13 72%~	139 55%~	~	100%~	~	1 33%~	1 33%~	7 47%~	12 60%~	143 55%~	116 57%	40 53%	73 61%	83 51%
NOT ANSWERED	8	223					2	1	3							3	2	1	2	1	
VALID CASES	293	5230	24	41	54	67	76	18	251	4		3	3	15	20	259	205	76	119	163	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q4 NEVER	2 2%	63 3%	~	~	4%~	4%~	~	~	2%~	~	~	~	~	~	~	2%~	1%~	3%~	4%~	~	
SOMETIMES	17 14%	285 14%	9%~	23%~	14%~	22%~	6%~	~	14%~	~	~	~	~	25%~	13%~	14%~	11%~	19%~	13%~	14%~	
USUALLY	28 23%	563 28%	18%~	23%~	25%~	19%~	28%~	20%~	22%~	~	~	~	50%~	50%~	13%~	38%~	21%~	19%~	35%~	29%~	19%~
ALWAYS	75 61%	1115 55%	73%~	54%~	57%~	56%~	66%~	80%~	62%~	~	~	~	50%~	50%~	63%~	50%~	63%~	69%~	42%~	53%~	67%~
#ALWAYS + USUALLY (NET)	103 84%	1678 83%	91%~	77%~	82%~	74%~	94%~	100%~	84%~	~	~	~	100%~	100%~	75%~	88%~	84%~	88%~	77%~	82%~	86%~
TOP BOX SCORE	75 61%	1115 55%	73%~	54%~	57%~	56%~	66%~	80%~	62%~	~	~	~	50%~	50%~	63%~	50%~	63%~	69%~	42%~	53%~	67%~
NOT ANSWERED	9	220	1		1	3	4		9						9	4	5	1	8		
VALID CASES	122	2026	11	13	28	27	32	5	103			2	2	8	8	107	85	31	45	72	
NUMBER OF RESPONDENTS	131	2246	12	13	29	30	36	5	112			2	2	8	8	116	89	36	46	80	
	100%	100%	100%	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?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q5 YES	199 68%	3616 70%	12 50%~	26 63%~	33 61%	48 72%	57 75%	15 79%~	169 67%~	1 ~ 25%~	3 ~100%	3 ~100%	11 73%~	13 65%~	178 68%~	130 63%*	61 79%*	73 61%*	119 73%	
NO	94 32%	1586 30%	12 50%~	15 37%~	21 39%	19 28%	19 25%	4 21%~	83 33%~	3 ~ 75%~	~	~	4 ~ 27%~	7 35%~	82 32%~	76 37%*	16 21%*	46 39%*	45 27%	
NOT ANSWERED	8	251					2		2					2	1		2			
VALID CASES	293	5202	24	41	54	67	76	19	252	4	3	3	15	20	260	206	77	119	164	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
Q6 NEVER	10 5%	100 3%	1 10%~	1 4%~	2 6%~	3 7%~	3 6%	9 6%~	~	~	~	~	~	~	1 9%~	8 5%~	5 4%	4 8%	5 8%	5 5%	
SOMETIMES	27 15%	562 17%	1 10%~	5 20%~	5 16%~	8 18%~	4 8%	2 13%~	22 14%~	~	~	~	~	~	3 27%~	2 18%~	23 14%~	18 15%	7 13%	13 20%	12 11%
USUALLY	54 29%	870 27%	4 40%~	8 32%~	12 38%~	8 18%~	17 34%	3 20%~	46 29%~	~	~	1 33%~	2 67%~	3 27%~	4 36%~	49 30%~	32 26%	21 40%	18 27%	35 32%	
ALWAYS	93 51%	1715 53%	4 40%~	11 44%~	13 41%~	25 57%~	26 52%	10 67%~	80 51%~	~	~	2 67%~	1 33%~	5 45%~	4 36%~	85 52%~	68 55%	21 40%	30 45%	59 53%	
#ALWAYS + USUALLY (NET)	147 80%	2585 80%	8 80%~	19 76%~	25 78%~	33 75%~	43 86%	13 87%~	126 80%~	~	~	3 100%~	3 100%~	8 73%~	8 73%~	134 81%~	100 81%	42 79%	48 73%	94 85%	
TOP BOX SCORE	93 51%	1715 53%	4 40%~	11 44%~	13 41%~	25 57%~	26 52%	10 67%~	80 51%~	~	~	2 67%~	1 33%~	5 45%~	4 36%~	85 52%~	68 55%	21 40%	30 45%	59 53%	
NOT ANSWERED	15	326	2	1	1	4	7	12		1					2	13	7	8	7	8	
VALID CASES	184	3247	10	25	32	44	50	15	157			3	3	11	11	165	123	53	66	111	
NUMBER OF RESPONDENTS	199	3573	12	26	33	48	57	15	169	1		3	3	11	13	178	130	61	73	119	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q5 = YES]

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

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	NATV HAW/IND/PAC ALSK	AMER ILND NATV OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE			
Q7 NONE	76 26%	1271 25%	9 38%	15 37%	13 25%	17 25%	15 19%	2 11%	67 26%	1 ~	25%~	~	~	~	21%~	3 15%	69 27%	64 31%*	9 12%*	39 33%*	33 20%*
1 TIME	46 16%	975 19%	2 8%	4 10%	11 21%	11 16%	12 16%	5 26%	41 16%	2 ~	50%~	~	~	~	7%~	1 25%	39 15%	34 17%	11 14%	18 15%	27 16%
2	58 20%	973 19%	5 21%	4 10%	11 21%	15 22%	16 21%	5 26%	51 20%	1 ~	25%~	~	~	1 33%	3 21%	5 25%	50 19%	40 20%	16 21%	20 17%	36 22%
3	34 12%	600 12%	3 13%	5 12%	2 4%*	9 13%	11 14%	4 21%	30 12%	~	~	~	~	~	29%~	4 10%	31 12%	21 10%	12 16%	12 10%	22 13%
4	27 9%	448 9%	2 8%	4 10%	5 9%	3 4%	11 14%	1 5%	23 9%	~	~	~	2 67%	1 7%	1 5%	25 10%	14 7%	12 16%	15 13%	11 7%	
5 TO 9	39 13%	631 12%	3 13%	6 15%	7 13%	11 16%	9 12%	2 11%	31 12%	~	~	~	1 33%	2 67%	1 7%	4 20%	35 13%	25 12%	13 17%	11 9%	28 17%*
10 OR MORE TIMES	12 4%	265 5%	~	3 7%	4 8%	1 1%	3 4%	~	10 4%	~	~	~	~	~	7%~	1 ~	11 4%	7 3%	4 5%	4 3%	7 4%
NOT ANSWERED	9	290			1		1		1					1		2	2			2	
VALID CASES	292	5163	24	41	53	67	77	19	253	4		3	3	14	20	260	205	77	119	164	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4		3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

		AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER		
		INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV HAW/ AS- PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q8 #YES	150 71%	2683 71%	8 57%~	15 58%~	26 65%~	33 67%~	50 82%*	12 75%~	131 72%~	1 ~ 33%~	2 ~ 67%~	2 67%~	7 64%~	9 53%~	134 72%~	103 74%	41 63%	51 65%	94 73%	
NO	62 29%	1081 29%	6 43%~	11 42%~	14 35%~	16 33%~	11 18%*	4 25%~	51 28%~	2 ~ 67%~	1 ~ 33%~	1 33%~	4 36%~	8 47%~	53 28%~	37 26%	24 37%	28 35%	34 27%	
NOT ANSWERED	4	79	1			1	1	1	4					4	1	3	1	3		
VALID CASES	212	3764	14	26	40	49	61	16	182	3		3	3	11	17	187	140	65	79	128
NUMBER OF RESPONDENTS	216 100%	3843 100%	15 100%	26 100%	40 100%	50 100%	62 100%	17 100%	186 100%	3 100%		3 100%	3 100%	11 100%	17 100%	191 100%	141 100%	68 100%	80 100%	131 100%

[ASKED IF Q7 >= 1 TIME]

Q9 IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q9 YES	136 64%	2125 57%*	8 57%~	19 73%~	24 62%~	32 65%~	39 63%~	10 63%~	118 65%~	1 ~ 33%~	2 ~ 67%~	2 67%~	7 64%~	5 29%~	126 67%~	86 62%	45 68%	45 57%	88 69%	
NO	76 36%	1611 43%*	6 43%~	7 27%~	15 38%~	17 35%~	23 37%	6 38%~	64 35%~	2 ~ 67%~	1 ~ 33%~	1 33%~	4 36%~	12 71%~	61 33%~	53 38%	21 32%	34 43%	40 31%	
NOT ANSWERED	4	107	1		1	1		1	4						4	2	2	1	3	
VALID CASES	212	3736	14	26	39	49	62	16	182	3		3	3	11	17	187	139	66	79	128
NUMBER OF RESPONDENTS	216 100%	3843 100%	15 100%	26 100%	40 100%	50 100%	62 100%	17 100%	186 100%	3 100%		3 100%	3 100%	11 100%	17 100%	191 100%	141 100%	68 100%	80 100%	131 100%

[ASKED IF Q7 >= 1 TIME]

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q10 #YES	125 93%	1887 92%	8 100%	18 95%	23 96%	29 91%	34 89%	9 90%	109 93%	1 ~100%	2 ~100%	2 100%	5 71%	5 100%	115 92%	81 94%	39 89%	41 91%	81 93%	
NO	10 7%	166 8%	~	1 5%	1 4%	3 9%	4 11%	1 10%	8 7%	~	~	~	~	2 29%	10 ~8%	5 6%	5 11%	4 9%	6 7%	
NOT ANSWERED	14	436	1		2	1	2	1	6					1	7	4	3	3	4	
VALID CASES	135	2053	8	19	24	32	38	10	117	1		2	2	7	5	125	86	44	45	87
NUMBER OF RESPONDENTS	149 100%	2489 100%	9 100%	19 100%	26 100%	33 100%	40 100%	11 100%	123 100%	1 100%		2 100%	2 100%	8 100%	5 100%	132 100%	90 100%	47 100%	48 100%	91 100%

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

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q11 #YES	101 75%	1488 73%	8 100%	16 84%	20 83%	18 56%	31 82%	6 60%	86 74%	~	~	~	2 100%	2 100%	6 86%	4 80%	94 75%	67 78%	30 68%	31 69%	68 78%
NO	34 25%	562 27%	~	3 16%	4 17%	14 44%	7 18%	4 40%	31 26%	~	1 100%	~	~	~	1 14%	1 20%	31 25%	19 22%	14 32%	14 31%	19 22%
NOT ANSWERED	1	44				1		1								1		1		1	
VALID CASES	135	2050	8	19	24	32	38	10	117	1			2	2	7	5	125	86	44	45	87
NUMBER OF RESPONDENTS	136	2094	8	19	24	32	39	10	118	1			2	2	7	5	126	86	45	45	88
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE MALE				
Q12 #YES	101 75%	1534 75%	8 100%~	15 79%~	19 83%~	22 69%~	29 76%~	5 50%~	89 77%~	~	~	2 ~100%~	2 ~100%~	4 57%~	3 60%~	95 77%~	65 76%~	32 73%~	31 69%~	68 79%~
NO	33 25%	511 25%	~	4 21%~	4 17%~	10 31%~	9 24%~	5 50%~	27 23%~	1 ~100%~	~	~	~	3 43%~	2 40%~	29 23%~	20 24%~	12 27%~	14 31%~	18 21%~
NOT ANSWERED	2	49			1		1		2						2	1	1			2
VALID CASES	134	2045	8	19	23	32	38	10	116	1		2	2	7	5	124	85	44	45	86
NUMBER OF RESPONDENTS	136 100%	2094 100%	8 100%	19 100%	24 100%	32 100%	39 100%	10 100%	118 100%	1 100%		2 100%	2 100%	7 100%	5 100%	126 100%	86 100%	45 100%	45 100%	88 100%

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

Q13 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR HEALTH CARE IN THE LAST 6 MONTHS?

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE			
Q13 WORST HEALTH CARE POSSIBLE	1	29					1						1	1	1	1	1		
	0.5%	0.8%	~	~	~	~	6%	~	~	~	~	~	9%	~0.5%	~	2%	1%	~	
01		27																	
		0.7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	4	39			1	3		4						4	1	3	1	3	
	2%	1%	~	~	2%	6%	~	2%	~	~	~	~	~	2%	0.7%	5%	1%	2%	
03	2	70		1			1	2						2	1	1		2	
	0.9%	2%	~	4%	~	~	2%	1%	~	~	~	~	~	1%	0.7%	2%	~	2%	
04	5	85			2	2	1	5						4	3	2	1	4	
	2%	2%	~	~	5%	4%	2%	3%	~	~	~	~	~	2%	2%	3%	1%	3%	
05	15	285	1	3	2	3	2	2	12	1				1	14	7	7	7	7
	7%	8%	7%	12%	5%	6%	3%	13%	7%	~	33%	~	~	9%	7%	5%	11%	9%	5%
06	16	223		5	3	5	2	1	14	1					2	14	8	7	6
	8%	6%	~	19%	7%	10%	3%	6%	8%	~	33%	~	~	~	12%	7%	6%	11%	8%
07	27	493	2	3	2	7	7	4	21	1			1	2	25	17	8	6	19
	13%	13%	14%	12%	5%	14%	11%	25%	11%	~	33%	~	~	33%	18%	~	13%	12%	8%
08	43	772	4	5	8	8	16	1	33			2	1	5	6	36	30	12	19
	20%	21%	29%	19%	20%	16%	26%	6%	18%	~	~	~	67%	33%	45%	35%	19%	21%	18%
09	37	616	3	2	10	6	13	2	34				1	1	5	30	27	9	17
	17%	16%	21%	8%	25%	12%	21%	13%	19%	~	~	~	33%	9%	29%	16%	19%	14%	22%
BEST HEALTH CARE POSSIBLE	63	1096	4	7	12	15	20	5	58			1		1	4	58	46	16	21
	30%	29%	29%	27%	30%	31%	32%	31%	32%	~	~	~	33%	~	9%	24%	31%	33%	27%
#8-10 (NET)	143	2485	11	14	30	29	49	8	125			3	2	7	15	124	103	37	57
	67%	66%	79%	54%	75%	59%	79%*	50%	68%	~	~	~	100%	67%	64%	88%	66%	74%*	56%*

Continued

Q13 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR HEALTH CARE IN THE LAST 6 MONTHS?

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER				
	INHE TOT 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-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE			
9-10 (NET)	100 47%	1712 46%	7 50%~	9 35%~	22 55%~	21 43%~	33 53%	7 44%~	92 50%~	~	~	~	1 33%~	1 33%~	2 18%~	9 53%~	88 47%~	73 52%*	25 38%	38 48%	61 47%
NOT ANSWERED	3	106	1			1	1	3							3	1	2	1	2		
VALID CASES	213	3737	14	26	40	49	62	16	183	3		3	3	11	17	188	140	66	79	129	
NUMBER OF RESPONDENTS	216 100%	3843 100%	15 100%	26 100%	40 100%	50 100%	62 100%	17 100%	186 100%	3 100%		3 100%	3 100%	11 100%	17 100%	191 100%	141 100%	68 100%	80 100%	131 100%	
MEAN	7.99	7.91	8.43	7.58	8.15	7.67	8.44	7.50	8.06	6.00		8.67	8.00	7.09	8.53	7.96	8.30	7.38	8.03	7.99	
p stat_(*=Sig @ p<=.05)		.594	~	~	~	~	.019*	~	~	~	~	~	~	~	~	~	~	.004*	.003*	.826	.954

[ASKED IF Q7 >= 1 TIME]

Q14 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS OR TREATMENT YOU NEEDED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q14 NEVER	7 3%	104 3%	1 ~ 4%	2 5%	1 2%	3 19%	5 3%	1 33%					1 9%		7 4%	4 3%	3 5%	3 4%	4 3%	
SOMETIMES	26 12%	575 15%	2 14%	4 15%	4 10%	8 17%	5 8%	2 13%	21 12%	1 33%			2 18%		4 24%	20 11%	12 9%*	12 18%	9 12%	16 12%
USUALLY	77 37%	1243 33%	4 29%	12 46%	17 42%	16 34%	20 33%	7 44%	65 36%	1 33%		1 33%	3 100%	5 45%	6 35%	70 38%	48 35%	28 43%	30 39%	47 37%
ALWAYS	100 48%	1797 48%	8 57%	9 35%	17 42%	22 47%	36 59%*	4 25%	89 49%			2 67%	3 27%	7 41%	89 48%	74 54%*	22 34%*	35 45%	61 48%	
#ALWAYS + USUALLY (NET)	177 84%	3040 82%	12 86%	21 81%	34 85%	38 81%	56 92%*	11 69%	154 86%	1 33%		3 100%	3 100%	8 73%	13 76%	159 85%	122 88%*	50 77%	65 84%	108 84%
TOP BOX SCORE	100 48%	1797 48%	8 57%	9 35%	17 42%	22 47%	36 59%*	4 25%	89 49%			2 67%	3 27%	7 41%	89 48%	74 54%*	22 34%*	35 45%	61 48%	
NOT ANSWERED	6	124	1			3	1	1	6						5	3	3	3	3	
VALID CASES	210	3719	14	26	40	47	61	16	180	3		3	3	11	17	186	138	65	77	128
NUMBER OF RESPONDENTS	216 100%	3843 100%	15 100%	26 100%	40 100%	50 100%	62 100%	17 100%	186 100%	3 100%		3 100%	3 100%	11 100%	17 100%	191 100%	141 100%	68 100%	80 100%	131 100%

[ASKED IF Q7 >= 1 TIME]

Q15 A PERSONAL DOCTOR IS THE ONE YOU WOULD SEE IF YOU NEED A CHECK-UP, WANT ADVICE ABOUT A HEALTH PROBLEM, OR GET SICK OR HURT. DO YOU HAVE A PERSONAL DOCTOR?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ AS- PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q15 YES	244 85%	4201 81%*	19 79%~	30 75%~	48 89%	58 88%	68 88%	15 94%~	211 85%~	2 ~ 50%~	3 ~100%	3 ~100%	14 93%~	15 75%~	221 86%~	168 83%*	69 92%*	94 80%*	145 90%*	
NO	42 15%	995 19%*	5 21%~	10 25%~	6 11%	8 12%	9 12%	1 6%~	37 15%~	2 ~ 50%~	~	~	1 ~ 7%~	5 25%~	35 14%~	35 17%*	6 8%*	24 20%*	16 10%*	
NOT ANSWERED	15	257	1	1	1	1	3	6						6	4	2	3	3		
VALID CASES	286	5196	24	40	54	66	77	16	248	4	3	3	15	20	256	203	75	118	161	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q16 NONE	56 24%	713 18%*	7 44%~	7 24%~	16 34%~	15 28%	7 11%*	3 21%~	49 25%~	1 ~	50%~	~	~	33%~	21%~	1 3	4 27%~	50 24%~	49 31%*	6 10%*	24 27%	31 23%
1 TIME	49 21%	973 24%	3 19%~	6 21%~	12 26%~	10 19%	14 22%	3 21%~	39 20%~	1 ~	50%~	~	1 ~	33%~	6 ~	3 20%~	45 22%~	35 22%	13 21%	25 28%	23 17%	
2	45 20%	1005 25%*	3 19%~	3 10%~	8 17%~	12 22%	16 25%	3 21%~	42 21%~	~	~	~	~	33%~	2 14%~	2 13%~	43 21%~	32 20%	13 21%	15 17%	30 22%	
3	35 15%	534 13%	3 19%~	5 17%~	2 4%~	7 13%	12 19%	4 29%~	27 14%~	~	~	~	2 ~	33%~	1 14%~	2 ~	5 33%~	27 13%~	19 12%	12 19%	12 13%	21 16%
4	23 10%	322 8%	~	2 7%~	5 11%~	4 7%	11 17%	1 7%~	22 11%~	~	~	~	~	~	~	~	23 ~	12 11%~	11 8%	9 17%*	14 10%	10% 10%
5 TO 9	20 9%	403 10%	~	6 21%~	2 4%~	6 11%	4 6%	~	16 8%~	~	~	~	~	~	1 7%~	1 7%~	18 9%~	11 7%	8 13%	4 4%*	15 11%	
10 OR MORE TIMES	2 0.9%	75 2%	~	~	2 4%~	~	~	~	2 1%~	~	~	~	~	~	~	~	2 1%~	2 1%~	~	1 1%	1 0.7%	
NOT ANSWERED	14	238	3	1	1	4	4	1	14								13	8	6	4	10	
VALID CASES	230	4026	16	29	47	54	64	14	197	2		3	3	14	15	208	160	63	90	135		
NUMBER OF RESPONDENTS	244	4264	19	30	48	58	68	15	211	2		3	3	14	15	221	168	69	94	145		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q15 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q17 NEVER	1 0.6%	47 1%	1 11%	~	~	~	~	~	~	~	~	~	~	1 9%	1 9%	~	1 2%	1 2%	~		
SOMETIMES	13 8%	196 6%	1 11%	1 5%	~	6 15%	2 4%	3 27%	10 7%	1 ~100%	~	~	~	1 9%	11 9%	7 7%	6 5%	7 13%	9 14%*	4 4%*	
USUALLY	33 19%	719 22%	1 11%	5 24%	6 19%	6 15%	10 18%	4 36%	29 20%	~	~	~	1 ~50%	1 9%	3 27%	29 18%	22 20%	9 16%	16 24%	16 16%	
ALWAYS	126 73%	2245 70%	6 67%	15 71%	25 81%	27 69%	45 79%	4 36%	108 73%	~	~	~	3 ~100%	1 50%	8 73%	6 55%	117 75%	83 75%	39 70%	40 61%*	83 81%*
#ALWAYS + USUALLY (NET)	159 92%	2963 92%	7 78%	20 95%	31 100%	33 85%	55 96%	8 73%	137 93%	~	~	~	3 ~100%	2 100%	9 82%	9 82%	146 93%	105 95%	48 86%	56 85%*	99 96%*
TOP BOX SCORE	126 73%	2245 70%	6 67%	15 71%	25 81%	27 69%	45 79%	4 36%	108 73%	~	~	~	3 ~100%	1 50%	8 73%	6 55%	117 75%	83 75%	39 70%	40 61%*	83 81%*
NOT ANSWERED	1	22	1	1					1						1		1		1		
VALID CASES	173	3206	9	21	31	39	57	11	147	1			3	2	11	11	157	111	56	66	103
NUMBER OF RESPONDENTS	174	3228	9	22	31	39	57	11	148	1			3	2	11	11	158	111	57	66	104
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q18 NEVER	2 1%	67 2%	~	~	~	~	2% 9%	1 1 0.7%	~	~	~	~	~	1 9%	2 1%	~	2 4%	1 2%	1 1%	
SOMETIMES	13 8%	251 8%	22%~	10%~	3%~	13%~	2%* 18%~	10 7%	1 100%	~	~	~	2 18%	2 18%	10 6%	8 7%	5 9%	7 11%	6 6%	
USUALLY	36 21%	665 21%	11%~	24%~	17%~	16%~	23% 27%~	31 21%	~	~	~	~	2 18%	33 21%	18 16%*	14 26%	15 23%	18 17%		
ALWAYS	120 70%	2214 69%	67%~	67%~	80%~	71%~	74% 45%~	104 71%	~	~	2 100%	2 100%	6 55%	9 82%	110 71%	85 77%*	33 61%	41 64%	78 76%	
#ALWAYS + USUALLY (NET)	156 91%	2879 90%	78%~	90%~	97%~	87%~	96%* 73%~	135 92%	~	~	2 100%	2 100%	8 73%	9 82%	143 92%	103 93%	47 87%	56 88%	96 93%	
TOP BOX SCORE	120 70%	2214 69%	67%~	67%~	80%~	71%~	74% 45%~	104 71%	~	~	2 100%	2 100%	6 55%	9 82%	110 71%	85 77%*	33 61%	41 64%	78 76%	
NOT ANSWERED	3	31	1	1	1			2				1		3		3	2	1		
VALID CASES	171	3197	9	21	30	38	57 11	146	1		2	2 11	11	155	111	54	64	103		
NUMBER OF RESPONDENTS	174	3228	9	22	31	39	57 11	148	1		3	2 11	11	158	111	57	66	104		
	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%		

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

Q19 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR SHOW RESPECT FOR WHAT YOU HAD TO SAY?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT 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- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q19 NEVER	4 2%	85 3%	~	~	~	5%	2%	9%	2%	~	~	~	~	~	9%	~	3%	0.9%	5%	3%	2%
SOMETIMES	12 7%	193 6%	22%	14%	3%	3%	5%	18%	6%	~100%	~	~	~	18%	2%	18%	6%	9%	4%	8%	7%
USUALLY	30 17%	575 18%	11%	18%	19%	18%	18%	9%	20%	~	~	~	~	~	9%	18%	15%	19%	24%	13%	
ALWAYS	127 73%	2339 73%	67%	68%	77%	74%	75%	64%	72%	~	~	~100%	~100%	73%	8%	73%	74%	75%	72%	65%	79%
#ALWAYS + USUALLY (NET)	157 91%	2915 91%	78%	86%	97%	92%	93%	73%	92%	~	~	~100%	~100%	73%	9%	82%	92%	90%	91%	89%	91%
TOP BOX SCORE	127 73%	2339 73%	67%	68%	77%	74%	75%	64%	72%	~	~	~100%	~100%	73%	8%	73%	74%	75%	72%	65%	79%
NOT ANSWERED	1	35					1		1						1	1					1
VALID CASES	173	3193	9	22	31	39	56	11	147	1		3	2	11	11	157	110	57	66	103	
NUMBER OF RESPONDENTS	174	3228	9	22	31	39	57	11	148	1		3	2	11	11	158	111	57	66	104	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q20 NEVER	3 2%	95 3%	1 ~	5% ~	~	~	1 2%	1 9%	3 2%~	~	~	~	~	~	2 1%~	2 2%	1 2%	1 2%	2 2%	
SOMETIMES	16 9%	295 9%	2 22%~	3 14%~	2 6%~	4 10%~	1 2%*	3 27%~	11 7%~	1 ~100%~	~	~	3 ~	3 27%~	12 8%~	9 8%	6 11%	9 14%	6 6%	
USUALLY	48 28%	856 27%	3 33%~	5 23%~	8 26%~	10 26%~	15 26%	4 36%~	43 29%~	~	~	~	1 ~	2 18%~	44 28%~	29 26%	16 28%	19 29%	27 26%	
ALWAYS	107 61%	1950 61%	4 44%~	13 59%~	21 68%~	25 64%~	40 70%	3 27%~	91 61%~	~	~	3 ~100%~	1 50%~	6 55%~	6 55%~	100 63%~	71 64%	34 60%	37 56%	69 66%
#ALWAYS + USUALLY (NET)	155 89%	2806 88%	7 78%~	18 82%~	29 94%~	35 90%~	55 96%*	7 64%~	134 91%~	~	~	3 ~100%~	2 100%~	8 73%~	144 91%~	100 90%	50 88%	56 85%	96 92%	
TOP BOX SCORE	107 61%	1950 61%	4 44%~	13 59%~	21 68%~	25 64%~	40 70%	3 27%~	91 61%~	~	~	3 ~100%~	1 50%~	6 55%~	6 55%~	100 63%~	71 64%	34 60%	37 56%	69 66%
NOT ANSWERED		31																		
VALID CASES	174	3197	9	22	31	39	57	11	148	1		3	2	11	11	158	111	57	66	104
NUMBER OF RESPONDENTS	174	3228	9	22	31	39	57	11	148	1		3	2	11	11	158	111	57	66	104
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q21 YES	113 66%	1943 61%	7 78%~	16 73%~	21 68%~	23 64%~	36 64%~	7 64%~	95 65%~	~	~	~100%~	2 100%~	2 100%~	9 82%~	7 70%~	103 66%~	72 67%	38 67%	40 63%	71 70%
NO	57 34%	1222 39%	2 22%~	6 27%~	10 32%~	13 36%~	20 36%~	4 36%~	51 35%~	1 ~100%~	~	~	~	~	2 18%~	3 30%~	52 34%~	36 33%	19 33%	24 37%	31 30%
NOT ANSWERED	4	62				3	1		2				1			1	3	3		2	2
VALID CASES	170	3166	9	22	31	36	56	11	146	1			2	2	11	10	155	108	57	64	102
NUMBER OF RESPONDENTS	174	3228	9	22	31	39	57	11	148	1			3	2	11	11	158	111	57	66	104
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	MALE	FE- MALE	
Q22 NEVER	12 11%	119 6%	2 33%	3 19%	1 5%	2 9%	4 11%	9 9%	~	~	~	~	~	3 38%	1 17%	11 11%	6 8%	6 16%	5 13%	7 10%	
SOMETIMES	16 14%	265 14%	~	5 31%	1 5%	5 22%	4 11%	1 14%	13 14%	~	~	~	~	1 50%	1 13%	2 33%	14 14%	7 10%	9 24%	6 16%	10 14%
USUALLY	29 26%	545 29%	~	2 13%	8 40%	4 17%	13 36%	2 29%	26 27%	~	~	~	1 100%	1 50%	1 13%	1 17%	27 26%	22 31%	6 16%	9 24%	20 28%
ALWAYS	54 49%	927 50%	4 67%	6 38%	10 50%	12 52%	15 42%	4 57%	47 49%	~	~	~	~	3 38%	2 33%	50 49%	36 51%	16 43%	18 47%	34 48%	
#ALWAYS + USUALLY (NET)	83 75%	1472 79%	4 67%	8 50%	18 90%	16 70%	28 78%	6 86%	73 77%	~	~	~	1 100%	1 50%	4 50%	3 50%	77 75%	58 82%	22 59%	27 71%	54 76%
TOP BOX SCORE	54 49%	927 50%	4 67%	6 38%	10 50%	12 52%	15 42%	4 57%	47 49%	~	~	~	~	3 38%	2 33%	50 49%	36 51%	16 43%	18 47%	34 48%	
NOT ANSWERED	2	61	1		1								1	1	1	1	1	1	2		
VALID CASES	111	1856	6	16	20	23	36	7	95			1	2	8	6	102	71	37	38	71	
NUMBER OF RESPONDENTS	113	1917	7	16	21	23	36	7	95			2	2	9	7	103	72	38	40	71	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER				
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TU	HIS- IC	NOT HIS- PAN- IC	VERY GOOD & FAIR & POOR	FE- MALE	MALE	
Q23 WORST PERSONAL DOCTOR POSSIBLE	3 1%	60 2%	~	~	~	2%	2%	7%	2%	~	~	~	~	~	7%	3%	1%	2%	2%	1%
01	1 0.4%	30 0.7%	~	~	2%	~	~	~	0.5%	~	~	~	~	~	~	1%	1%	~	~	1%
02		27 0.7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	3 1%	71 2%	~	4%	2%	~	2%	~	1%	~	~	~	~	7%	~	3%	3%	~	2%	1%
04	3 1%	80 2%	~	~	~	6%	~	~	3%	~	~	~	~	~	~	3%	~	5%	2%	1%
05	7 3%	203 5%	1%	4%	4%	6%	~	~	6%	~	~	~	~	7%	1%	6%	4%	2%	5%	3%
06	8 4%	153 4%	1%	11%	~	4%	2%	7%	8%	~	~	~	~	~	~	7%	3%	8%	6%	3%
07	19 8%	289 7%	1%	4%	7%	8%	6%	36%	18%	~	1%	~	~	~	~	19%	15%	6%	5%	15%
08	52 23%	720 18%	6%	32%	20%	23%	20%	14%	43%	~	~	1%	1%	5%	3%	48%	35%	25%	22%	29%
09	46 20%	743 19%	1%	21%	26%	12%*	26%	14%	39%	~	~	~	2%	3%	3%	41%	32%	17%	21%	26%
BEST PERSONAL DOCTOR POSSIBLE	84 37%	1623 41%	5%	25%	39%	40%	43%	21%	71%	~	1%	2%	3%	7%	74%	60%	21%	32%	28%	54%
#8-10 (NET)	182 81%	3087 77%	12%	79%	85%	75%	89%*	50%	153%	~	1%	3%	3%	11%	13%	163%	127%	48%	68%	109%

Continued

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

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	130 58%	2366 59%	6 40%~	13 46%~	30 65%~	27 52%	45 69%*	5 36%~	110 57%~	1 ~ 50%~	2 ~ 67%~	2 67%~	6 43%~	10 71%~	115 56%~	92 59%	32 51%	46 53%	80 60%
NOT ANSWERED	18	265	4	2	2	6	3	1	18					1	16	12	6	7	11
VALID CASES	226	3999	15	28	46	52	65	14	193	2	3	3	14	14	205	156	63	87	134
NUMBER OF RESPONDENTS	244 100%	4264 100%	19 100%	30 100%	48 100%	58 100%	68 100%	15 100%	211 100%	2 100%	3 100%	3 100%	14 100%	15 100%	221 100%	168 100%	69 100%	94 100%	145 100%
MEAN	8.44	8.32	8.33	8.18	8.59	8.21	8.83	7.50	8.44	8.50	9.33	8.67	7.50	9.00	8.39	8.53	8.13	8.16	8.60
p stat_(*=Sig @ p<=.05)		.306	~	~	~.367	.038*	~	~	~	~	~	~	~	~	~	~.325	.163	.095	.156

[ASKED IF Q15 = YES]

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

		AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER	
		INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q24																			
YES	108 38%	2074 40%	6 25%~	16 39%~	20 37%	23 35%	34 45%	7 37%~	93 37%~	2 ~ 50%~	3 ~100%~	1 33%~	5 33%~	7 35%~	99 38%~	70 34%*	36 49%*	40 34%	67 41%
NO	179 62%	3119 60%	18 75%~	25 61%~	34 63%	42 65%	42 55%	12 63%~	157 63%~	2 ~ 50%~	~	2 ~ 67%~	10 67%~	13 65%~	159 62%~	137 66%*	38 51%*	79 66%	95 59%
NOT ANSWERED	14	260				2	2		4					4		3		2	2
VALID CASES	287	5193	24	41	54	65	76	19	250	4	3	3	15	20	258	207	74	119	162
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	65 100%	76 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q25 NEVER	11 10%	135 7%	1 17%	3 19%	1 5%	2 9%	3 9%	1 14%	10 11%	~	~	~	~	~	~	1 14%	9 9%	7 10%	4 11%	3 8%	8 12%
SOMETIMES	13 12%	292 15%	1 17%	2 13%	3 15%	4 17%	2 6%	1 14%	13 14%	~	~	~	~	~	~	13 13%	7 10%	6 17%	6 15%	7 10%	
USUALLY	32 30%	614 31%	3 50%	5 31%	3 15%	5 22%	13 39%	2 29%	25 27%	~	1 50%	1 33%	3 60%	3 29%	2 30%	29 29%	21 30%	9 25%	12 31%	19 28%	
ALWAYS	51 48%	926 47%	1 17%	6 38%	13 65%	12 52%	15 45%	3 43%	44 48%	~	1 50%	2 67%	1 100%	2 40%	2 57%	4 47%	47 48%	34 49%	17 47%	18 46%	33 49%
#ALWAYS + USUALLY (NET)	83 78%	1540 78%	4 67%	11 69%	16 80%	17 74%	28 85%	5 71%	69 75%	~	2 100%	3 100%	1 100%	5 100%	6 86%	76 78%	55 80%	26 72%	30 77%	52 78%	
TOP BOX SCORE	51 48%	926 47%	1 17%	6 38%	13 65%	12 52%	15 45%	3 43%	44 48%	~	1 50%	2 67%	1 100%	2 40%	2 57%	4 47%	47 48%	34 49%	17 47%	18 46%	33 49%
NOT ANSWERED	1	78					1	1	1							1	1		1		
VALID CASES	107	1967	6	16	20	23	33	7	92		2		3	1	5	7	98	69	36	39	67
NUMBER OF RESPONDENTS	108	2045	6	16	20	23	34	7	93		2		3	1	5	7	99	70	36	40	67
	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q26 NONE	5 5%	93 5%		3 ~ 19%~			1 ~ 3%~		5 ~ 5%~						5 ~ 5%~	4 6%~		2 ~ 5%~	3 ~ 5%~
1 SPECIALIST	59 55%	1033 52%	4 67%~	6 38%~	12 60%~	14 61%~	20 61%~	3 43%~	52 57%~	2 ~ 100%~	1 ~ 33%~	1 ~ 100%~	2 40%~	5 71%~	54 55%~	40 57%~	19 54%~	20 50%~	39 59%~
2	34 32%	522 26%	2 33%~	7 44%~	5 25%~	8 35%~	7 21%~	4 57%~	27 29%~		1 ~ 33%~		3 ~ 60%~	2 29%~	30 31%~	22 31%~	11 31%~	14 35%~	19 29%~
3	3 3%	217 11%			1 ~ 5%~		2 ~ 6%~		2 ~ 2%~		1 ~ 33%~				3 ~ 3%~	1 1%~	2 6%~	2 5%~	1 2%~
4	3 3%	74 4%			1 ~ 5%~		2 ~ 6%~		3 ~ 3%~						3 ~ 3%~	2 3%~	1 3%~		3 ~ 5%~
5 OR MORE SPECIALISTS	3 3%	41 2%			1 ~ 5%~	1 4%~	1 3%~		3 ~ 3%~						3 ~ 3%~	1 1%~	2 6%~	2 5%~	1 2%~
NOT ANSWERED	1	66					1		1						1	1			1
VALID CASES	107	1979	6	16	20	23	33	7	92	2	3	1	5	7	98	70	35	40	66
NUMBER OF RESPONDENTS	108	2045	6	16	20	23	34	7	93	2	3	1	5	7	99	70	36	40	67
	100%	100%	100%	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?

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		GENDER			
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q27 WORST SPECIALIST POSSIBLE	1 1%	21 1%	~	~	~	~	3%	~	~	~	~	~	~	1 1%	~	3%	~	2%	
01	2 2%	7 0.4%	~	2 15%	~	~	~	~	~	~	~	~	~	2 2%	2 3%	~	1 3%	1 2%	
02		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	1 1%	28 2%	~	~	~	4%	~	~	~	~	~	~	~	1 1%	~	3%	~	2%	
04	2 2%	18 1%	1 17%	~	1 5%	~	~	~	~	~	~	~	~	2 2%	2 3%	~	~	2 3%	
05	3 3%	88 5%	~	~	1 5%	1 4%	1 3%	~	~	~	~	~	~	2 2%	1 2%	2 6%	~	3 5%	
06	4 4%	76 4%	1 17%	1 8%	~	2 9%	~	~	1 50%	~	~	1 20%	1 14%	3 3%	3 5%	1 3%	1 3%	3 5%	
07	11 11%	154 8%	~	2 15%	~	2 9%	5 16%	2 33%	~	1 50%	~	~	1 20%	11 12%	7 11%	4 11%	6 16%	5 8%	
08	17 17%	272 15%	~	4 31%	2 11%	6 26%	3 9%	1 17%	~	~	1 33%	~	2 40%	16 18%	11 17%	5 14%	7 18%	9 15%	
09	17 17%	345 19%	~	~	4 21%	6 26%	6 19%	1 17%	~	~	~	1 100%	1 14%	16 18%	9 14%	8 23%	4 11%	13 21%	
BEST SPECIALIST POSSIBLE	42 42%	812 44%	4 67%	4 31%	11 58%	5 22%	16 50%	2 33%	~	~	2 67%	1 20%	5 71%	37 41%	29 45%	13 37%	19 50%	23 38%	
#8-10 (NET)	76 76%	1429 78%	4 67%	8 62%	17 89%	17 74%	25 78%	4 67%	~	~	3 100%	1 100%	3 60%	6 86%	69 76%	49 77%	26 74%	30 79%	45 74%

Continued

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

	INHE TOT ADULT	OHP TOT ADULT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE MALE				
9-10 (NET)	59 59%	1157 63%	4 67%	4 31%	15 79%	11 48%	22 69%	3 50%	52 61%	~	~	2 67%	1 100%	1 20%	6 86%	53 58%	38 59%	21 60%	23 61%	36 59%
NOT ANSWERED	2	34			1		1	2							2	2			2	
VALID CASES	100	1838	6	13	19	23	32	6	85	2	3	1	5	7	91	64	35	38	61	
NUMBER OF RESPONDENTS	102 100%	1872 100%	6 100%	13 100%	20 100%	23 100%	32 100%	7 100%	87 100%	2 100%	3 100%	1 100%	5 100%	7 100%	93 100%	66 100%	35 100%	38 100%	63 100%	
MEAN	8.38	8.47	8.33	7.23	9.00	8.09	8.69	8.50	8.36	6.50	9.33	9.00	7.80	9.29	8.35	8.45	8.26	8.71	8.18	
p stat_(*=Sig @ p<=.05)		.664	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

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

		AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER			
		INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q28 YES	53 18%	1182 23%*	4 17%~	8 20%~	8 15%	17 25%	11 14%	5 26%~	50 20%~	~	~	~	~	~	1 7%~	2 10%~	50 19%~	40 19%	13 17%	22 18%	31 19%
NO	236 82%	3968 77%*	20 83%~	33 80%~	46 85%	50 75%	65 86%	14 74%~	202 80%~	4 ~100%~		3 ~100%~	3 ~100%~	14 93%~	18 90%~	210 81%~	167 81%	62 83%	98 82%	132 81%	
NOT ANSWERED	12	303					2		2						2		2		1	1	
VALID CASES	289	5150	24	41	54	67	76	19	252	4		3	3	15	20	260	207	75	120	163	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

Q29 IN THE LAST 6 MONTHS, HOW OFTEN DID THE WRITTEN MATERIALS OR THE INTERNET PROVIDE THE INFORMATION YOU NEEDED ABOUT HOW YOUR HEALTH PLAN WORKS?

	AGE							RACE					ETHNICITY	HEALTH STATUS		GENDER			
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q29 NEVER	8 16%	119 12%	1 ~ 13%	1 13%	3 18%	2 20%	1 20%	7 15%	~	~	~	~	1 ~100%	8 ~ 17%	4 11%	4 31%	3 14%	5 17%	
SOMETIMES	15 29%	339 34%	2 67%	3 38%	2 25%	7 41%	1 10%	15 31%	~	~	~	~	~	15 ~ 31%	10 26%	5 38%	5 23%	10 34%	
USUALLY	15 29%	332 33%	1 33%	2 25%	1 13%	4 24%	4 40%	3 60%	~	~	~	~	~	14 ~ 29%	15 39%	~	6 27%	9 31%	
ALWAYS	13 25%	213 21%	~ 25%	4 50%	3 18%	3 30%	1 20%	12 25%	~	~	~	~	~	2 ~100%	11 23%	9 24%	4 31%	8 36%	5 17%
#ALWAYS + USUALLY (NET)	28 55%	545 54%	1 33%	4 50%	5 63%	7 41%	7 70%	4 80%	~	~	~	~	~	2 ~100%	25 52%	24 63%	4 31%	14 64%	14 48%
TOP BOX SCORE	13 25%	213 21%	~ 25%	4 50%	3 18%	3 30%	1 20%	12 25%	~	~	~	~	~	2 ~100%	11 23%	9 24%	4 31%	8 36%	5 17%
NOT ANSWERED	2	19	1			1		2						2	2			2	
VALID CASES	51	1003	3	8	8	17	10	5	48			1	2	48	38	13	22	29	
NUMBER OF RESPONDENTS	53	1022	4	8	8	17	11	5	50			1	2	50	40	13	22	31	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q28 = YES]

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q30 YES	74 26%	1525 30%	3 13%~	10 24%~	15 28%	21 32%	21 28%	2 12%~	62 25%~	1 ~ 25%~		1 ~ 33%~	6 40%~	6 30%~	66 26%~	51 25%	21 28%	26 22%	46 28%	
NO	211 74%	3584 70%	21 88%~	31 76%~	39 72%	45 68%	55 72%	15 88%~	187 75%~	3 ~ 75%~		3 ~100%~	2 67%~	9 60%~	14 70%~	191 74%~	153 75%	54 72%	92 78%	116 72%
NOT ANSWERED	16	344				1	2	2	5						5	3	2	3	2	
VALID CASES	285	5109	24	41	54	66	76	17	249	4		3	3	15	20	257	204	75	118	162
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q31 NEVER	2 3%	51 4%	~	~	1 7%	1 5%	~	2 3%	~	~	~	~	~	~	2 3%	1 2%	1 5%	1 4%	1 2%	
SOMETIMES	15 21%	295 21%	~	3 30%	3 20%	6 29%	3 16%	13 22%	~	~	~	~	2 33%	2 33%	13 20%	8 16%	7 37%	8 33%	7 15%	
USUALLY	24 33%	400 28%	2 67%	1 10%	4 27%	5 24%	8 42%	2 100%	19 32%	~	~	~	~	2 33%	2 33%	20 31%	17 33%	5 26%	5 21%	17 37%
ALWAYS	31 43%	670 47%	1 33%	6 60%	7 47%	9 43%	8 42%	2 43%	26 43%	1 100%	~	~	1 100%	2 33%	2 33%	29 45%	25 49%	6 32%	10 42%	21 46%
#ALWAYS + USUALLY (NET)	55 76%	1070 76%	3 100%	7 70%	11 73%	14 67%	2 84%	2 100%	45 75%	1 100%	~	~	1 100%	4 67%	4 67%	49 77%	42 82%	11 58%	15 63%	38 83%
TOP BOX SCORE	31 43%	670 47%	1 33%	6 60%	7 47%	9 43%	8 42%	2 43%	26 43%	1 100%	~	~	1 100%	2 33%	2 33%	29 45%	25 49%	6 32%	10 42%	21 46%
NOT ANSWERED	2	26					2	2							2		2	2		
VALID CASES	72	1415	3	10	15	21	19	2	60	1			1	6	6	64	51	19	24	46
NUMBER OF RESPONDENTS	74	1441	3	10	15	21	21	2	62	1			1	6	6	66	51	21	26	46
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

Q32 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR HEALTH PLAN'S CUSTOMER SERVICE STAFF TREAT YOU WITH COURTESY AND RESPECT?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q32 NEVER	5 7%	24 2%	~	~	7%~	14%~	5%~	~	8%~	~	~	~	~	~	~	17%~	6%~	4%~	16%~	8%~	7%~
SOMETIMES	4 6%	83 6%	~	20%~	7%~	5%~	~	~	5%~	~	~	~	~	~	17%~	17%~	5%~	4%~	11%~	13%~	2%~
USUALLY	12 17%	312 22%	~	~	20%~	10%~	21%~	50%~	15%~	~	~	~	~	~	~	17%~	14%~	14%~	16%~	25%~	9%~
ALWAYS	51 71%	995 70%	100%~	80%~	67%~	71%~	74%~	50%~	72%~	~100%~	~	~100%~	83%~	50%~	75%~	78%~	58%~	54%~	83%~		
#ALWAYS + USUALLY (NET)	63 88%	1307 92%	100%~	80%~	87%~	81%~	95%~	100%~	87%~	~100%~	~	~100%~	83%~	67%~	89%~	92%~	74%~	79%~	91%~		
TOP BOX SCORE	51 71%	995 70%	100%~	80%~	67%~	71%~	74%~	50%~	72%~	~100%~	~	~100%~	83%~	50%~	75%~	78%~	58%~	54%~	83%~		
NOT ANSWERED	2	27					2		2						2		2		2		
VALID CASES	72	1414	3	10	15	21	19	2	60	1			1	6	6	64	51	19	24	46	
NUMBER OF RESPONDENTS	74	1441	3	10	15	21	21	2	62	1			1	6	6	66	51	21	26	46	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q30 = YES]

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN AMER	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q33 YES	116	1804	9	20	26	23	28	6	94	1	2	3	9	11	100	77	36	44	69	
	41%	36%	39%	49%	48%	35%	37%	32%	38%	~ 25%	~ 67%	100%	60%	55%	39%	38%	49%	38%	42%	
NO	169	3261	14	21	28	43	47	13	155	3	1	6	9	157	128	38	73	94		
	59%	64%	61%	51%	52%	65%	63%	68%	62%	~ 75%	~ 33%	~ 40%	45%	61%	62%	51%	62%	58%		
NOT ANSWERED	16	388	1			1	3		5					5	2	3	4	1		
VALID CASES	285	5065	23	41	54	66	75	19	249	4	3	3	15	20	257	205	74	117	163	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
PQ34 NEVER	7 2%	97 2%	1 4%~	1 3%~	2 4%	1 2%	2 3%	7 3%~	~	~	~	~	~	~	7 3%~	3 1%	4 6%	3 3%	4 2%	
SOMETIMES	21 7%	322 6%	3 13%~	4 10%~	8 15%	1 2%*	4 5%	1 5%~	17 7%~	~	~	~	1 33%~	3 20%~	3 15%~	17 7%~	13 6%	8 11%	9 8%	12 7%
USUALLY	39 14%	697 14%	2 9%~	7 18%~	5 9%	10 16%	11 15%	2 11%~	29 12%~	1 25%~	2 67%~	3 20%~	3 25%~	32 13%~	28 14%	10 14%	13 11%	25 16%		
ALWAYS	215 76%	3891 78%	17 74%~	28 70%~	39 72%	52 81%	58 77%	16 84%~	194 79%~	3 75%~	1 33%~	2 67%~	9 60%~	12 60%~	198 78%~	160 78%	50 69%	91 78%	120 75%	
#ALWAYS + USUALLY (NET)	254 90%	4589 92%	19 83%~	35 88%~	44 81%	62 97%*	69 92%	18 95%~	223 90%~	4 100%~	3 100%~	2 67%~	12 80%~	17 85%~	230 91%~	188 92%	60 83%	104 90%	145 90%	
TOP BOX SCORE	215 76%	3891 78%	17 74%~	28 70%~	39 72%	52 81%	58 77%	16 84%~	194 79%~	3 75%~	1 33%~	2 67%~	9 60%~	12 60%~	198 78%~	160 78%	50 69%	91 78%	120 75%	
NOT ANSWERED	3	87		1		2		2						3	1	2	1	2		
VALID CASES	282	5008	23	40	54	64	75	19	247	4	3	3	15	20	254	204	72	116	161	
NUMBER OF RESPONDENTS	285	5095	23	41	54	66	75	19	249	4	3	3	15	20	257	205	74	117	163	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE					
Q35 WORST HEALTH PLAN POSSIBLE		59 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
01	2 0.7%	31 0.6%	~	1 2%	1 2%	~	~	1 0.4%	~	~	~	~	~	1 7%	2 ~0.8%	1 0.5%	1 1%	1 0.9%	1 0.7%		
02	5 2%	40 0.8%	~	1 2%	~	3 5%	1 1%	~	5 2%	~	~	~	~	~	5 2%	2 1%	3 4%	3 3%	2 1%		
03	2 0.7%	85 2%	~	~	~	1 2%	1 1%	~	2 0.8%	~	~	~	~	~	2 ~0.8%	1 0.5%	1 1%	1 0.9%	1 0.7%		
04	6 2%	121 2%	~	~	~	3 5%	3 4%	~	6 3%	~	~	~	~	~	5 2%	3 2%	3 4%	2 2%	4 3%		
05	31 11%	451 9%	~	5 12%	6 12%	10 16%	5 7%	2 12%	29 12%	~	~	~	~	1 7%	1 5%	28 11%	20 10%	9 13%	10 9%	19 13%	
06	21 8%	332 7%	1 5%	6 15%	3 6%	6 10%	4 6%	1 6%	18 8%	~	1 50%	~	~	1 7%	3 15%	18 7%	13 7%	8 11%	11 9%	10 7%	
07	34 12%	632 13%	4 19%	5 12%	8 15%	5 8%	9 13%	2 12%	31 13%	~	~	~	1 33%	1 7%	34 ~14%	26 13%	8 11%	16 14%	18 12%		
08	55 20%	921 19%	5 24%	9 22%	11 21%	11 17%	16 22%	2 12%	49 21%	~	~	1 33%	~	3 20%	3 15%	51 21%	41 21%	13 18%	23 20%	31 20%	
09	34 12%	768 16%	6 29%	4 10%	8 15%	6 10%	7 10%	2 12%	25 10%	~	~	1 33%	1 33%	5 33%	6 30%	26 11%	32 16%*	1 1%*	15 13%	18 12%	
BEST HEALTH PLAN POSSIBLE	83 30%	1430 29%	5 24%	10 24%	15 29%	18 29%	26 36%	8 47%	73 31%	~	1 50%	~	1 33%	1 33%	3 20%	7 35%	75 30%	57 29%	24 34%	34 29%	48 32%
#8-10 (NET)	172 63%	3119 64%	16 76%	23 56%	34 65%	35 56%	49 68%	12 71%	147 62%	~	1 50%	~	3 100%	2 67%	11 73%	16 80%	152 62%	130 66%	38 54%	72 62%	97 64%

Continued

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

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER			
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
9-10 (NET)	117 43%	2198 45%	11 52%~	14 34%~	23 44%	24 38%	33 46%	10 59%~	98 41%~	1 ~ 50%~	2 ~ 67%~	2 67%~	8 53%~	13 65%~	101 41%~	89 45%	25 35%	49 42%	66 43%	
NOT ANSWERED	28	583	3		2	4	6	2	15	2				16	11	6	5	12		
VALID CASES	273	4870	21	41	52	63	72	17	239	2	3	3	15	20	246	196	71	116	152	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	
MEAN	7.83	7.82	8.48	7.49	7.98	7.37	8.06	8.47	7.77	8.00	9.00	8.67	7.87	8.55	7.79	7.99	7.38	7.80	7.86	
p stat_(*=Sig @ p<=.05)		.978	~	~	.536	.071	.272	~	~	~	~	~	~	~	~	~	.065	.062	.859	.763

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?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	WHTE	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	FE- MALE MALE			
Q35A YES	40 14%	736 14%	2 8%	2 5%	10 19%	9 14%	12 16%	5 26%	35 14%	~	~	~	~	~	3 20%	3 15%	37 14%	19 9%*	20 27%*	15 13%	25 15%
NO	246 86%	4378 86%	22 92%	39 95%	44 81%	56 86%	64 84%	14 74%	217 86%	~100%	3	3	3	12	17 80%	221 85%	187 86%	54 91%*	104 73%*	137 87%	137 85%
NOT ANSWERED	15	339				2	2		2		1					4	1	3	2	2	
VALID CASES	286	5114	24	41	54	65	76	19	252		3		3	3	15	20	258	206	74	119	162
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%		4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						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-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35B NEVER	10 26%	123 19%	1 ~	4 50%	2 40%	2 22%	1 18%	1 20%	10 29%	~	~	~	~	~	~	10 ~	5 28%	5 26%	4 27%	6 25%	
SOMETIMES	2 5%	72 11%	~	~	~	1 11%	1 9%	~	1 3%	~	~	~	~	~	~	1 33%	1 3%	2 ~	1 11%	1 7%	
USUALLY	12 31%	177 27%	1 50%	3 ~	2 30%	3 22%	3 27%	3 60%	9 26%	~	~	~	~	~	2 67%	1 33%	11 31%	4 21%	7 37%	6 40%	6 25%
ALWAYS	15 38%	279 43%	1 50%	1 50%	3 30%	4 44%	5 45%	1 20%	14 41%	~	~	~	~	~	1 33%	1 33%	14 39%	10 53%	5 26%	4 27%	11 46%
#ALWAYS + USUALLY (NET)	27 69%	456 70%	2 100%	1 50%	6 60%	6 67%	8 73%	4 80%	23 68%	~	~	~	~	~	3 100%	2 67%	25 69%	14 74%	12 63%	10 67%	17 71%
TOP BOX SCORE	15 38%	279 43%	1 50%	1 50%	3 30%	4 44%	5 45%	1 20%	14 41%	~	~	~	~	~	1 33%	1 33%	14 39%	10 53%	5 26%	4 27%	11 46%
NOT ANSWERED	1	24					1		1							1		1		1	
VALID CASES	39	651	2	2	10	9	11	5	34						3	3	36	19	19	15	24
NUMBER OF RESPONDENTS	40	675	2	2	10	9	12	5	35						3	3	37	19	20	15	25
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35A = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AMER HAW/ IND/ PAC ALSK	AS- IAN	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	FE- MALE	MALE		
Q35C YES	39 14%	760 15%	3 13%~	3 7%~	9 17%	8 12%	12 16%	3 16%~	34 14%~	~	~	2 ~ 67%~	2 ~ 13%~	2 11%~	36 14%~	22 11%*	16 22%*	13 11%	25 16%	
NO	242 86%	4319 85%	21 88%~	38 93%~	45 83%	56 88%	61 84%	16 84%~	212 86%~	3 ~100%~	~	1 ~ 33%~	3 100%~	13 87%~	17 89%~	218 86%~	182 89%*	56 78%*	106 89%	132 84%
NOT ANSWERED	20	373				3	5		8	1				1	8	3	5	2	7	
VALID CASES	281	5080	24	41	54	64	73	19	246	3		3	3	15	19	254	204	72	119	157
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35D NEVER	8 21%	165 23%	1 ~ 33%	2 22%	3 43%	1 8%	1 33%	7 21%	~	~	~	1 50%	~	~	8 23%	2 10%	6 38%	4 31%	4 17%	
SOMETIMES	7 18%	141 19%	1 33%	1 11%	1 14%	3 25%	~	4 12%	~	~	1 50%	1 50%	5 14%	2 10%	4 25%	4 31%	2 8%	4 31%	2 8%	
USUALLY	7 18%	179 25%	1 33%	2 22%	1 14%	3 25%	~	7 21%	~	~	~	~	~	7 20%	5 24%	2 13%	2 15%	5 21%		
ALWAYS	16 42%	239 33%	2 67%	1 33%	4 44%	2 29%	5 42%	2 67%	15 45%	~	~	~	~	1 50%	1 50%	15 43%	12 57%	4 25%	3 23%	13 54%
#ALWAYS + USUALLY (NET)	23 61%	418 58%	2 67%	2 67%	6 67%	3 43%	8 67%	2 67%	22 67%	~	~	~	~	1 50%	1 50%	22 63%	17 81%	6 38%	5 38%	18 75%
TOP BOX SCORE	16 42%	239 33%	2 67%	1 33%	4 44%	2 29%	5 42%	2 67%	15 45%	~	~	~	~	1 50%	1 50%	15 43%	12 57%	4 25%	3 23%	13 54%
NOT ANSWERED	1	20				1		1							1	1			1	
VALID CASES	38	725	3	3	9	7	12	3	33			2	2	2	35	21	16	13	24	
NUMBER OF RESPONDENTS	39	745	3	3	9	8	12	3	34			2	2	2	36	22	16	13	25	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35C = YES]

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35E YES	166 59%	2872 56%	11 46%~	21 51%~	33 61%	37 58%	47 62%	14 78%~	143 57%~	1 ~ 25%~	3 ~100%	3 ~100%	10 67%~	9 45%~	152 59%~	113 56%	49 65%	65 55%	99 62%	
NO	116 41%	2261 44%	13 54%~	20 49%~	21 39%	27 42%	29 38%	4 22%~	106 43%~	3 ~ 75%~	~	~	5 ~ 33%~	11 55%~	104 41%~	90 44%	26 35%	54 45%	61 38%	
NOT ANSWERED	19	320				3	2	1	5						6	4	2	2	4	
VALID CASES	282	5133	24	41	54	64	76	18	249	4	3	3	15	20	256	203	75	119	160	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35F NO EFFORT AT ALL	6 4%	94 3%	~	~	3%~	3%~	4%~	14%~	3%~	~	~	~	33%~	~	10%~	~	3%~	2%~	8%~	6%~	2%
A LITTLE EFFORT WAS MADE	16 10%	213 8%	11%~	10%~	19%~	6%~	7%~	14%~	10%~	~	~	~	~	~	10%~	22%~	10%~	10%~	10%~	11%~	9%
SOME EFFORT WAS MADE	34 21%	662 24%	33%~	29%~	22%~	23%~	15%~	21%~	19%~	~100%~	~	~	67%~	~	40%~	44%~	20%~	21%~	21%~	24%~	20%
A LOT OF EFFORT WAS MADE	104 65%	1793 65%	56%~	62%~	56%~	69%~	74%~	50%~	68%~	~	~	~	~100%~	40%~	33%~	67%~	67%~	60%~	58%~	69%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	138 86%	2455 89%	89%~	90%~	78%~	91%~	89%~	71%~	87%~	~100%~	1	~	67%~	100%~	80%~	78%~	87%~	88%~	81%~	82%~	89%
TOP BOX SCORE	104 65%	1793 65%	56%~	62%~	56%~	69%~	74%~	50%~	68%~	~	~	~	~100%~	40%~	33%~	67%~	67%~	60%~	58%~	69%	
NOT ANSWERED	6	95	2		1	2	1		6							6	4	1	3	3	
VALID CASES	160	2763	9	21	32	35	46	14	137	1		3	3	10	9	146	109	48	62	96	
NUMBER OF RESPONDENTS	166	2858	11	21	33	37	47	14	143	1		3	3	10	9	152	113	49	65	99	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35E = YES]

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35G																				
NO EFFORT AT ALL	7 4%	135 5%	1 ~	2 5%~	2 6%~	2 ~	2 4%~	2 14%~	5 4%~	~	~	~	1 33%~	1 10%~	~	7 5%~	3 3%	4 8%~	5 8%	2 2%
A LITTLE EFFORT WAS MADE	13 8%	226 8%	1 10%~	1 5%~	3 9%~	5 14%~	2 4%~	1 7%~	12 9%~	1 ~100%~	~	~	~	~	1 11%~	12 8%~	9 8%	4 8%~	3 5%	10 10%
SOME EFFORT WAS MADE	33 20%	652 24%	5 50%~	4 19%~	9 27%~	5 14%~	6 13%~	4 29%~	25 18%~	~	~	1 33%~	5 50%~	3 33%~	28 19%~	20 18%	12 25%~	15 24%	18 19%	
A LOT OF EFFORT WAS MADE	109 67%	1759 63%	4 40%~	15 71%~	19 58%~	25 71%~	36 78%~	7 50%~	97 70%~	~	~	1 33%~	3 100%~	4 40%~	5 56%~	101 68%~	79 71%	28 58%~	40 63%	67 69%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	142 88%	2411 87%	9 90%~	19 90%~	28 85%~	30 86%~	42 91%~	11 79%~	122 88%~	~	~	2 67%~	3 100%~	9 90%~	8 89%~	129 87%~	99 89%	40 83%~	55 87%	85 88%
TOP BOX SCORE	109 67%	1759 63%	4 40%~	15 71%~	19 58%~	25 71%~	36 78%~	7 50%~	97 70%~	~	~	1 33%~	3 100%~	4 40%~	5 56%~	101 68%~	79 71%	28 58%~	40 63%	67 69%
NOT ANSWERED	4	87	1			2	1		4						4	2	1	2	2	
VALID CASES	162	2771	10	21	33	35	46	14	139	1		3	3	10	9	148	111	48	63	97
NUMBER OF RESPONDENTS	166	2858	11	21	33	37	47	14	143	1		3	3	10	9	152	113	49	65	99
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35H																				
NO EFFORT AT ALL	9 6%	191 7%	1 ~ 5%	3 9%	1 3%	2 4%	2 14%	7 5%	~	~	~	1 33%	1 10%	~	9 6%	3 3%	6 13%	5 8%	4 4%	
A LITTLE EFFORT WAS MADE	12 7%	242 9%	3 ~ 14%	3 9%	4 11%	1 2%	1 7%	10 7%	~100%	1	~	~	1 10%	1 11%	11 7%	5 5%	7 15%	5 8%	7 7%	
SOME EFFORT WAS MADE	41 25%	781 28%	5 50%	5 24%	7 21%	8 22%	11 24%	5 36%	~	~	~	1 33%	4 40%	3 33%	36 24%	28 25%	11 23%	19 30%	22 22%	
A LOT OF EFFORT WAS MADE	100 62%	1558 56%	5 50%	12 57%	20 61%	23 64%	32 70%	6 43%	89 64%	~	~	1 33%	3 100%	4 40%	5 56%	93 62%	75 68%*	24 50%	34 54%	65 66%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	141 87%	2339 84%	10 100%	17 81%	27 82%	31 86%	43 93%	11 79%	123 88%	~	~	2 67%	3 100%	8 80%	8 89%	129 87%	103 93%*	35 73%	53 84%	87 89%
TOP BOX SCORE	100 62%	1558 56%	5 50%	12 57%	20 61%	23 64%	32 70%	6 43%	89 64%	~	~	1 33%	3 100%	4 40%	5 56%	93 62%	75 68%*	24 50%	34 54%	65 66%
NOT ANSWERED	4	85	1		1	1		3							3	2	1	2	1	
VALID CASES	162	2773	10	21	33	36	46	14	140	1		3	3	10	9	149	111	48	63	98
NUMBER OF RESPONDENTS	166	2858	11	21	33	37	47	14	143	1		3	3	10	9	152	113	49	65	99
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

Q35I CHOICES FOR YOUR TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID THIS PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

			AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35I YES	106 38%	1866 37%	7 30%~	17 41%~	20 37%	21 32%	32 43%	7 41%~	93 37%~	1 ~ 25%~	3 ~100%~	2 67%~	3 20%~	6 30%~	98 38%~	74 37%	29 39%	39 33%	66 41%	
NO	174 62%	3186 63%	16 70%~	24 59%~	34 63%	45 68%	43 57%	10 59%~	155 63%~	3 ~ 75%~	~	1 ~ 33%~	12 80%~	14 70%~	157 62%~	128 63%	46 61%	78 67%	95 59%	
NOT ANSWERED	21	400	1			1	3	2	6					7	5	2	4	3		
VALID CASES	280	5053	23	41	54	66	75	17	248	4	3	3	15	20	255	202	75	117	161	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

Q35J IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

	INHE TOT 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-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q35J #YES	90 87%	1483 85%	4 57%	15 88%	18 90%	17 89%	30 97%	5 71%	79 88%	1 ~100%	3 ~100%	1 50%	2 67%	6 100%	83 86%	62 86%	25 89%	34 89%	55 86%
NO	13 13%	254 15%	3 43%	2 12%	2 10%	2 11%	1 3%	2 29%	11 12%	~	~	~	1 50%	1 33%	13 ~14%	10 14%	3 11%	4 11%	9 14%
NOT ANSWERED	3	58				2	1		3						2	2	1	1	2
VALID CASES	103	1737	7	17	20	19	31	7	90	1	3	2	3	6	96	72	28	38	64
NUMBER OF RESPONDENTS	106	1795	7	17	20	21	32	7	93	1	3	2	3	6	98	74	29	39	66
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35I = YES]

Q35K IN THE LAST 6 MONTHS, WHEN THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE, DID YOUR PROVIDER ASK YOU WHICH CHOICE WAS BEST FOR YOU?

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35K #YES	84 82%	1402 81%	4 57%	16 94%	16 80%	17 89%	25 81%	5 71%	73 81%	1 ~100%	3 ~100%	2 ~100%	2 67%	5 83%	78 81%	60 83%	22 79%	31 82%	52 81%
NO	19 18%	326 19%	3 43%	1 6%	4 20%	2 11%	6 19%	2 29%	17 19%	~	~	~	~	1 33%	18 17%	12 17%	6 21%	7 18%	12 19%
NOT ANSWERED	3	67				2	1		3						2	2	1	1	2
VALID CASES	103	1728	7	17	20	19	31	7	90	1	3	2	3	6	96	72	28	38	64
NUMBER OF RESPONDENTS	106 100%	1795 100%	7 100%	17 100%	20 100%	21 100%	32 100%	7 100%	93 100%	1 100%	3 100%	2 100%	3 100%	6 100%	98 100%	74 100%	29 100%	39 100%	66 100%

[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?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE		
Q35L NEVER	31 11%	654 13%	3 13%~	5 13%~	8 15%	7 11%	4 5%*	3 17%~	27 11%~	1 ~ 25%~	~	~	~	2 ~ 13%~	2 10%~	28 11%~	26 13%	5 6%	18 15%	13 8%
SOMETIMES	24 9%	567 11%	6 26%~	2 5%~	3 6%	7 11%	2 3%*	4 22%~	22 9%~	1 ~ 25%~	~	~	~	1 7%~	5 25%~	19 7%~	16 8%	8 10%	15 13%*	9 6%*
USUALLY	61 22%	1126 23%	3 13%~	13 33%~	13 24%	12 19%	17 22%	3 17%~	51 21%~	1 ~ 25%~	~	2 ~ 67%~	2 ~ 67%~	3 20%~	4 20%~	57 22%~	41 21%	19 25%	27 23%	34 21%
ALWAYS	163 58%	2613 53%*	11 48%~	20 50%~	30 56%	38 59%	53 70%*	8 44%~	147 60%~	1 ~ 25%~	~	1 ~ 33%~	1 ~ 33%~	9 60%~	9 45%~	151 59%~	116 58%	45 58%	57 49%*	104 65%*
#ALWAYS + USUALLY (NET)	224 80%	3739 75%*	14 61%~	33 83%~	43 80%	50 78%	70 92%*	11 61%~	198 80%~	2 ~ 50%~	~	3 ~ 100%~	3 ~ 100%~	12 80%~	13 65%~	208 82%~	157 79%	64 83%	84 72%*	138 86%*
TOP BOX SCORE	163 58%	2613 53%*	11 48%~	20 50%~	30 56%	38 59%	53 70%*	8 44%~	147 60%~	1 ~ 25%~	~	1 ~ 33%~	1 ~ 33%~	9 60%~	9 45%~	151 59%~	116 58%	45 58%	57 49%*	104 65%*
NOT ANSWERED	22	493	1	1		3	2	1	7							7	8		4	4
VALID CASES	279	4960	23	40	54	64	76	18	247	4		3	3	15	20	255	199	77	117	160
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35M ALWAYS	207%	3878%	29%~	410%~	12%* 6%	46% 8%	68% 17%~	3156%~	1~ 25%~	~	~	133%~	320%~	15%	187%~	116% 10%	810%	119%	96%		
USUALLY	135%	2585%	~	410%~	24% 4%	46% 3%	16%~ 6%~	114%~	~	~	~	~	17%~	15%~	125%~	105% 4%	34%	87%	53%		
SOMETIMES	4014%	88118%	29%~	820%~	1019%	711%	817%~ 14%~	34%~	2~ 50%~	~	133%~	133%~	~	315%~	3614%~	2714% 16%	1216%	1513%	2415%		
NEVER	20574%	345269%	1983%~	2460%~	3975%	5077%	6079% 61%~	118576%~	1~ 25%~	~	267%~	133%~	1173%~	1575%~	18874%~	15076% 70%	5470%	8371%	12176%		
#NEVER + SOMETIMES (NET)	24588%	433387%	2191%~	3280%~	4994%	5788%	6889% 78%~	1421989%~	3~ 75%~	~	3100%~	267%~	1173%~	1890%~	22488%~	17789% 86%	6686%	9884%	14591%		
TOP BOX SCORE	20574%	345269%	1983%~	2460%~	3975%	5077%	6079% 61%~	118576%~	1~ 25%~	~	267%~	133%~	1173%~	1575%~	18874%~	15076% 70%	5470%	8371%	12176%		
NOT ANSWERED	23	476	1	1	2	2	2	1	9						8	9		4	5		
VALID CASES	278	4977	23	40	52	65	76	18	245	4		3	3	15	20	254	198	77	117	159	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4		3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q35N ALWAYS	8 3%	113 2%	~	3 8%	1 2%	2 3%	2 3%	~	5 2%	1 25%	~	~	1 33%	1 7%	~	8 3%	6 3%	2 3%	2 2%	6 4%
USUALLY	7 3%	124 2%	~	~	2 4%	1 2%	1 1%	3 17%	5 2%	~	~	~	~	2 13%	7 3%	3 2%	4 5%	5 4%	2 1%	
SOMETIMES	44 16%	728 15%	~	9 23%	11 21%	9 14%	9 12%	5 28%	40 16%	1 25%	2 67%	~	1 7%	2 10%	41 16%	29 15%	14 18%	20 17%	24 15%	
NEVER	219 79%	4037 81%	23 100%	28 70%	39 74%	52 81%	64 84%	10 56%	196 80%	2 50%	1 33%	2 67%	11 73%	18 90%	198 78%	160 81%	57 74%	89 77%	128 80%	
#NEVER + SOMETIMES (NET)	263 95%	4765 95%	23 100%	37 93%	50 94%	61 95%	73 96%	15 83%	236 96%	3 75%	3 100%	2 67%	12 80%	20 100%	239 94%	189 95%	71 92%	109 94%	152 95%	
TOP BOX SCORE	219 79%	4037 81%	23 100%	28 70%	39 74%	52 81%	64 84%	10 56%	196 80%	2 50%	1 33%	2 67%	11 73%	18 90%	198 78%	160 81%	57 74%	89 77%	128 80%	
NOT ANSWERED	23	451	1	1	1	3	2	1	8						8	9		5	4	
VALID CASES	278	5002	23	40	53	64	76	18	246	4	3	3	15	20	254	198	77	116	160	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q350 ALWAYS	5 2%	98 2%	1 ~ 3%	1 ~ 2%	2 3%	1 1%	4 2%	1 ~ 25%	~	~	~	~	~	~	5 ~ 2%	2 1%	3 4%	1 0.9%	4 2%		
USUALLY	7 3%	112 2%	4 ~ 10%	2 4%	~	1 1%	7 3%	~	~	~	~	~	~	~	7 ~ 3%	7 4%	~	3 3%	4 2%		
SOMETIMES	27 10%	493 10%	2 9%	4 10%	8 15%	5 8%	5 7%	2 11%	26 11%	~	~	~	~	~	1 7%	2 10%	25 10%	18 9%	9 12%	11 10%	16 10%
NEVER	239 86%	4278 86%	21 91%	31 77%	42 79%	58 89%	68 91%	16 89%	208 85%	3 ~ 75%	3 ~ 100%	3 ~ 100%	14 93%	18 90%	217 85%	171 86%	65 84%	100 87%	137 85%		
#NEVER + SOMETIMES (NET)	266 96%	4771 96%	23 100%	35 87%	50 94%	63 97%	73 97%	18 100%	234 96%	3 ~ 75%	3 ~ 100%	3 ~ 100%	15 100%	20 100%	242 95%	189 95%	74 96%	111 97%	153 95%		
TOP BOX SCORE	239 86%	4278 86%	21 91%	31 77%	42 79%	58 89%	68 91%	16 89%	208 85%	3 ~ 75%	3 ~ 100%	3 ~ 100%	14 93%	18 90%	217 85%	171 86%	65 84%	100 87%	137 85%		
NOT ANSWERED	23	472	1	1	1	2	3	1	9					8	9		6	3			
VALID CASES	278	4981	23	40	53	65	75	18	245	4	3	3	15	20	254	198	77	115	161		
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%		

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
Q35P #YES DEFINITELY	197 72%	3312 67%*	19 83%~	24 62%~	37 71%	43 72%	61 81%*	10 53%~	174 73%~	2 ~ 50%~	3 ~100%~	2 67%~	10 67%~	11 58%~	183 73%~	142 73%	52 69%	79 70%	116 74%	
YES SOMEWHAT	52 19%	1213 25%*	3 13%~	10 26%~	11 21%	14 23%	8 11%*	6 32%~	47 20%~	2 ~ 50%~		1 ~ 33%~	1 7%~	5 26%~	47 19%~	35 18%	17 23%	24 21%	28 18%	
NO	23 8%	418 8%	1 4%~	5 13%~	4 8%	3 5%	6 8%	3 16%~	18 8%~	~	~	~	~	4 ~ 27%~	3 16%~	19 8%~	17 9%	6 8%	10 9%	13 8%
NOT ANSWERED	29	511	1	2	2	7	3		15					1	13	13	2	8	7	
VALID CASES	272	4942	23	39	52	60	75	19	239	4		3	3	15	19	249	194	75	113	157
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ AS- PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE				
Q35Q YES	162 58%	2643 53%	12 50%~	25 61%~	33 63%	34 52%	47 61%	8 47%~	142 57%~	3 ~ 75%~	1 ~ 33%~	3 100%~	6 40%~	11 55%~	149 58%~	122 60%	38 49%	52 44%*	108 67%*	
NO	119 42%	2382 47%	12 50%~	16 39%~	19 37%	32 48%	30 39%	9 53%~	106 43%~	1 ~ 25%~	2 ~ 67%~	9 ~ 60%~	9 45%~	108 42%~	80 40%	39 51%	65 56%*	54 33%*		
NOT ANSWERED	20	428			2	1	1	2	6					5	5		4	2		
VALID CASES	281	5025	24	41	52	66	77	17	248	4	3	3	15	20	257	202	77	117	162	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH-	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q35R NEVER	49 37%	799 36%	4 31%~	4 21%~	11 35%~	19 53%~	7 26%~	3 50%~	42 37%~	1 ~ 33%~	~	~	~	4 ~ 40%~	4 36%~	43 36%~	32 34%~	16 42%~	22 43%~	27 33%~
SOMETIMES	29 22%	439 20%	3 23%~	4 21%~	7 23%~	8 22%~	5 19%~	2 33%~	24 21%~	2 ~ 67%~	~	~	1 ~ 100%~	2 20%~	5 45%~	24 20%~	20 21%~	9 24%~	12 24%~	17 21%~
USUALLY	30 23%	421 19%	2 15%~	7 37%~	7 23%~	2 6%~	11 41%~	1 17%~	28 24%~	~	~	~	~	1 ~ 10%~	~	30 ~ 25%~	20 21%~	10 26%~	10 20%~	20 24%~
ALWAYS	25 19%	564 25%*	4 31%~	4 21%~	6 19%~	7 19%~	4 15%~	~	21 18%~	~	~	~	1 ~ 100%~	3 ~ 30%~	2 18%~	23 19%~	22 23%~	3 8%~	7 14%~	18 22%~
#ALWAYS + USUALLY (NET)	55 41%	985 44%	6 46%~	11 58%~	13 42%~	9 25%~	15 56%~	1 17%~	49 43%~	~	~	1 ~ 100%~	4 ~ 40%~	2 18%~	53 44%~	42 45%~	13 34%~	17 33%~	38 46%~	
TOP BOX SCORE	25 19%	564 25%*	4 31%~	4 21%~	6 19%~	7 19%~	4 15%~	~	21 18%~	~	~	~	1 ~ 100%~	3 ~ 30%~	2 18%~	23 19%~	22 23%~	3 8%~	7 14%~	18 22%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	141	2730	9	22	22	28	50	8	128	1		2	2	4	9	131	103	38	62	78
NOT ANSWERED	27	500	2		1	3	1	5	11					1		11	10	1	8	4
VALID CASES	133	2223	13	19	31	36	27	6	115	3		1	1	10	11	120	94	38	51	82
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q36 EXCELLENT	19 7%	477 9%	4 17%	4 10%	5 9%	2 3%	3 4%	1 5%	17 7%	1 ~ 25%			1 ~ 33%		2 ~ 10%	17 7%	19 9%*	7 6%	12 7%		
VERY GOOD	66 23%	1176 23%	9 38%	12 29%	14 26%	14 21%	13 17%	2 11%	58 23%	2 ~ 50%				4 ~ 27%	9 45%	57 22%	66 32%	25 21%	40 25%		
GOOD	122 43%	1761 35%*	8 33%	18 44%	25 46%	28 42%	31 40%	11 58%	111 44%			1 ~ 33%	2 67%	5 33%	5 25%	113 43%	122 59%*	56 47%	66 40%		
FAIR	58 20%	1244 25%	2 8%	7 17%	7 13%	13 20%	27 35%*	2 11%	50 20%	1 ~ 25%		1 ~ 33%		4 ~ 27%	3 15%	55 21%	58 75%*	23 19%	35 21%		
POOR	19 7%	405 8%	1 4%		3 6%	9 14%*	3 4%	3 16%	16 6%			1 ~ 33%		2 ~ 13%	1 5%	18 7%	19 25%*	9 7%	10 6%		
#EXCELLENT + VERY GOOD + GOOD (NET)	207 73%	3415 67%*	21 88%	34 83%	44 81%	44 67%	47 61%*	14 74%	186 74%	3 ~ 75%		1 ~ 33%	3 100%	9 60%	16 80%	187 72%	207 100%	88 73%	118 72%		
NOT ANSWERED	17	389				1	1		2						2			1	1		
VALID CASES	284	5064	24	41	54	66	77	19	252	4		3	3	15	20	260	207	77	120	163	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4		3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE
Q37 EXCELLENT	51 18%	895 18%	9 38%	5 12%	9 17%	11 17%	11 14%	5 26%	46 18%	2 ~	~	~	1 33%	~	6 30%	45 17%	46 22%*	5 7%*	29 24%*	21 13%*
VERY GOOD	73 26%	1258 25%	9 38%	15 37%	16 30%	14 22%	18 23%	~	65 26%	~	~	~	1 33%	6 40%	4 20%	68 26%	66 32%*	7 9%*	26 22%	47 29%
GOOD	97 34%	1533 30%	3 13%	14 34%	18 33%	24 37%	34 44%*	4 21%	88 35%	1 ~	~	1 33%	1 33%	6 40%	7 35%	88 34%	69 33%	27 36%	38 32%	59 36%
FAIR	49 17%	1027 20%	2 8%	5 12%	9 17%	12 19%	11 14%	9 47%	41 16%	1 ~	~	1 33%	1 33%	2 13%	2 10%	46 18%	23 11%*	25 34%*	22 18%	27 17%
POOR	12 4%	363 7%*	1 4%	2 5%	2 4%	3 5%	3 4%	1 5%	11 4%	~	~	~	~	1 7%	1 5%	11 4%	2 1%*	10 14%*	4 3%	8 5%
#EXCELLENT + VERY GOOD + GOOD (NET)	221 78%	3685 73%*	21 88%	34 83%	43 80%	49 77%	63 82%	9 47%	199 79%	3 ~	~	2 67%	2 67%	12 80%	17 85%	201 78%	181 88%*	39 53%*	93 78%	127 78%
NOT ANSWERED	19	378				3	1		3							4	1	3	2	2
VALID CASES	282	5075	24	41	54	64	77	19	251	4		3	3	15	20	258	206	74	119	162
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	64 100%	77 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

Q38 HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2014?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q38 #YES	133 48%	2160 44%	8 35%	18 44%	19 36%	30 46%	43 57%	14 74%	117 47%	~	~	~	2 67%	2 67%	6 40%	9 45%	123 48%	88 44%*	43 56%	49 41%	84 53%
NO	147 53%	2803 56%	15 65%	23 56%	34 64%	35 54%	33 43%	5 26%	131 53%	~100%	~	~	1 33%	1 33%	9 60%	11 55%	133 52%	113 56%*	34 44%	70 59%	76 48%
DON'T KNOW	3	112	1		1	1			3								3	3			3
NOT ANSWERED	18	379				1	2		3								3	3		2	1
VALID CASES	280	4963	23	41	53	65	76	19	248		4		3	3	15	20	256	201	77	119	160
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254		4		3	3	15	20	262	207	77	121	164
	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q39 EVERY DAY	68 25%	1063 21%	4 17%	8 20%	15 28%	18 28%	19 25%	3 18%	61 25%	~	~	~	~	1 33%	5 33%	3 16%	64 25%	44 22%	24 32%	35 30%	32 20%	
SOME DAYS	21 8%	463 9%	2 9%	4 10%	5 9%	3 5%	7 9%	~	18 7%	~	~	~	~	1 33%	2 13%	1 5%	20 8%	13 6%	8 11%	13 11%	8 5%	
NOT AT ALL	188 68%	3502 70%	17 74%	28 70%	33 62%	43 67%	51 66%	14 82%	166 68%	~100%	~	~	~	2 67%	2 67%	8 53%	15 79%	170 67%	143 72%*	44 58%*	70 59%*	118 75%*
DON'T KNOW	6	42	1	1	1	1	1	1	6								6	5	1	3	3	
NOT ANSWERED	18	383				2	1	3								1	2	2			3	
VALID CASES	277	5028	23	40	53	64	77	17	245	4			3	3	15	19	254	200	76	118	158	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4			3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	

Q40 IN THE LAST 6 MONTHS, HOW OFTEN WERE YOU ADVISED TO QUIT SMOKING OR USING TOBACCO BY A DOCTOR OR OTHER HEALTH PROVIDER IN YOUR PLAN?

	INHE TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTH- R	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE MALE			
Q40 NEVER	26 29%	435 26%	4 67%	3 25%	8 40%	6 29%	3 12%	1 33%	24 30%	~	~	~	~	~	2 29%	2 50%	23 27%	19 33%	7 22%	19 40%	6 15%
SOMETIMES	18 20%	355 21%	~	6 50%	3 15%	5 24%	4 15%	~	15 19%	~	~	1 100%	~	1 14%	~	18 21%	12 21%	6 19%	10 21%	8 20%	
USUALLY	14 16%	280 17%	1 17%	2 17%	4 20%	3 14%	4 15%	~	12 15%	~	~	~	~	1 100%	1 14%	1 25%	13 15%	9 16%	5 16%	7 15%	7 18%
ALWAYS	31 35%	589 35%	1 17%	1 8%	5 25%	7 33%	15 58%	2 67%	28 35%	~	~	~	~	~	3 43%	1 25%	30 36%	17 30%	14 44%	12 25%	19 48%
#ALWAYS + USUALLY (NET)	45 51%	869 52%	2 33%	3 25%	9 45%	10 48%	19 73%	2 67%	40 51%	~	~	~	~	1 100%	4 57%	2 50%	43 51%	26 46%	19 59%	19 40%	26 65%
TOP BOX SCORE	31 35%	589 35%	1 17%	1 8%	5 25%	7 33%	15 58%	2 67%	28 35%	~	~	~	~	~	3 43%	1 25%	30 36%	17 30%	14 44%	12 25%	19 48%
NOT ANSWERED		31																			
VALID CASES	89	1659	6	12	20	21	26	3	79			1	1	7	4	84	57	32	48	40	
NUMBER OF RESPONDENTS	89	1690	6	12	20	21	26	3	79			1	1	7	4	84	57	32	48	40	
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q41 IN THE LAST 6 MONTHS, HOW OFTEN WAS MEDICATION RECOMMENDED OR DISCUSSED BY A DOCTOR OR HEALTH PROVIDER TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF MEDICATION ARE: NICOTINE GUM, PATCH, NASAL SPRAY, INHALER, OR PRESCRIPTION MEDICATION.

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q41 NEVER	45 51%	750 46%	4 67%~	8 67%~	11 55%~	11 52%~	7 27%~	3 100%~	39 49%~	~	~	~	1 ~100%~	5 ~71%~	4 100%~	40 48%~	31 54%~	14 44%~	30 62%~	14 35%~	
SOMETIMES	17 19%	380 23%	1 17%~	3 25%~	5 25%~	4 19%~	4 15%~	~	15 19%~	~	~	~	1 ~100%~	~	~	17 20%~	12 21%~	5 16%~	7 15%~	10 25%~	
USUALLY	9 10%	243 15%	1 17%~	1 8%~	1 5%~	1 5%~	5 19%~	~	9 11%~	~	~	~	~	~	~	9 11%~	5 9%~	4 12%~	6 13%~	3 7%~	
ALWAYS	18 20%	267 16%	~	~	3 15%~	5 24%~	10 38%~	~	16 20%~	~	~	~	~	2 29%~	~	18 21%~	9 16%~	9 28%~	5 10%~	13 33%~	
#ALWAYS + USUALLY (NET)	27 30%	510 31%	1 17%~	1 8%~	4 20%~	6 29%~	15 58%~	~	25 32%~	~	~	~	~	2 29%~	~	27 32%~	14 25%~	13 41%~	11 23%~	16 40%~	
TOP BOX SCORE	18 20%	267 16%	~	~	3 15%~	5 24%~	10 38%~	~	16 20%~	~	~	~	~	2 29%~	~	18 21%~	9 16%~	9 28%~	5 10%~	13 33%~	
NOT ANSWERED		51																			
VALID CASES	89	1639	6	12	20	21	26	3	79				1	1	7	4	84	57	32	48	40
NUMBER OF RESPONDENTS	89 100%	1690 100%	6 100%	12 100%	20 100%	21 100%	26 100%	3 100%	79 100%				1 100%	1 100%	7 100%	4 100%	84 100%	57 100%	32 100%	48 100%	40 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	INHE TOT 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-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	GOOD & POOR	MALE	FE- MALE	
Q42 NEVER	50 56%	864 53%	4 67%	7 58%	13 65%	12 57%	10 38%	3 100%	44 56%	~	~	~	1 ~100%	1 ~100%	4 57%	2 50%	47 56%	34 60%	16 50%	30 62%	19 48%
SOMETIMES	19 21%	340 21%	2 33%	4 33%	4 20%	3 14%	6 23%	~	17 22%	~	~	~	~	~	1 14%	1 25%	18 21%	13 23%	6 19%	11 23%	8 20%
USUALLY	5 6%	207 13%	~	1 8%	~	1 5%	3 12%	~	4 5%	~	~	~	~	~	1 14%	~	5 6%	2 4%	3 9%	1 2%	4 10%
ALWAYS	15 17%	215 13%	~	~	3 15%	5 24%	7 27%	~	14 18%	~	~	~	~	~	1 14%	1 25%	14 17%	8 14%	7 22%	6 13%	9 23%
#ALWAYS + USUALLY (NET)	20 22%	422 26%	~	1 8%	3 15%	6 29%	10 38%	~	18 23%	~	~	~	~	~	2 29%	1 25%	19 23%	10 18%	10 31%	7 15%	13 33%
TOP BOX SCORE	15 17%	215 13%	~	~	3 15%	5 24%	7 27%	~	14 18%	~	~	~	~	~	1 14%	1 25%	14 17%	8 14%	7 22%	6 13%	9 23%
NOT ANSWERED		64																			
VALID CASES	89	1626	6	12	20	21	26	3	79				1	1	7	4	84	57	32	48	40
NUMBER OF RESPONDENTS	89 100%	1690 100%	6 100%	12 100%	20 100%	21 100%	26 100%	3 100%	79 100%				1 100%	1 100%	7 100%	4 100%	84 100%	57 100%	32 100%	48 100%	40 100%

[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-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	HIS- IC	NOT VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q43																				
YES	56 20%	1180 23%	2 8%	2 5%	6 11%	10 15%	28 36%	8 42%	49 20%	1 ~ 25%	1 ~ 33%	4 ~ 27%	1 5%	55 21%	37 18%	19 25%	28 23%	28 17%		
NO	227 80%	3848 77%	22 92%	39 95%	48 89%	55 85%	11 64%	8 58%	202 80%	3 ~ 75%	2 ~ 67%	3 100%	11 73%	19 95%	204 79%	168 82%	57 75%	92 77%	134 83%	
DON'T KNOW	3	55				2		3						3	2	1	1	2		
NOT ANSWERED	15	370																		
VALID CASES	283	5028	24	41	54	65	78	19	251	4	3	3	15	20	259	205	76	120	162	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q44 YES	22 9%	460 10%	1 4%	2 5%	3 6%	4 7%	10 14%	2 12%	21 9%	~	~	~	~	~	1 7%	2 11%	19 8%	9 5%*	13 19%*	4 4%*	18 13%*
NO	230 91%	4154 90%	23 96%	35 95%	44 94%	52 93%	59 86%	14 88%	203 91%	~100%	3	2	3	13	17 93%	210 89%	210 92%	175 95%*	54 81%*	104 96%*	125 87%*
DON'T KNOW	31	459		4	5	11	8	3	28		1				1	1	30	21	9	10	21
NOT ANSWERED	18	380				2		1	2					1			3	2	1		3
VALID CASES	252	4614	24	37	47	56	69	16	224		3		2	3	14	19	229	184	67	108	143
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%		4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q45 YES	97 34%	1742 35%	3 13%~	3 7%~	13 25%	19 28%	48 63%*	11 58%~	84 33%~	3 ~ 75%~	1 ~ 50%~	1 33%~	7 47%~	5 25%~	92 36%~	58 28%*	39 52%*	46 39%	51 31%	
NO	186 66%	3293 65%	21 88%~	38 93%~	40 75%	48 72%	28 37%*	8 42%~	168 67%~	1 ~ 25%~	1 ~ 50%~	2 67%~	8 53%~	15 75%~	167 64%~	148 72%*	36 48%*	72 61%	113 69%	
NOT ANSWERED	18	417			1		2		2			1			3	1	2		3	
VALID CASES	283	5036	24	41	53	67	76	19	252	4		2	3	15	20	259	206	75	118	164
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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	WHITE	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q46.1	YES	63 21%	1316 24%	~	~	5 9%*	20 30%	28 36%*	10 53%~	55 22%~	2 ~	50%~	~	~	4 ~	27%~	2 10%~	60 23%~	38 18%	24 31%*	24 20%	39 24%
	NO	238 79%	4137 76%	24 100%~	41 100%~	49 91%*	47 70%	50 64%*	9 47%~	199 78%~	2 ~	50%~	3 ~	3 ~	11 73%~	18 90%~	202 77%~	169 82%	53 69%*	97 80%	125 76%	
	VALID CASES	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164		
	NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%		

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	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q46.2	INHE TOT ADLT																				
YES	OHP TOT ADLT	90 30%	1635 30%	2 ~	14 5%~	25 26%	39 37%	9 50%*	83 47%~	83 33%~	~	~	2 67%~	1 33%~	2 13%~	5 25%~	83 32%~	53 26%*	36 47%*	37 31%	53 32%
NO	OHP TOT ADLT	211 70%	3818 70%	24 100%~	39 95%~	40 74%	42 63%	39 50%*	10 53%~	171 67%~	4 ~100%~	~	1 33%~	2 67%~	13 87%~	15 75%~	179 68%~	154 74%*	41 53%*	84 69%	111 68%
VALID CASES	OHP TOT ADLT	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	~	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%
NUMBER OF RESPONDENTS	OHP TOT ADLT	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	~	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ALSK ILND NATV	AMER IND/ OTH	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE			
Q46.3 YES	62 21%	862 16%*	1 4%~	1 2%~	10 19%	19 28%	25 32%*	6 32%~	58 23%~	~	~	1 ~ 33%~	2 ~ 13%~	3 15%~	58 22%~	37 18%	25 32%*	21 17%	41 25%*	
NO	239 79%	4591 84%*	23 96%~	40 98%~	44 81%	48 72%	53 68%*	13 68%~	196 77%~	4 ~100%~	~	2 ~ 67%~	3 100%~	13 87%~	17 85%~	204 78%~	170 82%	52 68%*	100 83%	123 75%*
VALID CASES	301	5453	24	41	54	67	78	19	254	4	~	3	3	15	20	262	207	77	121	164
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	~	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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	WHITE	BLACK OR AFR-	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL-	TI	HIS- IC	HIS- IC	NOT VERY GOOD & POOR	FAIR & POOR	MALE	FE- MALE	
Q47.1	INHE TOT ADLT																				
YES	12 4%	281 5%	1 4%	1 2%	2 3%	6 8%	2 11%	11 4%	~	~	1 33%	~	~	~	12 5%	4 2%*	8 10%*	5 4%	7 4%		
NO	289 96%	5172 95%	23 96%	41 100%	53 98%	65 97%	17 92%	243 96%	4 100%	2 67%	3 100%	15 100%	20 100%	250 95%	203 98%*	69 90%*	116 96%	157 96%			
VALID CASES	301	5453	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%		
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%		

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	WHITE	BLACK OR AFR-	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL-	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q47.2	INHE TOT ADLT	18	25	35	45	55	65														
YES	OHP TOT ADLT	284						13							13		5	8	3	10	
		4%	5%	~	~	4%	1%	8%	21%~	5%~	~	~	~	~	~	~	5%~	2%*	10%*	2%	6%
NO	OHP TOT ADLT	5169	24	41	52	66	72	15	241	4	3	3	15	20	249	202	69	118	154		
		96%	95%	100%~	100%~	96%	99%	92%	79%~	95%~	~100%~	~100%~	~100%~	~100%~	~100%~	95%~	98%*	90%*	98%	94%	
VALID CASES	OHP TOT ADLT	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164		
NUMBER OF RESPONDENTS		301	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164
		100%	100%	100%	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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLACK OR AFR-	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q47.3	INHE TOT ADLT	18	25	35	45	55	65														
YES	OHP TOT ADLT	1	2	3	4	1	11														
		4%	4%	4%	4%	5%	4%														
NO	OHP TOT ADLT	23	41	52	64	74	18	243	4		3	3	15	20	251	205	68	115	159		
		96%	96%	96%	96%	95%	95%	96%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	96%	99%*	88%*	95%	97%	
VALID CASES	OHP TOT ADLT	24	41	54	67	78	19	254	4		3	3	15	20	262	207	77	121	164		
NUMBER OF RESPONDENTS		301	5453	24	41	54	67	78	19	254	4		3	3	15	20	262	207	77	121	164
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER	
INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q47.4 YES	48 16%	1002 18%	1 4%	1 2%	8 15%	14 21%	20 26%*	4 21%~	42 17%~	1 ~ 25%~	1 ~ 33%~	2 ~ 13%~	3 15%~	44 17%~	26 13%*	22 29%*	22 18%	26 16%	
NO	253 84%	4451 82%	23 96%~	40 98%~	46 85%	53 79%	58 74%*	15 79%~	212 83%~	3 ~ 75%~	2 ~ 67%~	3 100%~	13 87%~	17 85%~	218 83%~	181 87%*	55 71%*	99 82%	138 84%
VALID CASES	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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	
		INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q48																				
YES	99 35%	1692 34%	6 25%~	14 35%~	16 30%	24 36%	32 41%	7 37%~	85 34%~	~	~	3 ~100%~	1 33%~	7 47%~	6 30%~	91 35%~	59 29%*	38 49%*	32 26%*	67 41%*
NO	185 65%	3335 66%	18 75%~	26 65%~	38 70%	43 64%	46 59%	12 63%~	167 66%~	4 ~100%~	~	2 ~	8 67%~	14 53%~	169 70%~	146 65%~	39 71%*	89 51%*	96 74%*	59 59%*
NOT ANSWERED	17	426	1							2						2		1		
VALID CASES	284	5027	24	40	54	67	78	19	252	4		3	3	15	20	260	205	77	121	163
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q49 YES	82 85%	1394 85%	4 67%	10 71%	15 94%	20 83%	27 90%	6 86%	69 83%	~	~	~	3 ~100%	1 ~100%	6 86%	6 100%	74 83%	46 81%	35 92%	24 77%	58 88%
NO	15 15%	240 15%	2 33%	4 29%	1 6%	4 17%	3 10%	1 14%	14 17%	~	~	~	~	~	1 ~14%	15 ~17%	11 19%	3 8%	7 23%	8 12%	
NOT ANSWERED		2 62					2	2								2	2			1	1
VALID CASES	97	1633	6	14	16	24	30	7	83				3	1	7	6	89	57	38	31	66
NUMBER OF RESPONDENTS	99	1695	6	14	16	24	32	7	85				3	1	7	6	91	59	38	32	67
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q48 = YES]

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q50 YES	185 66%	3255 65%	8 33%~	20 49%~	32 59%	47 73%	66 85%*	12 63%~	165 66%~	1 ~ 25%~	2 ~ 67%~	2 67%~	10 67%~	10 50%~	174 67%~	116 57%*	68 88%*	73 61%	112 69%	
NO	97 34%	1781 35%	16 67%~	21 51%~	22 41%	17 27%	12 15%*	7 37%~	86 34%~	3 ~ 75%~	1 ~ 33%~	1 33%~	5 33%~	10 50%~	84 33%~	88 43%*	9 12%*	46 39%	51 31%	
NOT ANSWERED	19	417			3				3						4	3		2	1	
VALID CASES	282	5036	24	41	54	64	78	19	251	4	3	3	15	20	258	204	77	119	163	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q51 YES	171 95%	2975 94%	8 100%~	16 80%~	30 94%~	42 98%~	63 97%	12 100%~	151 94%~	1 ~100%~	2 ~100%~	2 100%~	10 100%~	9 100%~	161 95%~	107 93%	63 98%	65 90%*	106 98%*	
NO	9 5%	176 6%		4 ~20%~	2 6%~	1 2%~	2 3%		9 6%~						9 5%~	8 7%	1 2%	7 10%*	2 2%*	
NOT ANSWERED	5	127				4	1		5					1	4	1	4	1	4	
VALID CASES	180	3151	8	20	32	43	65	12	160	1		2	2	10	9	170	115	64	72	108
NUMBER OF RESPONDENTS	185	3278	8	20	32	47	66	12	165	1		2	2	10	10	174	116	68	73	112
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ52 18 TO 24	27 9%	547 10%	24 100%	~	~	~	~	20 8%	~	~	~	~	~	4 27%	5 25%	19 7%	22 11%	3 4%*	15 12%	10 6%
25 TO 34	50 17%	870 16%	~	41 ~100%	~	~	~	39 15%	~	~	~	~	1 33%	2 13%	1 5%	42 16%	36 17%	7 9%*	15 12%	27 16%
35 TO 44	56 19%	802 15%	~	~	54 ~100%	~	~	47 19%	~	~	~	1 33%	2 67%	3 20%	6 30%	48 18%	44 21%	10 13%	24 20%	30 18%
45 TO 54	68 23%	1153 21%	~	~	~	67 ~100%	~	61 24%	~	3 75%	~	~	~	1 7%	6 30%	59 23%	44 21%	22 29%	25 21%	42 26%
55 TO 64	81 27%	1412 26%	~	~	~	78 ~100%	~	71 28%	~	~	~	2 67%	~	4 27%	2 10%	76 29%	47 23%*	30 39%*	35 29%	43 26%
65 TO 74	12 4%	405 7%*	~	~	~	~	12 63%	11 4%	~	~	~	~	~	1 7%	~	11 4%	10 5%	2 3%	6 5%	6 4%
75 OR OLDER	7 2%	264 5%*	~	~	~	~	7 37%	5 2%	~	1 25%	~	~	~	~	~	7 3%	4 2%	3 4%	1 0.8%	6 4%
VALID CASES	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

NQ53 ARE YOU MALE OR FEMALE?

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ53																				
MALE	129 43%	2159 40%	15 63%~	15 37%~	24 44%	25 37%	35 45%	7 37%~	105 41%~	~	~	2 ~ 67%~	1 33%~	10 67%~	10 50%~	111 42%~	89 43%	32 42%	121 100%~	~
FEMALE	172 57%	3294 60%	9 38%~	26 63%~	30 56%	42 63%	43 55%	12 63%~	149 59%~	4 ~100%~	~	1 ~ 33%~	2 67%~	5 33%~	10 50%~	151 58%~	118 57%	45 58%	164 ~100%~	~
VALID CASES	301	5453	24	41	54	67	78	19	254	4		3	3	15	20	262	207	77	121	164
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%		3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

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

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

	INHE TOT 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-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q54 8TH GRADE OR LESS	13 5%	312 6%	~	1 2%	1 2%	4 6%	3 4%	4 21%	8 3%	1 25%	~	~	1 33%	1 7%	4 20%	9 3%	8 4%	5 6%	6 5%	7 4%	
SOME HIGH SCHOOL BUT DID NOT GRADUATE	32 11%	755 15%	5%	1 7%	3 13%	7 11%	7 13%	10 16%	3 11%	28 11%	~	~	2 67%	1 7%	5 25%	26 10%	21 10%	11 14%	14 12%	18 11%	
HIGH SCHOOL GRADUATE OR GED	111 39%	1615 32%*	64%	14 39%	16 28%*	15 41%	27 42%	33 26%	5 40%	2 50%	~	~	~	5 33%	6 30%	103 40%	80 39%	30 39%	58 49%*	53 33%*	
SOME COLLEGE OR 2-YEAR DEGREE	104 37%	1732 34%	32%	7 41%	17 50%*	27 38%	25 29%	23 26%	5 37%	93 37%	1 25%	~	1 33%	2 67%	7 47%	4 20%	99 38%	77 38%	26 34%	32 27%*	72 44%*
4-YEAR COLLEGE GRADUATE	13 5%	415 8%*	~	4 10%	2 4%	2 3%	5 6%	~	12 5%	~	~	~	~	1 7%	1 5%	12 5%	11 5%	2 3%	3 3%	10 6%	
MORE THAN 4-YEAR COLLEGE DEGREE	9 3%	214 4%	~	~	2 4%	1 2%	4 5%	2 11%	9 4%	~	~	~	~	~	~	9 3%	6 3%	3 4%	6 5%	3 2%	
NOT ANSWERED	19	410	2	~	~	1	~	~	4	~	~	~	~	~	4	~	4	~	2	1	
VALID CASES	282	5043	22	41	54	66	78	19	250	4	~	3	3	15	20	258	203	77	119	163	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4	~	3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q55 YES HISPANIC OR LATINO	20 7%	610 12%*	5 22%~	6 ~ 11%	6 9%	2 3%*	9 4%~	1 ~ 25%~	1 ~ 33%~	2 67%~	3 21%~	20 100%~	16 8%	4 5%	10 8%	10 6%			
NO NOT HISPANIC OR LATINO	262 93%	4367 88%*	18 78%~	41 100%~	48 89%	59 91%	76 97%*100%~	18 96%~	3 ~ 75%~	2 ~ 67%~	1 33%~	11 79%~	262 ~100%~	187 92%	73 95%	110 92%	151 94%		
NOT ANSWERED	19	476	1		2	1	3				1		4		1	3			
VALID CASES	282	4977	23	41	54	65	78	18	251	4	3	3	14	20	262	203	77	120	161
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.1	INHE TOT ADLT																					
YES	269 89%	4262 78%*	23 96%~	39 95%~	50 93%	62 96%*	75 89%~	17 100%~	254 100%~	~	~	~	~	15 ~100%~	12 60%~	253 97%~	195 94%*	72 94%	114 94%*	154 94%*		
NO	32 11%	1191 22%*	1 4%~	2 5%~	4 7%	5 7%	3 4%*	2 11%~	~	~100%~	4	3	3	~100%~	~100%~	~100%~	8 40%~	9 3%~	12 6%*	5 6%	7 6%*	10 6%*
VALID CASES	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164			
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164			
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q56.2 YES	2	133	2											2	1	1	2		1	1
	0.7%	2%*	8%~	~	~	~	~	~	~	~	~	~	~	13%~	5%~	0.4%~	1%		~0.8%	0.6%
NO	299	5320	22	41	54	67	78	19	254	4	3	3	13	19	261	205	77	120	163	
	99%	98%*	92%~	100%~	100%~	100%~	100%~	100%~	100%~	~100%~	~100%~	~100%~	~100%~	87%~	95%~	100%~	99%	100%~	99%	99%
VALID CASES	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164	
NUMBER OF RESPONDENTS	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER					
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE				
Q56.3	YES	5 2%	225 4%*	~	~	~	3 4%	1 1%	1 5%	~	4 100%	~	~	~	7%	1 5%	4 2%	4 2%	1 1%	4 2%				
	NO	296 98%	5228 96%*	100%	100%	100%	24 96%	41 99%	54 95%	64 99%	77 95%	18 100%	254 100%	~	~	3 100%	3 100%	14 93%	19 95%	258 98%	203 98%	76 99%	120 99%	160 98%
VALID CASES		301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164				
NUMBER OF RESPONDENTS		301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164				
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q56.4 YES	1 0.3%	41 0.7%	1 4%	~	~	~	~	~	~	~	~	~	~	1 7%	~	~	1 0.5%	~	1 0.8%	~
NO	300 100%	5412 99%	23 96%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	14 93%	20 100%	262 100%	206 100%	77 100%	120 99%	164 100%	
VALID CASES	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

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	WHITE	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q56.5	INHE TOT ADLT	14	2	3	1	6	1															
YES	OHP TOT ADLT	314	5%	6%	4%~	5%~	6%	1%	8%	5%~	~	~	~	~100%~	~	73%~	15%~	4%~	3%	10%*	7%	3%
		1	2	3	1	6	1							3	11	3	11	6	8	9	5	
		23	39	51	66	72	18	254		4			3	4	17	251	201	69	112	159		
NO		5139	95%	94%	96%~	95%~	94%	99%	92%	95%~	100%~	~	~100%~	27%~	85%~	96%~	97%	90%*	93%	97%		
		24	41	54	67	78	19	254		4		3	3	15	20	262	207	77	121	164		
VALID CASES		5453	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
NUMBER OF RESPONDENTS		301	301	301	301	301	301	301	301	301	301	301	301	301	301	301	301	301	301	301		

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q56.6	INHE TOT ADLT																			
YES	6 2%	300 5%*	1 4%~	1 2%~	3 6%	1 ~	1 1%	~	~	~	~	~	3 ~100%~	3 20%~	3 15%~	3 1%~	5 2%	1 1%	3 2%	3 2%
NO	295 98%	5153 95%*	23 96%~	40 98%~	51 94%	67 100%~	77 99%	19 100%~	254 100%~	4 ~100%~	3 ~100%~	12 ~	17 80%~	259 85%~	99 99%~	202 98%	76 99%	118 98%	161 98%	
VALID CASES	301	5453	24	41	54	67	78	19	254	4	3	3	15	20	262	207	77	121	164	
NUMBER OF RESPONDENTS	301 100%	5453 100%	24 100%	41 100%	54 100%	67 100%	78 100%	19 100%	254 100%	4 100%	3 100%	3 100%	15 100%	20 100%	262 100%	207 100%	77 100%	121 100%	164 100%	

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE
Q57 YES	26 12%	652 16%	4 ~ 13%	6 ~ 17%	4 7%	5 7%	6 38%	22 11%	1 ~ 25%	1 ~ 33%			2 ~ 14%	24 12%	18 11%	8 13%	12 14%	14 11%	
NO	194 88%	3488 84%	12 100%	26 87%	29 83%	50 93%	65 93%	10 63%	176 89%	3 ~ 75%	2 ~ 67%	2 100%	7 100%	12 86%	179 88%	140 89%	52 87%	76 86%	117 89%
NOT ANSWERED	3	78		1	1		1	2						2	3		2	1	
VALID CASES	220	4141	12	30	35	54	70	16	198	4	3	2	7	14	203	158	60	88	131
NUMBER OF RESPONDENTS	223 100%	4219 100%	12 100%	30 100%	36 100%	55 100%	70 100%	17 100%	200 100%	4 100%	3 100%	2 100%	7 100%	14 100%	205 100%	161 100%	60 100%	90 100%	132 100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.1 YES	7 27%	253 47%	1 ~ 25%	3 ~ 75%	2 40%	1 17%	6 27%	1 ~ 100%					7 ~ 29%	4 22%	3 38%	3 25%	4 29%	
NO	19 73%	289 53%	3 ~ 75%	6 100%	1 25%	3 60%	5 83%	16 73%		1 ~ 100%			2 ~ 100%	17 71%	14 78%	5 63%	9 75%	10 71%
VALID CASES	26	542	4	6	4	5	6	22	1	1			2	24	18	8	12	14
NUMBER OF RESPONDENTS	26 100%	542 100%	4 100%	6 100%	4 100%	5 100%	6 100%	22 100%	1 100%	1 100%			2 100%	24 100%	18 100%	8 100%	12 100%	14 100%

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

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE
Q58.2 YES	7 27%	188 35%	~	~	2 33%	2 40%	2 33%	5 23%	~	~	1 100%	~	1 50%	6 25%	4 22%	3 38%	3 25%	4 29%
NO	19 73%	354 65%	~	4 100%	4 67%	4 100%	3 60%	4 67%	17 77%	1 100%	~	~	1 50%	18 75%	14 78%	5 63%	9 75%	10 71%
VALID CASES	26	542		4	6	4	5	6	22	1	1		2	24	18	8	12	14
NUMBER OF RESPONDENTS	26 100%	542 100%		4 100%	6 100%	4 100%	5 100%	6 100%	22 100%	1 100%	1 100%		2 100%	24 100%	18 100%	8 100%	12 100%	14 100%

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

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.3 YES	14 54%	197 36%	3 ~75%	3 50%	1 25%	3 60%	4 67%	13 59%	~	~	~	~	~	1 50%	13 54%	10 56%	4 50%	6 50%	8 57%
NO	12 46%	345 64%	1 ~25%	3 50%	3 75%	2 40%	2 33%	9 41%	~100%	1 ~100%	1 ~	~	~	1 50%	11 46%	8 44%	4 50%	6 50%	6 43%
VALID CASES	26	542	4	6	4	5	6	22	1	1				2	24	18	8	12	14
NUMBER OF RESPONDENTS	26 100%	542 100%	4 100%	6 100%	4 100%	5 100%	6 100%	22 100%	1 100%	1 100%				2 100%	24 100%	18 100%	8 100%	12 100%	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		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q58.4 YES	2 8%	81 15%	~	~	1 17%	1 25%	~	1 5%	1 100%	~	~	~	~	2 8%	2 11%	~	~	1 8%	1 7%
NO	24 92%	461 85%	~100%	4 83%	5 75%	3 100%	5 100%	6 95%	~	~	1 100%	~	2 100%	22 92%	16 89%	8 100%	~	11 92%	13 93%
VALID CASES	26	542		4	6	4	5	6	22	1	1		2	24	18	8		12	14
NUMBER OF RESPONDENTS	26 100%	542 100%		4 100%	6 100%	4 100%	5 100%	6 100%	22 100%	1 100%	1 100%		2 100%	24 100%	18 100%	8 100%		12 100%	14 100%

[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	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE
Q58.5 YES	1 4%	44 8%	1 ~ 25%	~	~	~	~	1 5%	~	~	~	~	~	1 4%	1 ~ 12%	1 8%	~	~
NO	25 96%	498 92%	3 ~ 75%	6 ~ 100%	4 ~ 100%	5 ~ 100%	6 ~ 100%	21 95%	1 ~ 100%	1 ~ 100%	~	~	2 ~ 100%	23 96%	18 ~ 100%	7 88%	11 92%	14 ~ 100%
VALID CASES	26	542	4	6	4	5	6	22	1	1			2	24	18	8	12	14
NUMBER OF RESPONDENTS	26 100%	542 100%	4 100%	6 100%	4 100%	5 100%	6 100%	22 100%	1 100%	1 100%			2 100%	24 100%	18 100%	8 100%	12 100%	14 100%

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

NQ13 RATING OF ALL HEALTH CARE

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
NQ13 0-6	43 20%	759 20%	1 7%	9 35%	8 20%	13 27%	6 10%*	4 25%	37 20%	2 ~	67%~	~	~	~	2 18%	2 12%	39 21%	20 14%*	21 32%*	16 20%	26 20%
7-8	70 33%	1267 34%	6 43%	8 31%	10 25%	15 31%	23 37%	5 31%	54 30%	1 ~	33%~	2 ~	2 ~	7 64%	6 35%	61 32%	47 34%	20 30%	25 32%	42 33%	
9-10	100 47%	1714 46%	7 50%	9 35%	22 55%	21 43%	33 53%	7 44%	92 50%	~	~	1 ~	1 ~	2 18%	9 53%	88 47%	73 52%*	25 38%	38 48%	61 47%	
VALID CASES	213	3741	14	26	40	49	62	16	183	3		3	3	11	17	188	140	66	79	129	
NUMBER OF RESPONDENTS	213 100%	3741 100%	14 100%	26 100%	40 100%	49 100%	62 100%	16 100%	183 100%	3 100%		3 100%	3 100%	11 100%	17 100%	188 100%	140 100%	66 100%	79 100%	129 100%	
MEAN	2.27	2.26	2.43	2.00	2.35	2.16	2.44	2.19	2.30	1.33		2.33	2.33	2.00	2.41	2.26	2.38	2.06	2.28	2.27	
p stat_(*=Sig @ p<=.05)		.811	~	~	~	~	.029*	~	~	~	~	~	~	~	~	~	~	.006*	.009*	.876	.931

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ23 0-6	25 11%	617 16%*	2 13%~	5 18%~	4 9%~	9 17%	3 5%*	2 14%~	22 11%~	~	~	~	~	~	21%~	3 7%~	23 11%~	14 9%	11 17%	15 17%*	10 7%*
7-8	71 31%	999 25%*	7 47%~	10 36%~	12 26%~	16 31%	17 26%	7 50%~	61 32%~	1 ~	1 50%~	1 ~	1 33%~	5 33%~	5 36%~	3 21%~	67 33%~	50 32%	20 32%	26 30%	44 33%
9-10	130 58%	2342 59%	6 40%~	13 46%~	30 65%~	27 52%	45 69%*	5 36%~	110 57%~	1 ~	2 50%~	2 ~	2 67%~	6 43%~	10 71%~	115 56%~	92 59%	32 51%	46 53%	80 60%	
VALID CASES	226	3959	15	28	46	52	65	14	193	2	3	3	14	14	205	156	63	87	134		
NUMBER OF RESPONDENTS	226 100%	3959 100%	15 100%	28 100%	46 100%	52 100%	65 100%	14 100%	193 100%	2 100%	3 100%	3 100%	14 100%	14 100%	205 100%	156 100%	63 100%	87 100%	134 100%		
MEAN	2.46	2.44	2.27	2.29	2.57	2.35	2.65	2.21	2.46	2.50	2.67	2.67	2.21	2.64	2.45	2.50	2.33	2.36	2.52		
p stat_(*=Sig @ p<=.05)		.550	~	~	~.157	.006*	~	~	~	~	~	~	~	~	~	~.273	.097	.073	.140		

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
NQ27 0-6	13 13%	257 14%	2 33%~	3 23%~	2 11%~	4 17%~	2 6%~	11 13%~	1 50%~					1 20%~	1 14%~	11 12%~	8 13%~	5 14%~	2 5%~	11 18%~	
7-8	28 28%	429 23%		6 46%~	2 11%~	8 35%~	8 25%~	3 50%~	22 26%~	1 50%~	1 33%~			3 60%~		27 30%~	18 28%~	9 26%~	13 34%~	14 23%~	
9-10	59 59%	1164 63%	4 67%~	4 31%~	15 79%~	11 48%~	22 69%~	3 50%~	52 61%~				2 67%~	1 100%~	1 20%~	6 86%~	53 58%~	38 59%~	21 60%~	23 61%~	36 59%~
VALID CASES	100	1850	6	13	19	23	32	6	85	2	3	1	5	7	91	64	35	38	61		
NUMBER OF RESPONDENTS	100	1850	6	13	19	23	32	6	85	2	3	1	5	7	91	64	35	38	61		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MEAN	2.46	2.49	2.33	2.08	2.68	2.30	2.63	2.50	2.48	1.50	2.67	3.00	2.00	2.71	2.46	2.47	2.46	2.55	2.41		
p stat_(*=Sig @ p<=.05)		.671	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ35 RATING OF HEALTH PLAN

	INHE TOT ADLT	OHP TOT ADLT	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE				
NQ35 0-6	67 25%	1116 23%	1 5%	13 32%	10 19%	23 37%*	14 19%	3 18%	61 26%	1 ~	~	~	~	3 20%	4 20%	60 24%	40 20%*	25 35%*	28 24%	37 24%		
7-8	89 33%	1551 32%	9 43%	14 34%	19 37%	16 25%	25 35%	4 24%	80 33%	~	~	1 ~	1 ~	4 27%	3 15%	85 35%	67 34%	21 30%	39 34%	49 32%		
9-10	117 43%	2193 45%	11 52%	14 34%	23 44%	24 38%	33 46%	10 59%	98 41%	1 ~	~	2 ~	2 ~	8 53%	13 65%	101 41%	89 45%	25 35%	49 42%	66 43%		
VALID CASES	273	4860	21	41	52	63	72	17	239	2		3	3	15	20	246	196	71	116	152		
NUMBER OF RESPONDENTS	273 100%	4860 100%	21 100%	41 100%	52 100%	63 100%	72 100%	17 100%	239 100%	2 100%		3 100%	3 100%	15 100%	20 100%	246 100%	196 100%	71 100%	116 100%	152 100%		
MEAN	2.18	2.22	2.48	2.02	2.25	2.02	2.26	2.41	2.15	2.00		2.67	2.67	2.33	2.45	2.17	2.25	2.00	2.18	2.19		
p stat_(*=Sig @ p<=.05)		.410	~	~	.490	.078	.308	~	~	~	~	~	~	~	~	~	~	.036*	.032*	.970	.860	

GETTING NEEDED CARE

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	FE- MALE	FE- MALE
NPRBSEE4 NQ25	2.25	2.25	1.83	2.06	2.45	2.26	2.30	2.14	2.23	2.50	2.67	3.00	2.40	2.43	2.26	2.29	2.19	2.23	2.27	
p stat_(*=Sig @ p<=.05)	.981		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCARNES4 NQ14	2.32	2.30	2.43	2.15	2.28	2.28	2.51	1.94	2.35	1.33	2.67	2.00	2.00	2.18	2.33	2.42	2.11	2.30	2.32	
p stat_(*=Sig @ p<=.05)	.716		~	~	~	~.011*	~	~	~	~	~	~	~	~	~	~.007*	~.006*	.759	.975	
COMPOSITE	2.29	2.28	2.13	2.11	2.36	2.27	2.41	2.04	2.29	x 1.92	x 2.67	2.50	2.20	2.30	2.29	2.36	2.15	2.26	2.29	
p stat_(*=Sig @ p<=.05)	.860		~	~	~.780	~.011*	~	~	~	~	~	~	~	~	~	~.005*	~.012*	.626	.741	

GETTING CARE QUICKLY

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NCARSN4 NQ4	2.46	2.38	2.64	2.31	2.39	2.30	2.59	2.80	2.47				2.50	2.50	2.37	2.37	2.47	2.58	2.19	2.36	2.53
p stat_(*=Sig @ p<=.05)		.230	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~.227
NAPGET4 NQ6	2.30	2.32	2.20	2.20	2.19	2.32	2.38	2.53	2.31				2.67	2.33	2.18	2.09	2.33	2.37	2.19	2.18	2.38
p stat_(*=Sig @ p<=.05)		.724	~	~	~	~.404	~	~	~	~	~	~	~	~	~	~	~	~.132	.198	.127	.126
COMPOSITE	2.38	2.35	2.42	2.25	2.29	2.31	2.49	2.67	2.39	x	x	x	2.58	2.42	2.28	2.23	2.40	2.47	2.19	2.27	2.45
p stat_(*=Sig @ p<=.05)		.577	~	~	~	~.069	~	~	~	~	~	~	~	~	~	~	~	~.001*	.002*	.032*	.028*

HOW WELL DOCTORS COMMUNICATE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
NDREXPL4 NQ17	2.65	2.62	2.44	2.67	2.81	2.54	2.75	2.09	2.67	1.00		3.00	2.50	2.55	2.36	2.68	2.69	2.55	2.45	2.77	
p stat_(*=Sig @ p<=.05)		.618	~	~	~	~	.085	~	~	~	~	~	~	~	~	~	~	.194	.216	.004*	.004*
NDRLSTN4 NQ18	2.61	2.59	2.44	2.57	2.77	2.58	2.70	2.18	2.64	1.00		3.00	3.00	2.27	2.64	2.63	2.69	2.48	2.52	2.69	
p stat_(*=Sig @ p<=.05)		.668	~	~	~	~	.172	~	~	~	~	~	~	~	~	~	~	.027*	.068	.123	.060
NDRESPU4 NQ19	2.64	2.65	2.44	2.55	2.74	2.67	2.68	2.36	2.64	1.00		3.00	3.00	2.45	2.55	2.66	2.65	2.63	2.55	2.70	
p stat_(*=Sig @ p<=.05)		.931	~	~	~	~	.592	~	~	~	~	~	~	~	~	~	~	.918	.887	.125	.157
NDRTMEN4 NQ20	2.51	2.49	2.22	2.41	2.61	2.54	2.67	1.91	2.52	1.00		3.00	2.50	2.27	2.27	2.54	2.54	2.47	2.41	2.59	
p stat_(*=Sig @ p<=.05)		.733	~	~	~	~	.017*	~	~	~	~	~	~	~	~	~	~	.385	.668	.162	.067
COMPOSITE	2.60	2.59	2.39	2.55	2.73	2.58	2.70	2.14	2.62	x 1.00	x	3.00	2.75	2.39	2.45	2.63	2.64	2.54	2.48	2.69	
p stat_(*=Sig @ p<=.05)		.834	~	~	~	~	.080	~	~	~	~	~	~	~	~	~	~	.217	.301	.034*	.020*

CUSTOMER SERVICE

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NPBCLCS4 NQ31	2.19	2.23	2.33	2.30	2.20	2.10	2.26	2.00	2.18	3.00		3.00	2.00	2.00	2.22	2.31	1.89	2.04	2.28	
p stat_(*=Sig @ p<=.05)	.709		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ32	2.58	2.63	3.00	2.60	2.53	2.52	2.68	2.50	2.58	3.00		3.00	2.67	2.17	2.64	2.71	2.32	2.33	2.74	
p stat_(*=Sig @ p<=.05)	.582		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.39	2.43	2.67	2.45	2.37	2.31	2.47	2.25	2.38	x 3.00	x	x 3.00	2.33	2.08	2.43	2.51	2.11	2.19	2.51	
p stat_(*=Sig @ p<=.05)	.717		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NNRXWHY NQ10	2.85	2.84	3.00	2.89	2.92	2.81	2.79	2.80	2.86	3.00	3.00	3.00	3.00	2.43	3.00	2.84	2.88	2.77	2.82	2.86
p stat_(*=Sig @ p<=.05)		.759	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NNRXWYNT NQ11	2.50	2.45	3.00	2.68	2.67	2.13	2.63	2.20	2.47	1.00	3.00	3.00	2.71	2.60	2.50	2.56	2.36	2.38	2.56	
p stat_(*=Sig @ p<=.05)		.547	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ12	2.51	2.50	3.00	2.58	2.65	2.38	2.53	2.00	2.53	1.00	3.00	3.00	2.14	2.20	2.53	2.53	2.45	2.38	2.58	
p stat_(*=Sig @ p<=.05)		.917	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.62	2.60	3.00	2.72	2.75	2.44	2.65	2.33	2.62	x 1.67	x 3.00	3.00	2.43	2.60	2.63	2.66	2.53	2.53	2.67	
p stat_(*=Sig @ p<=.05)		.791	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTH	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE
PRBSEE4 Q25	78%	78%	67%	69%	80%	74%	85%	71%	75%	100%		100%	100%	100%	86%	78%	80%	72%	77%	78%
CARNES4 Q14	84%	82%	86%	81%	85%	81%	92%	69%	86%	33%		100%	100%	73%	76%	85%	88%	77%	84%	84%
AVERAGE	80.93	80.02	76.19	74.76	82.50	77.38	88.33	70.09	80.28	x 66.67		x 100.0	100.0	86.36	81.09	81.52	84.06	74.57	80.67	80.99

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	INHE TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL-	HIS-	NOT HIS-	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
CARSN4 Q4	84%	83%	91%	77%	82%	74%	94%	100%			100%	100%	75%	88%	84%	88%	77%	82%	86%		
APGET4 Q6	80%	80%	80%	76%	78%	75%	86%	87%			100%	100%	73%	73%	81%	81%	79%	73%	85%		
AVERAGE	82.16	81.23	85.45	76.46	80.13	74.54	89.88	93.33	82.36	x	x	x	100.0	100.0	73.86	80.11	82.66	84.77	78.33	77.47	85.40

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
DREXPL4 Q17	92%	92%	78%	95%	100%	85%	96%	73%	93%	0%	100%	100%	82%	82%	93%	95%	86%	85%	96%		
DRLSTN4 Q18	91%	90%	78%	90%	97%	87%	96%	73%	92%	0%	100%	100%	73%	82%	92%	93%	87%	88%	93%		
DRESPU4 Q19	91%	91%	78%	86%	97%	92%	93%	73%	92%	0%	100%	100%	73%	82%	92%	90%	91%	89%	91%		
DRTMEN4 Q20	89%	88%	78%	82%	94%	90%	96%	64%	91%	0%	100%	100%	73%	73%	91%	90%	88%	85%	92%		
AVERAGE	90.7	90.4	77.8	88.5	96.7	88.4	95.6	70.5	92.0	x	x	x	100	100	75.0	79.5	92.0	91.9	87.9	86.6	93.2

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

	INHE TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
PBCLCS4 Q31	76%	76%	100%	70%	73%	67%	84%	100%		100%				100%	67%	67%	77%	82%	58%	63%	83%
CSRESP Q32	88%	92%	100%	80%	87%	81%	95%	100%	87%		100%			100%	83%	67%	89%	92%	74%	79%	91%
AVERAGE	81.94	84.03	100.0	75.00	80.00	73.81	89.47	100.0	80.83	x	x	x	x	x	75.00	66.67	82.81	87.25	65.79	70.83	86.96

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	INHE TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
NRXWHY Q10	93%	92%	100%	95%	96%	91%	89%	90%	93%		100%		100%	100%	71%	100%	92%	94%	89%	91%	93%
NRXWYNT Q11	75%	73%	100%	84%	83%	56%	82%	60%	74%		0%		100%	100%	86%	80%	75%	78%	68%	69%	78%
RXBST Q12	75%	75%	100%	79%	83%	69%	76%	50%	77%		0%		100%	100%	57%	60%	77%	76%	73%	69%	79%
AVERAGE	80.9	79.8	100	86.0	87.3	71.9	82.5	66.7	81.1	x	x	x	100	100	71.4	80.0	81.3	82.9	76.5	76.3	83.4

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q1 YES	325	5304	1	57	82	94	91	228	1	5	3	5	11	32	87	223	307	8	246	79
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	3	59				3	3								1	2	3		2	1
VALID CASES	325	5304	1	57	82	94	91	228	1	5	3	5	11	32	87	223	307	8	246	79
NUMBER OF RESPONDENTS	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
	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 YOUR CHILD HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?

	INHE TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q3 YES	120 38%	1687 32%*	16 ~ 29%	31 40%	39 41%	34 38%	91 40%	1 ~ 25%	2 67%	3 60%	5 45%	9 28%	27 32%	89 40%	115 38%	4 50%	78 32%*	42 53%*		
Q3 NO	200 62%	3541 68%*	1 100%	40 71%	47 60%	57 59%	55 62%	137 60%	1 100%	3 75%	1 33%	2 40%	6 55%	23 72%	58 68%	132 60%	189 62%	4 50%	163 68%*	37 47%*
Q3 NOT ANSWERED	8	135	1	4	1	2	3	1					3	4	6		7	1		
VALID CASES	320	5228	1	56	78	96	89	228	1	4	3	5	11	32	85	221	304	8	241	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

Q4 IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q4 NEVER		181	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	87%	1489%	~ 13%	~ 23%	~ 6%	~ 14%	~ 6%	~	~	~ 33%	~ 25%	~ 2%	~ 17%	~ 5%	~ 8%	~ 8%	~ 9%	~ 5%	
USUALLY	2019%	32320%	~ 13%	~ 23%	~ 11%	~ 28%	~ 18%	~	~ 50%	~ 33%	~	~ 17%	~ 19%	~ 17%	~ 67%	~ 16%	~ 24%		
ALWAYS	7974%	115170%	~ 75%	~ 77%	~ 83%	~ 59%	~ 76%	~	~ 50%	~ 33%	~ 100%	~ 75%	~ 67%	~ 77%	~ 75%	~ 33%	~ 76%	~ 70%	
#ALWAYS + USUALLY (NET)	9993%	147590%	~ 88%	~ 100%	~ 94%	~ 86%	~ 94%	~	~ 100%	~ 67%	~ 100%	~ 75%	~ 83%	~ 95%	~ 92%	~ 100%	~ 91%	~ 95%	
TOP BOX SCORE	7974%	115170%	~ 75%	~ 77%	~ 83%	~ 59%	~ 76%	~	~ 50%	~ 33%	~ 100%	~ 75%	~ 67%	~ 77%	~ 75%	~ 33%	~ 76%	~ 70%	
NOT ANSWERED	13	142		5	3	5	9	1			1	1	3	8	11	1	8	5	
VALID CASES	107	1641	16	26	36	29	82		2	3	4	8	24	81	104	3	70	37	
NUMBER OF RESPONDENTS	120	1783	16	31	39	34	91	1	2	3	5	9	27	89	115	4	78	42	
	100%	100%	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 FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q5 YES	196 61%	3345 65%		43 ~ 78%*	49 61%	54 57%	50 57%	137 60%		2 ~ 67%	3 ~ 100%	5 ~ 100%	8 73%	20 63%	52 60%	137 62%	187 62%	6 75%	140 58%*	56 71%*
Q5 NO	123 39%	1824 35%	1 100%	12 ~ 22%*	31 39%	41 43%	38 43%	91 40%	1 100%	1 ~ 33%			3 ~ 27%	12 38%	34 40%	83 38%	117 38%	2 25%	100 42%*	23 29%*
Q5 NOT ANSWERED	9	194		2	2	2	3	3		2				2	5	6		8	1	
VALID CASES	319	5169	1	55	80	95	88	228	1	3	3	5	11	32	86	220	304	8	240	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

Q6 IN THE LAST 6 MONTHS, WHEN YOU MADE AN APPOINTMENT FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC, HOW OFTEN DID YOU GET AN APPOINTMENT AS SOON AS YOUR CHILD NEEDED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q6 NEVER	4 2%	35 1%	1 ~ 2%~	1 ~ 2%~	2 5%~	3 2%	3 2%	~	~	~	~	~	~	1 2%	2 2%	3 2%~	~	3 2%~	1 2%~
SOMETIMES	20 11%	451 14%	5 ~ 12%~	4 9%~	5 10%	6 14%~	13 10%	~	~	~	~	2 25%~	1 5%~	10 20%*	10 8%	19 11%~	1 20%~	17 13%~	3 6%~
USUALLY	60 33%	814 26%*	10 ~ 24%~	13 29%~	17 33%	20 45%~	42 34%	~	~	1 33%~	3 60%~	2 25%~	6 30%~	16 32%	42 33%	57 33%~	2 40%~	39 29%~	21 43%~
ALWAYS	99 54%	1829 58%	26 ~ 62%~	28 62%~	29 56%	16 36%~	67 54%	~100%~	1 67%~	2 40%~	2 50%~	4 65%~	13 65%~	23 46%	72 57%	96 55%~	2 40%~	75 56%~	24 49%~
#ALWAYS + USUALLY (NET)	159 87%	2643 84%	36 ~ 86%~	41 91%~	46 88%	36 82%~	109 87%	~100%~	1 100%~	3 100%~	5 100%~	6 75%~	19 95%~	39 78%	114 90%	153 87%~	4 80%~	114 85%~	45 92%~
TOP BOX SCORE	99 54%	1829 58%	26 ~ 62%~	28 62%~	29 56%	16 36%~	67 54%	~100%~	1 67%~	2 40%~	2 50%~	4 65%~	13 65%~	23 46%	72 57%	96 55%~	2 40%~	75 56%~	24 49%~
NOT ANSWERED	13	215	1	4	2	6	12	1						2	11	12	1	6	7
VALID CASES	183	3129	42	45	52	44	125	1	3	5	8	20	50	126	175	5	134	49	
NUMBER OF RESPONDENTS	196	3344	43	49	54	50	137	2	3	5	8	20	52	137	187	6	140	56	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q7 NONE	112 35%	1553 31%	1 100%~	12 21%*	26 34%	38 40%	35 40%	78 34%	1 100%~	3 60%~	1 33%~	3 ~ 27%~	13 42%~	34 40%	73 33%	105 35%~	2 25%~	97 41%*	15 19%*	
1 TIME	84 26%	1446 28%	~	21 38%	18 23%	25 26%	20 23%	69 30%*	~	2 40%~	1 ~ 20%~	2 18%~	5 16%~	16 19%	66 29%*	81 27%~	2 25%~	60 25%	24 30%	
2	58 18%	1007 20%	~	13 23%	20 26%	12 12%	13 15%	43 19%	~	1 ~ 33%~	2 40%~	1 9%~	3 10%~	13 15%	43 19%	56 18%~	1 13%~	44 18%	14 18%	
3	33 10%	534 11%	~	7 13%	7 9%	10 10%	9 10%	23 10%	~	1 ~ 33%~	1 20%~	1 9%~	4 13%~	12 14%	21 9%	32 11%~	1 13%~	23 10%	10 13%	
4	14 4%	260 5%	~	~	1 1%*	7 7%	6 7%	9 4%	~	~	1 ~ 20%~	1 9%~	1 3%~	3 4%	10 4%	13 4%~	1 13%~	7 3%	7 9%	
5 TO 9	13 4%	196 4%	~	2 4%	4 5%	2 2%	5 6%	7 3%	~	~	~	2 ~ 18%~	3 10%~	5 6%	8 4%	12 4%~	1 13%~	5 2%*	8 10%*	
10 OR MORE TIMES	4 1%	87 2%	~	1 2%	1 1%	2 2%	~	1 ~0.4%	~	~	~	1 ~ 9%~	2 6%~	1 1%	3 1%	4 1%~	~	2 ~0.8%	2 3%	
NOT ANSWERED	10	280		1	5	1	3	1					1	4	1	7		10		
VALID CASES	318	5083	1	56	77	96	88	230	1	5	3	5	11	31	84	224	303	8	238	80
NUMBER OF RESPONDENTS	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
	100%	100%	100%	100%	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	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL-	TI	HIS- PAN-	NOT HIS- PAN-	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC
Q8 #YES	137 67%	2386 68%	29 ~ 66%	30 ~ 61%	44 ~ 76%	34 65%	98 65%	~	1 ~ 50%	4 ~ 80%	5 ~ 63%	16 ~ 89%	30 60%	103 70%	130 67%	5 ~ 83%	90 64%	47 75%
NO	66 33%	1113 32%	15 ~ 34%	19 ~ 39%	14 ~ 24%	18 35%	52 35%	~100%	1 ~ 50%	1 ~ 20%	3 ~ 38%	2 ~ 11%	20 40%	45 30%	65 33%	1 ~ 17%	50 36%	16 25%
NOT ANSWERED	3	69		2		1	2	1						3	3		1	2
VALID CASES	203	3499	44	49	58	52	150	1	2	5	8	18	50	148	195	6	140	63
NUMBER OF RESPONDENTS	206 100%	3568 100%	44 100%	51 100%	58 100%	53 100%	152 100%	2 100%	2 100%	5 100%	8 100%	18 100%	50 100%	151 100%	198 100%	6 100%	141 100%	65 100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q9 NEVER	7 3%	78 2%	~	~	2 4%	2 3%	3 6%	5 3%	~	~	~	~	~	1 6%	1 2%	6 4%	7 4%	~	6 4%	1 2%
SOMETIMES	17 8%	344 10%	~	3 7%	3 6%	5 9%	6 12%	13 9%	~	~	~	~	2 25%	1 6%	2 4%	13 9%	15 8%	1 17%	9 7%	8 12%
USUALLY	51 25%	768 22%	~	10 24%	10 20%	17 29%	14 27%	38 26%	~	~	~	1 20%	2 25%	3 17%	18 37%	33 22%	49 25%	2 33%	32 23%	19 30%
ALWAYS	127 63%	2292 66%	~	29 69%	35 70%	34 59%	29 56%	93 62%	~	1 100%	2 100%	4 80%	4 50%	13 72%	28 57%	96 65%	123 63%	3 50%	91 66%	36 56%
#ALWAYS + USUALLY (NET)	178 88%	3059 88%	~	39 93%	45 90%	51 88%	43 83%	131 88%	~	1 100%	2 100%	5 100%	6 75%	16 89%	46 94%	129 87%	172 89%	5 83%	123 89%	55 86%
TOP BOX SCORE	127 63%	2292 66%	~	29 69%	35 70%	34 59%	29 56%	93 62%	~	1 100%	2 100%	4 80%	4 50%	13 72%	28 57%	96 65%	123 63%	3 50%	91 66%	36 56%
NOT ANSWERED	4	87	~	2	1	~	1	3	1	~	~	~	~	~	~	~	4	~	3	1
VALID CASES	202	3481	~	42	50	58	52	149	~	1	2	5	8	18	49	148	194	6	138	64
NUMBER OF RESPONDENTS	206	3568	~	44	51	58	53	152	~	2	2	5	8	18	50	151	198	6	141	65
	100%	100%	~	100%	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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
Q10 YES	82 40%	1122 32%*	~	30%~	24 48%	25 43%	20 38%	59 39%	~	~100%~	2 40%~	2 50%~	4 44%~	8 40%	20 40%	59 40%	77 39%~	4 67%~	52 37%	30 47%
NO	122 60%	2348 68%*	~	70%~	31 52%	26 57%	33 62%	32 61%	~100%~	1 ~	3 60%~	4 50%~	10 56%~	30 60%	90 60%	119 61%~	2 33%~	88 63%	34 53%	
NOT ANSWERED	2	97			1		1			1					2	2		1	1	
VALID CASES	204	3471		44	50	58	52	151		1	2	5	8	18	50	149	196	6	140	64
NUMBER OF RESPONDENTS	206 100%	3568 100%		44 100%	51 100%	58 100%	53 100%	152 100%		2 100%	2 100%	5 100%	8 100%	18 100%	50 100%	151 100%	198 100%	6 100%	141 100%	65 100%

[ASKED IF Q7 >= 1 TIME]

Q11 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q11 #YES	75 97%	947 94%	11 ~100%	20 91%	24 ~100%	20 ~100%	55 100%	~	~	~	2 ~100%	2 ~100%	4 ~100%	7 88%	15 94%	57 98%	70 97%	4 100%	48 98%	27 96%
NO	2 3%	63 6%	~	~	2 9%	~	~	~	~	~	~	~	~	1 13%	1 6%	1 2%	2 3%	1 2%	1 4%	
NOT ANSWERED	17	450	3	8	2	4	6	1					1	8	4	14		14	3	
VALID CASES	77	1010	11	22	24	20	55				2	2	4	8	16	58	72	4	49	28
NUMBER OF RESPONDENTS	94 100%	1460 100%	14 100%	30 100%	26 100%	24 100%	61 100%	1			2 100%	2 100%	4 100%	9 100%	24 100%	62 100%	86 100%	4 100%	63 100%	31 100%

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

Q12 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q12 #YES	51 66%	718 70%	~ 82%~	14 64%~	15 62%~	13 65%~	37 67%~	~	~	~	2 100%~	2 100%~	1 25%~	5 63%~	9 56%~	40 69%~	47 65%~	3 75%~	32 65%~	19 68%~
NO	26 34%	305 30%	~ 18%~	8 36%~	9 38%~	7 35%~	18 33%~	~	~	~	~	~	3 75%~	3 38%~	7 44%~	18 31%~	25 35%~	1 25%~	17 35%~	9 32%~
NOT ANSWERED	5	87		2	2	1	4								4	1	5		3	2
VALID CASES	77	1023		11	22	24	20	55			2	2	4	8	16	58	72	4	49	28
NUMBER OF RESPONDENTS	82 100%	1110 100%		13 100%	24 100%	25 100%	20 100%	59 100%			2 100%	2 100%	4 100%	8 100%	20 100%	59 100%	77 100%	4 100%	52 100%	30 100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
Q13 #YES	54 67%	830 78%*	10 ~ 83%~	16 67%~	16 64%~	12 60%~	40 69%~	~	~ 100%~	2 50%~	1 50%~	2 50%~	4 50%~	16 80%~	37 64%~	52 68%~	1 25%~	36 69%~	18 62%~
NO	27 33%	241 22%*	2 ~ 17%~	8 33%~	9 36%~	8 40%~	18 31%~	~	~	1 50%~	2 50%~	4 50%~	4 20%~	21 36%~	24 32%~	3 75%~	16 31%~	11 38%~	
NOT ANSWERED	1	39	1				1						1	1				1	
VALID CASES	81	1071	12	24	25	20	58		2	2	4	8	20	58	76	4	52	29	
NUMBER OF RESPONDENTS	82	1110	13	24	25	20	59		2	2	4	8	20	59	77	4	52	30	
	100%	100%	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?

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q14 WORST HEALTH CARE POSSIBLE	1	3	~	~	~	~	1	1	~	~	~	~	~	1	1	~	~	1		
	0.5%	0.1%					0.7%						~0.7%	0.5%			~	2%		
01		7	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
		0.2%																		
02		9	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
		0.3%																		
03	1	25	~	~	~	~	1	1	~	~	~	~	~	1	1	~	~	1		
	0.5%	0.7%					0.7%						~0.7%	0.5%			~	2%		
04	2	47	~	1	~	1	1	~	~	~	~	~	~	1	1	~	2	~		
	1%	1%		2%		2%	0.7%						~0.7%	0.5%			1%	~		
05	8	121	~	3	2	3	6	~	~	~	1	~	2	5	8	~	5	3		
	4%	3%		7%	4%	5%	4%				13%		4%	3%	4%		4%	5%		
06	7	116	~	1	~	2	4	4	~	~	~	~	3	7	5	2	3	4		
	3%	3%		2%		3%	8%	3%					17%	5%*	3%	33%	2%	6%		
07	18	300	~	3	4	6	5	15	~	~	~	1	1	4	13	17	~	15	3	
	9%	9%		7%	8%	10%	10%	10%				13%	6%	8%	9%	9%	~	11%	5%	
08	46	813	~	10	14	13	9	37	~	~	1	2	2	12	34	45	1	32	14	
	23%	23%		23%	28%	22%	17%	25%			20%	25%	11%	24%	23%	23%	17%	23%	22%	
09	44	704	~	11	9	13	11	29	~	1	1	1	4	4	15	27	43	1	32	12
	22%	20%		25%	18%	22%	21%	19%	~100%	~50%	~50%	~20%	~50%	~22%	30%	18%	22%	17%	23%	19%
BEST HEALTH CARE POSSIBLE	77	1323	~	15	21	20	21	57	~	1	3	~	8	17	60	75	2	51	26	
	38%	38%		34%	42%	34%	40%	38%		~50%	~60%	~	~44%	34%	40%	38%	33%	36%	41%	
#8-10 (NET)	167	2841	~	36	44	46	41	123	~	1	2	5	6	14	44	121	163	4	115	52
	82%	82%		82%	88%	79%	79%	81%	~100%	~100%	~100%	~75%	~78%	88%	81%	83%	67%	82%	81%	

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
9-10 (NET)	121 59%	2027 58%	26 ~ 59%	30 ~ 60%	33 57%	32 62%	86 57%	1 ~100%	2 ~100%	4 ~ 80%	4 50%	12 67%	32 64%	87 58%	118 60%	3 50%	83 59%	38 59%
NOT ANSWERED	2	98		1		1	1	1					2		2		1	1
VALID CASES	204	3470	44	50	58	52	151	1	2	5	8	18	50	149	196	6	140	64
NUMBER OF RESPONDENTS	206 100%	3568 100%	44 100%	51 100%	58 100%	53 100%	152 100%	2 100%	2 100%	5 100%	8 100%	18 100%	50 100%	151 100%	198 100%	6 100%	141 100%	65 100%
MEAN	8.59	8.58	8.52	8.82	8.52	8.52	8.56	9.00	9.50	9.40	8.00	8.72	8.78	8.59	8.64	8.17	8.64	8.48
p stat_(*=Sig @ p<=.05)		.896	~	~.189	.663	.737	.639	~	~	~	~	~	.267	.969	~	~	.559	.559

[ASKED IF Q7 >= 1]

Q15 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q15 NEVER	5 2%	64 2%	~	~	2 4%	1 2%	2 4%	3 2%	~	~	~	1 13%	~	2 4%	2 1%	5 3%	~	2 1%	3 5%	
SOMETIMES	18 9%	353 10%	~	4 9%	4 8%	4 7%	6 12%	11 7%	~	~	~	1 13%	3 17%	5 10%	12 8%	16 8%	1 17%	12 9%	6 9%	
USUALLY	71 35%	1112 32%	~	11 25%	19 38%	23 40%	18 35%	49 32%	~	1 100%	1 50%	1 20%	4 50%	5 28%	19 38%	49 33%	68 35%	2 33%	47 34%	24 37%
ALWAYS	110 54%	1922 56%	~	29 66%	25 50%	30 52%	26 50%	88 58%*	~	~	1 50%	4 80%	2 25%	10 56%	24 48%	86 58%	107 55%	3 50%	79 56%	31 48%
#ALWAYS + USUALLY (NET)	181 89%	3034 88%	~	40 91%	44 88%	53 91%	44 85%	137 91%	~	1 100%	2 100%	5 100%	6 75%	15 83%	43 86%	135 91%	175 89%	5 83%	126 90%	55 86%
TOP BOX SCORE	110 54%	1922 56%	~	29 66%	25 50%	30 52%	26 50%	88 58%*	~	~	1 50%	4 80%	2 25%	10 56%	24 48%	86 58%	107 55%	3 50%	79 56%	31 48%
NOT ANSWERED	2	117			1		1	1	1						2	2		1	1	
VALID CASES	204	3451		44	50	58	52	151	1	2	5	8	18	50	149	196	6	140	64	
NUMBER OF RESPONDENTS	206	3568		44	51	58	53	152	2	2	5	8	18	50	151	198	6	141	65	
	100%	100%		100%	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q16 YES	234 73%	3643 71%	1 100%~	13 24%*	60 75%	86 90%*	74 83%*	168 73%	1 100%~	3 75%~	3 100%~	4 80%~	8 73%~	24 75%~	50 60%*	175 78%*	224 73%~	5 63%~	164 68%*	70 87%*
NO	87 27%	1481 29%		42 ~ 76%*	20 25%	10 10%*	15 17%*	62 27%		1 ~ 25%~		1 ~ 20%~	3 27%~	8 25%~	34 40%*	49 22%*	82 27%~	3 38%~	77 32%*	10 13%*
NOT ANSWERED	7	239		2	2	1	2	1		1					4	1	4		7	
VALID CASES	321	5124	1	55	80	96	89	230	1	4	3	5	11	32	84	224	306	8	241	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q17 YES	23 11%	403 11%	~	1 8%	5 9%	9 12%	8 12%	12 8%	1 100%	~	~	~	1 14%	5 21%	8 17%	15 9%	21 10%	2 40%	12 8%	11 17%
NO	192 89%	3143 89%	100%	1 92%	12 92%	51 91%	68 88%	60 88%	141 92%	1 ~100%	3 ~100%	4 ~100%	6 86%	19 79%	39 83%	145 91%	185 90%	3 60%	138 92%	54 83%
NOT ANSWERED	19	226			4	9	6	15		2		1		3	15	18		14	5	
VALID CASES	215	3545	1	13	56	77	68	153	1	1	3	4	7	24	47	160	206	5	150	65
NUMBER OF RESPONDENTS	234 100%	3771 100%	1 100%	13 100%	60 100%	86 100%	74 100%	168 100%	1 100%	3 100%	3 100%	4 100%	8 100%	24 100%	50 100%	175 100%	224 100%	5 100%	164 100%	70 100%

[ASKED IF Q16 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q18 #YES	20 91%	349 94%	1	4	8	7	12	1				1	4	6	14	18	2	10	10
			~100%	~100%	~89%	~88%	~100%	~100%	~	~	~	~100%	~100%	75%	~100%	90%	~100%	83%	~100%
NO	2 9%	22 6%	~	~	~	11%	13%	~	~	~	~	~	~	25%	~	10%	~	17%	~
NOT ANSWERED	1	7		1								1		1	1			1	
VALID CASES	22	371	1	4	9	8	12	1				1	4	8	14	20	2	12	10
NUMBER OF RESPONDENTS	23	378	1	5	9	8	12	1				1	5	8	15	21	2	12	11
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q16 = YES AND Q17 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q19 YES	6 2%	175 3%	~	~	2%	3%	1%	~	~	~	~	1% 9%	1% 3%	2% 2%	4% 2%	5% 2%	1% 13%	0.8%	2% 5%	4%
NO	313 98%	4948 97%	100%	100%	98%	97%	99%	100%	100%	100%	100%	91%	97%	98%	98%	98%	88%	99%	241 95%	72
NOT ANSWERED	9	240		2	1	3	3	6		1				2	5	6			5	4
VALID CASES	319	5123	1	55	81	94	88	225	1	4	3	5	11	32	86	220	304	8	243	76
NUMBER OF RESPONDENTS	328 100%	5363 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	248 100%	80

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			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- OTHR	TI	HIS- PAN- IC	HIS- PAN- IC	NOT GOOD & POOR	VERY FAIR & POOR	NO CCC	CCC
Q20 NEVER		23 12%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES		35 18%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
USUALLY	1 17%	49 25%~	~	~	1 50%~	~	1 33%~	~	~	~	~	~	~	~	1 25%~	1 20%~	~	~	1 25%~	~
ALWAYS	5 83%	87 45%~	~	~	1 50%~	3 100%~	1 100%~	2 67%~	~	~	~	~	1 100%~	1 100%~	2 100%~	3 75%~	4 80%~	1 100%~	2 100%~	3 75%~
#ALWAYS + USUALLY (NET)	6 100%	135 70%~	~	~	2 100%~	3 100%~	1 100%~	3 100%~	~	~	~	~	1 100%~	1 100%~	2 100%~	4 100%~	5 100%~	1 100%~	2 100%~	4 100%~
TOP BOX SCORE	5 83%	87 45%~	~	~	1 50%~	3 100%~	1 100%~	2 67%~	~	~	~	~	1 100%~	1 100%~	2 100%~	3 75%~	4 80%~	1 100%~	2 100%~	3 75%~
NOT ANSWERED		3																		
VALID CASES	6	193			2	3	1	3					1	1	2	4	5	1	2	4
NUMBER OF RESPONDENTS	6	196			2	3	1	3					1	1	2	4	5	1	2	4
	100%	100%			100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q21 #YES	6	157		2	3	1	3					1	1	2	4	5	1	2	4
	100%	84%	~	~100%	~100%	~100%	~100%	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NO		31	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		8																	
VALID CASES	6	188		2	3	1	3					1	1	2	4	5	1	2	4
NUMBER OF RESPONDENTS	6	196		2	3	1	3					1	1	2	4	5	1	2	4
	100%	100%		100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q22 YES	30 9%	446 9%	~	2 4%*	12 15%	9 10%	7 8%	17 8%	~	~	1 33%~	2 40%~	1 9%~	4 12%~	11 13%	19 9%	30 10%~	7 ~	18 7%	12 16%
NO	289 91%	4656 91%	100%~	1 96%*	54 85%	69 90%	84 92%	208 92%	1 100%~	5 100%~	2 67%~	3 60%~	10 91%~	28 88%~	74 87%	203 91%	275 90%~	7 100%~	224 93%	65 84%
NOT ANSWERED	9	261		1	1	4	3	6						3	3	5	1	6	3	
VALID CASES	319	5102	1	56	81	93	88	225	1	5	3	5	11	32	85	222	305	7	242	77
NUMBER OF RESPONDENTS	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
	100%	100%	100%	100%	100%	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					ETHNIC- ITY	HEALTH STATUS	CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q23 NEVER	2 7%	62 15%	~	~	~	11%	14%	1 6%	~	~	~	50%	~	~	2 12%	2 7%	1 6%	1 10%
SOMETIMES	2 7%	96 24%	~	~	~	11%	14%	1 6%	~	~	~	~	33%	1 9%	1 6%	2 7%	1 6%	1 10%
USUALLY	10 36%	112 28%	~	1 50%	4 40%	3 33%	2 29%	6 38%	~	~	~	1 100%	~	7 64%	3 18%	10 36%	8 44%	2 20%
ALWAYS	14 50%	135 33%	~	1 50%	6 60%	4 44%	3 43%	8 50%	~	1 100%	1 50%	~	2 67%	3 27%	11 65%	14 50%	8 44%	6 60%
#ALWAYS + USUALLY (NET)	24 86%	247 61%	~	2 100%	10 100%	7 78%	5 71%	14 88%	~	1 100%	1 50%	1 100%	2 67%	10 91%	14 82%	24 86%	16 89%	8 80%
TOP BOX SCORE	14 50%	135 33%	~	1 50%	6 60%	4 44%	3 43%	8 50%	~	1 100%	1 50%	~	2 67%	3 27%	11 65%	14 50%	8 44%	6 60%
NOT ANSWERED	2	14			2			1					1		2			2
VALID CASES	28	405		2	10	9	7	16		1	2	1	3	11	17	28	18	10
NUMBER OF RESPONDENTS	30	419		2	12	9	7	17		1	2	1	4	11	19	30	18	12
	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?

	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q24 #YES	19 66%	260 64%	~100%	2 64%	7 44%	4 86%	6 56%	9 ~	1 ~100%	2 ~100%	3 ~75%	7 64%	12 67%	19 66%	~61%	8 73%		
NO	10 34%	143 36%	~	4 36%	5 56%	1 14%	7 44%	~	~	~	1 ~100%	1 25%	4 36%	6 33%	10 34%	~39%	3 27%	
NOT ANSWERED	1	16		1			1						1	1			1	
VALID CASES	29	403		2	11	9	7	16		1	2	1	4	11	18	29	18	11
NUMBER OF RESPONDENTS	30	419		2	12	9	7	17		1	2	1	4	11	19	30	18	12
	100%	100%		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				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q25																					
YES	47 15%	666 13%	~	4 7%*	8 10%	18 19%	17 19%	30 13%	1 ~	1 20%~	1 33%~	1 20%~	3 27%~	5 16%~	11 13%	34 15%	43 14%~	3 38%~	17 7%*	30 38%*	
NO	274 85%	4441 87%	100%~	1 93%*	51 90%	73 81%	73 81%	197 87%	1 100%~	4 80%~	2 67%~	4 80%~	8 73%~	27 84%~	74 87%	189 85%	262 86%~	5 63%~	226 93%*	48 62%*	
NOT ANSWERED	7	256		2	1	3	1	4						3	2	5		5	2		
VALID CASES	321	5107		1	55	81	94	90	227	1	5	3	5	11	32	85	223	305	8	243	78
NUMBER OF RESPONDENTS	328 100%	5363 100%	100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AMR- IAN	NATV PAC ILND	AMR- ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q26 NEVER	7 16%	92 14%	~	~	14%	11%	25%	4 14%	1 ~100%	~	~	1 33%	1 20%	1 9%	6 19%	6 15%	1 33%	2 12%	5 18%
SOMETIMES	7 16%	116 18%	~	~	22%	19%	4 14%	3 ~	4 ~	~	~	~	1 20%	1 9%	5 16%	4 10%	2 67%	3 18%	4 14%
USUALLY	6 13%	171 27%	~	1 25%	1 14%	3 17%	1 6%	3 11%	~	~	1 ~100%	1 33%	~	3 27%	3 9%	6 15%	~	3 18%	3 11%
ALWAYS	25 56%	258 41%	~	3 75%	5 71%	9 50%	8 50%	17 61%	~	1 ~100%	~	1 33%	3 60%	6 55%	18 56%	25 61%	~	9 53%	16 57%
#ALWAYS + USUALLY (NET)	31 69%	429 67%	~	4 100%	6 86%	12 67%	9 56%	20 71%	~	1 ~100%	1 100%	2 67%	3 60%	9 82%	21 66%	31 76%	~	12 71%	19 68%
TOP BOX SCORE	25 56%	258 41%	~	3 75%	5 71%	9 50%	8 50%	17 61%	~	1 ~100%	~	1 33%	3 60%	6 55%	18 56%	25 61%	~	9 53%	16 57%
NOT ANSWERED	2	17			1		1	2							2	2			2
VALID CASES	45	636		4	7	18	16	28	1	1	1	3	5	11	32	41	3	17	28
NUMBER OF RESPONDENTS	47	653		4	8	18	17	30	1	1	1	3	5	11	34	43	3	17	30
	100%	100%		100%	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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q27 #YES	24 55%	311 49%~		3 ~ 75%~	3 43%~	9 53%~	9 56%~	17 61%~					1 ~ 33%~	4 80%~	5 45%~	19 59%~	22 54%~	2 67%~	5 31%~	19 68%~
NO	20 45%	326 51%~		1 ~ 25%~	4 57%~	8 47%~	7 44%~	11 39%~		1 ~ 100%~	1 100%~	1 100%~	2 67%~	1 20%~	6 55%~	13 41%~	19 46%~	1 33%~	11 69%~	9 32%~
NOT ANSWERED	3	17			1	1	1	2							2	2			1	2
VALID CASES	44	636		4	7	17	16	28		1	1	1	3	5	11	32	41	3	16	28
NUMBER OF RESPONDENTS	47	653		4	8	18	17	30		1	1	1	3	5	11	34	43	3	17	30
	100%	100%		100%	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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q28 YES	66 21%	978 19%	~	20%	22%	20%	21%	50 22%	~	~	~	~	36%~	28%~	19%	22%	60 20%~	6 86%~	30 12%*	36 47%*
NO	252 79%	4103 81%	100%~	80%	78%	80%	79%	175 78%	1 100%	5 100%	3 100%	4 100%	7 64%~	23 72%~	69 81%	172 78%	244 80%~	1 14%~	211 88%*	41 53%*
NOT ANSWERED	10	281		1	3	4	2	6			1			3	4	6	1	7	3	
VALID CASES	318	5082	1	56	79	93	89	225	1	5	3	4	11	32	85	221	304	7	241	77
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q29 #YES	37 58%	594 60%	5 ~ 50%	13 81%	10 53%	9 47%	25 52%	~	~	~	~ 25%	8 89%	10 63%	27 57%	35 60%	2 33%	19 66%	18 51%
NO	27 42%	403 40%	5 ~ 50%	3 19%	9 47%	10 53%	23 48%	~	~	~	~ 75%	1 11%	6 38%	20 43%	23 40%	4 67%	10 34%	17 49%
NOT ANSWERED	2	32	1	1			2						2	2			1	1
VALID CASES	64	998	10	16	19	19	48				4	9	16	47	58	6	29	35
NUMBER OF RESPONDENTS	66 100%	1030 100%	11 100%	17 100%	19 100%	19 100%	50 100%				4 100%	9 100%	16 100%	49 100%	60 100%	6 100%	30 100%	36 100%

[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			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	NO CCC	CCC	
Q30 YES	283 89%	4410 88%	1 100%	47 87%	70 87%	85 90%	80 90%	203 90%	1 100%	5 100%	2 67%	5 100%	11 100%	28 88%	73 85%	201 91%	271 89%	7 88%	207 87%*	76 96%*
NO	35 11%	622 12%		7 ~ 13%	10 13%	9 10%	9 10%	23 10%			1 ~ 33%			4 ~ 12%	13 15%	20 9%	33 11%	1 13%	32 13%*	3 4%*
NOT ANSWERED	10	331		3	2	3	2	5							2	4	6		9	1
VALID CASES	318	5032	1	54	80	94	89	226	1	5	3	5	11	32	86	221	304	8	239	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q31 NONE	88 33%	1163 27%*	100%~	19%~	24%~	27%~	27%~	64%~	100%~	2%~	1%~	50%~	1%~	11%~	12%~	23%~	64%~	86%~	1%~	69%~	19%~
1 TIME	81 30%	1470 34%	~	38%~	16%~	23%~	24%~	63%~	~	2%~	~	20%~	1%~	33%~	6%~	17%~	61%~	77%~	3%~	57%~	24%~
2	46 17%	817 19%	~	28%~	13%~	15%~	11%~	7%~	~	~	~	40%~	~	15%~	4%~	11%~	33%~	45%~	~	37%~	9%~
3	28 10%	450 11%	~	11%~	5%~	8%~	6%~	9%~	~	~	~	20%~	1%~	11%~	2%~	7%~	20%~	27%~	1%~	21%~	7%~
4	13 5%	180 4%	~	4%~	2%~	1%~	7%~	3%~	~	~	~	20%~	1%~	2%~	~	6%~	6%~	13%~	~	4%~	9%~
5 TO 9	10 4%	146 3%	~	~	2%~	3%~	5%~	7%~	~	~	~	50%~	1%~	3%~	11%~	7%~	5%~	9%~	1%~	6%~	4%~
10 OR MORE TIMES	1 0.4%	40 0.9%	~	~	~	1%~	~	~	~	~	~	~	1%~	~	~	1%~	~	0.4%~	~	1%~	~
NOT ANSWERED	16	203			4	7	5	11		1			2	1		3	12	13	1	12	4
VALID CASES	267	4266	1	47	66	78	75	192	1	4	2	5	9	27		70	189	258	6	195	72
NUMBER OF RESPONDENTS	283	4469	1	47	70	85	80	203	1	5	2	5	11	28		73	201	271	7	207	76
	100%	100%	100%	100%	100%	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?

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q31A ALWAYS	3 2%	82 3%	~	1 3%	1 2%	1 2%	1 0.8%	~	~	~	~	~	~	3 6%	~	3 2%	~	3 2%	~
USUALLY	1 0.6%	49 2%	~	~	~	1 2%	~	~	~	~	~	~	~	1 2%	~	1 0.6%	~	1 0.8%	~
SOMETIMES	11 6%	229 8%	~	1 3%	2 5%	6 12%	4 4%	7 5%	~	~	~	2 25%	1 7%	9 19%	2 2%*	10 6%	1 20%	7 6%	4 8%
NEVER	163 92%	2671 88%	~	36 95%	39 93%	43 86%	45 94%	120 94%	2 100%	1 100%	5 100%	6 75%	14 93%	34 72%	123 98%*	158 92%	4 80%	114 91%	49 92%
#NEVER + SOMETIMES (NET)	174 98%	2900 96%	~	37 97%	41 98%	49 98%	47 98%	127 99%	2 100%	1 100%	5 100%	8 100%	15 100%	43 91%	125 100%	168 98%	5 100%	121 97%*	53 100%
TOP BOX SCORE	163 92%	2671 88%	~	36 95%	39 93%	43 86%	45 94%	120 94%	2 100%	1 100%	5 100%	6 75%	14 93%	34 72%	123 98%*	158 92%	4 80%	114 91%	49 92%
NOT ANSWERED	1	30				1												1	
VALID CASES	178	3030		38	42	50	48	128	2	1	5	8	15	47	125	172	5	125	53
NUMBER OF RESPONDENTS	179	3060		38	42	51	48	128	2	1	5	8	15	47	125	172	5	126	53
	100%	100%		100%	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q32 NEVER	2 1%	80 3%	~	~	~	~	2 4%	2 2%	~	~	~	~	~	2 2%	2 1%	1 0.8%	1 2%		
SOMETIMES	6 3%	145 5%	~	~	1 2%	2 4%	3 6%	4 3%	~	~	~	1 13%	1 7%	3 6%	3 2%	5 3%	1 20%	5 4%	1 2%
USUALLY	27 15%	478 16%	~	3 8%	8 19%	7 14%	9 19%	18 14%	~	~	2 40%	1 13%	1 7%	12 26%	14 11%*	26 15%	1 20%	17 14%	10 19%
ALWAYS	143 80%	2312 77%	~	35 92%	33 79%	41 82%	34 71%	104 81%	2 100%	1 100%	3 60%	6 75%	13 87%	32 68%	106 85%*	139 81%	3 60%	102 82%	41 77%
#ALWAYS + USUALLY (NET)	170 96%	2790 93%	~	38 100%	41 98%	48 96%	43 90%	122 95%	2 100%	1 100%	5 100%	7 88%	14 93%	44 94%	120 96%	165 96%	4 80%	119 95%	51 96%
TOP BOX SCORE	143 80%	2312 77%	~	35 92%	33 79%	41 82%	34 71%	104 81%	2 100%	1 100%	3 60%	6 75%	13 87%	32 68%	106 85%*	139 81%	3 60%	102 82%	41 77%
NOT ANSWERED	1	44				1												1	
VALID CASES	178	3016		38	42	50	48	128	2	1	5	8	15	47	125	172	5	125	53
NUMBER OF RESPONDENTS	179	3060		38	42	51	48	128	2	1	5	8	15	47	125	172	5	126	53
	100%	100%		100%	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?

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER					
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
Q33 NEVER	1 0.6%	40 1%	~	~	~	~	2%~	0.8%~	~	~	~	~	~	~	~	1 ~0.8%	1 ~0.6%	~	~	1 2%~	
SOMETIMES	6 3%	145 5%	~	~	2%~	2%~	8%~	2%~	~	~	~	20%~	13%~	7%~	4%~	2%~	5 3%~	1 20%~	3 2%~	3 6%	
USUALLY	25 14%	494 16%	~	11%~	12%~	14%~	19%~	14%~	~	~	~	13%~	20%~	1 3%~	3 13%~	9 15%~	16 13%~	25 15%~	~	15 12%~	10 19%
ALWAYS	145 82%	2341 77%	~	89%~	85%~	84%~	71%~	83%~	~	100%~	100%~	80%~	75%~	73%~	36 77%~	104 84%~	140 82%~	4 80%~	107 86%~	38 73%	
#ALWAYS + USUALLY (NET)	170 96%	2835 94%	~	100%~	98%~	98%~	90%~	97%~	~	100%~	100%~	80%~	88%~	93%~	45 96%~	120 97%~	165 96%~	4 80%~	122 98%~	48 92%	
TOP BOX SCORE	145 82%	2341 77%	~	89%~	85%~	84%~	71%~	83%~	~	100%~	100%~	80%~	75%~	73%~	36 77%~	104 84%~	140 82%~	4 80%~	107 86%~	38 73%	
NOT ANSWERED	2	39			1	1		1								1	1		1	1	
VALID CASES	177	3021		38	41	50	48	127		2	1	5	8	15	47	124	171	5	125	52	
NUMBER OF RESPONDENTS	179	3060		38	42	51	48	128		2	1	5	8	15	47	125	172	5	126	53	
	100%	100%		100%	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			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q34 NEVER	28	0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	4	114	~	~	~	1	3	2	~	~	~	~	1	1	~	3	3	1	1	3
	2%	4%				2%	6%	2%					13%	7%		2%	2%	20%	0.8%	6%
USUALLY	24	407	~	3	7	7	7	16	~	~	~	2	4	~	7	17	24	~	15	9
	13%	14%		8%	17%	14%	15%	13%				40%	27%		15%	14%	14%		12%	17%
ALWAYS	150	2460	~	35	35	42	38	110	~	2	1	3	7	10	40	105	145	4	109	41
	84%	82%		92%	83%	84%	79%	86%		100%	100%	60%	88%	67%	85%	84%	84%	80%	87%	77%
#ALWAYS + USUALLY (NET)	174	2867	~	38	42	49	45	126	~	2	1	5	7	14	47	122	169	4	124	50
	98%	95%		100%	100%	98%	94%	98%		100%	100%	100%	88%	93%	100%	98%	98%	80%	99%	94%
TOP BOX SCORE	150	2460	~	35	35	42	38	110	~	2	1	3	7	10	40	105	145	4	109	41
	84%	82%		92%	83%	84%	79%	86%		100%	100%	60%	88%	67%	85%	84%	84%	80%	87%	77%
NOT ANSWERED	1	51				1													1	
VALID CASES	178	3009		38	42	50	48	128		2	1	5	8	15	47	125	172	5	125	53
NUMBER OF RESPONDENTS	179	3060		38	42	51	48	128		2	1	5	8	15	47	125	172	5	126	53
	100%	100%		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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q35 YES	123 69%	2050 69%	8 ~ 21%	27 ~ 64%	44 ~ 90%	44 ~ 92%	84 66%	1 ~ 50%	1 ~ 100%	3 60%	7 88%	10 67%	34 72%	83 67%	117 68%	5 100%	83 66%	40 77%
NO	54 31%	942 31%	30 ~ 79%	15 ~ 36%	5 10%	4 8%	43 34%	1 ~ 50%		2 ~ 40%	1 13%	5 33%	13 28%	41 33%	54 32%		42 ~ 34%	12 23%
NOT ANSWERED	2	67			2		1							1	1		1	1
VALID CASES	177	2993	38	42	49	48	127	2	1	5	8	15	47	124	171	5	125	52
NUMBER OF RESPONDENTS	179	3060	38	42	51	48	128	2	1	5	8	15	47	125	172	5	126	53
	100%	100%	100%	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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q36 NEVER		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	9 7%	119 6%	~ 13%~	~ 7%~	~ 5%~	~ 9%~	~ 5%~	~	~	~ 33%~	~ 29%~	~ 20%~	~ 9%~	~ 6%~	~ 7%~	~ 20%~	~ 7%~	~ 8%~
USUALLY	33 27%	466 23%	~ 50%~	~ 41%~	~ 19%~	~ 23%~	~ 25%~	~	~	~ 33%~	~ 43%~	~ 10%~	~ 39%~	~ 22%~	~ 27%~	~ 20%~	~ 28%~	~ 25%~
ALWAYS	80 66%	1408 70%	~ 38%~	~ 52%~	~ 77%~	~ 68%~	~ 70%~	~100%~	~100%~	~ 33%~	~ 29%~	~ 70%~	~ 52%~	~ 72%~	~ 66%~	~ 60%~	~ 65%~	~ 68%~
#ALWAYS + USUALLY (NET)	113 93%	1874 93%	~ 88%~	~ 93%~	~ 95%~	~ 91%~	~ 95%~	~100%~	~100%~	~ 67%~	~ 71%~	~ 80%~	~ 91%~	~ 94%~	~ 93%~	~ 80%~	~ 93%~	~ 93%~
TOP BOX SCORE	80 66%	1408 70%	~ 38%~	~ 52%~	~ 77%~	~ 68%~	~ 70%~	~100%~	~100%~	~ 33%~	~ 29%~	~ 70%~	~ 52%~	~ 72%~	~ 66%~	~ 60%~	~ 65%~	~ 68%~
NOT ANSWERED	1	36			1		1						1		1		1	
VALID CASES	122	2013	8	27	43	44	83	1	1	3	7	10	33	83	116	5	82	40
NUMBER OF RESPONDENTS	123	2049	8	27	44	44	84	1	1	3	7	10	34	83	117	5	83	40
	100%	100%	100%	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			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q37 NEVER	2 1%	89 3%*	~	~	2%~	~	2%~	0.8%~	~	~	~	~	~	~	2%~	0.8%~	1%~	~	0.8%~	2%
SOMETIMES	11 6%	318 11%*	~	5%~	5%~	2%~	12%~	4%~	~	~	~	20%~	13%~	13%~	4%~	6%~	6%~	20%~	5%	10%
USUALLY	38 22%	708 24%	~	29%~	17%~	19%~	23%~	23%~	~	50%~	~	20%~	38%~	13%~	27%~	20%~	22%~	~	24%	15%
ALWAYS	124 71%	1876 63%*	~	66%~	76%~	79%~	63%~	72%~	~	50%~	100%~	60%~	50%~	73%~	67%~	73%~	71%~	80%~	70%	73%
#ALWAYS + USUALLY (NET)	162 93%	2584 86%*	~	95%~	93%~	98%~	85%~	95%~	~	100%~	100%~	80%~	88%~	87%~	93%~	93%~	93%~	80%~	94%	88%
TOP BOX SCORE	124 71%	1876 63%*	~	66%~	76%~	79%~	63%~	72%~	~	50%~	100%~	60%~	50%~	73%~	67%~	73%~	71%~	80%~	70%	73%
NOT ANSWERED	4	70				4		1									3		3	1
VALID CASES	175	2990		38	42	47	48	127		2	1	5	8	15	45	125	169	5	123	52
NUMBER OF RESPONDENTS	179 100%	3060 100%		38 100%	42 100%	51 100%	48 100%	128 100%		2 100%	1 100%	5 100%	8 100%	15 100%	47 100%	125 100%	172 100%	5 100%	126 100%	53 100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC
Q38 #YES	154 87%	2520 84%	36 ~ 97%	36 ~ 88%	43 ~ 86%	39 81%	108 85%	2 ~ 100%	1 ~ 100%	5 ~ 100%	6 75%	15 ~ 100%	40 87%	109 88%	148 87%	5 ~ 100%	110 89%	44 85%
NO	22 13%	484 16%	1 ~ 3%	5 12%	7 14%	9 19%	19 15%	~	~	~	2 ~ 25%	~	6 13%	15 12%	22 13%	~	14 11%	8 15%
NOT ANSWERED	3	56	1	1	1		1						1	1	2		2	1
VALID CASES	176	3004	37	41	50	48	127	2	1	5	8	15	46	124	170	5	124	52
NUMBER OF RESPONDENTS	179 100%	3060 100%	38 100%	42 100%	51 100%	48 100%	128 100%	2 100%	1 100%	5 100%	8 100%	15 100%	47 100%	125 100%	172 100%	5 100%	126 100%	53 100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q39 YES	89 50%	1156 39%*	~	14 37%	22 52%	27 54%	26 55%	69 54%	~	~	~	~	5 63%	8 53%	28 60%	59 48%	84 49%	5 100%	58 47%	31 58%
Q39 NO	88 50%	1846 61%*	~	24 63%	20 48%	23 46%	21 45%	58 46%	~	2 100%	1 100%	5 100%	3 38%	7 47%	19 40%	65 52%	87 51%	~	66 53%	22 42%
NOT ANSWERED	2	59				1	1	1							1	1			2	
VALID CASES	177	3001		38	42	50	47	127		2	1	5	8	15	47	124	171	5	124	53
NUMBER OF RESPONDENTS	179	3060		38	42	51	48	128		2	1	5	8	15	47	125	172	5	126	53
	100%	100%		100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q40 NEVER	5 6%	80 7%	~	~	10%~	8%~	4%~	8%~	~	~	~	~	~	1 4%~	4 7%~	5 6%~	~	4 7%~	1 3%~	
SOMETIMES	10 12%	163 14%	~	8%~	5%~	8%~	23%~	12%~	~	~	~	~	2 25%~	3 11%~	7 12%~	8 10%~	2 40%~	4 7%~	6 19%~	
USUALLY	21 24%	320 28%	~	31%~	6 29%~	8 31%~	3 12%~	14 21%~	~	~	~	~	2 40%~	1 13%~	11 39%~	9 16%~	21 26%~	~	16 29%~	5 16%~
ALWAYS	50 58%	595 51%	~	62%~	8 57%~	12 54%~	14 62%~	16 59%~	39 59%~	~	~	~	3 60%~	5 63%~	13 46%~	36 64%~	47 58%~	3 60%~	31 56%~	19 61%~
#ALWAYS + USUALLY (NET)	71 83%	915 79%	~	92%~	12 86%~	18 85%~	22 73%~	19 80%~	53 80%~	~	~	~	5 100%~	6 75%~	24 86%~	45 80%~	68 84%~	3 60%~	47 85%~	24 77%~
TOP BOX SCORE	50 58%	595 51%	~	62%~	8 57%~	12 54%~	14 62%~	16 59%~	39 59%~	~	~	~	3 60%~	5 63%~	13 46%~	36 64%~	47 58%~	3 60%~	31 56%~	19 61%~
NOT ANSWERED	3	33	1	1	1			3						3	3			3		
VALID CASES	86	1158		13	21	26	26	66				5	8	28	56	81	5	55	31	
NUMBER OF RESPONDENTS	89	1191		14	22	27	26	69				5	8	28	59	84	5	58	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 Q39 = YES]

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q41 WORST PERSONAL DOCTOR POSSIBLE	1	9					1	1						1	1			1		
	0.4%	0.2%	~	~	~	~	1%~	0.5%~	~	~	~	~	~	~0.5%	0.4%~	~	~	1%		
01		6																		
		0.1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
02		7																		
		0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
03	2	14				1	1	1						2	2		1	1		
	0.8%	0.3%	~	~	~	1%	1%	0.5%	~	~	~	~	~	~ 1%	0.8%~	~	0.5%	1%		
04	1	45				1	1	1						1	1		1			
	0.4%	1%	~	~	~	1%~	~	0.5%~	~	~	~	~	~	~0.5%	0.4%~	~	0.5%	~		
05	4	127				1	3	2					2	4	4		3	1		
	2%	3%	~	~	~	1%	4%	1%	~	~	~	~	8%~	~ 2%*	2%~	~	2%	1%		
06	6	112		2	1	2	1	3			1		2	2	4		5	1		
	2%	3%	~	4%~	2%	3%	1%	2%	~	~	~ 20%~	~	8%~	3%	2%	2%~	~ 3%	1%		
07	19	293		2	4	4	9	16					1	3	15		12	7		
	7%	7%	~	4%~	6%	5%	12%	8%	~	~	~	~	4%~	4%	8%	7%~	~ 6%	10%		
08	34	690		4	9	14	7	29					2	1	8	25		27	7	
	13%	16%	~	9%~	14%	18%	10%	15%*	~	~	~	~	22%~	4%~	12%	13%	13%~	~ 14%	10%	
09	55	810		12	18	10	15	39		2	1		3	5	16	38		43	12	
	21%	19%	~	26%~	28%	13%*	21%	20%	~	50%~	50%~	~	33%~	20%~	23%	20%	20%~	33%~	22%	17%
BEST PERSONAL DOCTOR POSSIBLE	141	2128	1	27	33	44	36	99	1	2	1	4	4	14	40	97	136	4	100	41
	54%	50%	100%~	57%~	51%	57%	49%	52%	100%~	50%~	50%~	80%~	44%~	56%~	58%	52%	54%~	67%~	52%	58%
#8-10 (NET)	230	3628	1	43	60	68	58	167	1	4	2	4	9	20	64	160	222	6	170	60
	87%	86%	100%~	91%~	92%	88%	79%*	87%	100%~	100%~	100%~	80%~	100%~	80%~	93%	86%	87%~	100%~	89%	85%

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
9-10 (NET)	196 75%	2937 69%	100%~	39~83%	51~78%	54~70%	51~70%	138 72%	1 100%	4 100%	2 100%	4 80%	7 78%	19 76%	56 81%	135 72%	188 74%	6 100%	143 74%	53 75%
NOT ANSWERED	20	228			5	8	7	12		1			2	3	4	14	17	1	15	5
VALID CASES	263	4241	1	47	65	77	73	191	1	4	2	5	9	25	69	187	254	6	192	71
NUMBER OF RESPONDENTS	283 100%	4469 100%	100%	100%	100%	100%	100%	203 100%	1 100%	5 100%	2 100%	5 100%	11 100%	28 100%	73 100%	201 100%	271 100%	7 100%	207 100%	76 100%
MEAN	9.03	8.89	10.0	9.28	9.20	9.01	8.74	9.01	10.0	9.50	9.50	9.20	9.22	8.88	9.29	8.94	9.02	9.67	9.06	8.97
p stat_(*=Sig @ p<=.05)		.111	~	~.188	.881	.086	.597	~	~	~	~	~	~	~	.039*	.041*	~	~	.711	.711

[ASKED IF Q30 = YES]

Q42 DOES YOUR CHILD HAVE ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS THAT HAVE LASTED FOR MORE THAN 3 MONTHS?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q42 YES	70 27%	1024 24%		6 ~ 13%	16 ~ 25%	21 27%	27 36%*	50 26%	~	2 ~100%		3 ~ 33%	9 33%	12 17%*	54 29%	63 25%~	6 100%	19 10%*	51 73%*	
NO	194 73%	3250 76%	1 100%	41 ~ 87%	49 ~ 75%	56 73%	47 64%*	139 74%	1 100%	5 ~100%		5 ~100%	6 67%	18 67%	58 83%*	133 71%	192 75%~	~	175 90%*	19 27%*
NOT ANSWERED	19	195			5	8	6	14				2	1	3	14	16	1	13	6	
VALID CASES	264	4274	1	47	65	77	74	189	1	5	2	5	9	27	70	187	255	6	194	70
NUMBER OF RESPONDENTS	283 100%	4469 100%	1 100%	47 100%	70 100%	85 100%	80 100%	203 100%	1 100%	5 100%	2 100%	5 100%	11 100%	28 100%	73 100%	201 100%	271 100%	7 100%	207 100%	76 100%

[ASKED IF Q30 = YES]

Q43 DOES YOUR CHILD'S PERSONAL DOCTOR UNDERSTAND HOW THESE MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS AFFECT YOUR CHILD'S DAY-TO-DAY LIFE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q43 #YES	60 92%	896 89%	6 ~100%	11 ~92%	19 95%	24 89%	44 94%				2 ~100%	2 ~67%	7 88%	11 100%	47 92%	54 92%	6 100%	16 94%	44 92%
NO	5 8%	110 11%		1 8%	1 5%	3 11%	3 6%					1 ~33%	1 13%		4 8%	5 8%		1 6%	4 8%
NOT ANSWERED	5	35		4	1		3						1	1	3	4		2	3
VALID CASES	65	1006	6	12	20	27	47			2		3	8	11	51	59	6	17	48
NUMBER OF RESPONDENTS	70	1041	6	16	21	27	50			2		3	9	12	54	63	6	19	51
	100%	100%	100%	100%	100%	100%	100%			100%		100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

Q44 DOES YOUR CHILD'S PERSONAL DOCTOR UNDERSTAND HOW YOUR CHILD'S MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS AFFECT YOUR FAMILY'S DAY-TO-DAY LIFE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q44 #YES	57 88%	836 84%	6 ~100%	12 ~92%	18 95%	21 78%	42 91%		~		2 ~100%	1 ~33%	7 78%	9 82%	46 90%	52 88%	5 83%	14 88%	43 88%
NO	8 12%	163 16%	~	~	1 8%	1 5%	6 22%	4 9%	~	~	~	2 ~67%	2 22%	2 18%	5 10%	7 12%	1 17%	2 13%	6 12%
NOT ANSWERED	5	41			3	2	4							1	3	4		3	2
VALID CASES	65	1000	6	13	19	27	46			2		3	9	11	51	59	6	16	49
NUMBER OF RESPONDENTS	70	1041	6	16	21	27	50			2		3	9	12	54	63	6	19	51
	100%	100%	100%	100%	100%	100%	100%			100%		100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q45 YES	51 16%	774 15%	~	9%	14%	15%	24%*	14%	~	~	33%~	20%~	~	28%~	16%	16%	15%~	50%~	10%*	35%*
NO	266 84%	4257 85%	100%~	91%	86%	85%	76%*	86%	100%~	100%~	67%~	80%~	100%~	72%~	84%	84%	85%~	50%~	90%*	65%*
NOT ANSWERED	11	332		2	3	3	3	4		1					1	4	4		10	1
VALID CASES	317	5031	1	55	79	94	88	227	1	4	3	5	11	32	87	221	306	8	238	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	100%	100%	100%	100%	100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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?

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS	CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	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	NO CCC	CCC
Q46 NEVER	1 2%	73 10%*	~	~	~	~	1 5%~	1 3%~	~	~	~	~	~	~	1 3%~	1 2%~	~	~	1 4%~
SOMETIMES	3 6%	115 16%*	~	1 20%~	1 9%~	~	1 5%~	2 6%~	~	~	~	~	~	2 15%~	1 3%~	3 7%~	~	1 5%~	2 7%~
USUALLY	18 36%	209 28%	~	3 60%~	4 36%~	4 29%~	7 35%~	12 38%~	~	~	~	~	4 44%~	5 38%~	13 36%~	16 35%~	2 50%~	7 32%~	11 39%~
ALWAYS	28 56%	340 46%	~	1 20%~	6 55%~	10 71%~	11 55%~	17 53%~	~	~	1 100%~	1 100%~	5 56%~	6 46%~	21 58%~	26 57%~	2 50%~	14 64%~	14 50%~
#ALWAYS + USUALLY (NET)	46 92%	549 75%*	~	4 80%~	10 91%~	14 100%~	18 90%~	29 91%~	~	~	1 100%~	1 100%~	9 100%~	11 85%~	34 94%~	42 91%~	4 100%~	21 95%~	25 89%~
TOP BOX SCORE	28 56%	340 46%	~	1 20%~	6 55%~	10 71%~	11 55%~	17 53%~	~	~	1 100%~	1 100%~	5 56%~	6 46%~	21 58%~	26 57%~	2 50%~	14 64%~	14 50%~
NOT ANSWERED	1	29					1							1		1		1	
VALID CASES	50	737		5	11	14	20	32			1	1	9	13	36	46	4	22	28
NUMBER OF RESPONDENTS	51	766		5	11	14	21	32			1	1	9	14	36	47	4	23	28
	100%	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				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	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	NO CCC	CCC	
Q47 NONE	3 6%	67 9%	~	20%~	~	~	10%~	1 3%~	~	~	~	~	~	1 11%~	1 7%~	2 6%~	3 6%~	2 9%~	1 4%~	
1 SPECIALIST	33 65%	450 61%	~	40%~	73%~	57%~	71%~	22 69%~	~	~	1 100%~	1 100%~	~	4 44%~	8 57%~	24 67%~	31 66%~	2 50%~	19 83%~	14 50%~
2	11 22%	144 19%	~	40%~	18%~	29%~	14%~	8 25%~	~	~	~	~	~	2 22%~	3 21%~	8 22%~	9 19%~	2 50%~	2 9%~	9 32%~
3	1 2%	48 6%	~	~	~	~	5%~	1 3%~	~	~	~	~	~	~	1 7%~	~	1 2%~	~	~	1 4%~
4	2 4%	10 1%	~	~	~	14%~	~	~	~	~	~	~	~	1 11%~	1 7%~	1 3%~	2 4%~	~	~	2 7%~
5 OR MORE SPECIALISTS	1 2%	23 3%	~	~	9%~	~	~	~	~	~	~	~	~	1 11%~	~	1 3%~	1 2%~	~	~	1 4%~
NOT ANSWERED		25																		
VALID CASES	51	741		5	11	14	21	32			1	1		9	14	36	47	4	23	28
NUMBER OF RESPONDENTS	51	766		5	11	14	21	32			1	1		9	14	36	47	4	23	28
	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?

	INHE TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ NATV	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q48 WORST SPECIALIST POSSIBLE		1 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	2 4%	2 0.3%~	~	1 25%~	~	1 5%~	2 6%~	~	~	~	~	~	1 8%~	1 3%~	2 5%~	~	~	2 8%~	
02		1 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		8 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04		17 3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05		11 2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
06	1 2%	29 4%~	~	~	~	1 5%~	1 3%~	~	~	~	~	~	~	1 3%~	1 2%~	~	~	1 4%~	
07	2 4%	71 11%~	~	~	~	2 11%~	2 6%~	~	~	~	~	~	1 8%~	1 3%~	1 2%~	1 25%~	~	2 8%~	
08	7 15%	106 16%~	~	1 10%~	1 7%~	5 26%~	3 10%~	~	~	~	~	3 43%~	2 15%~	5 15%~	7 16%~	~	5 24%~	2 8%~	
09	7 15%	148 22%~	~	1 25%~	2 20%~	2 14%~	2 11%~	6 19%~	~	1 100%~	~	~	~	7 21%~	7 16%~	~	4 19%~	3 12%~	
BEST SPECIALIST POSSIBLE	28 60%	278 41%~	~	2 50%~	7 70%~	11 79%~	8 42%~	17 55%~	~	~	1 100%~	~	4 57%~	9 69%~	18 55%~	25 58%~	3 75%~	12 57%~	16 62%~

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR WHT	AMR IAN	NATV HAW/ ILND	AMR IND/ NATV	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC
#8-10 (NET)	42 89%	532 79%	3	10	14	15	26			1	1	7	11	30	39	3	21	21
			~ 75%	~ 100%	~ 100%	~ 79%	84%	~	~ 100%	~ 100%	~ 100%	~	85%	91%	91%	75%	~ 100%	81%
9-10 (NET)	35 74%	426 63%	3	9	13	10	23			1	1	4	9	25	32	3	16	19
			~ 75%	~ 90%	~ 93%	~ 53%	74%	~	~ 100%	~ 100%	~ 57%	~	69%	76%	74%	75%	76%	73%
NOT ANSWERED	1	10		1								1		1	1			1
VALID CASES	47	672	4	10	14	19	31		1	1	7	13	33	43	4	21	26	
NUMBER OF RESPONDENTS	48	682	4	11	14	19	31		1	1	8	13	34	44	4	21	27	
	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	
MEAN	8.96	8.61	7.50	9.60	9.71	8.37	8.71		9.00	10.0	9.14	8.77	9.00	8.93	9.25	9.33	8.65	
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?

	INHE TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q49 YES	73 23%	1285 26%	1 100%	12 ~22%	21 27%	22 23%	17 19%	46 20%	~	~	1 33%	4 ~36%	7 22%	30 35%*	40 18%*	71 23%	2 29%	52 22%	21 26%	
NO	242 77%	3691 74%	~	43 ~78%	56 73%	72 77%	71 81%	181 80%	1 100%	4 ~100%	2 67%	5 ~100%	7 64%	25 78%	55 65%*	182 82%*	235 77%	5 71%	183 78%	59 74%
NOT ANSWERED	13	387		2	5	3	3	4		1				3	3	4	1	13		
VALID CASES	315	4976	1	55	77	94	88	227	1	4	3	5	11	32	85	222	306	7	235	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q50 NEVER	7 10%	37 3%		1 ~ 8%	1 5%	1 5%	4 24%	5 11%					1 ~ 25%	1 14%	2 7%	5 13%	7 10%		4 8%	3 16%
SOMETIMES	7 10%	235 20%		1 ~ 8%	2 11%	3 14%	1 6%	6 14%					1 ~ 14%	3 10%	4 11%	6 9%	1 50%	4 8%	3 16%	
USUALLY	19 27%	343 30%		3 ~ 25%	5 26%	7 32%	4 24%	11 25%		1 ~ 100%			1 ~ 14%	6 20%	11 29%	18 26%	1 50%	14 27%	5 26%	
ALWAYS	38 54%	547 47%	1 100%	7 58%	11 58%	11 50%	8 47%	22 50%					3 ~ 75%	4 57%	19 63%	18 47%	38 55%		30 58%	8 42%
#ALWAYS + USUALLY (NET)	57 80%	890 77%	1 100%	10 83%	16 84%	18 82%	12 71%	33 75%		1 ~ 100%			3 ~ 75%	5 71%	25 83%	29 76%	56 81%	1 50%	44 85%	13 68%
TOP BOX SCORE	38 54%	547 47%	1 100%	7 58%	11 58%	11 50%	8 47%	22 50%					3 ~ 75%	4 57%	19 63%	18 47%	38 55%		30 58%	8 42%
NOT ANSWERED	2	42			2			2							2	2			2	
VALID CASES	71	1162	1	12	19	22	17	44		1			4	7	30	38	69	2	52	19
NUMBER OF RESPONDENTS	73	1204	1	12	21	22	17	46		1			4	7	30	40	71	2	52	21
	100%	100%	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q51 NEVER	2 3%	21 2%	~	~	~	5%~	6%~	4%~	~	~	~	~	~	2 5%~	2 3%~	~	2 4%~	~	
SOMETIMES	3 4%	81 7%	~	8%~	1 5%~	1 5%~	3 7%~	~	~	~	~	~	1 3%~	2 5%~	3 4%~	~	3 6%~	~	
USUALLY	11 15%	289 25%*	~	~	6 30%~	3 14%~	2 12%~	6 13%~	~	~	~	1 25%~	1 14%~	6 20%~	5 13%~	11 16%~	~	7 13%~	4 20%~
ALWAYS	56 78%	768 66%*	1 100%~	11 92%~	13 65%~	17 77%~	14 82%~	34 76%~	~	1 ~100%~	~	3 ~75%~	6 86%~	23 77%~	30 77%~	54 77%~	2 100%~	40 77%~	16 80%~
#ALWAYS + USUALLY (NET)	67 93%	1057 91%	1 100%~	11 92%~	19 95%~	20 91%~	16 94%~	40 89%~	~	1 ~100%~	~	4 ~100%~	7 ~100%~	29 97%~	35 90%~	65 93%~	2 100%~	47 90%~	20 100%~
TOP BOX SCORE	56 78%	768 66%*	1 100%~	11 92%~	13 65%~	17 77%~	14 82%~	34 76%~	~	1 ~100%~	~	3 ~75%~	6 86%~	23 77%~	30 77%~	54 77%~	2 100%~	40 77%~	16 80%~
NOT ANSWERED	1	44			1		1							1	1			1	
VALID CASES	72	1160	1	12	20	22	17	45		1		4	7	30	39	70	2	52	20
NUMBER OF RESPONDENTS	73	1204	1	12	21	22	17	46		1		4	7	30	40	71	2	52	21
	100%	100%	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q52 YES	120 38%	1790 36%	1 100%	17 31%	36 47%	41 44%	25 29%*	81 36%	~	~	~	2 40%	5 45%	15 48%	47 55%*	71 32%*	115 38%	5 63%	94 40%	26 33%
NO	192 62%	3138 64%	~	37 69%	40 53%	53 56%	62 71%*	145 64%	1 100%	5 100%	3 100%	3 60%	6 55%	16 52%	38 45%*	148 68%*	186 62%	3 38%	140 60%	52 67%
NOT ANSWERED	16	435		3	6	3	4	5						1	3	6	9		14	2
VALID CASES	312	4928	1	54	76	94	87	226	1	5	3	5	11	31	85	219	301	8	234	78
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PQ53 NEVER	6 2%	64 1%	~	~	3 4%	1 1%	2 2%	4 2%	~	~	~	~	~	2 6%	2 2%	4 2%	6 2%	~	6 3%*	~
SOMETIMES	20 6%	317 6%	~	1 2%*	4 5%	9 10%	6 7%	10 4%	~	~	~	~	2 18%	2 6%	11 13%*	8 4%*	18 6%	2 25%	18 8%*	2 3%*
USUALLY	38 12%	629 13%	~	2 4%*	13 18%	14 15%	9 10%	28 13%	~	~	~	1 20%	1 9%	5 16%	14 16%	24 11%	36 12%	2 25%	27 12%	11 14%
ALWAYS	245 79%	3884 79%	100%	1 94%*	51 73%	54 74%	70 80%	69 81%	1 100%	5 100%	3 100%	4 80%	8 73%	22 71%	58 68%*	180 83%*	238 80%	4 50%	180 78%	65 83%
#ALWAYS + USUALLY (NET)	283 92%	4513 92%	100%	1 98%*	53 91%	67 89%	84 91%	78 94%	1 100%	5 100%	3 100%	5 100%	9 82%	27 87%	72 85%*	204 94%*	274 92%	6 75%	207 90%*	76 97%*
TOP BOX SCORE	245 79%	3884 79%	100%	1 94%*	51 73%	54 74%	69 80%	181 81%	1 100%	5 100%	3 100%	4 80%	8 73%	22 71%	58 68%*	180 83%*	238 80%	4 50%	180 78%	65 83%
NOT ANSWERED	3	91			2		1	3							3	3		3		
VALID CASES	309	4894	1	54	74	94	86	223	1	5	3	5	11	31	85	216	298	8	231	78
NUMBER OF RESPONDENTS	312 100%	4985 100%	1 100%	54 100%	76 100%	94 100%	87 100%	226 100%	1 100%	5 100%	3 100%	5 100%	11 100%	31 100%	85 100%	219 100%	301 100%	8 100%	234 100%	78 100%

[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				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC			
Q54 WORST HEALTH PLAN POSSIBLE	1	24	~	~	1	~	1	~	~	~	~	~	1	1	~	~	1	~			
	0.3%	0.5%			1%		0.5%						0.5%	0.3%			1%				
01		11	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
		0.2%																			
02		31	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
		0.6%																			
03	2	38	~	~	~	~	2	1	~	~	~	~	1	1	~	~	2	~			
	0.6%	0.8%					2%	0.5%					0.5%	0.3%			0.9%				
04	1	60	~	~	~	~	1	1	~	~	~	~	1	1	~	~	1	~			
	0.3%	1%					1%	0.5%					0.5%	0.3%			1%				
05	14	233	~	2	4	6	2	11	~	~	~	1	2	13	14	10	4	~			
	5%	5%		4%	5%	7%	2%	5%				9%	6%	6%	5%	4%	5%				
06	14	215	~	3	2	6	3	10	~	~	~	~	3	1	12	14	10	4			
	5%	4%		5%	3%	7%	4%	5%				9%	1%	12%	5%	4%	5%				
07	41	490	~	7	10	8	16	34	~	~	~	1	6	4	37	38	3	30	11		
	13%	10%		13%	13%	9%	19%	15%				9%	19%	5%	17%	13%	38%	13%	14%		
08	48	940	~	4	12	16	16	40	1	1	1	1	1	11	37	47	1	33	15		
	16%	19%		7%	16%	17%	19%	18%	100%	33%	33%	20%	9%	3%	13%	17%	16%	13%	14%		
09	68	878	~	15	16	19	18	49	~	1	1	1	1	25	42	66	2	48	20		
	22%	18%		27%	21%	21%	21%	22%	33%	33%	20%	9%	25%	29%	20%	22%	25%	21%	25%		
BEST HEALTH PLAN POSSIBLE	120	2014	100%	1	24	31	37	27	75	1	1	3	7	12	45	71	117	2	97	23	
	39%	41%	100%	44%	41%	40%	32%	34%*	33%	33%	60%	64%	38%	52%*	33%*	39%	25%	42%*	29%*		
#8-10 (NET)	236	3832	100%	1	43	59	72	61	164	1	3	3	5	9	21	81	150	230	5	178	58
	76%	78%	100%	78%	78%	78%	72%	74%	100%	100%	100%	100%	82%	66%	94%*	70%*	77%	62%	77%	73%	

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
9-10 (NET)	188 61%	2892 59%	1 100%	39 71%	47 62%	56 61%	45 53%	124 56%*	2 ~	2 67%	4 67%	8 80%	20 73%	70 81%*	113 53%*	183 61%	4 50%	145 63%	43 54%	
NOT ANSWERED	19	430		2	6	5	6	9		2				2	10	11		18	1	
VALID CASES	309	4933	1	55	76	92	85	222	1	3	3	5	11	32	86	215	299	8	230	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%
MEAN	8.57	8.49	10.0	8.80	8.58	8.60	8.35	8.43	8.00	9.00	9.00	9.40	9.00	8.44	9.27	8.31	8.59	8.38	8.66	8.29
p stat_(*=Sig @ p<=.05)		.385		~.237	.938	.820	.159	.016*	~	~	~	~	~	~	.000*	.000*	~	~	.103	.103

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q55 YES	135 43%	2010 40%	~	16 29%*	32 41%	49 52%*	38 43%	99 44%	~	~	1 33%~	3 60%~	7 64%~	15 47%~	33 38%	98 44%	128 42%~	7 88%~	78 33%*	57 72%*
NO	182 57%	2973 60%	100%~	1 71%*	39 59%	46 48%*	51 57%	128 56%	1 100%~	5 100%~	2 67%~	2 40%~	4 36%~	17 53%~	54 62%	124 56%	178 58%~	1 13%~	160 67%*	22 28%*
NOT ANSWERED	11	380		2	4	3	2	4						1	3	4		10	1	
VALID CASES	317	4983	1	55	78	94	89	227	1	5	3	5	11	32	87	222	306	8	238	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q56 NEVER		30 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	13 10%	187 9%	~	~	5 16%	3 6%	5 13%	10 10%	~	~	~	~	1 17%	1 7%	3 9%	8 8%	13 10%	5 6%	8 14%	
USUALLY	24 18%	459 23%	~	4 25%	3 9%	8 17%	9 24%	17 17%	~	~	~	~	2 33%	5 33%	3 9%	21 21%	19 15%	5 83%	10 13%	14 25%
ALWAYS	97 72%	1338 66%	~	12 75%	24 75%	37 77%	24 63%	72 73%	~	~	1 100%	3 100%	3 50%	9 60%	26 81%	69 70%	96 75%	1 17%	62 81%*	35 61%*
#ALWAYS + USUALLY (NET)	121 90%	1797 89%	~	16 100%	27 84%	45 94%	33 87%	89 90%	~	~	1 100%	3 100%	5 83%	14 93%	29 91%	90 92%	115 90%	6 100%	72 94%	49 86%
TOP BOX SCORE	97 72%	1338 66%	~	12 75%	24 75%	37 77%	24 63%	72 73%	~	~	1 100%	3 100%	3 50%	9 60%	26 81%	69 70%	96 75%	1 17%	62 81%*	35 61%*
NOT ANSWERED	1	42				1							1				1	1		
VALID CASES	134	2014		16	32	48	38	99			1	3	6	15	32	98	128	6	77	57
NUMBER OF RESPONDENTS	135	2056		16	32	49	38	99			1	3	7	15	33	98	128	7	78	57
	100%	100%		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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57 #YES	82 64%	1193 60%	8 ~ 50%	21 68%	29 66%	24 63%	60 63%	~	1 ~100%	2 100%	4 67%	8 53%	25 78%	54 58%	77 63%	5 83%	46 61%	36 67%	
NO	47 36%	793 40%	8 ~ 50%	10 32%	15 34%	14 37%	35 37%	~	~	~	~	2 33%	7 47%	7 22%	39 42%	46 37%	1 17%	29 39%	18 33%
NOT ANSWERED	6	70		1	5		4			1	1		1	5	5	1	3	3	
VALID CASES	129	1986	16	31	44	38	95		1	2	6	15	32	93	123	6	75	54	
NUMBER OF RESPONDENTS	135	2056	16	32	49	38	99		1	3	7	15	33	98	128	7	78	57	
	100%	100%	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?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q57A YES	233 75%	3840 79%	1 100%~	20 38%*	55 71%	84 90%*	73 83%*	164 73%	1 100%~	3 60%~	2 67%~	4 100%~	10 100%~	26 81%~	64 78%	161 73%	224 74%~	6 86%~	165 71%*	68 85%*
NO	78 25%	1039 21%		32 ~ 62%*	22 29%	9 10%*	15 17%*	61 27%		2 ~ 40%~	1 33%~			6 ~ 19%~	18 22%	60 27%	77 26%~	1 14%~	66 29%*	12 15%*
NOT ANSWERED	17	484		5	5	4	3	6			1	1		6	4	9	1	17		
VALID CASES	311	4879	1	52	77	93	88	225	1	5	3	4	10	32	82	221	301	7	231	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q57B NEVER	33 26%	674 30%	5	6	10	12	19		1		2	2	3	11	21	32	1	23	10	
			~ 28%~	19%~	23%~	35%~	25%~	~100%~		~ 50%~	50%~	18%~	27%~	26%~	26%~	33%~	25%~	29%~		
SOMETIMES	14 11%	430 19%*	2	6	4	2	7						2	7	6	13	1	11	3	
			~ 11%~	19%~	9%~	6%~	9%~	~	~	~	~	~ 12%~	18%~	8%~	11%~	33%~	12%~	9%~		
USUALLY	37 29%	488 22%	3	7	15	12	29			1		2	2	9	25	36		26	11	
			~ 17%~	23%~	35%~	35%~	38%~	~	~	~ 25%~		~ 12%~	23%~	31%~	30%~	~	29%~	31%~		
ALWAYS	42 33%	667 30%	8	12	14	8	22			1	1	2	10	13	28	41	1	31	11	
			~ 44%~	39%~	33%~	24%~	29%~	~	~100%~	25%~	50%~	59%~	32%~	35%~	34%~	33%~	34%~	31%~		
#ALWAYS + USUALLY (NET)	79 63%	1154 51%*	11	19	29	20	51			1	2	2	12	22	53	77	1	57	22	
			~ 61%~	61%~	67%~	59%~	66%~	~	~100%~	50%~	50%~	71%~	55%~	66%~	63%~	33%~	63%~	63%~		
TOP BOX SCORE	42 33%	667 30%	8	12	14	8	22			1	1	2	10	13	28	41	1	31	11	
			~ 44%~	39%~	33%~	24%~	29%~	~	~100%~	25%~	50%~	59%~	32%~	35%~	34%~	33%~	34%~	31%~		
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	185	2651	1	37	45	49	53	148	1	3	2	1	6	14	44	139	180	4	140	45
NOT ANSWERED	17	454	2	6	5	4	6		1			1	1	4	6	8	1	17		
VALID CASES	126	2258	18	31	43	34	77		1	1	4	4	17	40	80	122	3	91	35	
NUMBER OF RESPONDENTS	328 100%	5363 100%	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	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?

	INHE TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
Q57C YES	66 22%	1026 21%	~	20%	24%	24%	18%	39 18%*	~	~	~	~	22%~	42%~	20 24%	45 21%	62 21%~	4 67%~	43 19%*	23 31%*
NO	238 78%	3791 79%	100%~	80%~	76%~	76%~	82%~	182 82%*	~100%~	4 100%~	3 100%~	5 100%~	7 78%~	18 58%~	64 76%	168 79%	235 79%~	2 33%~	186 81%*	52 69%*
NOT ANSWERED	24	546		3	8	6	7	10	1	1			2	1	4	12	13	2	19	5
VALID CASES	304	4817	1	54	74	91	84	221		4	3	5	9	31	84	213	297	6	229	75
NUMBER OF RESPONDENTS	328 100%	5363 100%	100%	100%	100%	100%	100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q57D #YES	65 98%	865 87%*	11 ~100%	18 ~100%	21 95%	15 ~100%	39 100%	~	~	~	~	2 ~100%	13 ~100%	19 95%	45 ~100%	61 98%	4 ~100%	42 98%	23 ~100%
NO	1 2%	124 13%*	~	~	1 5%	~	~	~	~	~	~	~	~	1 5%	~	1 2%	~	1 2%	~
NOT ANSWERED		6																	
VALID CASES	66	990	11	18	22	15	39					2	13	20	45	62	4	43	23
NUMBER OF RESPONDENTS	66 100%	996 100%	11 100%	18 100%	22 100%	15 100%	39 100%					2 100%	13 100%	20 100%	45 100%	62 100%	4 100%	43 100%	23 100%

[ASKED IF Q57C = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q57E #YES	59 89%	853 87%	11 ~100%	18 ~100%	19 ~86%	11 ~73%	37 95%~		~	~	~	1 ~50%	12 92%~	16 80%~	42 93%~	58 94%~	1 25%~	39 91%~	20 87%~
NO	7 11%	127 13%	~	~	3 ~14%	4 27%~	2 5%~	~	~	~	1 ~50%	1 8%~	4 20%~	3 7%~	4 6%~	3 75%~	4 9%~	3 13%~	
NOT ANSWERED		15																	
VALID CASES	66	981	11	18	22	15	39				2	13	20	45	62	4	43	23	
NUMBER OF RESPONDENTS	66 100%	996 100%	11 100%	18 100%	22 100%	15 100%	39 100%				2 100%	13 100%	20 100%	45 100%	62 100%	4 100%	43 100%	23 100%	

[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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q57F NEVER		20 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	4 6%	89 9%	~	~	~	1 5%	3 20%	1 3%	~	~	~	~	~	2 15%	1 5%	3 7%	3 5%	1 25%	2 5%	2 9%
USUALLY	15 23%	244 25%	~	5 45%	5 28%	5 23%	7 18%	~	~	~	~	~	3 23%	6 30%	8 18%	14 23%	1 25%	12 28%	3 13%	
ALWAYS	47 71%	624 64%	~	6 55%	13 72%	16 73%	12 80%	31 79%	~	~	~	~	2 100%	8 62%	13 65%	34 76%	45 73%	2 50%	29 67%	18 78%
#ALWAYS + USUALLY (NET)	62 94%	868 89%	~	11 100%	18 100%	21 95%	12 80%	38 97%	~	~	~	~	2 100%	11 85%	19 95%	42 93%	59 95%	3 75%	41 95%	21 91%
TOP BOX SCORE	47 71%	624 64%	~	6 55%	13 72%	16 73%	12 80%	31 79%	~	~	~	~	2 100%	8 62%	13 65%	34 76%	45 73%	2 50%	29 67%	18 78%
NOT ANSWERED		20																		
VALID CASES	66	976		11	18	22	15	39					2	13	20	45	62	4	43	23
NUMBER OF RESPONDENTS	66	996		11	18	22	15	39					2	13	20	45	62	4	43	23
	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q57G NEVER	1 2%	39 4%	~	~	~	~	7%	~	~	~	~	~	~	~	5%	~	2%	~	2%	~
SOMETIMES	6 9%	87 9%	~	1 9%	3 17%	1 5%	1 7%	4 10%	~	~	~	~	1 8%	2 10%	4 9%	5 8%	1 25%	4 9%	2 9%	
USUALLY	16 24%	248 25%	~	2 18%	5 28%	6 27%	3 20%	8 21%	~	~	~	~	3 23%	9 45%	7 16%	15 24%	1 25%	13 30%	3 13%	
ALWAYS	43 65%	607 62%	~	8 73%	10 56%	15 68%	10 67%	27 69%	~	~	~	~	2 100%	9 69%	8 40%	34 76%	41 66%	2 50%	25 58%	18 78%
#ALWAYS + USUALLY (NET)	59 89%	855 87%	~	10 91%	15 83%	21 95%	13 87%	35 90%	~	~	~	~	2 100%	12 92%	17 85%	41 91%	56 90%	3 75%	38 88%	21 91%
TOP BOX SCORE	43 65%	607 62%	~	8 73%	10 56%	15 68%	10 67%	27 69%	~	~	~	~	2 100%	9 69%	8 40%	34 76%	41 66%	2 50%	25 58%	18 78%
NOT ANSWERED		16																		
VALID CASES	66	980		11	18	22	15	39					2	13	20	45	62	4	43	23
NUMBER OF RESPONDENTS	66	996		11	18	22	15	39					2	13	20	45	62	4	43	23
	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?

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER					
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
Q57H NEVER	1 2%	18 2%	~	9%~	~	~	~	~	~	~	~	~	~	8%~	~	2%~	2%~	~	2%~	~	
SOMETIMES	3 5%	71 7%	~	~	11%~	~	7%~	3%~	~	~	~	~	~	8%~	5%~	4%~	3%~	25%~	5%~	4%~	
USUALLY	7 11%	202 21%*	~	9%~	33%~	~	~	13%~	~	~	~	~	~	8%~	25%~	4%~	11%~	~	14%~	4%~	
ALWAYS	55 83%	690 70%*	~	82%~	56%~	100%~	93%~	85%~	~	~	~	~	~	100%~	77%~	70%~	89%~	84%~	75%~	79%~	91%~
#ALWAYS + USUALLY (NET)	62 94%	892 91%	~	91%~	89%~	100%~	93%~	97%~	~	~	~	~	~	100%~	85%~	95%~	93%~	95%~	75%~	93%~	96%~
TOP BOX SCORE	55 83%	690 70%*	~	82%~	56%~	100%~	93%~	85%~	~	~	~	~	~	100%~	77%~	70%~	89%~	84%~	75%~	79%~	91%~
NOT ANSWERED		16																			
VALID CASES	66	980		11	18	22	15	39					2	13	20	45	62	4	43	23	
NUMBER OF RESPONDENTS	66	996		11	18	22	15	39					2	13	20	45	62	4	43	23	
	100%	100%		100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q58																				
EXCELLENT	143 45%	1951 39%*	1 100%~	28 51%	34 43%	38 40%	42 47%	107 46%	4 ~100%~	2 67%~	4 80%~	3 30%~	13 41%~	34 39%	107 48%	143 46%~	123 ~52%*	20 25%*		
VERY GOOD	100 31%	1732 35%		19 ~35%	30 38%	27 29%	24 27%	73 32%	1 100%~	1 ~33%~	1 20%~	4 40%~	10 31%~	28 32%	69 31%	100 32%~	73 ~31%	27 34%		
GOOD	67 21%	973 20%		8 ~15%	15 19%	27 29%*	17 19%	45 19%				2 ~20%~	8 25%~	24 27%	42 19%	67 22%~	40 ~17%*	27 34%*		
FAIR	8 3%	308 6%*				2 2%	6 7%*	6 3%				1 ~10%~	1 3%~	2 2%	6 3%	8 ~100%~	2 0.8%*	6 8%*		
POOR		13 0.3%~																		
#EXCELLENT + VERY GOOD + GOOD (NET)	310 97%	4656 94%*	1 100%~	55 ~100%~	79 ~100%~	92 98%	83 93%*	225 97%	1 100%~	4 ~100%~	3 ~100%~	5 ~100%~	9 90%~	31 97%~	86 98%	218 97%	310 100%~	236 ~99%*	74 93%*	
NOT ANSWERED	10	386		2	3	3	2		1			1			1		10			
VALID CASES	318	4977	1	55	79	94	89	231	1	4	3	5	10	32	88	224	310	8	238	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

	AGE							RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q59 EXCELLENT	144 46%	2270 46%	1 100%	33 61%*	40 51%	35 37%*	35 40%	104 46%		4 ~ 80%	2 67%	3 75%	5 50%	11 34%	41 48%	101 45%	142 46%	1 14%	131 56%*	13 16%*
VERY GOOD	83 26%	1311 26%		14 ~ 26%	20 26%	26 28%	23 26%	68 30%*					1 10%	10 31%	16 19%*	65 29%	82 27%	1 14%	60 25%	23 29%
GOOD	70 22%	923 19%		7 ~ 13%*	14 18%	27 29%	22 25%	44 19%	1 100%	1 ~ 20%		1 ~ 25%	2 20%	9 28%	25 29%	43 19%	67 22%	3 43%	41 17%*	29 37%*
FAIR	16 5%	400 8%*			4 ~ 5%	6 6%	6 7%	11 5%			1 ~ 33%		2 ~ 20%	2 6%	2 2%	14 6%	15 5%	1 14%	3 1%*	13 16%*
POOR	2 0.6%	72 1%					2 2%	1 0.4%							1 1%	1 0.4%	1 0.3%	1 14%	1 0.4%	1 1%
#EXCELLENT + VERY GOOD + GOOD (NET)	297 94%	4503 91%*	1 100%	54 ~ 100%	74 ~ 95%	88 94%	80 91%	216 95%	1 100%	5 ~ 100%	2 67%	4 ~ 100%	8 80%	30 94%	82 96%	209 93%	291 95%	5 71%	232 98%*	65 82%*
NOT ANSWERED	13	387		3	4	3	3	3				1	1		3	1	3	1	12	1
VALID CASES	315	4976	1	54	78	94	88	228	1	5	3	4	10	32	85	224	307	7	236	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC		
Q60 YES	76 24%	1132 23%		6 ~ 11%*	15 19%	31 33%*	24 27%	52 23%		1 ~ 33%*	4 ~ 40%*	15 47%*	13 15%*	61 27%*	70 23%*	6 75%*	21 9%*	55 69%*		
NO	241 76%	3829 77%	1 100%*	48 89%*	64 81%	63 67%*	65 73%	178 77%	1 100%*	5 100%*	2 67%*	5 100%*	6 60%*	17 53%*	75 85%*	163 73%*	238 77%*	2 25%*	216 91%*	25 31%*
NOT ANSWERED	11	401		3	3	3	2	1			1			1	2		11			
VALID CASES	317	4962	1	54	79	94	89	230	1	5	3	5	10	32	88	224	308	8	237	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC
Q61 YES	61 81%	857 79%	4 ~ 67%	11 ~ 79%	26 ~ 84%	20 ~ 83%	44 86%	~	1 ~ 100%	4 ~ 100%	9 60%	10 83%	49 80%	55 80%	6 100%	10 50%	51 93%
NO	14 19%	234 21%	2 ~ 33%	3 ~ 21%	5 ~ 16%	4 ~ 17%	7 14%	~	~	~	~	6 ~ 40%	2 17%	12 20%	14 20%	10 ~ 50%	4 7%
NOT ANSWERED	1	30		1			1					1		1		1	
VALID CASES	75	1091	6	14	31	24	51		1	4	15	12	61	69	6	20	55
NUMBER OF RESPONDENTS	76	1121	6	15	31	24	52		1	4	15	13	61	70	6	21	55
	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q62 YES	51	763	3	9	23	16	37					3	8	6	43	45	6	51
	85%	90%	~ 75%	~ 82%	~ 88%	~ 84%	84%	~	~	~	~	75%	89%	67%	88%	83%	100%	~100%
NO	9	83	1	2	3	3	7					1	1	3	6	9		9
	15%	10%	~ 25%	~ 18%	~ 12%	~ 16%	16%	~	~	~	~	25%	11%	33%	12%	17%	~	100%
NOT ANSWERED	1	20				1			1					1		1		1
VALID CASES	60	846	4	11	26	19	44					4	9	9	49	54	6	9
NUMBER OF RESPONDENTS	61	866	4	11	26	20	44		1			4	9	10	49	55	6	10
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES AND Q61 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q63 YES	46 15%	727 15%	~	5 9%	13 16%	13 14%	15 17%	35 15%	~	~	1 33%	1 20%	1 10%	8 25%	6 7%*	40 18%*	41 13%	5 71%	7 3%*	39 49%*	
NO	270 85%	4197 85%	100%~	1 91%	50 84%	66 86%	80 83%	73 85%	195 85%	1 100%	5 100%	2 67%	4 80%	9 90%	24 75%	81 93%*	185 82%*	267 87%	2 29%	230 97%*	40 51%*
NOT ANSWERED	12	439		2	3	4	3	1				1		1			2	1	11	1	
VALID CASES	316	4924	1	55	79	93	88	230	1	5	3	5	10	32	87	225	308	7	237	79	
NUMBER OF RESPONDENTS	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80	
	100%	100%	100%	100%	100%	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q64 YES	38 86%	620 86%	4 ~ 80%	10 77%	11 92%	13 93%	30 91%	~	1 ~100%	1 ~100%	6 75%	4 67%	34 89%	33 85%	5 100%	1 17%	37 97%	
NO	6 14%	103 14%	1 ~ 20%	3 23%	1 8%	1 7%	3 9%	~	1 ~100%	1 ~100%	2 25%	2 33%	4 11%	6 15%	~	5 83%	1 3%	
NOT ANSWERED	2	18			1	1	2						2	2		1	1	
VALID CASES	44	723	5	13	12	14	33		1	1	1	8	6	38	39	5	6	38
NUMBER OF RESPONDENTS	46	741	5	13	13	15	35		1	1	1	8	6	40	41	5	7	39
	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q65 YES	37	581	4	10	11	12	29		1		1	6	3	34	32	5	37	
	97%	97%	~100%	~100%	~100%	~92%	97%	~	~100%	~	~100%	~100%	75%	~100%	97%	~100%	~100%	~
NO	1	18				1	1						1		1		1	
	3%	3%	~	~	~	8%	3%	~	~	~	~	~	25%	~	3%	~	~100%	~
NOT ANSWERED		12																
VALID CASES	38	600	4	10	11	13	30		1		1	6	4	34	33	5	1	37
NUMBER OF RESPONDENTS	38	612	4	10	11	13	30		1		1	6	4	34	33	5	1	37
	100%	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q66 YES	43 14%	575 12%		8 ~ 15%	10 13%	8 9%	17 19%	34 15%	~	~	2 ~ 40%	6 ~ 19%	9 10%	34 15%	38 12%	5 63%	7 3%*	36 46%*		
NO	272 86%	4353 88%	1 100%	47 ~ 85%	68 87%	84 91%	72 81%	197 85%	1 100%	4 ~ 100%	3 ~ 100%	3 ~ 60%	10 ~ 100%	26 81%	78 90%	190 85%	269 88%	3 38%	229 97%*	43 54%*
NOT ANSWERED	13	435		2	4	5	2		1		1		1	1	3		12	1		
VALID CASES	315	4928	1	55	78	92	89	231	1	4	3	5	10	32	87	224	307	8	236	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q67 YES	34	448	4	8	7	15	29					5	3	31	30	4		34
	81%	80%	~ 50%	~ 80%	~ 88%	~ 94%	88%	~	~	~	~	~ 83%	38%	91%	79%	~100%	~	~ 94%
NO	8	112	4	2	1	1	4			2		1	5	3	8		6	2
	19%	20%	~ 50%	~ 20%	~ 13%	~ 6%	12%	~	~	~100%		~ 17%	63%	9%	21%		~100%	~ 6%
NOT ANSWERED	1	21				1	1									1		1
VALID CASES	42	560	8	10	8	16	33			2		6	8	34	38	4	6	36
NUMBER OF RESPONDENTS	43	581	8	10	8	17	34			2		6	9	34	38	5	7	36
	100%	100%	100%	100%	100%	100%	100%			100%		100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q68 YES	34	439	4	8	7	15	29					5	3	31	30	4		34
	100%	97%	~100%	~100%	~100%	~100%	~100%	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~	~100%
NO		14																
		3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		3																
VALID CASES	34	453	4	8	7	15	29					5	3	31	30	4		34
NUMBER OF RESPONDENTS	34	456	4	8	7	15	29					5	3	31	30	4		34
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%		100%

[ASKED IF Q66 = YES AND Q67 = YES]

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q69 YES	33 11%	459 9%	~	4 7%	15 19%*	8 9%	6 7%	24 10%	~	~	~	25%~	1 10%~	1 19%~	6 ~	8 9%	25 11%	33 11%~	~	12 5%*	21 27%*
NO	281 89%	4495 91%	100%~	1 93%	50 81%*	64 91%	84 93%	206 90%	1 100%~	4 100%~	3 100%~	3 75%~	3 90%~	9 81%~	26 ~	78 91%	199 89%	274 89%~	7 100%~	223 95%*	58 73%*
NOT ANSWERED	14	409		3	3	5	3	1		1		1	1		2	1	3	1	13	1	
VALID CASES	314	4954	1	54	79	92	88	230	1	4	3	4	10	32	86	224	307	7	235	79	
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%	

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q70 YES	21 64%	314 71%~	3 ~ 75%~	7 47%~	6 75%~	5 83%~	15 62%~	~	~	~	~100%~	5 83%~	4 50%~	17 68%~	21 64%~	1 8%~	20 95%~	
NO	12 36%	129 29%~	1 ~ 25%~	8 53%~	2 25%~	1 17%~	9 38%~	~	~	~100%~	~ 17%~	1 ~ 17%~	4 50%~	8 32%~	12 36%~	11 ~ 92%~	1 5%~	
NOT ANSWERED		20																
VALID CASES	33	442	4	15	8	6	24			1	1	6	8	25	33	12	21	
NUMBER OF RESPONDENTS	33 100%	462 100%	4 100%	15 100%	8 100%	6 100%	24 100%			1 100%	1 100%	6 100%	8 100%	25 100%	33 100%	12 100%	21 100%	

[ASKED IF Q69 = YES]

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

	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q71 YES	20	260	3	7	5	5	15						5	3	17	20		20	
	95%	95%	~100%	~100%	~83%	~100%	~100%	~	~	~	~	~	~100%	75%	~100%	95%	~	~100%	~
NO	1	14				1							1	1		1		1	
	5%	5%	~	~	~	17%	~	~	~	~	~	~	~100%	~25%	~	~5%	~	~100%	~
NOT ANSWERED		7																	
VALID CASES	21	274	3	7	6	5	15						1	5	4	17	21	1	20
NUMBER OF RESPONDENTS	21	281	3	7	6	5	15						1	5	4	17	21	1	20
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES AND Q70 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q72 YES	52 16%	722 15%		6 ~ 11%	10 13%	20 22%	16 18%	38 17%	1 ~ 20%	1 33%	2 ~ 20%	6 19%	11 13%	41 18%	49 16%	3 38%	8 3%*	44 56%*		
NO	264 84%	4209 85%	1 100%	48 89%	69 87%	73 78%	73 82%	192 83%	1 100%	4 80%	2 67%	5 100%	8 80%	26 81%	76 87%	184 82%	258 84%	5 63%	229 97%*	35 44%*
NOT ANSWERED	12	432		3	3	4	2	1			1		1		3		11	1		
VALID CASES	316	4931	1	54	79	93	89	230	1	5	3	5	10	32	87	225	307	8	237	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q73 YES	43	612	6	8	17	12	34					2	5	7	36	40	3	43	
	84%	90%	~100%	~89%	~85%	~75%	~92%	~	~	~	~100%	~83%	~70%	~88%	~83%	~100%	~	~98%	
NO	8	68		1	3	4	3		1	1			1	3	5	8		7	1
	16%	10%	~	~11%	~15%	~25%	~8%	~100%	~100%	~	~	~17%	~30%	~12%	~17%	~	~100%	~2%	
NOT ANSWERED	1	39		1			1									1		1	
VALID CASES	51	680	6	9	20	16	37		1	1		2	6	10	41	48	3	7	44
NUMBER OF RESPONDENTS	52	719	6	10	20	16	38		1	1		2	6	11	41	49	3	8	44
	100%	100%	100%	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			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ74 LESS THAN 1 YEAR OLD	1 0.3%	27 0.5%	1 100%	~	~	~	~	~	~	~	~	~	~	1 1%	1 ~0.3%	1 ~0.4%	~	~		
1 TO 3 YEARS OLD	57 17%	890 17%	57 ~100%	~	~	~	45 19%	1 ~20%	1 ~20%	1 ~9%	1 16%	5 16%	13 15%	42 19%	55 18%	49 ~20%*	8 10%*			
4 TO 7 YEARS OLD	82 25%	1394 26%	~	82 ~100%	~	~	61 26%	1 100%	~	2 ~40%	~	6 ~19%	26 30%	52 23%	79 25%	69 ~28%*	13 16%*			
8 TO 12 YEARS OLD	97 30%	1563 29%	~	~	97 ~100%	~	64 28%	2 ~40%	1 ~20%	8 73%	9 28%	27 31%	64 28%	92 30%	2 25%	68 27%	29 36%			
13 OR OLDER	91 28%	1489 28%	~	~	~	91 ~100%	61 26%	2 ~40%	3 ~100%	1 20%	2 18%	12 38%	21 24%	67 30%	83 27%	6 75%	61 25%*	30 38%*		
VALID CASES	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

NQ75 IS YOUR CHILD MALE OR FEMALE?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ75 MALE	167 51%	2755 51%		28 ~ 49%	46 56%	42 43%	51 56%	126 55%*	2 ~ 40%	2 ~ 40%	3 27%	17 53%	38 43%	121 54%	159 51%	4 50%	130 52%	37 46%		
FEMALE	161 49%	2608 49%	1 100%	29 51%	36 44%	55 57%	40 44%	105 45%*	1 100%	3 60%	3 100%	3 60%	8 73%	15 47%	50 57%	104 46%	151 49%	4 50%	118 48%	43 54%
VALID CASES	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q76																				
HISPANIC OR LATINO	88 28%	2091 42%*	1 100%~	13 24%	26 33%	27 30%	21 24%	45 19%*	~	~	33%~	1 60%~	3 89%~	8 19%~	6 100%~	88 100%~	86 28%~	2 25%~	77 33%*	11 14%*
NOT HISPANIC OR LATINO	225 72%	2832 58%*	~	42 76%	52 67%	64 70%	67 76%	186 81%*	1 100%~	5 100%~	2 67%~	2 40%~	1 11%~	26 81%~	225 100%~	218 72%~	6 75%~	158 67%*	67 86%*	
NOT ANSWERED	15	440		2	4	6	3						2			6		13	2	
VALID CASES	313	4923	1	55	78	91	88	231	1	5	3	5	9	32	88	225	304	8	235	78
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.1 YES	262 80%	3570 67%*	~	88%	82%	75%	79%	231 100%~	~	~	~	~	~	31 ~ 97%~	51 58%*	211 94%*	255 82%~	7 88%~	190 77%*	72 90%*
NO	66 20%	1793 33%*	100%~	12%	18%	25%	21%	~	100%~	100%~	100%~	100%~	100%~	3%~	42%*	6%*	18%~	13%~	23%*	10%*
VALID CASES	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	100%	100%	100%	100%	100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AMER- IAN	NATV ILND	AMER PAC ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.2 YES	5	230			1	4		1					4	1	4	5		4	1	
	2%	4%*	~	~	1%	4%	~	~100%	~	~	~	~	~12%	1%	2%	2%~	~	2%	1%	
NO	323	5133	1	57	81	93	91	231	5	3	5	11	28	87	221	305	8	244	79	
	98%	96%*	100%	~100%	~99%	96%	100%	~100%	~	~100%	~100%	~100%	~100%	~88%	99%	98%	~100%	~98%	99%	
VALID CASES	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
NUMBER OF RESPONDENTS	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.3 YES	13 4%	201 4%		4 ~ 7%	1 1%*	2 2%	6 7%			5 ~100%~			8 ~ 25%~		13 ~ 6%~	12 4%~		12 5%	1 1%	
NO	315 96%	5162 96%	1 100%~	53 93%	81 99%*	95 98%	85 93%	231 100%~	1 100%~	3 ~100%~	5 ~100%~	11 ~100%~	24 75%~	88 100%~	212 94%*	298 96%~	8 100%~	236 95%	79 99%	
VALID CASES	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.4 YES	7 2%	82 2%		1 ~ 2%	1 1%		5 ~ 5%			3 ~100%			4 ~ 12%	1 1%	6 3%	7 2%		5 2%	2 3%	
NO	321 98%	5281 98%	1 100%	56 98%	81 99%	97 100%	86 95%	231 100%	1 100%	5 100%		5 100%	11 100%	28 88%	87 99%	219 97%	303 98%	8 100%	243 98%	78 98%
VALID CASES	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC	
Q77.5	INHE TOT CHLD																			
YES	19 6%	275 5%	4 ~ 7%	6 7%	5 5%	4 4%	~	~	~	5 ~100%	14 ~ 44%	4 5%	15 7%	18 6%	1 13%	11 4%	8 10%			
NO	309 94%	5088 95%	1 100%	53 93%	76 93%	92 95%	87 96%	231 100%	1 100%	5 100%	3 100%	11 ~100%	18 56%	84 95%	210 93%	292 94%	7 88%	237 96%	72 90%	
VALID CASES	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC			
Q77.6 YES	19 6%	519 10%*	~	1 2%*	2 2%	10 10%	6 7%	~	~	~	~	11 ~100%	8 25%	13 15%*	4 2%*	17 5%~	1 13%~	12 5%	7 9%		
NO	309 94%	4844 90%*	100%~	1 98%*	56 98%	80 98%	87 90%	85 93%	231 100%	1 100%	5 100%	3 100%	5 100%	24 ~ 75%	75 85%*	221 98%*	293 95%~	7 88%~	236 95%	73 91%	
VALID CASES	328	5363	100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%
NUMBER OF RESPONDENTS	328	5363	100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

Q78 WHAT IS YOUR AGE?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q78 UNDER 18	16 5%	223 5%	~	2 4%	4 5%	4 4%	6 7%	14 6%	~	~	~	~	1 9%	~	4 5%	12 5%	16 5%	~	10 4%	6 8%
18 TO 24	14 4%	229 5%	~	8 15%*	5 6%	~	1 1%*	12 5%	~	~	~	~	~	1 3%	3 3%	11 5%	14 5%	~	14 6%	~
25 TO 34	110 35%	1610 33%	100%~	1 62%*	33 51%*	40 28%	26 11%*	10 33%	~	~	1 33%~	2 40%~	4 36%~	12 39%~	39 45%*	69 31%*	110 36%~	~	92 39%*	18 23%*
35 TO 44	111 35%	1842 37%	~	8 15%*	23 29%	40 43%	40 46%*	81 35%	~	1 20%~	1 33%~	2 40%~	5 45%~	12 39%~	33 38%	77 35%	104 34%~	7 88%~	77 33%	34 43%
45 TO 54	43 14%	718 15%	~	2 4%*	4 5%*	17 18%	20 23%*	32 14%	1 100%~	3 60%~	1 33%~	1 20%~	1 ~	4 ~	7 8%*	36 16%*	41 14%~	1 13%~	31 13%	12 15%
55 TO 64	15 5%	213 4%	~	~	2 3%	6 6%	7 8%	12 5%	~	1 20%~	~	~	1 9%~	1 3%~	~	14 6%*	14 5%~	~	7 3%*	8 10%*
65 TO 74	3 1%	77 2%	~	~	1 1%	~	2 2%	2 0.9%	~	~	~	~	~	1 3%~	~	3 1%~	3 1%~	~	3 1%~	~
75 OR OLDER	1 0.3%	15 0.3%	~	~	~	~	1 1%~	1 0.4%~	~	~	~	~	~	~	~	1 ~0.4%~	1 ~0.3%~	~	~	1 1%~
NOT ANSWERED	15	436		4	3	4	4							1	2	2	7		14	1
VALID CASES	313	4927	1	53	79	93	87	231	1	5	3	5	11	31	86	223	303	8	234	79
NUMBER OF RESPONDENTS	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
	100%	100%	100%	100%	100%	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q79																				
MALE	45 14%	657 13%		6 ~ 11%	8 10%	15 16%	16 18%	32 14%	3 ~ 60%	1 33%	2 40%		4 ~ 13%	10 12%	35 16%	43 14%	1 13%	34 15%	11 14%	
FEMALE	268 86%	4307 87%	1 100%	48 89%	70 90%	78 84%	71 82%	198 86%	1 100%	2 40%	2 67%	3 60%	11 100%	27 87%	76 88%	187 84%	260 86%	7 88%	200 85%	68 86%
NOT ANSWERED	15	399		3	4	4	4	1					1	2	3	7		14	1	
VALID CASES	313	4964	1	54	78	93	87	230	1	5	3	5	11	31	86	222	303	8	234	79
NUMBER OF RESPONDENTS	328 100%	5363 100%	1 100%	57 100%	82 100%	97 100%	91 100%	231 100%	1 100%	5 100%	3 100%	5 100%	11 100%	32 100%	88 100%	225 100%	310 100%	8 100%	248 100%	80 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	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	NO CCC	CCC		
Q80																					
8TH GRADE OR LESS	26 8%	618 13%*	~	3 6%	7 9%	12 13%	4 5%	14 6%*	~	~	~	~	27%~	3 3%~	1 29%*	24 ~	24 8%~	2 25%~	21 9%	5 6%	
SOME HIGH SCHOOL BUT DID NOT GRADUATE	36 12%	624 13%	~	6 11%	9 12%	9 10%	12 14%	26 11%	~	~	~	60%~	3 18%~	2 18%~	~	17 21%*	19 9%*	36 12%~	~	28 12%	8 10%
HIGH SCHOOL GRADUATE OR GED	91 29%	1385 28%	~	15 28%	23 29%	26 28%	27 31%	68 30%	~	2 40%~	1 33%~	1 20%~	2 18%~	9 29%~	26 32%	65 29%	91 30%~	~	76 33%*	15 19%*	
SOME COLLEGE OR 2-YEAR DEGREE	117 38%	1555 32%*	~	23 43%	27 35%	35 38%	32 37%	96 42%*	1 100%~	~	1 33%~	~	2 18%~	14 45%~	12 15%*	104 47%*	111 37%~	6 75%~	75 32%*	42 53%*	
4-YEAR COLLEGE GRADUATE	29 9%	470 10%	~	3 6%	10 13%	7 8%	9 10%	21 9%	~	1 20%~	~	~	2 18%~	5 16%~	2 2%*	25 11%*	28 9%~	~	24 10%	5 6%	
MORE THAN 4-YEAR COLLEGE DEGREE	11 4%	246 5%	~	3 6%	2 3%	3 3%	3 3%	5 2%	~	2 40%~	1 33%~	1 20%~	~	2 6%~	1 1%	10 4%	10 3%~	~	7 3%	4 5%	
NOT ANSWERED	18	466	1	4	4	5	4	1						1	6	2	10		17	1	
VALID CASES	310	4897		53	78	92	87	230	1	5	3	5	11	31	82	223	300	8	231	79	
NUMBER OF RESPONDENTS	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80	
	100%	100%		100%	100%	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV ILND	AMER PAC ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q81																				
MOTHER OR FATHER	296 95%	4614 94%	1 100%	52 96%	75 96%	85 92%	83 98%	215 95%		5 ~100%	3 ~100%	5 ~100%	10 91%	30 ~100%	85 98%	206 94%	287 96%	7 88%	226 97%	70 92%
GRANDPARENT	6 2%	165 3%		1 2%	1 1%	4 4%		6 3%							6 3%	6 2%		2 ~0.9%	4 5%	
AUNT OR UNCLE	1 0.3%	19 0.4%				1 1%		1 0.4%							1 0.5%	1 0.3%			1 1%	
OLDER BROTHER OR SISTER	1 0.3%	8 0.2%					1 1%	1 0.4%							1 1%	1 0.3%			1 0.4%	
OTHER RELATIVE		3 0.1%																		
LEGAL GUARDIAN	4 1%	60 1%		1 2%		2 2%	1 1%	3 1%					1 9%		1 1%	3 1%	1 13%	3 1%	1 1%	
SOMEONE ELSE	2 0.6%	41 0.8%			2 3%			1 0.4%	1 100%						2 0.9%	2 0.7%			2 0.9%	
NOT ANSWERED	18	454		3	4	5	6	4						2	1	7	10		14	4
VALID CASES	310	4909	1	54	78	92	85	227	1	5	3	5	11	30	87	218	300	8	234	76
NUMBER OF RESPONDENTS	328	5363	1	57	82	97	91	231	1	5	3	5	11	32	88	225	310	8	248	80
	100%	100%	100%	100%	100%	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	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q82 YES	4	96		1		1	2	3						1	3	4		1	3
	2%	3%	~	3%~	~	2%	3%	2%~	~	~	~	~	~	2%~	2%	2%~	~	0.7%	5%
NO	205	3230	1	32	51	62	59	157	5	3	4	8	17	48	154	199	4	151	54
	98%	97%	100%~	97%~	100%~	98%	97%	98%~	~100%~	100%~	100%~	100%~	100%~	98%~	98%	98%~	100%~	99%	95%
NOT ANSWERED	3	38		1		1	1							1	1	2		3	
VALID CASES	209	3326	1	33	51	63	61	160	5	3	4	8	17	49	157	203	4	152	57
NUMBER OF RESPONDENTS	212	3364	1	34	51	64	62	160	5	3	4	8	17	50	158	205	4	155	57
	100%	100%	100%	100%	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		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	3 75%	45 50%	~	~	~	100%	100%	2 67%	~	~	~	~	~	1 100%	2 67%	3 75%	~	1 100%	2 67%
NO	1 25%	44 50%	~	100%	~	~	~	1 33%	~	~	~	~	~	1 33%	1 25%	~	~	1 33%	~
VALID CASES	4	89	1	1	2	3								1	3	4		1	3
NUMBER OF RESPONDENTS	4 100%	89 100%	1 100%	1 100%	2 100%	3 100%								1 100%	3 100%	4 100%		1 100%	3 100%

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

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

			AGE					RACE					ETHNICITY	HEALTH STATUS	CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.2 YES	1 25%	28 31%	~	~	~	~	1 50%	1 33%	~	~	~	~	~	~	1 33%	1 25%	~	1 33%	
NO	3 75%	61 69%	~	1 100%	~	1 100%	1 50%	2 67%	~	~	~	~	~	1 100%	2 67%	3 75%	~	1 100%	2 67%
VALID CASES	4	89		1		1	2	3						1	3	4		1	3
NUMBER OF RESPONDENTS	4 100%	89 100%		1 100%		1 100%	2 100%	3 100%						1 100%	3 100%	4 100%		1 100%	3 100%

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

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

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS	CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q83.3 YES	1 25%	11 12%	~	~	~	100%	~	~	~	~	~	~	~	1 25%	1 100%	1 100%	~
NO	3 75%	78 88%	~	100%	~	100%	100%	~	~	~	~	~	~	3 75%	3 100%	3 100%	~
VALID CASES	4	89	1	1	2	3	3					1	3	4	1	3	
NUMBER OF RESPONDENTS	4	89	1	1	2	3	3					1	3	4	1	3	
	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					ETHNIC- ITY	HEALTH STATUS	CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- AMER	PAC IAN	NATV ILND	AMER ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC CCC
Q83.4 YES	INHE TOT CHLD	OHP TOT CHLD	19 21%	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	4 100%	70 79%	1 ~100%	1 ~100%	2 100%	3 100%	~	~	~	~	~	1 ~100%	3 100%	4 100%	1 100%	3 100%
VALID CASES	4	89	1	1	2	3						1	3	4	1	3
NUMBER OF RESPONDENTS	4 100%	89 100%	1 100%	1 100%	2 100%	3 100%						1 100%	3 100%	4 100%	1 100%	3 100%

[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					ETHNIC- ITY	HEALTH STATUS	CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & GOOD POOR	NO CCC	CCC	
Q83.5 YES	2 50%	8 10%	~	1 100%	~	~	1 50%	2 67%	~	~	~	~	~	2 67%	2 50%	~	2 67%	
NO	2 50%	81 90%	~	~	~	1 100%	1 33%	~	~	~	~	~	~	1 100%	1 33%	2 50%	1 100%	1 33%
VALID CASES	4	89		1		1	2	3						1	3	4	1	3
NUMBER OF RESPONDENTS	4 100%	89 100%		1 100%		1 100%	2 100%	3 100%						1 100%	3 100%	4 100%	1 100%	3 100%

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
NQ14 0-6	19 9%	329 10%	~	11%~	2 4%	6 10%	6 12%	13 9%	~	~	~	~	1 13%	3 17%	2 4%	15 10%	16 8%	2 33%	10 7%	9 14%	
7-8	64 31%	1112 32%	~	30%~	13 36%	18 33%	19 27%	14 34%	52 34%	~	~	~	1 20%	3 38%	3 17%	16 32%	47 32%	62 32%	1 17%	47 34%	17 27%
9-10	121 59%	2025 58%	~	59%~	26 60%	30 57%	33 62%	32 57%	86 57%	1 100%	2 100%	4 80%	4 50%	12 67%	32 64%	87 58%	118 60%	3 50%	83 59%	38 59%	
VALID CASES	204	3466	44	50	58	52	151	1	2	5	8	18	50	149	196	6	140	64			
NUMBER OF RESPONDENTS	204 100%	3466 100%	44 100%	50 100%	58 100%	52 100%	151 100%	1 100%	2 100%	5 100%	8 100%	18 100%	50 100%	149 100%	196 100%	6 100%	140 100%	64 100%			
MEAN	2.50	2.49	2.48	2.56	2.47	2.50	2.48	3.00	3.00	2.80	2.37	2.50	2.60	2.48	2.52	2.17	2.52	2.45			
p stat_(*=Sig @ p<=.05)		.812	~	~.423	.640	1.00	.548	~	~	~	~	~	~.180	.542	~	~	~.521	.520			

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
NQ41 0-6	14 5%	319 8%	~	2 4%	1 2%*	5 6%	6 8%	8 4%	~	~	1 20%	4 16%	2 3%	12 6%	14 6%	~	10 5%	4 6%			
7-8	53 20%	980 23%	~	6 13%	13 20%	18 23%	16 22%	45 24%*	~	~	~	2 22%	2 8%	11 16%	40 21%	52 20%	~	39 20%	14 20%		
9-10	196 75%	2929 69%*	100%	1 83%	39 78%	51 70%	54 70%	138 72%	1 100%	4 100%	2 100%	4 80%	7 78%	19 76%	56 81%	135 72%	188 74%	6 100%	143 74%	53 75%	
VALID CASES	263	4228	1	47	65	77	73	191	1	4	2	5	9	25	69	187	254	6	192	71	
NUMBER OF RESPONDENTS	263 100%	4228 100%	100%	1 100%	47 100%	65 100%	77 100%	73 100%	191 100%	1 100%	4 100%	2 100%	5 100%	9 100%	25 100%	69 100%	187 100%	254 100%	6 100%	192 100%	71 100%
MEAN	2.69	2.62	3.00	2.79	2.77	2.64	2.62	2.68	3.00	3.00	3.00	2.60	2.78	2.60	2.78	2.66	2.69	3.00	2.69	2.69	
p stat_(*=Sig @ p<=.05)		.030*	~	~	.151	.326	.216	.597	~	~	~	~	~	~	.089	.093	~	~	.974	.974	

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ48 0-6	3 6%	69 10%	~	25%	~	~	11%	3 10%	~	~	~	~	~	1 8%	2 6%	3 7%	~	3 12%	
7-8	9 19%	178 26%	~	10%	1 7%	1 37%	7 16%	5 16%	~	~	~	~	3 43%	3 23%	6 18%	8 19%	1 25%	5 24%	4 15%
9-10	35 74%	428 63%	~	75%	3 90%	9 93%	13 53%	10 74%	23 74%	~	1 100%	1 100%	4 57%	9 69%	25 76%	32 74%	3 75%	16 76%	19 73%
VALID CASES	47	675	4	10	14	19	31	1	1	7	13	33	43	4	21	26			
NUMBER OF RESPONDENTS	47	675	4	10	14	19	31	1	1	7	13	33	43	4	21	26			
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
MEAN	2.68	2.53	2.50	2.90	2.93	2.42	2.65	3.00	3.00	2.57	2.62	2.70	2.67	2.75	2.76	2.62			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
NQ54 0-6	32 10%	619 12%	~	5 9%	7 9%	12 13%	8 9%	24 11%	~	~	~	~	1 9%	5 16%	1 1%	28 13%	31 10%	~	22 10%	10 13%	
7-8	89 29%	1448 29%	~	11 20%	22 29%	24 26%	32 38%*	74 33%*	1 100%~	1 33%~	1 33%~	1 20%~	2 18%~	7 22%~	15 17%*	74 34%*	85 28%~	4 50%~	63 27%	26 33%	
9-10	188 61%	2927 59%	1 100%~	39 71%	47 62%	56 61%	45 53%	124 56%*	~	2 67%~	2 67%~	4 80%~	8 73%~	20 62%~	70 81%*	113 53%*	183 61%~	4 50%~	145 63%	43 54%	
VALID CASES	309	4994	1	55	76	92	85	222	1	3	3	5	11	32	86	215	299	8	230	79	
NUMBER OF RESPONDENTS	309 100%	4994 100%	1 100%	55 100%	76 100%	92 100%	85 100%	222 100%	1 100%	3 100%	3 100%	5 100%	11 100%	32 100%	86 100%	215 100%	299 100%	8 100%	230 100%	79 100%	
MEAN	2.50	2.46	3.00	2.62	2.53	2.48	2.44	2.45	2.00	2.67	2.67	2.80	2.64	2.47	2.80	2.40	2.51	2.50	2.53	2.42	
p stat_(*=Sig @ p<=.05)		.276	~	.171	.748	.654	.267	.024*	~	~	~	~	~	~	~	.000*	.000*	~	~	.201	.201

GETTING NEEDED CARE

		AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NPRBSEE4 NQ46	2.48	2.21	2.00	2.45	2.71	2.45	2.44			3.00	3.00	2.56	2.31	2.53	2.48	2.50	2.59	2.39
p stat_(*=Sig @ p<=.05)		.004*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.43	2.44	2.57	2.38	2.43	2.35	2.49	2.00	2.50	2.80	2.00	2.39	2.34	2.48	2.44	2.33	2.46	2.34
p stat_(*=Sig @ p<=.05)		.840	~	~.584	.951	.330	.025*	~	~	~	~	~	~.307	.065	~	~	.246	.246
COMPOSITE	2.45	2.32	x 2.28	2.42	2.57	2.40	2.46	x 2.00	2.75	2.90	2.00	2.47	2.32	2.51	2.46	2.42	2.53	2.37
p stat_(*=Sig @ p<=.05)		.001*	~	~.503	.011*	.284	.601	~	~	~	~	~	~.024*	.006*	~	~	~.000*	.074

GETTING CARE QUICKLY

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NCARSN4 NQ4	2.66	2.60	2.63	2.77	2.78	2.45	2.70		2.50	2.00	3.00	2.50	2.50	2.72	2.67	2.33	2.67	2.65
p stat_(*=Sig @ p<=.05)	.312		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.41	2.43	2.48	2.53	2.44	2.18	2.41	3.00	2.67	2.40	2.25	2.60	2.24	2.48	2.42	2.20	2.41	2.41
p stat_(*=Sig @ p<=.05)	.724		~	~	~.695	~	~.959	~	~	~	~	~	~.048*	.080	~	~	~	~
COMPOSITE	2.54	2.51	x 2.55	2.65	2.61	2.32	2.55	x 3.00	2.58	2.20	2.63	2.55	2.37	2.60	2.55	2.27	2.54	2.53
p stat_(*=Sig @ p<=.05)	.641		~	~.070	.193	.000*	.500	~	~	~	~	~	~.009*	.008*	~	~	~.849	.884

HOW WELL DOCTORS COMMUNICATE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NDREXPL4 NQ32	2.76	2.69	2.92	2.76	2.78	2.60	2.77	3.00	3.00	2.60	2.62	2.80	2.62	2.81	2.77	2.40	2.77	2.74
p stat_(*=Sig @ p<=.05)	.088		~	~	~.727		~.770	~	~	~	~	~	~	~.075	~		~.710	.709
NDRLSTN4 NQ33	2.78	2.71	2.89	2.83	2.82	2.60	2.80	3.00	3.00	2.60	2.63	2.67	2.72	2.81	2.78	2.60	2.83	2.65
p stat_(*=Sig @ p<=.05)	.076		~	~	~.470		~.512	~	~	~	~	~	~	~.317	~		~.064	.064
NDRESPU4 NQ34	2.82	2.77	2.92	2.83	2.82	2.73	2.84	3.00	3.00	2.60	2.75	2.60	2.85	2.82	2.83	2.60	2.86	2.72
p stat_(*=Sig @ p<=.05)	.129		~	~	~1.00		~.308	~	~	~	~	~	~	~.842	~		~.087	.087
NDRTMEN4 NQ37	2.63	2.49	2.61	2.69	2.77	2.48	2.68	2.50	3.00	2.40	2.37	2.60	2.60	2.66	2.64	2.60	2.64	2.62
p stat_(*=Sig @ p<=.05)	.002*		~	~	~	~	~	~	~	~	~	~	~	~.465	~		~.794	.794
COMPOSITE	2.75	2.67	x 2.84	2.78	2.80	2.60	2.77	x 2.88	3.00	2.55	2.59	2.67	2.70	2.77	2.75	2.55	2.78	2.68
p stat_(*=Sig @ p<=.05)	.193		~	~	~.437		~.378	~	~	~	~	~	~	~.349	~		~.335	.334

CUSTOMER SERVICE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NPBCLCS4 NQ50	2.34	2.24	3.00	2.42	2.42	2.32	2.18	2.25		2.00	2.50	2.29	2.47	2.24	2.36	1.50	2.42	2.11
p stat_(*=Sig @ p<=.05)		.281	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.71	2.57	3.00	2.83	2.60	2.68	2.76	2.64		3.00	2.75	2.86	2.73	2.67	2.70	3.00	2.67	2.80
p stat_(*=Sig @ p<=.05)		.073	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.52	2.41	3.00	2.63	2.51	2.50	2.47	2.45	x	x	2.50	x	2.63	2.57	2.60	2.45	2.53	2.45
p stat_(*=Sig @ p<=.05)		.231	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
NNRXWHY NQ11	2.95	2.88	3.00	2.82	3.00	3.00	3.00			3.00	3.00	3.00	2.75	2.88	2.97	2.94	3.00	2.96	2.93
p stat_(*=Sig @ p<=.05)		.052	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NNRXWYNT NQ12	2.32	2.40	2.64	2.27	2.25	2.30	2.35			3.00	3.00	1.50	2.25	2.13	2.38	2.31	2.50	2.31	2.36
p stat_(*=Sig @ p<=.05)		.454	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ13	2.33	2.55	2.67	2.33	2.28	2.20	2.38			3.00	2.00	2.00	2.00	2.60	2.28	2.37	1.50	2.38	2.24
p stat_(*=Sig @ p<=.05)		.035*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.54	2.61	x 2.77	2.47	2.51	2.50	2.57	x	x	3.00	2.67	2.17	2.33	2.53	2.54	2.54	2.33	2.55	2.51
p stat_(*=Sig @ p<=.05)		.547	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

ACCESS TO SPECIALIZED SERVICES

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
NEZMDEQ NQ20	2.83	2.15		2.50	3.00	3.00	2.67				3.00	3.00	3.00	2.75	2.80	3.00	3.00	2.75	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTHP NQ23	2.36	1.94		2.50	2.60	2.22	2.14	2.38		3.00	2.00	2.00	2.33	2.18	2.47	2.36		2.33	2.40
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTC NQ26	2.24	2.08		2.75	2.57	2.17	2.06	2.32	1.00	3.00	2.00	2.00	2.20	2.36	2.22	2.37	1.00	2.24	2.25
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.48	2.06	x	2.63	2.56	2.46	2.40	2.45	x	1.00	3.00	2.00	2.33	2.51	2.48	2.51	2.00	2.52	2.47
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	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 & FAIR & POOR	NO CCC	CCC		
PRBSEE4 Q46	92%	75%		80%	91%	100%	90%	91%			100%	100%		100%	85%	94%	91%	100%	95%	89%
CARNES4 Q15	89%	88%		91%	88%	91%	85%	91%		100%	100%	100%	75%	83%	86%	91%	89%	83%	90%	86%
AVERAGE	90.36	81.22	x	85.45	89.45	95.69	87.31	90.68	x	x	100.0	100.0	75.00	91.67	85.31	92.52	90.30	91.67	92.73	87.61

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	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 & FAIR & POOR	NO CCC	CCC		
CARSN4 Q4	93%	90%		88%	100%	94%	86%	94%			100%	67%	100%	75%	83%	95%	92%	100%	91%	95%
APGET4 Q6	87%	84%		86%	91%	88%	82%	87%		100%	100%	100%	75%	95%	78%	90%	87%	80%	85%	92%
AVERAGE	89.70	87.16	x	86.61	95.56	91.45	84.01	90.55	x	x	100.0	83.33	87.50	85.00	80.67	92.77	89.87	90.00	88.25	93.22

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
DREXPL4 Q32	96%	93%	100%	98%	96%	90%	95%	100%	100%	100%	88%	93%	94%	96%	96%	80%	95%	96%
DRLSTN4 Q33	96%	94%	100%	98%	98%	90%	97%	100%	100%	80%	88%	93%	96%	97%	96%	80%	98%	92%
DRESPU4 Q34	98%	95%	100%	100%	98%	94%	98%	100%	100%	100%	88%	93%	100%	98%	98%	80%	99%	94%
DRTMEN4 Q37	93%	86%	95%	93%	98%	85%	95%	100%	100%	80%	88%	87%	93%	93%	93%	80%	94%	88%
AVERAGE	95.5	92.0	x 98.7	97.0	97.5	89.6	96.5	x 100	x 90.0	87.5	91.7	95.7	95.8	95.9	80.0	96.6	92.8	

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER	AS-IAN	NATV HAW/PAC	AMER IND/ALSK	OTH	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PBCLCS4 Q50	80%	77%	100%	83%	84%	82%	71%	75%			100%		75%	71%	83%	76%	81%	50%	85%	68%
CSRESP Q51	93%	91%	100%	92%	95%	91%	94%	89%			100%		100%	100%	97%	90%	93%	100%	90%	100%
AVERAGE	86.67	83.89	x	87.50	89.61	86.36	82.35	81.94	x	x	x	x	87.50	85.71	90.00	83.03	87.01	75.00	87.50	84.21

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NRXWHY Q11	97%	94%	100%	91%	100%	100%	100%			100%	100%	100%	88%	94%	98%	97%	100%	98%	96%	
NRXWYNT Q12	66%	70%	82%	64%	62%	65%	67%			100%	100%	25%	63%	56%	69%	65%	75%	65%	68%	
RXBST Q13	67%	78%	83%	67%	64%	60%	69%			100%	50%	50%	50%	80%	64%	68%	25%	69%	62%	
AVERAGE	76.8	80.5	x	88.4	73.7	75.5	75.0	78.7	x	x	100	83.3	58.3	66.7	76.7	77.0	77.0	66.7	77.5	75.5

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
EZMDEQ Q20	100%	70%		100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%		
EZTHP Q23	86%	61%		100%	100%	78%	71%	88%		100%	50%	100%	67%	91%	82%	86%		89%	80%	
EZTC Q26	69%	67%		100%	86%	67%	56%	71%		0%	100%	100%	67%	60%	82%	66%	76%	0%	71%	68%
AVERAGE	84.9	66.1	x	100	95.2	81.5	63.8	86.3	x	x	x	50.0	66.7	63.3	90.9	82.7	87.1		86.5	82.6

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	87%	84%		97%	88%	86%	81%	85%	100%	100%	100%	75%	100%	87%	88%	87%	100%	89%	85%	
DRUNCON Q43	92%	89%		100%	92%	95%	89%	94%		100%		67%	88%	100%	92%	92%	100%	94%	92%	
DRUNFAM Q44	88%	84%		100%	92%	95%	78%	91%		100%		33%	78%	82%	90%	88%	83%	88%	88%	
AVERAGE	89.2	85.5	x	99.1	90.6	91.9	82.6	90.0	x	100	100	100	58.3	88.4	89.6	90.1	88.9	94.4	90.1	88.0

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	INHE TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
HELPCONT Q18	91%	94%	100%	100%	89%	88%	100%	100%			100%	100%	75%	100%	90%	100%	83%	100%		
HLPCOORD Q29	58%	60%	50%	81%	53%	47%	52%				25%	89%	63%	57%	60%	33%	66%	51%		
AVERAGE	74.4	76.8	x	50.0	90.6	70.8	67.4	76.0	x	x	x	x	25.0	94.4	68.8	78.7	75.2	66.7	74.4	75.7

INDEX OF ADULT TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

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

2. YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

40 Q35F HOW MUCH EFFORT WAS MADE TO HELP YOU UNDERSTAND YOUR HEALTH ISSUE? [ASKED IF Q35E = YES]

41 Q35G HOW MUCH EFFORT WAS MADE TO LISTEN TO THE THINGS THAT MATTER MOST TO YOU ABOUT YOUR HEALTH ISSUE? [ASKED IF Q35E = YES]

42 Q35H HOW MUCH EFFORT WAS MADE TO INCLUDE WHAT MATTERS MOST TO YOU IN CHOOSING WHAT TO DO NEXT? [ASKED IF Q35E = YES]

43 Q35I CHOICES FOR YOUR TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID THIS PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

44 Q35J IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR TREATMENT OR HEALTH CARE? [ASKED IF Q35I = YES]

45 Q35K IN THE LAST 6 MONTHS, WHEN THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE, DID YOUR PROVIDER ASK YOU WHICH CHOICE WAS BEST FOR YOU? [ASKED IF Q35I = YES]

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

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

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

49 Q35O IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER USE A CONDESCENDING, SARCASTIC, OR RUDE TONE OR MANNER WITH YOU?

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

5. ACCESS TO DENTAL CARE

51 Q35Q A REGULAR DENTIST IS ONE YOU WOULD GO TO FOR CHECK-UPS AND CLEANINGS OR WHEN YOU HAVE A CAVITY OR TOOTH PAIN. DO YOU HAVE A REGULAR DENTIST?

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

PAGE	QUESTION	TITLE
6. ABOUT YOU		
53	Q36	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?
54	Q37	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?
55	Q38	HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2014?
56	Q39	DO YOU NOW SMOKE CIGARETTES OR USE TOBACCO EVERY DAY, SOME DAYS, OR NOT AT ALL?
57	Q40	IN THE LAST 6 MONTHS, HOW OFTEN WERE YOU ADVISED TO QUIT SMOKING OR USING TOBACCO BY A DOCTOR OR OTHER HEALTH PROVIDER IN YOUR PLAN? [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
58	Q41	IN THE LAST 6 MONTHS, HOW OFTEN WAS MEDICATION RECOMMENDED OR DISCUSSED BY A DOCTOR OR HEALTH PROVIDER TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF MEDICATION ARE: NICOTINE GUM, PATCH, NASAL SPRAY, INHALER, OR PRESCRIPTION MEDICATION. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
59	Q42	IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR DOCTOR OR HEALTH PROVIDER DISCUSS OR PROVIDE METHODS AND STRATEGIES OTHER THAN MEDICATION TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF METHODS AND STRATEGIES ARE: TELEPHONE HELPLINE, INDIVIDUAL OR GROUP COUNSELING, OR CESSATION PROGRAM. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
60	Q43	DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?
61	Q44	DO YOU HAVE A HEALTH PROBLEM OR TAKE MEDICATION THAT MAKES TAKING ASPIRIN UNSAFE FOR YOU?
62	Q45	HAS A DOCTOR OR HEALTH PROVIDER EVER DISCUSSED WITH YOU THE RISKS AND BENEFITS OF ASPIRIN TO PREVENT HEART ATTACK OR STROKE?

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

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

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

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

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

PAGE QUESTION TITLE

8. RATINGS

90 NQ13 RATING OF ALL HEALTH CARE [ASKED IF Q7 >= 1 TIME]
91 NQ23 RATING OF PERSONAL DOCTOR [ASKED IF Q15 = YES]
92 NQ27 RATING OF SPECIALIST SEEN MOST OFTEN [ASKED IF Q24 = YES AND Q26 >= 1 SPECIALIST]
93 NQ35 RATING OF HEALTH PLAN

9. COMPOSITES

94 GETTING NEEDED CARE
95 GETTING CARE QUICKLY
96 HOW WELL DOCTORS COMMUNICATE
97 CUSTOMER SERVICE
98 SHARED DECISION MAKING

10. GLOBAL PROPORTION COMPOSITES

99 GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
100 GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
101 HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
102 CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
103 SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

INDEX OF CHILD TABLES

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1. INTRODUCTION

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

2. YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

8 Q9 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE YOUR QUESTIONS ANSWERED BY YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER? [ASKED IF Q7 >= 1 TIME]

9 Q10 IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME]

10 Q11 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

11 Q12 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

12 Q13 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

13 Q14 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1]

14 Q15 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED? [ASKED IF Q7 >= 1 TIME]

15 Q16 IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?

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

3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING
110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks   

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

- Yes ➔ *Go to Question 1*
- No

↓ **START HERE** ↓

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

- Yes ➔ *Go to Question 3*
- No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 24*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 23*

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

- Never
- Sometimes
- Usually
- Always

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

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



GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
 No → *Go to Question 28*

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

- Never
 Sometimes
 Usually
 Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
 No → *Go to Question 30*

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 33*

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 35*

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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → **Go to Question 35c**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 35e**

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

- Never
- Sometimes
- Usually
- Always

ADDITIONAL QUESTIONS

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

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

- Yes
- No → **Go to Question 35i**

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

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

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

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

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

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

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

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

- Yes
- No → **Go to Question 35l**



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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



37. In general, how would you rate your overall mental or emotional health?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
38. Have you had either a flu shot or flu spray in the nose since July 1, 2014?
- 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 doctors or other health providers?
 - Never
 - Sometimes
 - Usually
 - Always

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

35. Is your child able to talk with doctors about his or her health care?

- Yes
- No → *Go to Question 37*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 41*

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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → *Go to Question 45*



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

- Yes
- No

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

- Yes
- No

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

- None → **Go to Question 49**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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

- | | | | | | | | | | | |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst Specialist Possible | | | | | | Best Specialist Possible | | | | |

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No → **Go to Question 49**

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

- Never
- Sometimes
- Usually
- Always

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → **Go to Question 52**

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 54**

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

- Never
- Sometimes
- Usually
- Always

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

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

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

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

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

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

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

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

- Ninguna vez → **Pase a la pregunta 23**
- 1 vez
- 2
- 3
- 4
- 5 a 9
- 10 veces o más

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

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

18. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención?

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

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

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

SU DOCTOR PERSONAL

15. El doctor personal es aquel a quien usted va si necesita un chequeo, quiere pedir consejo sobre un problema de salud o si se enferma o lastima. ¿Tiene usted un doctor personal?

- Sí
- No → **Pase a la pregunta 24**



20. En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted?

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

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

- Sí
- No → *Pase a la pregunta 23*

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

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

23. 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 a su doctor personal?

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

LA ATENCIÓN MÉDICA QUE RECIBÍ 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*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 35i*

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

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

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 35c*

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

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

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

- Sí
- No → *Pase a la pregunta 35e*

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

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

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

- Sí
- No → *Pase a la pregunta 35l*

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

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

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

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

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

35p. En los últimos 6 meses, ¿sintió usted que 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 2014, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o spray 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. DataStat, Inc. 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.

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta



Marca
Incorrecta



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

- Sí → *Pase a la Pregunta 1*
- No



COMIENCE AQUI



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

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

- Sí → *Pase a la pregunta 3*
- No

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

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

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

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

Sí
 No → *Pase a la pregunta 5*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 7*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

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

Sí
 No

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

- Sí
- No → *Pase a la pregunta 14*

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

- Sí
- No

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 19*

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

- Sí
- No → *Pase a la pregunta 19*

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

- Sí
- No

SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

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

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

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 37*

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

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

EL DOCTOR PERSONAL DE SU NIÑO

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

- Sí
- No → *Pase a la pregunta 45*

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

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

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

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



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 45*

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

- Sí
- No

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

- Sí
- No



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 49*

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

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

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

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

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

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

EL PLAN DE SALUD DE SU NIÑO

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

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

- Sí
- No → *Pase a la pregunta 52*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 54*

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

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

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

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

MEDICINAS RECETADAS

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

- Sí
- No → *Pase a la pregunta 57a*

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

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

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

- Sí
- No

ACCESO A CUIDADO DENTAL

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

- Sí
- No

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

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

PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 58*

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

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

ACERCA DE USTED Y DE SU NIÑO

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No → *Pase a la pregunta 63*

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

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

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

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

Masculino

Femenino

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

Sí, hispano o latino

No, ni hispano ni latino

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

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

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

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

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

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

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

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

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

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

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

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

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

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



DIAL.SCREEN

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

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

(IWER: THIS IS NOT A PROXY INTERVIEW.)

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

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

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

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

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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

PRVENT5

Q8. / PRVENT5

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

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

Do you have a personal doctor?

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

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

DRTMS

16. / DRTMS

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

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

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

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

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

DREXPL4

17. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

23. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

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

NDSPDR4

24. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

25. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

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

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

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

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

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

RTSPDR4

27. / RTSPDR4

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

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

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

LOOMAT4

28. / LOOMAT4

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

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

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

UNDINF4

29. / UNDINF4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4

30. / CLCSRV4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

31. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

HPMDEQ

35a. / HPMDEQ

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

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

EZMDHP

35b. / EZMDHP

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

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

POSTHP

35c. / POSTHP

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

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

EZPOST

35d. / EZPOST

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

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

INTRO.SHLTHIS

INTRO.SHLTHIS

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

SHLTHIS

35e. / SHLTHIS

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

ELISTEN

35g. / ELISTEN

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

35i. / CHTREAT

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

35j. / PCTREAT

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

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

BSTREAT

35k. / BSTREAT

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

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

EASYQC

35l. / EASYQC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

REGDENT

35q. / REGDENT

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

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

DNTASAP

35r.

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

36. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

37. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

FLUSHOTQ

38. / FLUSHOTQ

Have you had either a flu shot or flu spray in the nose since July 1, 2014?

- 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 NEW NUMBER ON COVERSHEET AND RE-DIAL

RETURN TO COVERSHEET

MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been
lost in the mail. And since the deadline for mailing surveys has passed,
we're now in the telephone phase of this study. May I continue?

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

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

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO
RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

I will be asking you about [NAME OF CHILD]'s health care. Please answer these questions based on the experiences you have had in getting health care for [NAME OF CHILD], and not on any experiences you may have had getting care for yourself or other members of your family.

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your child's health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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

PRVENT5

Q8. / PRVENT5

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

OFTQUES

9. / OFTQUES

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RXSTP

10. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

11. / NRXWHY

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

12. / NRXWYNT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

13. / RXBST

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

14. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHSCHL

16. / CHSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

CONTSCHL

17. / CONTSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

HELPCONT

18. / HELPCONT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MEDEQUIP

19. / MEDEQUIP

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

EZMDEQ

20. / EZMDEQ

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPMDEQ

21. / HELPMDEQ

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPCTHY

22. / SPCTHY

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

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

DK/REFUSAL/NOT ASCERTAINED --> TCPBLM

EZTHP

23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTHP

24. / HELPTHP

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TCPBLM

25. / TCPBLM

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLUSCARE

EZTC

26. / EZTC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PLUSCARE

28. / PLUSCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> PRSNLD4

HLPCOORD

29. / HLPCOORD

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

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

Does your child have a personal doctor?

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

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

DRTMS

31. / DRTMS

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

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

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

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

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

PBDRNG

31a. / PBDRNG

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DREXPL4

32. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

33. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

34. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK

35. / CABLTLK

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

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

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL

36. / CDREXPL

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

37. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTLKU

38. / DRTLKU

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DIFFDR

39. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

40. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

41. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

COND3MO

42. / COND3MO

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

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

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

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

DRUNCON

43. / DRUNCON

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DRUNFAM

44. / DRUNFAM

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

INTRO.SPDR

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

NDSPDR4

45. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

46. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

47. / SPDRS

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

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

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

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

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

RTSPDR4

48. / RTSPDR4

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

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

INTRO.PLAN

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

CLCSRV4

49. / CLCSRV4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

In the last 6 months, did your child's health plan give you any forms to fill out?

1. YES
2. NO -----> RTPLEXP

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

53. / PBPLPW4

In the last 6 months, how often were the forms from your child's health plan easy to fill out? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

In the last 6 months, did you get or refill any prescription medicines for your child?

1. YES
2. NO -----> REGDENT

DK/REFUSAL/NOT ASCERTAINED --> REGDENT

EZPRES

56. / EZPRES

In the last 6 months, how often was it easy to get prescription medicines for your child through [his/her] health plan? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPPRES

57. / HELPPRES

Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

REGDENT

57a. / REGDENT

A regular dentist is one you would go to for check-ups and cleanings or when [he/she] has a cavity or tooth pain.

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DNTASAP

57b. / DNTASAP

In the last 6 months, if your child needed to see a dentist right away because of a DENTAL EMERGENCY, did [he/she] get to see a dentist as soon as you wanted? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

57c. / CHTREAT

Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment.

In the last 6 months, did your provider tell you there was more than one choice for your child's treatment or health care?

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

57d. / PCTREAT

In the last 6 months, did your provider talk with you about the pros and cons of each choice for your child's treatment or health care?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

BSTREAT

57e. / BSTREAT

In the last 6 months, when there was more than one choice for your child's treatment or health care, did your provider ask you which choice was best for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RESPCHT

57f. / RESPCHT

In the last 6 months, how often did your child's provider respect what health care and treatment choices you thought work best for your child? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

ENCORQC

57g. / ENCORQC

In the last 6 months, how often did your child's provider encourage you to ask questions and raise concerns? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

EASYQC

57h. / EASYQC

In the last 6 months, how often did your child's provider make it easy for you to ask questions and raise concerns? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

58. / HLTSTA4

In general, how would you rate your child's overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

In general, how would you rate your child's overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

Other than vitamins, does your child currently need or use medicine prescribed by a doctor?

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDA

61. / WHYMEDA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDB

62. / WHYMEDB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MOREMED

63. / MOREMED

Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREA

64. / WHYMOREA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREB

65. / WHYMOREB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

LIMITED

66. / LIMITED

Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMA

67. / WHYLIMA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB

68. / WHYLIMB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

Does your child need or get special therapy such as physical, occupational, or speech therapy?

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA

70. / WHYSTA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTB

71. / WHYSTB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

Does your child have any kind of emotional, developmental, or behavioral problem for which [he/she] needs or gets treatment or counseling?

1. YES
2. NO -----> CAGE

DK/REFUSAL/NOT ASCERTAINED --> CAGE

TIMCOUNA

73. / TIMCOUNA

Has this problem lasted or is it expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

(IWER: IF NEEDED CLARIFY, "Please answer based on your child's age as of their last birthday.")

___ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

(IF NEEDED: "Is your child male or female?")

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your child's race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

77.1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT

80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE
SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT
LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS
SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH
SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT

81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.