



Primary Health of Josephine County  
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2016



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## METHODOLOGY

### Introduction

This banner book report summarizes the results of the 2016 CAHPS© Medicaid survey of Primary Health of Josephine County members. Primary Health of Josephine County is one of 17 CCOs that participated in the survey. It was administered over a twelve-week period using a mixed-mode (mail and telephone) six-wave protocol. This protocol consisted of a pre-notification letter, an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing and reminder postcard to non-respondents. Phone follow-up was conducted for members who had not responded to the mailings. Respondents were surveyed in English and Spanish. DataStat administered the survey under contract with the State of Oregon Department of Human Services.

### Survey Milestones

Pre-notification letters mailed:	January 14, 2016
1st mailing of survey packets:	January 21, 2016
1st mailing of reminder postcards:	January 28, 2016
2nd mailing of survey packets:	February 18, 2016
2nd mailing of reminder postcards:	February 26, 2016
Phone follow-up start:	March 14, 2016
Mail and phone field terminated:	April 10, 2016

### Sampling

The sampling plan for the adult and child surveys called for a random sample of 900 eligible members per CCO in each age group. There was one plan, HealthShare, that sampled 2700 members - 900 members from each of the three counties that make up HealthShare. Adults were defined as members aged 18 years or older and children as 17 years old or younger, both as of December 31, 2015. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2015. The final selected sample consisted of 17,100 adult OHP enrollees and 17,100 child OHP enrollees.

### Questionnaires

The instruments selected for the survey were adaptations of the CAHPS© 5.0 adult and child core questionnaires for use in assessing the performance of CCOs. CAHPS© supplemental questions as well as OHP-specific items were added to the instruments.

### Selection of Cases for Analysis

Surveys were considered complete if respondents did not say 'No' to Q1 and if they provided a valid response to at least one non OHP-specific question.

## Composites, Overall Ratings, and Measures for Reporting

In addition to responses by individual question, the CAHPS® 5.0 questionnaire yields several types of results for reporting. *Composite scores* summarize responses in key areas of member experience. Five composites are calculated for the adult and child instruments: *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Health Plan Customer Service*, and *Shared Decision Making*. Global or overall ratings measure respondents' assessments, using a scale of 0 to 10, of their health plan, health care, personal doctor, and specialist. In the child questionnaire, an additional set of three *Reporting Measures* are possible. These measures cover topics called *Access to Specialized Services*, *Family Centered Care*, and *Coordination of Care*.

The questions for each composite, overall rating, and reporting measure are listed below, with their locations in the adult and child questionnaires, respectively, as well as the topics addressed by the item.

### **Composite: Getting Needed Care**

- Q14/15. Got care, tests or treatment you thought you needed
- Q25/46. Getting appointments with specialists

### **Composite: Getting Care Quickly**

- Q4/4. Got care for illness/injury/condition as soon as you thought you/child needed
- Q6/6. Got an appt. for routine care as soon as you thought you/child needed

### **Composite: How Well Doctors Communicate**

- Q17/32. Personal doctor explained things in a way that was easy to understand
- Q18/33. Personal doctor listened carefully to you
- Q19/34. Personal doctor showed respect for what you had to say
- Q20/37. Personal doctor spent enough time with you/your child

### **Composite: Customer Service**

- Q31/50. Health plan's customer service gave needed information or help
- Q32/51. Treated with courtesy and respect by health plan's customer service staff

### **Composite: Shared Decision Making**

- Q10/11. Doctor talked about reasons you might want to take a medicine
- Q11/12. Doctor talked about reasons you might not want to take a medicine
- Q12/13. Doctor talked about what you thought was best for you when discussing a medication

### **Rating Questions**

- Q13/14. Rating of all health care
- Q23/41. Rating of personal doctor
- Q27/47. Rating of specialist doctor
- Q35/54. Rating of health plan

### **Composite: Access to Specialized Services (Child only)**

- Q--/20. Getting special medical equipment or devices for your child
- Q--/23. Getting special therapy (physical, occupational, speech) for your child
- Q--/26. Getting treatment or counseling for your child

### **Composite: Family Centered Care: Personal Doctor Who Knows Child (Child only)**

- Q--/38. Child's personal doctor talked with you about how child is feeling, growing, behaving
- Q--/43. Child's personal doctor understands how child's health conditions affect child's day-to-day life
- Q--/44. Child's personal doctor understands how child's health conditions affect family's day-to-day life

### **Composite: Coordination of Care for Children with Chronic Conditions (Child only)**

- Q--/18. Got help contacting school and daycare from someone at health plan or doctor's office
- Q--/29. Got help coordinating care among providers from someone at health plan or doctor's office

## Comparisons, Statistical Testing, Scoring, and Weighting

In the tables, results are presented for all questionnaire items, reporting measures, and composites, by OHP overall, age category, race/ethnicity, health status, and gender. If any demographic subgroup has fewer than 11 respondents then the data in that demographic subgroup are suppressed, no cases will be presented in the column. Suppressed banner points are marked with a '###' on the banner point label. Some banner points have zero respondents, these banner points are marked with a '#' on the banner point label.

Significance testing was conducted between the CCO results and the overall OHP results, and the plan demographic subgroup results. Statistically significant differences were determined with binomial and t-tests, using a significance level of .05 or less. Tests were considered valid when the number of cases used to compute the score was 50 or greater and there was non-zero variation in the tested groups. The symbol '~' is used to indicate the test was not valid. For comparisons with statistically significant differences, a star (\*) is found to the right of the relevant percentage in the table.

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

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

## Sample Disposition

Category	Adult		Child	
	Primary Health of Josephine County	Overall	Primary Health of Josephine County	Overall
<b>**First mailing - sent</b>	900	17100	900	17100
<b>*First mailing - usable survey returned</b>	184	3058	134	2302
<b>Second mailing - sent</b>	690	13527	718	14026
<b>*Second mailing - usable survey returned</b>	63	1118	51	1027
<b>*Phone - usable surveys</b>	71	1495	102	2309
<b>Total - usable surveys</b>	318	5671	287	5638
<b>†Ineligible: According to population criteria‡</b>	32	431	12	323
<b>†Ineligible: Deceased</b>	2	38	0	2
<b>†Ineligible: Mentally or physically unable to complete survey</b>	0	166	0	0
<b>†Ineligible: Language barrier</b>	1	78	0	81
<b>Incorrect address AND incorrect phone number</b>	39	915	55	878
<b>Refusal/Returned survey blank</b>	66	871	49	905
<b>Nonresponse - Unavailable by mail or phone</b>	442	8930	497	9273
<b>Adjusted Response Rate</b>	<b>36.8%</b>	<b>34.6%</b>	<b>32.3%</b>	<b>33.8%</b>

\*Included in response rate numerator

†Excluded from adjusted response rate denominator

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

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

## Response/Non-Response Comparison

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

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

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

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

### Adult

Gender / Age	Non-Respondents	Respondents	Difference
Male	228 47.5%	140 44.0%	-3.47%
Female	252 52.5%	178 56.0%	3.47%
18-24	95 19.8%	28 8.8%	-10.99%
25-34	127 26.5%	47 14.8%	-11.68%
35-44	104 21.7%	37 11.6%	-10.03%
45-54	78 16.3%	73 23.0%	6.71%
55-64	64 13.3%	112 35.2%	21.89%
65-74	9 1.9%	14 4.4%	2.53%
75 or Older	3 0.6%	7 2.2%	1.58%

### Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	267 52.6%	142 49.5%	-3.08%
Female	241 47.4%	145 50.5%	3.08%
<3	100 19.7%	45 15.7%	-4.01%
4-7	107 21.1%	74 25.8%	4.72%
8-12	155 30.5%	76 26.5%	-4.03%
13 or older	146 28.7%	92 32.1%	3.32%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q1 YES	314 100%	5577 100%	23 100%	41 100%	38 100%	69 100%	112 100%	20 100%	208 100%	~	~	~	~	~	11 100%	25 100%	275 100%	229 100%	73 100%	134 100%	169 100%
NOT ANSWERED	4	94	1	1		1			3								4	3	1	3	1
VALID CASES	314	5577	23	41	38	69	112	20	208					11	25	275	229	73	134	169	
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	



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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	FE- MALE	MALE	
Q3 YES	108 35%	2267 41%*	8 33%~	15 38%~	15 41%~	20 29%	42 38%	5 26%~	73 35%	~	~	~	~	~	5 45%~	7 29%~	97 35%~	72 31%*	32 45%*	47 35%	59 35%
NO	203 65%	3221 59%*	16 67%~	25 62%~	22 59%~	49 71%	70 62%	14 74%~	135 65%	~	~	~	~	~	6 55%~	17 71%~	178 65%~	158 69%*	39 55%*	88 65%	108 65%
NOT ANSWERED	7	183		2	1	1		1	3							1	4	2	3	2	3
VALID CASES	311	5488	24	40	37	69	112	19	208						11	24	275	230	71	135	167
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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				
	PHSJ	OHP	18	25	35	45	55	65	BLCK	NATV	AMER					NOT	EX &						
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	AS-	HAW/	IND/	ALSK	MUL-	HIS-	HIS-	VERY	GOOD	FAIR				
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AMER	IAN	ILND	NATV	OTHR	TI	IC	IC	GOOD	POOR	&	&	MALE	FE-	
Q4 NEVER	5	61		1			4		3						2	3	3	2	2	3			
	5%	3%		~ 7%			~ 11%		~ 5%						~ 33%	~ 4%	~ 5%	~ 8%	~ 5%	~ 6%			
SOMETIMES	13	267	2	2	1	2	5	8						1	1	10	8	3	6	6			
	14%	13%	29%	~ 14%	7%	~ 13%	~ 14%	~ 13%	~ 20%	~ 17%	~ 12%	~ 12%	~ 12%	~ 20%	~ 17%	~ 12%	~ 12%	~ 12%	~ 15%	~ 11%			
USUALLY	22	526	1	4	4	6	6	1	16					1		22	14	8	12	10			
	23%	26%	14%	~ 29%	~ 29%	~ 38%	~ 17%	~ 20%	~ 26%	~ 20%	~ 26%	~ 22%	~ 32%	~ 20%	~ 26%	~ 22%	~ 32%	~ 31%	~ 19%				
ALWAYS	54	1196	4	7	9	8	20	4	35					3	3	49	40	12	19	34			
	57%	58%	57%	~ 50%	~ 64%	~ 50%	~ 57%	~ 80%	~ 56%	~ 60%	~ 50%	~ 58%	~ 62%	~ 48%	~ 50%	~ 58%	~ 62%	~ 48%	~ 49%	~ 64%			
#ALWAYS + USUALLY (NET)	76	1723	5	11	13	14	26	5	51					4	3	71	54	20	31	44			
	81%	84%	71%	~ 79%	~ 93%	~ 88%	~ 74%	~ 100%	~ 82%	~ 80%	~ 85%	~ 83%	~ 80%	~ 80%	~ 50%	~ 85%	~ 83%	~ 80%	~ 79%	~ 83%			
TOP BOX SCORE	54	1196	4	7	9	8	20	4	35					3	3	49	40	12	19	34			
	57%	58%	57%	~ 50%	~ 64%	~ 50%	~ 57%	~ 80%	~ 56%	~ 60%	~ 50%	~ 58%	~ 62%	~ 48%	~ 50%	~ 58%	~ 62%	~ 48%	~ 49%	~ 64%			
NOT ANSWERED	14	187	1	1	1	4	7	11							1	13	7	7	8	6			
VALID CASES	94	2050	7	14	14	16	35	5	62					5	6	84	65	25	39	53			
NUMBER OF RESPONDENTS	108	2237	8	15	15	20	42	5	73					5	7	97	72	32	47	59			
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q5 YES	208 67%	3682 67%	13 54%~	24 60%~	21 57%~	46 68%	82 73%	15 79%~	146 71%	~	~	~	~	~	6 55%~	17 71%~	182 66%~	145 63%*	54 76%	83 61%	118 71%
NO	102 33%	1794 33%	11 46%~	16 40%~	16 43%~	22 32%	30 27%	4 21%~	60 29%	~	~	~	~	~	5 45%~	7 29%~	92 34%~	84 37%*	17 24%	52 39%	48 29%
NOT ANSWERED	8	196		2	1	2		1	5							1	5	3	3	2	4
VALID CASES	310	5475	24	40	37	68	112	19	206						11	24	274	229	71	135	166
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE
Q6 NEVER	7 4%	120 4%	2 ~	1 9%~	1 5%~	3 2%~	4 3%	~	~	~	~	~	~	7 4%~	6 5%	1 2%~	2 3%	5 5%	
SOMETIMES	23 12%	637 19%*	4 36%~	2 9%~	4 20%~	5 12%~	7 10%	~	~	~	~	~	1 6%~	21 13%~	18 14%	3 6%~	10 13%	12 12%	
USUALLY	54 29%	905 27%	2 18%~	6 27%~	6 30%~	17 40%~	19 27%	3 21%~	39 30%	~	~	~	2 33%~	4 25%~	48 29%~	35 27%	17 35%~	22 29%	31 30%
ALWAYS	102 55%	1691 50%	5 45%~	12 55%~	9 45%~	20 47%~	42 59%	11 79%~	72 56%	~	~	~	4 67%~	11 69%~	87 53%~	72 55%	27 56%~	43 56%	56 54%
#ALWAYS + USUALLY (NET)	156 84%	2596 77%*	7 64%~	18 82%~	15 75%~	37 86%~	61 86%	14 100%~	111 87%	~	~	~	6 100%~	15 94%~	135 83%~	107 82%	44 92%~	65 84%	87 84%
TOP BOX SCORE	102 55%	1691 50%	5 45%~	12 55%~	9 45%~	20 47%~	42 59%	11 79%~	72 56%	~	~	~	4 67%~	11 69%~	87 53%~	72 55%	27 56%~	43 56%	56 54%
NOT ANSWERED	22	330	2	2	1	3	11	1	18					1	19	14	6	6	14
VALID CASES	186	3353	11	22	20	43	71	14	128				6	16	163	131	48	77	104
NUMBER OF RESPONDENTS	208	3683	13	24	21	46	82	15	146				6	17	182	145	54	83	118
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q7 NONE	96 31%	1469 27%	10 42%~	11 30%~	18 47%~	25 36%	27 25%*	3 16%~	59 29%	~	~	~	~	~	3 27%~	8 33%~	86 32%~	83 37%*	13 18%*	52 39%*	43 26%*
1 TIME	48 16%	947 17%	1 4%~	5 14%~	6 16%~	11 16%	18 16%	6 32%~	33 16%	~	~	~	~	~	2 18%~	4 17%~	43 16%~	33 15%	14 20%	15 11%	32 19%*
2	59 19%	900 17%	3 13%~	6 16%~	3 8%~	8 12%*	29 26%*	5 26%~	40 20%	~	~	~	~	~	2 18%~	4 17%~	50 18%~	41 18%	13 18%	28 21%	26 16%
3	38 12%	659 12%	3 13%~	5 14%~	5 13%~	7 10%	17 15%	1 5%~	28 14%	~	~	~	~	~	2 18%~	4 17%~	33 12%~	31 14%	6 8%	15 11%	23 14%
4	22 7%	465 9%	3 13%~	1 3%~	1 3%~	8 12%	8 7%	1 5%~	14 7%	~	~	~	~	~	1 9%~	~	22 8%~	14 6%	7 10%	8 6%	14 8%
5 TO 9	29 9%	673 12%	3 13%~	7 19%~	2 5%~	7 10%	8 7%	2 11%~	20 10%	~	~	~	~	~	1 9%~	4 17%~	24 9%~	18 8%	11 15%	10 8%	19 12%
10 OR MORE TIMES	14 5%	305 6%	1 4%~	2 5%~	3 8%~	3 4%	3 3%	1 5%~	10 5%	~	~	~	~	~	~	~	13 5%~	6 3%*	7 10%	5 4%	8 5%
NOT ANSWERED	12	254		5		1	2	1	7							1	8	6	3	4	5
VALID CASES	306	5417	24	37	38	69	110	19	204						11	24	271	226	71	133	165
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211						11	25	279	232	74	137	170
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q8 #YES	156 76%	2759 72%	10 77%~	17 65%~	11 58%~	37 84%~	64 79%	12 75%~	111 78%	~	~	~	~	~	6 75%~	10 67%~	140 77%~	103 74%	46 79%	64 80%	87 73%
NO	50 24%	1087 28%	3 23%~	9 35%~	8 42%~	7 16%~	17 21%	4 25%~	31 22%	~	~	~	~	~	2 25%~	5 33%~	42 23%~	36 26%	12 21%	16 20%	32 27%
NOT ANSWERED	4	93	1		1		2		3						1	3	4		1	3	
VALID CASES	206	3846	13	26	19	44	81	16	142						8	15	182	139	58	80	119
NUMBER OF RESPONDENTS	210 100%	3939 100%	14 100%	26 100%	20 100%	44 100%	83 100%	16 100%	145 100%						8 100%	16 100%	185 100%	143 100%	58 100%	81 100%	122 100%

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q9 YES	105 51%	2168 56%	5 38%~	8 31%~	6 32%~	27 61%~	49 60%*	6 40%~	73 52%	~	~	~	~	~	3 38%~	7 47%~	94 52%~	62 45%*	36 63%*	37 47%	64 54%
NO	100 49%	1687 44%	8 62%~	18 69%~	13 68%~	17 39%~	32 40%*	9 60%~	68 48%	~	~	~	~	~	5 63%~	8 53%~	88 48%~	77 55%*	21 37%*	42 53%	55 46%
NOT ANSWERED	5	84	1		1		2	1	4							1	3	4	1	2	3
VALID CASES	205	3855	13	26	19	44	81	15	141						8	15	182	139	57	79	119
NUMBER OF RESPONDENTS	210 100%	3939 100%	14 100%	26 100%	20 100%	44 100%	83 100%	16 100%	145 100%						8 100%	16 100%	185 100%	143 100%	58 100%	81 100%	122 100%

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q10 #YES	98 96%	1919 93%	5 100%	8 100%	6 100%	23 88%	47 100%	5 83%	69 99%	~	~	~	~	~	3 100%	6 86%	88 97%	59 95%	32 97%	32 94%	62 97%
NO	4 4%	152 7%	~	~	~	12 12%	~	17 17%	1 1%	~	~	~	~	~	1 14%	3 3%	3 5%	1 3%	2 6%	2 3%	
NOT ANSWERED	20	379	1	5	1	2	6	2	14						2	14	10	7	9	8	
VALID CASES	102	2072	5	8	6	26	47	6	70					3	7	91	62	33	34	64	
NUMBER OF RESPONDENTS	122 100%	2451 100%	6 100%	13 100%	7 100%	28 100%	53 100%	8 100%	84 100%					3 100%	9 100%	105 100%	72 100%	40 100%	43 100%	72 100%	

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q11 #YES	81 79%	1506 73%	3 60%	8 100%	6 100%	21 81%	33 70%	6 100%	56 80%	~	~	~	~	~	2 67%	5 71%	72 79%	50 81%	25 76%	26 76%	51 80%
NO	21 21%	555 27%	2 40%	~	~	5 19%	14 30%	~	14 20%	~	~	~	~	1 33%	2 29%	19 21%	12 19%	8 24%	8 24%	13 20%	
NOT ANSWERED	3	53				1	2		3							3		3		3	
VALID CASES	102	2061	5	8	6	26	47	6	70					3	7	91	62	33	34	64	
NUMBER OF RESPONDENTS	105	2114	5	8	6	27	49	6	73					3	7	94	62	36	37	64	
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q12 #YES	79 77%	1561 76%	5 100%~	7 88%~	6 100%~	21 81%~	31 66%~	5 83%~	54 77%~	~	~	~	~	~	2 67%~	5 71%~	70 77%~	50 81%~	23 70%~	27 79%~	48 75%~
NO	23 23%	492 24%	~	1 13%~	~	5 19%~	16 34%~	1 17%~	16 23%~	~	~	~	~	~	1 33%~	2 29%~	21 23%~	12 19%~	10 30%~	7 21%~	16 25%~
NOT ANSWERED	3	61				1	2		3								3		3		3
VALID CASES	102	2053	5	8	6	26	47	6	70						3	7	91	62	33	34	64
NUMBER OF RESPONDENTS	105	2114	5	8	6	27	49	6	73						3	7	94	62	36	37	64
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	MALE	FE- MALE	
Q13 WORST HEALTH CARE POSSIBLE	1 0.5%	27 0.7%	~	~	~	2%	~	~	~	~	~	~	~	~	1 ~0.5%	1 ~0.7%	1 ~	1 ~		
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
02		49 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
03	2 1%	78 2%	~	~	5%	~	~	~	~	~	~	~	~	1 ~0.5%	2 1%	~	~	1 ~0.8%		
04	9 4%	87 2%	~	8%	5%	5%	~	~	~	~	~	~	~	1 7%	8 4%	2 1%*	6 10%*	4 5%	5 4%	
05	13 6%	281 7%	1 8%	3 12%	2 11%	2 5%	2 2%*	3 19%	~	~	~	~	~	1 12%	12 7%	9 6%	4 7%	5 6%	8 7%	
06	10 5%	233 6%	1 8%	2 8%	1 5%	1 2%	4 5%	1 6%	~	~	~	~	~	~	2 13%	8 4%	6 4%	4 7%	4 5%	6 5%
07	30 14%	502 13%	4 31%	6 23%	3 16%	6 14%	7 9%*	2 13%	~	~	~	~	~	2 25%	2 13%	26 14%	22 16%	6 10%	13 16%	15 13%
08	40 19%	866 23%	3 23%	2 8%	6 32%	12 27%	14 17%	1 6%	~	~	~	~	~	~	1 7%	37 20%	26 19%	12 21%	11 14%	27 23%
09	32 15%	651 17%	1 8%	3 12%	2 11%	6 14%	17 21%	2 13%	~	~	~	~	~	2 25%	3 20%	28 15%	20 14%	11 19%	16 20%	15 13%
BEST HEALTH CARE POSSIBLE	70 34%	1054 27%	3 23%	8 31%	3 16%	14 32%	34 41%	7 44%	~	~	~	~	~	3 38%	6 40%	62 34%	52 37%	15 26%	26 32%	43 36%
#8-10 (NET)	142 69%	2571 67%	7 54%	13 50%	11 58%	32 73%	65 79%*	10 63%	~	~	~	~	~	5 63%	10 67%	127 69%	98 70%	38 66%	53 66%	85 71%

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				
	PHSJ TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN #	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE MALE			
9-10 (NET)	102 49%	1705 44%	4 31%	11 42%	5 26%	20 45%	51 62%*	9 56%~	69 48%	~	~	~	~	~	5 63%~	9 60%~	90 49%~	72 51%	26 45%	42 53%	58 48%
NOT ANSWERED	3	105	1		1		1		2						1	2	3		1	2	
VALID CASES	207	3834	13	26	19	44	82	16	143					8	15	183	140	58	80	120	
NUMBER OF RESPONDENTS	210 100%	3939 100%	14 100%	26 100%	20 100%	44 100%	83 100%	16 100%	145 100%					8 100%	16 100%	185 100%	143 100%	58 100%	81 100%	122 100%	
MEAN	8.14	7.91	7.85	7.69	7.37	8.09	8.59	8.19	8.10					8.38	8.33	8.16	8.26	7.84	8.10	8.21	
p stat_(*=Sig @ p<=.05)		.109	~	~	~	~	~.005*	~	~.691	~	~	~	~	~	~	~	~.194	.170	.813	.560	

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q14 NEVER	5 2%	112 3%	1 ~	4 4%	2 ~	2 5%	2 2%	2 1%	~	~	~	~	~	~	1 7%	4 2%	3 2%	2 3%	1 1%	4 3%
SOMETIMES	21 10%	652 17%*	1 8%	4 15%	4 21%	1 2%	9 11%	1 6%	13 9%	~	~	~	~	~	1 7%	19 10%	15 11%	5 9%	7 9%	13 11%
USUALLY	71 34%	1292 34%	5 38%	7 27%	10 53%	18 41%	26 32%	3 19%	54 38%	~	~	~	~	3 38%	2 13%	66 36%	44 31%	24 41%	26 33%	43 36%
ALWAYS	109 53%	1764 46%	7 54%	14 54%	5 26%	23 52%	45 55%	12 75%	74 52%	~	~	~	~	5 63%	11 73%	94 51%	78 56%	27 47%	46 57%	60 50%
#ALWAYS + USUALLY (NET)	180 87%	3056 80%*	12 92%	21 81%	15 79%	41 93%	71 87%	15 94%	128 90%	~	~	~	~	8 100%	13 87%	160 87%	122 87%	51 88%	72 90%	103 86%
TOP BOX SCORE	109 53%	1764 46%	7 54%	14 54%	5 26%	23 52%	45 55%	12 75%	74 52%	~	~	~	~	5 63%	11 73%	94 51%	78 56%	27 47%	46 57%	60 50%
NOT ANSWERED	4	119	1		1		1		2						1	2	3		1	2
VALID CASES	206	3820	13	26	19	44	82	16	143					8	15	183	140	58	80	120
NUMBER OF RESPONDENTS	210 100%	3939 100%	14 100%	26 100%	20 100%	44 100%	83 100%	16 100%	145 100%					8 100%	16 100%	185 100%	143 100%	58 100%	81 100%	122 100%

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q15 YES	244 79%	4350 80%	17 71%~	32 80%~	22 59%~	56 82%	97 87%*	15 79%~	170 82%	~	~	~	~	~	45%~	19 79%~	217 79%~	175 76%*	62 87%*	98 73%*	141 85%*
NO	64 21%	1094 20%	7 29%~	8 20%~	15 41%~	12 18%	15 13%*	4 21%~	37 18%	~	~	~	~	~	55%~	5 21%~	57 21%~	54 24%*	9 13%*	37 27%*	25 15%*
NOT ANSWERED	10	228		2	1	2		1	4							1	5	3	3	2	4
VALID CASES	308	5443	24	40	37	68	112	19	207						11	24	274	229	71	135	166
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
			24	34	44	54	64	OVER	WHTE	##	#	#	##	##	TI	PAN- IC	PAN- IC	GOOD GOOD	FAIR & POOR	MALE
Q16 NONE	54 23%	890 22%	6 38%~	10 32%~	6 29%~	13 24%	18 20%	33 21%	~	~	~	~	~	~	5 26%~	47 23%~	46 28%*	7 12%*	21 22%	32 24%
1 TIME	55 24%	1017 25%	1 6%~	8 26%~	4 19%~	15 28%	24 26%	3 23%~	44 27%*	~	~	~	~	1 25%~	4 21%~	51 25%~	42 25%	13 23%	21 22%	34 26%
2	61 26%	826 20%*	2 12%~	4 13%~	6 29%~	14 26%	26 29%	6 46%~	43 27%	~	~	~	~	3 75%~	3 16%~	55 27%~	44 26%	13 23%	28 30%	30 23%
3	31 13%	578 14%	3 19%~	4 13%~	2 10%~	7 13%	13 14%	2 15%~	19 12%	~	~	~	~	~	5 26%~	25 12%~	18 11%	12 21%	12 13%	19 14%
4	9 4%	309 7%*	2 12%~	~	1 5%~	3 6%	2 2%	1 8%~	5 3%	~	~	~	~	~	2 11%~	7 3%~	4 2%	5 9%	4 4%	5 4%
5 TO 9	13 6%	401 10%*	1 6%~	3 10%~	2 10%~	1 2%	5 5%	1 8%~	11 7%	~	~	~	~	~	~	12 6%~	10 6%	3 5%	4 4%	9 7%
10 OR MORE TIMES	8 3%	98 2%	1 6%~	2 6%~	~	1 2%	3 3%	~	5 3%	~	~	~	~	~	~	7 3%~	3 2%	4 7%	4 4%	3 2%
NOT ANSWERED	13	232	1	1	1	2	6	2	10					1		13	8	5	4	9
VALID CASES	231	4118	16	31	21	54	91	13	160					4	19	204	167	57	94	132
NUMBER OF RESPONDENTS	244	4350	17	32	22	56	97	15	170					5	19	217	175	62	98	141
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q17 NEVER	1 0.6%	58 2%*	~	1 5%~	~	~	~	~	~	~	~	~	~	~	~	1 ~0.6%	1 ~0.8%	~	~	1 1%	
SOMETIMES	6 3%	230 7%*	10%~	1 5%~	~	1 2%~	2 3%	1 8%~	4 3%	~	~	~	~	~	~	1 7%~	5 3%~	4 3%	1 2%	2 3%	4 4%
USUALLY	37 21%	675 21%	30%~	3 19%~	4 13%~	2 24%~	10 19%	14 23%~	3 21%	~	~	~	~	~	1 25%~	2 14%~	33 21%~	22 18%	14 28%	20 28%	16 16%
ALWAYS	132 75%	2229 70%	60%~	6 71%~	15 87%~	13 73%~	30 78%	56 69%~	9 75%	~	~	~	~	~	3 75%~	11 79%~	117 75%~	93 77%	35 70%	50 69%	79 79%
#ALWAYS + USUALLY (NET)	169 96%	2905 91%*	90%~	9 90%~	19 100%~	15 98%~	40 97%	70 92%~	12 97%	~	~	~	~	~	4 100%~	13 93%~	150 96%~	115 96%	49 98%	70 97%	95 95%
TOP BOX SCORE	132 75%	2229 70%	60%~	6 71%~	15 87%~	13 73%~	30 78%	56 69%~	9 75%	~	~	~	~	~	3 75%~	11 79%~	117 75%~	93 77%	35 70%	50 69%	79 79%
NOT ANSWERED	1	27					1	1								1	1			1	
VALID CASES	176	3193	100%	10 100%	21 100%	15 100%	41 100%	72 100%	13 100%	126					4	14	156	120	50	72	100
NUMBER OF RESPONDENTS	177	3220	100%	10 100%	21 100%	15 100%	41 100%	73 100%	13 100%	127					4	14	157	121	50	73	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	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q18 NEVER	2 1%	63 2%	~	1 5%	~	1 2%	~	~	~	~	~	~	~	~	1 7%	1 0.6%	2 2%	~	1 1%	1 1%
SOMETIMES	10 6%	266 8%	1 10%	1 5%	1 7%	1 2%	4 6%	1 8%	7 6%	~	~	~	~	~	~	9 6%	5 4%	3 6%	2 3%	7 7%
USUALLY	35 20%	675 21%	2 20%	2 10%	2 13%	8 20%	15 21%	4 31%	24 19%	~	~	~	~	~	4 29%	28 18%	21 18%	11 22%	13 18%	20 20%
ALWAYS	129 73%	2196 69%	7 70%	17 81%	12 80%	31 76%	53 74%	8 62%	95 75%	~	~	~	~	4 ~100%	9 64%	118 76%	92 77%	36 72%	56 78%	72 72%
#ALWAYS + USUALLY (NET)	164 93%	2872 90%	9 90%	19 90%	14 93%	39 95%	68 94%	12 92%	119 94%	~	~	~	~	4 ~100%	13 93%	146 94%	113 94%	47 94%	69 96%	92 92%
TOP BOX SCORE	129 73%	2196 69%	7 70%	17 81%	12 80%	31 76%	53 74%	8 62%	95 75%	~	~	~	~	4 ~100%	9 64%	118 76%	92 77%	36 72%	56 78%	72 72%
NOT ANSWERED	1	19					1	1							1	1		1		
VALID CASES	176	3201	10	21	15	41	72	13	126					4	14	156	120	50	72	100
NUMBER OF RESPONDENTS	177	3220	10	21	15	41	73	13	127					4	14	157	121	50	73	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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				
	PHSJ	OHP	18	25	35	45	55	65	BLCK	NATV	AMER					NOT	EX &						
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	AS-	HAW/	IND/	ALSK	MUL-	HIS-	HIS-	VERY	GOOD	FAIR				
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AMER	IAN	ILND	NATV	OTHR	TI	IC	IC	GOOD	POOR	&	&	MALE	FE-	
Q19																							
NEVER	3	78		1		2		1							1	2	3					1	2
	2%	2%		~ 5%		~ 5%		~ 0.8%							~ 7%	~ 1%	~ 3%				~ 1%	~ 2%	
SOMETIMES	10	205			1		5	4	7							10	4	5			1	9	
	6%	6%			~ 7%		~ 7%	31%	6%						~ 6%	~ 3%	10%				1%*	9%*	
USUALLY	30	539	3	3	1	7	12	2	23						2	25	17	11			16	12	
	17%	17%	30%	~ 14%	~ 7%	~ 17%	~ 17%	15%	18%						~ 14%	~ 16%	~ 14%	~ 22%			23%	12%*	
ALWAYS	132	2374	7	17	12	32	55	7	94					4	11	118	95	34			53	77	
	75%	74%	70%	~ 81%	~ 86%	~ 78%	~ 76%	54%	75%					~ 100%	~ 79%	~ 76%	~ 80%	~ 68%			75%	77%	
#ALWAYS + USUALLY (NET)	162	2913	10	20	13	39	67	9	117					4	13	143	112	45			69	89	
	93%	91%	100%	~ 95%	~ 93%	~ 95%	~ 93%	69%	94%					~ 100%	~ 93%	~ 92%	~ 94%	~ 90%			97%*	89%*	
TOP BOX SCORE	132	2374	7	17	12	32	55	7	94					4	11	118	95	34			53	77	
	75%	74%	70%	~ 81%	~ 86%	~ 78%	~ 76%	54%	75%					~ 100%	~ 79%	~ 76%	~ 80%	~ 68%			75%	77%	
NOT ANSWERED	2	24			1		1		2							2	2				2		
VALID CASES	175	3196	10	21	14	41	72	13	125					4	14	155	119	50			71	100	
NUMBER OF RESPONDENTS	177	3220	10	21	15	41	73	13	127					4	14	157	121	50			73	100	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%			100%	100%	

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q20 NEVER	2 1%	89 3%	1 ~	5%~	~	~	1 1%	1 ~0.8%	~	~	~	~	~	~	~	2 1%	1 0.8%	1 2%	~	2 2%
SOMETIMES	13 7%	317 10%	2 20%~	2 10%~	1 7%~	1 2%~	3 4% 31%~	4 6%~	~	~	~	~	~	~	~	13 8%~	10 8%	3 6%	6 8%	7 7%
USUALLY	40 23%	782 24%	2 20%~	4 19%~	4 27%~	13 32%~	14 20% 8%~	1 22%~	~	~	~	~	~	1 25%~	4 31%~	33 21%~	27 23%	10 20%	19 26%	19 19%
ALWAYS	119 68%	2009 63%	6 60%~	14 67%~	10 67%~	27 66%~	52 74% 62%~	8 71%~	~	~	~	~	~	3 75%~	9 69%~	107 69%~	81 68%	36 72%	47 65%	70 71%
#ALWAYS + USUALLY (NET)	159 91%	2790 87%	8 80%~	18 86%~	14 93%~	40 98%~	66 94% 69%~	9 93%~	~	~	~	~	~	4 100%~	13 100%~	140 90%~	108 91%	46 92%	66 92%	89 91%
TOP BOX SCORE	119 68%	2009 63%	6 60%~	14 67%~	10 67%~	27 66%~	52 74% 62%~	8 71%~	~	~	~	~	~	3 75%~	9 69%~	107 69%~	81 68%	36 72%	47 65%	70 71%
NOT ANSWERED	3	24					3	2							1	2	2		1	2
VALID CASES	174	3196	10	21	15	41	70	13	125					4	13	155	119	50	72	98
NUMBER OF RESPONDENTS	177 100%	3220 100%	10 100%	21 100%	15 100%	41 100%	73 100%	13 100%	127 100%					4 100%	14 100%	157 100%	121 100%	50 100%	73 100%	100 100%

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

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q21 YES	89 51%	2002 63%*	3 33%~	13 62%~	9 60%~	20 49%~	34 47%	8 62%~	66 52%~	~	~	~	~	~	2 50%~	4 29%~	82 53%~	58 49%	27 54%	37 52%	50 50%
NO	86 49%	1173 37%*	6 67%~	8 38%~	6 40%~	21 51%~	38 53%	5 38%~	60 48%~	~	~	~	~	~	2 50%~	10 71%~	73 47%~	61 51%	23 46%	34 48%	50 50%
NOT ANSWERED	2	45	1				1		1								2	2		2	
VALID CASES	175	3175	9	21	15	41	72	13	126						4	14	155	119	50	71	100
NUMBER OF RESPONDENTS	177	3220	10	21	15	41	73	13	127						4	14	157	121	50	73	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

	PHSJ 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	BLK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC ILND #	AMER IND/ ALSK OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE			
Q22 NEVER	6 7%	115 6%	1 33%~	~	~	2 10%~	1 3%~	1 14%~	5 8%~	~	~	~	~	~	~	5 6%~	4 7%~	1 4%~	1 3%~	4 8%~		
SOMETIMES	14 16%	272 14%	~	3 23%~	2 22%~	1 5%~	7 22%~	1 14%~	13 20%~	~	~	~	~	~	~	14 18%~	8 14%~	6 22%~	6 17%~	8 17%~		
USUALLY	22 26%	568 30%	1 33%~	2 15%~	3 33%~	7 35%~	7 22%~	2 29%~	15 23%~	~	~	~	~	~	~	2 50%~	19 24%~	12 21%~	9 33%~	7 19%~	15 31%~	
ALWAYS	44 51%	925 49%	1 33%~	8 62%~	4 44%~	10 50%~	17 53%~	3 43%~	31 48%~	~	~	~	~	~	~	1 100%~	2 50%~	41 52%~	32 57%~	11 41%~	22 61%~	21 44%~
#ALWAYS + USUALLY (NET)	66 77%	1493 79%	2 67%~	10 77%~	7 78%~	17 85%~	24 75%~	5 71%~	46 72%~	~	~	~	~	~	~	1 100%~	4 100%~	60 76%~	44 79%~	20 74%~	29 81%~	36 75%~
TOP BOX SCORE	44 51%	925 49%	1 33%~	8 62%~	4 44%~	10 50%~	17 53%~	3 43%~	31 48%~	~	~	~	~	~	~	1 100%~	2 50%~	41 52%~	32 57%~	11 41%~	22 61%~	21 44%~
NOT ANSWERED	3	69					2	1	2						1		3	2		1	2	
VALID CASES	86	1881	3	13	9	20	32	7	64						1	4	79	56	27	36	48	
NUMBER OF RESPONDENTS	89	1950	3	13	9	20	34	8	66						2	4	82	58	27	37	50	
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q23 WORST PERSONAL DOCTOR POSSIBLE		21 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		38 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	3 1%	42 1%	~	~	~	1 2%	1 1%	1 8%	3 2%	~	~	~	~	~	~	3 1%	1 0.6%	2 4%	1 1%	2 1%	
03	5 2%	61 2%	~	3 10%	~	~	2 2%	~	4 3%	~	~	~	~	~	5 2%	4 2%	~	3 3%	2 1%		
04	4 2%	88 2%	~	~	1 5%	2 4%	1 1%	~	2 1%	~	~	~	~	~	1 5%	3 1%	2 1%	2 4%	3 3%	1 0.7%	
05	11 5%	212 5%	1 6%	2 7%	1 5%	2 4%	3 3%	2 15%	9 6%	~	~	~	~	~	1 5%	10 5%	9 5%	2 4%	5 5%	6 4%	
06	8 3%	181 4%	2 12%	1 3%	2 10%	~	2 2%	1 8%	6 4%	~	~	~	~	~	~	8 4%	7 4%	1 2%	~	8 6%*	
07	14 6%	352 9%	1 6%	1 3%	~	3 5%	7 8%	~	10 6%	~	~	~	~	~	~	12 6%	8 5%	4 7%	7 8%	5 4%	
08	36 16%	703 17%	3 18%	7 23%	10 48%	7 13%	8 9%*	1 8%	23 14%	~	~	~	~	1 25%	2 11%	33 16%	28 17%	7 13%	17 18%	19 14%	
09	56 24%	736 18%*	5 29%	8 27%	2 10%	10 18%	24 27%	4 31%	39 25%	~	~	~	~	~	1 25%	4 21%	49 24%	39 23%	15 27%	20 22%	33 25%
BEST PERSONAL DOCTOR POSSIBLE	94 41%	1648 40%	5 29%	8 27%	5 24%	30 55%*	42 47%	4 31%	63 40%	~	~	~	~	~	2 50%	11 58%	82 40%	70 42%	23 41%	36 39%	58 43%
#8-10 (NET)	186 81%	3087 76%	13 76%	23 77%	17 81%	47 85%	74 82%	9 69%	125 79%	~	~	~	~	~	4 100%	17 89%	164 80%	137 82%	45 80%	73 79%	110 82%

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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	150 65%	2384 58%*	10 59%~	16 53%~	7 33%~	40 73%	66 73%*	8 62%~	102 64%	~	~	~	~	~	3 75%~	15 79%~	131 64%~	109 65%	38 68%	56 61%	91 68%
NOT ANSWERED	13	266		2	1	1	7	2	11						1		12	7	6	6	7
VALID CASES	231	4084	17	30	21	55	90	13	159						4	19	205	168	56	92	134
NUMBER OF RESPONDENTS	244 100%	4350 100%	17 100%	32 100%	22 100%	56 100%	97 100%	15 100%	170 100%						5 100%	19 100%	217 100%	175 100%	62 100%	98 100%	141 100%
MEAN	8.53	8.33	8.41	8.00	8.05	8.85	8.76	7.85	8.44						9.25	9.00	8.49	8.57	8.52	8.40	8.63
p stat_(*=Sig @ p<=.05)		.113	~	~	~.143	.137	~	.266	~	~	~	~	~	~	~	~	~	~.598	.963	.411	.359

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q24 YES	103 34%	2150 40%*	3 13%~	13 32%~	11 29%~	22 32%	41 38%	12 60%~	73 36%	~	~	~	~	~	5 45%~	10 40%~	91 34%~	69 30%*	31 45%*	43 33%	59 35%
NO	202 66%	3272 60%*	20 87%~	28 68%~	27 71%~	46 68%	67 62%	8 40%~	131 64%	~	~	~	~	~	6 55%~	15 60%~	180 66%~	160 70%*	38 55%*	89 67%	108 65%
NOT ANSWERED	13	249	1	1		2	4		7								8	3	5	5	3
VALID CASES	305	5422	23	41	38	68	108	20	204						11	25	271	229	69	132	167
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%



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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q25 NEVER	7 7%	123 6%	2 ~ 17%~	3 ~ 14%~	2 ~ 5%~	5 ~ 7%~	~	~	~	~	~	~	~	7 ~ 8%~	4 6%~	3 10%~	1 2%~	6 11%~		
SOMETIMES	27 28%	379 19%	4 ~ 33%~	2 20%~	9 41%~	9 24%~	3 25%~	21 30%~	~	~	~	~	1 20%~	3 33%~	24 28%~	17 26%~	10 34%~	12 29%~	15 27%~	
USUALLY	13 13%	576 29%*	1 33%~	2 17%~	2 20%~	1 5%~	5 14%~	2 17%~	11 16%~	~	~	~	~	1 11%~	11 13%~	11 17%~	2 7%~	5 12%~	8 15%~	
ALWAYS	50 52%	938 46%	2 67%~	4 33%~	6 60%~	9 41%~	21 57%~	7 58%~	32 46%~	~	~	~	~	4 80%~	5 56%~	44 51%~	34 52%~	14 48%~	23 56%~	26 47%~
#ALWAYS + USUALLY (NET)	63 65%	1514 75%*	3 100%~	6 50%~	8 80%~	10 45%~	26 70%~	9 75%~	43 62%~	~	~	~	~	4 80%~	6 67%~	55 64%~	45 68%~	16 55%~	28 68%~	34 62%~
TOP BOX SCORE	50 52%	938 46%	2 67%~	4 33%~	6 60%~	9 41%~	21 57%~	7 58%~	32 46%~	~	~	~	~	4 80%~	5 56%~	44 51%~	34 52%~	14 48%~	23 56%~	26 47%~
NOT ANSWERED	6	70	1	1	4	4	4	4	4					1	5	3	2	2	4	
VALID CASES	97	2016	3	12	10	22	37	12	69					5	9	86	66	29	41	55
NUMBER OF RESPONDENTS	103 100%	2086 100%	3 100%	13 100%	11 100%	22 100%	41 100%	12 100%	73 100%					5 100%	10 100%	91 100%	69 100%	31 100%	43 100%	59 100%

[ASKED IF Q24 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q26 NONE	6 6%	110 5%	~	~	~	18%~	5%~	~	7%~	~	~	~	~	~	11%~	6%~	5%~	8%~	3%~	8%~	5%~
1 SPECIALIST	54 56%	1016 50%	2 67%~	8 67%~	6 67%~	9 41%~	22 58%~	6 50%~	39 57%~	~	~	~	~	3 60%~	5 56%~	48 56%~	42 65%~	10 34%~	27 68%~	26 46%~	
2	19 20%	508 25%	1 33%~	2 17%~	1 11%~	4 18%~	10 26%~	1 8%~	15 22%~	~	~	~	~	2 40%~	1 11%~	18 21%~	12 18%~	6 21%~	5 13%~	14 25%~	
3	9 9%	258 13%	~	1 8%~	~	2 9%~	3 8%~	3 25%~	6 9%~	~	~	~	~	~	2 22%~	6 7%~	4 6%~	5 17%~	1 3%~	8 14%~	
4	6 6%	69 3%	~	~	2 22%~	2 9%~	1 3%~	1 8%~	4 6%~	~	~	~	~	~	~	6 7%~	2 3%~	4 14%~	2 5%~	4 7%~	
5 OR MORE SPECIALISTS	3 3%	55 3%	~	1 8%~	~	1 5%~	~	1 8%~	~	~	~	~	~	~	~	3 3%~	~	3 10%~	2 5%~	1 2%~	
NOT ANSWERED	6	71	~	1	2	~	3	~	4	~	~	~	~	~	1	5	4	2	3	3	
VALID CASES	97	2015	3	12	9	22	38	12	69	~	~	~	~	5	9	86	65	29	40	56	
NUMBER OF RESPONDENTS	103	2086	3	13	11	22	41	12	73	~	~	~	~	5	10	91	69	31	43	59	
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q27 WORST SPECIALIST POSSIBLE		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	2 2%	7 0.4%	~	~	~	2 11%	~	~	~	~	~	~	1 13%	1 1%	1 2%	1 4%	2 5%	~	~	
02		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	3 3%	32 2%	~	1 8%	1 11%	~	1 3%	~	~	~	~	1 20%	~	3 4%	3 5%	~	1 3%	2 4%	~	
04	1 1%	32 2%	~	1 8%	~	~	~	~	~	~	~	~	~	1 1%	1 2%	~	1 3%	~	~	
05	2 2%	67 4%	~	~	~	~	2 6%	~	~	~	~	~	1 13%	1 1%	1 2%	1 4%	~	2 4%	~	
06	3 3%	73 4%	~	~	~	1 6%	2 6%	~	~	~	~	~	~	3 4%	~	2 7%	1 3%	2 4%	~	
07	15 16%	158 8%	1 33%	1 8%	1 11%	3 17%	6 17%	3 25%	10 16%	~	~	~	1 20%	3 38%	12 15%	9 15%	6 21%	8 22%	7 13%	
08	14 15%	318 17%	~	1 8%	3 33%	5 28%	5 14%	~	12 19%	~	~	~	~	1 13%	13 16%	9 15%	4 14%	4 11%	10 19%	
09	16 18%	355 19%	~	2 17%	2 22%	3 17%	6 17%	2 17%	13 20%	~	~	~	~	~	15 19%	10 17%	5 18%	9 24%	6 11%	
BEST SPECIALIST POSSIBLE	35 38%	797 42%	2 67%	6 50%	2 22%	4 22%	14 39%	7 58%	22 34%	~	~	~	~	3 60%	2 25%	32 40%	26 43%	9 32%	11 30%	24 45%
#8-10 (NET)	65 71%	1470 78%	2 67%	9 75%	7 78%	12 67%	25 69%	9 75%	47 73%	~	~	~	~	3 60%	3 38%	60 74%	45 75%	18 64%	24 65%	40 75%

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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
9-10 (NET)	51 56%	1152 61%	2 67%~	8 67%~	4 44%~	7 39%~	20 56%~	9 75%~	35 55%~	~	~	~	~	~	3 60%~	2 25%~	47 58%~	36 60%~	14 50%~	20 54%~	30 57%~
NOT ANSWERED		16																			
VALID CASES	91	1878	3	12	9	18	36	12	64					5	8	81	60	28	37	53	
NUMBER OF RESPONDENTS	91 100%	1894 100%	3 100%	12 100%	9 100%	18 100%	36 100%	12 100%	64 100%					5 100%	8 100%	81 100%	60 100%	28 100%	37 100%	53 100%	
MEAN	8.29	8.45	9.00	8.33	8.00	7.56	8.36	9.08	8.34					8.00	6.88	8.40	8.40	8.11	7.95	8.51	
p stat_(*=Sig @ p<=.05)		.469	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q28 YES	35 11%	1069 20%*	2 8%~	6 15%~	5 13%~	5 7%	10 9%	6 30%~	15 7%*	~	~	~	~	~	2 18%~	3 12%~	31 11%~	25 11%	10 14%	15 11%	19 11%
NO	272 89%	4323 80%*	22 92%~	35 85%~	33 87%~	63 93%	99 91%	14 70%~	190 93%*	~	~	~	~	~	9 82%~	22 88%~	242 89%~	205 89%	60 86%	118 89%	149 89%
NOT ANSWERED	11	279		1		2	3		6							6	2	4	4	2	
VALID CASES	307	5392	24	41	38	68	109	20	205						11	25	273	230	70	133	168
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q29 NEVER	2 6%	102 11%	~	~	~	~	1 11%	1 17%	~	~	~	~	~	~	~	2 7%	2 22%	1 7%	1 6%	
SOMETIMES	10 29%	354 37%	1 50%	3 50%	1 20%	~	4 44%	3 20%	~	~	~	~	1 50%	1 33%	8 27%	9 36%	1 11%	2 13%	7 39%	
USUALLY	13 38%	333 35%	~	3 50%	~	1 20%	4 44%	5 83%	8 53%	~	~	~	~	1 50%	1 33%	12 40%	8 32%	5 56%	6 40%	7 39%
ALWAYS	9 26%	171 18%	1 50%	~	4 80%	4 80%	~	~	4 27%	~	~	~	~	~	1 33%	8 27%	8 32%	1 11%	6 40%	3 17%
#ALWAYS + USUALLY (NET)	22 65%	504 52%	1 50%	3 50%	4 80%	5 100%	4 44%	5 83%	12 80%	~	~	~	~	1 50%	2 67%	20 67%	16 64%	6 67%	12 80%	10 56%
TOP BOX SCORE	9 26%	171 18%	1 50%	~	4 80%	4 80%	~	~	4 27%	~	~	~	~	~	1 33%	8 27%	8 32%	1 11%	6 40%	3 17%
NOT ANSWERED	1	35				1									1		1		1	
VALID CASES	34	961	2	6	5	5	9	6	15				2	3	30	25	9	15	18	
NUMBER OF RESPONDENTS	35	996	2	6	5	5	10	6	15				2	3	31	25	10	15	19	
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q30 YES	73 24%	1502 28%	2 8%	11 27%	8 22%	10 15%*	31 29%	8 42%	45 22%	~	~	~	~	~	3 27%	9 36%	61 23%	48 21%	21 30%	30 23%	40 24%
NO	229 76%	3866 72%	22 92%	30 73%	29 78%	57 85%*	76 71%	11 58%	158 78%	~	~	~	~	~	8 73%	16 64%	208 77%	177 79%	49 70%	102 77%	124 76%
NOT ANSWERED	16	303		1	1	3	5	1	8								10	7	4	5	6
VALID CASES	302	5368	24	41	37	67	107	19	203						11	25	269	225	70	132	164
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q31 NEVER	3 4%	56 4%	~	1 9%	1 13%	~	1 3%	~	1 2%	~	~	~	~	~	~	3 5%	1 2%	2 10%	~	3 8%
SOMETIMES	7 10%	267 20%	1 100%	1 9%	1 13%	~	3 10%	1 14%	2 5%	~	~	~	~	2 67%	1 13%	6 10%	4 9%	3 14%	5 17%	2 5%
USUALLY	16 23%	405 30%	~	~	2 25%	2 20%	11 37%	1 14%	14 33%	~	~	~	~	~	~	16 27%	10 22%	5 24%	6 21%	10 26%
ALWAYS	44 63%	624 46%	~	9 82%	4 50%	8 80%	15 50%	5 71%	26 60%	~	~	~	~	1 33%	7 88%	34 58%	30 67%	11 52%	18 62%	23 61%
#ALWAYS + USUALLY (NET)	60 86%	1029 76%	~	9 82%	6 75%	10 100%	26 87%	6 86%	40 93%	~	~	~	~	1 33%	7 88%	50 85%	40 89%	16 76%	24 83%	33 87%
TOP BOX SCORE	44 63%	624 46%	~	9 82%	4 50%	8 80%	15 50%	5 71%	26 60%	~	~	~	~	1 33%	7 88%	34 58%	30 67%	11 52%	18 62%	23 61%
NOT ANSWERED	3	48	1				1	1	2						1	2	3		1	2
VALID CASES	70	1351	1	11	8	10	30	7	43					3	8	59	45	21	29	38
NUMBER OF RESPONDENTS	73	1399	2	11	8	10	31	8	45					3	9	61	48	21	30	40
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]



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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ	OHP	18	25	35	45	55	65	BLCK	NATV	AMER					HIS-	NOT	EX &			
	TOT	TOT	TO	TO	TO	TO	TO	AND	OR	AS-	HAW/	IND/	ALSK	MUL-	PAN-	PAN-	VERY	GOOD	FAIR	FE-	
ADLT	ADLT	24	34	44	54	64	OVER	WHTE	AMER	IAN	ILND	NATV	OTHR	TI	IC	IC	GOOD	POOR	MALE	MALE	
Q32 NEVER	3 4%	18 1%	~	~	~	10%~	7%~	~	2%~	~	~	~	~	~	~	22%~	2%~	2%~	10%~	3%~	5%~
SOMETIMES	2 3%	102 8%*	~	9%~	12%~	~	~	~	~	~	~	~	~	~	~	3%~	2%~	5%~	~	5%~	
USUALLY	12 17%	291 21%	~	~	25%~	~	23%~	38%~	16%~	~	~	~	~	~	67%~	11%~	19%~	13%~	24%~	13%~	21%~
ALWAYS	54 76%	946 70%	100%~	91%~	63%~	90%~	70%~	63%~	81%~	~	~	~	~	~	33%~	67%~	76%~	83%~	62%~	83%~	68%~
#ALWAYS + USUALLY (NET)	66 93%	1237 91%	100%~	91%~	87%~	90%~	93%~	100%~	98%~	~	~	~	~	~	100%~	78%~	95%~	96%~	86%~	97%~	89%~
TOP BOX SCORE	54 76%	946 70%	100%~	91%~	63%~	90%~	70%~	63%~	81%~	~	~	~	~	~	33%~	67%~	76%~	83%~	62%~	83%~	68%~
NOT ANSWERED	2	41	1				1		2							2	2				2
VALID CASES	71	1358	1	11	8	10	30	8	43					3	9	59	46	21	30	38	
NUMBER OF RESPONDENTS	73	1399	2	11	8	10	31	8	45					3	9	61	48	21	30	40	
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q33 YES	85 28%	1713 32%	5 22%~	8 20%~	12 32%~	20 29%	32 30%	7 35%~	40 20%*	~	~	~	~	~	3 27%~	8 32%~	75 28%~	61 27%	20 29%	38 29%	46 28%
NO	218 72%	3590 68%	18 78%~	32 80%~	26 68%~	48 71%	76 70%	13 65%~	163 80%*	~	~	~	~	~	8 73%~	17 68%~	195 72%~	167 73%	49 71%	95 71%	119 72%
NOT ANSWERED	15	368	1	2		2	4		8								9	4	5	4	5
VALID CASES	303	5303	23	40	38	68	108	20	203						11	25	270	228	69	133	165
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
PQ34 NEVER	5 2%	82 2%	~	~	~	1%	3%	~	1%	~	~	~	~	~	~	4	1	3	3	1
																1%	0.4%	4%	2%	0.6%
SOMETIMES	13 4%	286 5%	~	2	1	4	5	1	4	~	~	~	~	~	3	10	9	4	4	9
				5%	3%	6%	5%	5%	2%*						12%	4%	4%	6%	3%	5%
USUALLY	45 15%	671 13%	4	4	5	12	14	6	26	~	~	~	~	2	2	42	33	10	21	24
			17%	10%	13%	18%	13%	30%	13%					18%	8%	16%	15%	14%	16%	15%
ALWAYS	239 79%	4198 80%	19	34	32	51	85	13	171	~	~	~	~	9	20	213	184	52	105	130
			83%	85%	84%	75%	79%	65%	84%*					82%	80%	79%	81%	75%	79%	79%
#ALWAYS + USUALLY (NET)	284 94%	4868 93%	23	38	37	63	99	19	197	~	~	~	~	11	22	255	217	62	126	154
			100%	95%	97%	93%	93%	95%	97%*					100%	88%	95%	96%	90%	95%	94%
TOP BOX SCORE	239 79%	4198 80%	19	34	32	51	85	13	171	~	~	~	~	9	20	213	184	52	105	130
			83%	85%	84%	75%	79%	65%	84%*					82%	80%	79%	81%	75%	79%	79%
NOT ANSWERED	1	86					1								1	1				1
VALID CASES	302	5236	23	40	38	68	107	20	203					11	25	269	227	69	133	164
NUMBER OF RESPONDENTS	303	5322	23	40	38	68	108	20	203					11	25	270	228	69	133	165
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35 WORST HEALTH PLAN POSSIBLE	1 0.3%	41 0.8%	~	~	~	2%	~	0.5%	~	~	~	~	~	~	~	1	1	~	1	~	
01	2 0.7%	47 0.9%	~	3%	~	2%	~	1%	~	~	~	~	~	~	~	2	2	~	1	1	
02	1 0.3%	52 1%	~	~	~	1%	~	~	~	~	~	~	~	~	~	1	~	1%	1	~	
03	5 2%	102 2%	~	3%	~	2%	~	~	~	~	~	~	~	~	3	1	4	1	2	2	
04	9 3%	122 2%	~	5%	3%	2%	4%	5%	4%	~	~	~	~	~	~	9	7	3%	3%	4	5
05	29 10%	466 9%	18%	16%	19%	9%	5%*	5%	18%	~	~	~	~	20%	2	2	27	23	6	10	19
06	16 6%	327 6%	9%	11%	3%	6%	5%	~	13%	~	~	~	~	~	1	15	12	4	9	7	
07	34 12%	646 13%	9%	8%	19%	11%	12%	10%	22	~	~	~	~	10%	1	32	22	11	15	18	
08	67 23%	1048 21%	27%	13%	28%	25%	22%	20%	45	~	~	~	~	40%	4	5	59	50	13	27	37
09	44 15%	797 16%	14%	16%	17%	12%	17%	20%	33	~	~	~	~	20%	2	2	40	38	6	12	32
BEST HEALTH PLAN POSSIBLE	81 28%	1383 27%	23%	26%	11%	31%	33%	40%	53	~	~	~	~	10%	1	7	74	56	24	41	40
#8-10 (NET)	192 66%	3229 64%	64%	55%	56%	68%	72%	80%	131	~	~	~	~	70%	7	14	173	144	43	80	109

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	
		PHSJ TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE MALE		
9-10 (NET)	125 43%	2180 43%	8 36%	16 42%	10 28%	28 43%	51 50%	12 60%	86 44%	~	~	~	~	~	3 30%	9 43%	114 44%	94 44%	30 44%	53 43%	72 45%
NOT ANSWERED	29	640	2	4	2	5	9		17						1	4	18	17	6	14	9
VALID CASES	289	5031	22	38	36	65	103	20	194						10	21	261	215	68	123	161
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%
MEAN	7.88	7.78	7.77	7.39	7.44	7.86	8.16	8.55	7.93						7.70	7.62	7.91	7.84	7.97	7.87	7.91
p stat_(*=Sig @ p<=.05)		.468	~	~	~.954	.083			~.511	~	~	~	~	~	~	~	~	~.585	.660	.969	.727

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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	FE- MALE	MALE
Q35A YES	27 9%	663 12%*	1 ~	2 2%~	6 5%~	13 9%	4 20%~	17 8%	~	~	~	~	~	~	2 9%~	25 9%~	11 5%*	16 23%*	15 11%	12 7%
NO	277 91%	4665 88%*	24 100%~	40 98%~	35 95%~	62 91%	95 88%	16 80%~	188 92%	~	~	~	~	11 ~100%~	21 91%~	249 91%~	217 95%*	54 77%*	117 89%	155 93%
NOT ANSWERED	14	342	1	1	2	4	6							2	5	4	4	5	3	
VALID CASES	304	5329	24	41	37	68	108	20	205					11	23	274	228	70	132	167
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ	OHP	18	25	35	45	55	65	AND	BLCK	OR	NATV	AMER					EX &			
	TOT	TOT	TO	TO	TO	TO	TO	OVER	WHTE	AFR-	AS-	HAW/	IND/	ALSK	MUL-	HIS-	HIS-	NOT	VERY	FE-	
ADLT	ADLT	24	34	44	54	64			AMER	IAN	ILND	NATV	OTHR	TI	IC	IC	GOOD	FAIR	MALE	MALE	
																	GOOD	POOR			
Q35B NEVER	5	127		1		1	3		3								5	2	3	1	4
	20%	21%	~100%	~	~	20%	23%	~	20%	~	~	~	~	~	~	~	22%	20%	20%	8%	33%
SOMETIMES	2	93				1	1		1								2		2	1	1
	8%	16%	~	~	~	8%	25%	~	7%	~	~	~	~	~	~	~	9%	~	13%	8%	8%
USUALLY	6	141				1	3	2	3								1	5	2	4	5
	24%	24%	~	~	~	20%	23%	50%	20%	~	~	~	~	~	~	~	50%	22%	20%	27%	38%
ALWAYS	12	234			2	3	6	1	8								1	11	6	6	6
	48%	39%	~	~	100%	60%	46%	25%	53%	~	~	~	~	~	~	~	50%	48%	60%	40%	46%
#ALWAYS + USUALLY (NET)	18	375			2	4	9	3	11								2	16	8	10	11
	72%	63%	~	~	100%	80%	69%	75%	73%	~	~	~	~	~	~	~	100%	70%	80%	67%	85%
TOP BOX SCORE	12	234			2	3	6	1	8								1	11	6	6	6
	48%	39%	~	~	100%	60%	46%	25%	53%	~	~	~	~	~	~	~	50%	48%	60%	40%	46%
NOT ANSWERED	2	32				1			2								2	1	1	2	
VALID CASES	25	595		1	2	5	13	4	15								2	23	10	15	13
NUMBER OF RESPONDENTS	27	627		1	2	6	13	4	17								2	25	11	16	15
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR		FE- MALE		
Q35C YES	40 13%	814 15%	1 4%	2 5%	1 3%	12 18%	17 16%	6 30%	28 14%	~	~	~	~	~	2 18%	39 14%	19 8%*	20 29%*	15 12%	25 15%	
NO	261 87%	4498 85%	23 96%	39 95%	35 97%	54 82%	91 84%	14 70%	175 86%	~	~	~	~	~	9 82%	22 100%	232 86%	207 92%*	49 71%*	115 88%	141 85%
NOT ANSWERED	17	359		1	2	4	4		8							3	8	6	5	7	4
VALID CASES	301	5312	24	41	36	66	108	20	203						11	22	271	226	69	130	166
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%



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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
									WHTE ##	#	#	#	#	#	#	#	#			
Q35D NEVER	8 22%	169 23%	1 ~ 50%	3 ~ 27%	4 27%	8 31%	~	~	~	~	~	~	~	8 23%	4 22%	4 24%	2 15%	6 26%		
SOMETIMES	4 11%	128 17%	~	~	4 27%	3 12%	~	~	~	~	1 50%	~	4 11%	2 11%	1 6%	1 8%	3 13%			
USUALLY	12 33%	197 26%	1 100%	1 50%	4 36%	4 27%	2 33%	8 31%	~	~	~	~	1 50%	11 31%	8 44%	4 24%	4 31%	8 35%		
ALWAYS	12 33%	251 34%	~	~	4 36%	3 20%	4 67%	7 27%	~	~	~	~	~	12 34%	4 22%	8 47%	6 46%	6 26%		
#ALWAYS + USUALLY (NET)	24 67%	448 60%	1 100%	1 50%	8 73%	7 47%	6 100%	15 58%	~	~	~	~	1 50%	23 66%	12 67%	12 71%	10 77%	14 61%		
TOP BOX SCORE	12 33%	251 34%	~	~	4 36%	3 20%	4 67%	7 27%	~	~	~	~	~	12 34%	4 22%	8 47%	6 46%	6 26%		
NOT ANSWERED	4	29		1	1	2	2							4	1	3	2	2		
VALID CASES	36	745	1	2	11	15	6	26					2	35	18	17	13	23		
NUMBER OF RESPONDENTS	40	774	1	2	1	12	17	6	28				2	39	19	20	15	25		
	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?

	PHSJ 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	WHTE	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35E YES	139 46%	2942 55%*	6 26%~	18 44%~	14 38%~	30 45%	54 50%	14 70%~	94 46%	~	~	~	~	~	7 64%~	10 45%~	126 46%~	92 41%*	43 61%*	57 44%	80 48%
NO	161 54%	2408 45%*	17 74%~	23 56%~	23 62%~	37 55%	54 50%	6 30%~	110 54%	~	~	~	~	~	4 36%~	12 55%~	146 54%~	134 59%*	27 39%*	74 56%	86 52%
NOT ANSWERED	18	321	1	1	1	3	4		7							3	7	6	4	6	4
VALID CASES	300	5350	23	41	37	67	108	20	204						11	22	272	226	70	131	166
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35F NO EFFORT AT ALL	4 3%	101 4%	2 ~ 12%~	~	~	2 ~ 4%	4 4%~	~	~	~	~	~	~	~	4 3%~	3 3%~	1 2%~	3 5%	1 1%	
A LITTLE EFFORT WAS MADE	8 6%	195 7%	1 17%~	1 6%~	~	1 3%~	3 6%~	1 7%~	4 4%~	~	~	~	~	~	1 10%~	6 5%~	4 4%~	3 7%~	2 4%	5 6%
SOME EFFORT WAS MADE	28 21%	696 25%	1 17%~	3 18%~	7 50%~	5 17%~	10 19%	2 14%~	19 21%~	~	~	~	~	3 43%~	2 20%~	26 21%~	16 18%~	11 26%~	9 16%	19 24%
A LOT OF EFFORT WAS MADE	95 70%	1801 64%	4 67%~	11 65%~	7 50%~	24 80%~	37 71%	11 79%~	65 71%~	~	~	~	~	4 57%~	7 70%~	86 70%~	67 74%~	27 64%~	41 75%	53 68%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	123 91%	2497 89%	5 83%~	14 82%~	14 100%~	29 97%~	47 90%	13 93%~	84 91%~	~	~	~	~	7 100%~	9 90%~	112 92%~	83 92%~	38 90%~	50 91%	72 92%
TOP BOX SCORE	95 70%	1801 64%	4 67%~	11 65%~	7 50%~	24 80%~	37 71%	11 79%~	65 71%~	~	~	~	~	4 57%~	7 70%~	86 70%~	67 74%~	27 64%~	41 75%	53 68%
NOT ANSWERED	4	82	1			2		2							4	2	1	2	2	
VALID CASES	135	2794	6	17	14	30	52	14	92					7	10	122	90	42	55	78
NUMBER OF RESPONDENTS	139	2876	6	18	14	30	54	14	94					7	10	126	92	43	57	80
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
			##	#	#	#	#	#	##	#	#	#	#	#	##	##	##	##	##	##
Q35G NO EFFORT AT ALL	4 3%	101 4%	1 17%	1 6%	~	~	2 4%	3 3%	~	~	~	~	~	~	1 10%	3 2%	3 3%	1 2%	1 2%	3 4%
A LITTLE EFFORT WAS MADE	12 9%	226 8%	~	3 17%	2 14%	2 7%	2 4%	2 14%	7 8%	~	~	~	~	~	~	11 9%	8 9%	3 7%	5 9%	6 8%
SOME EFFORT WAS MADE	26 19%	717 26%*	1 17%	1 6%	3 21%	7 23%	9 17%	5 36%	14 15%	~	~	~	~	4 57%	3 30%	23 19%	16 17%	10 24%	11 20%	15 19%
A LOT OF EFFORT WAS MADE	95 69%	1741 63%	4 67%	13 72%	9 64%	21 70%	40 75%	7 50%	68 74%	~	~	~	~	3 43%	6 60%	87 70%	65 71%	28 67%	39 70%	55 70%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	121 88%	2458 88%	5 83%	14 78%	12 86%	28 93%	49 92%	12 86%	82 89%	~	~	~	~	7 100%	9 90%	110 89%	81 88%	38 90%	50 89%	70 89%
TOP BOX SCORE	95 69%	1741 63%	4 67%	13 72%	9 64%	21 70%	40 75%	7 50%	68 74%	~	~	~	~	3 43%	6 60%	87 70%	65 71%	28 67%	39 70%	55 70%
NOT ANSWERED	2	91				1		2							2		1	1	1	
VALID CASES	137	2785	6	18	14	30	53	14	92					7	10	124	92	42	56	79
NUMBER OF RESPONDENTS	139	2876	6	18	14	30	54	14	94					7	10	126	92	43	57	80
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
			#	#	#	#	#	#	##	#	#	##	##	TI	IC	IC				
Q35H NO EFFORT AT ALL	7 5%	190 7%	1 17%~	1 6%~	1 7%~	1 3%~	2 4%	5 5%~	~	~	~	~	~	~	1 11%~	5 4%~	6 7%~	~	3 5%	3 4%
A LITTLE EFFORT WAS MADE	14 10%	238 9%	~	4 22%~	3 21%~	2 7%~	3 6%	2 15%~	9 10%~	~	~	~	~	1 14%~	~	14 11%~	10 11%~	3 7%~	7 13%	7 9%
SOME EFFORT WAS MADE	30 22%	749 27%	2 33%~	~	1 7%~	12 40%~	11 20%	4 31%~	19 20%~	~	~	~	~	3 43%~	3 33%~	27 22%~	13 14%~	16 38%~	11 20%	19 24%
A LOT OF EFFORT WAS MADE	86 63%	1596 58%	3 50%~	13 72%~	9 64%~	15 50%~	38 70%	7 54%~	60 65%~	~	~	~	~	3 43%~	5 56%~	79 63%~	62 68%~	23 55%~	34 62%	51 64%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	116 85%	2345 85%	5 83%~	13 72%~	10 71%~	27 90%~	49 91%	11 85%~	79 85%~	~	~	~	~	6 86%~	8 89%~	106 85%~	75 82%~	39 93%~	45 82%	70 88%
TOP BOX SCORE	86 63%	1596 58%	3 50%~	13 72%~	9 64%~	15 50%~	38 70%	7 54%~	60 65%~	~	~	~	~	3 43%~	5 56%~	79 63%~	62 68%~	23 55%~	34 62%	51 64%
NOT ANSWERED	2	103					1	1							1	1	1	1	2	
VALID CASES	137	2773	6	18	14	30	54	13	93					7	9	125	91	42	55	80
NUMBER OF RESPONDENTS	139	2876	6	18	14	30	54	14	94					7	10	126	92	43	57	80
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR		FE- MALE		
Q35I YES	91 30%	1870 35%	3 13%~	8 20%~	13 35%~	19 29%	36 33%	11 58%~	64 32%	~	~	~	~	~	2 18%~	4 17%~	84 31%~	67 30%	23 34%	30 23%*	60 36%*
NO	209 70%	3406 65%	20 87%~	33 80%~	24 65%~	47 71%	74 67%	8 42%~	138 68%	~	~	~	~	~	9 82%~	19 83%~	186 69%~	160 70%	45 66%	101 77%*	105 64%*
NOT ANSWERED	18	394	1	1	1	4	2	1	9						2	9	5	6	6	5	
VALID CASES	300	5277	23	41	37	66	110	19	202						11	23	270	227	68	131	165
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q35J #YES	80 91%	1588 89%	3 100%	7 100%	12 92%	17 94%	31 89%	9 82%	57 92%	~	~	~	~	~	2 ~100%	4 100%	73 90%	63 95%	17 77%	27 90%	52 91%
NO	8 9%	204 11%	~	~	1 8%	1 6%	4 11%	2 18%	5 8%	~	~	~	~	~	~	~	8 10%	3 5%	5 23%	3 10%	5 9%
NOT ANSWERED	3	60		1		1	1		2								3	1	1		3
VALID CASES	88	1792	3	7	13	18	35	11	62						2	4	81	66	22	30	57
NUMBER OF RESPONDENTS	91 100%	1852 100%	3 100%	8 100%	13 100%	19 100%	36 100%	11 100%	64 100%						2 100%	4 100%	84 100%	67 100%	23 100%	30 100%	60 100%

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q35K #YES	77 87%	1484 84%	3 100%	6 86%	13 100%	16 89%	31 89%	7 64%	54 87%	~	~	~	~	~	50%	100%	70 86%	60 91%	17 77%	24 80%	52 91%
NO	11 13%	292 16%	~	14%	~	11%	11%	36%	8 13%	~	~	~	~	50%	~	14%	6 9%	5 23%	6 20%	5 9%	
NOT ANSWERED	3	76	1	1	1	1	2	2	2							3	1	1		3	
VALID CASES	88	1776	3	7	13	18	35	11	62					2	4	81	66	22	30	57	
NUMBER OF RESPONDENTS	91 100%	1852 100%	3 100%	8 100%	13 100%	19 100%	36 100%	11 100%	64 100%					2 100%	4 100%	84 100%	67 100%	23 100%	30 100%	60 100%	

[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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35L NEVER	41 14%	692 13%	4 17%~	4 10%~	8 22%~	12 18%	11 10%	1 6%~	28 14%	~	~	~	~	~	2 18%~	3 12%~	38 14%~	35 16%	6 8%	26 19%*	15 9%*
SOMETIMES	32 11%	623 12%	5 21%~	6 15%~	3 8%~	5 7%	9 8%	3 17%~	16 8%*	~	~	~	~	~	1 9%~	5 20%~	26 10%~	21 10%	10 14%	16 12%	15 9%
USUALLY	59 20%	1195 23%	8 33%~	5 13%~	8 22%~	12 18%	23 21%	3 17%~	39 19%	~	~	~	~	~	2 18%~	8 32%~	50 19%~	43 19%	15 21%	24 18%	35 22%
ALWAYS	164 55%	2698 52%	7 29%~	25 62%~	17 47%~	38 57%	65 60%	11 61%~	122 60%*	~	~	~	~	~	6 55%~	9 36%~	153 57%~	122 55%	42 58%	68 51%	95 59%
#ALWAYS + USUALLY (NET)	223 75%	3894 75%	15 62%~	30 75%~	25 69%~	50 75%	88 81%	14 78%~	161 79%	~	~	~	~	~	8 73%~	17 68%~	203 76%~	165 75%	57 78%	92 69%*	130 81%*
TOP BOX SCORE	164 55%	2698 52%	7 29%~	25 62%~	17 47%~	38 57%	65 60%	11 61%~	122 60%*	~	~	~	~	~	6 55%~	9 36%~	153 57%~	122 55%	42 58%	68 51%	95 59%
NOT ANSWERED	22	462		2	2	3	4	2	6								12	11	1	3	10
VALID CASES	296	5209	24	40	36	67	108	18	205						11	25	267	221	73	134	160
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTH R ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
	Q35M ALWAYS	15 5%	310 6%	~	2%~	1 5%~	2 9%	6 5%	5 5%~	1 4%	9 ~	~	~	~	~	2 18%~	4 17%~	11 4%~	9 4%	6 8%	6 4%
USUALLY	9 3%	270 5%*	~	2%~	1 5%~	2 3%	2 3%	3 5%~	1 3%	6 ~	~	~	~	~	~	1 4%~	8 3%~	4 2%	5 7%	5 4%	4 2%
SOMETIMES	45 15%	952 18%	5 21%~	8 19%~	3 8%~	9 14%	15 14%	5 26%~	32 16%	~	~	~	~	~	4 36%~	3 12%~	41 15%~	35 16%	10 14%	24 18%	21 13%
NEVER	229 77%	3697 71%*	19 79%~	32 76%~	31 82%~	49 74%	83 78%	12 63%~	157 77%	~	~	~	~	~	5 45%~	16 67%~	209 78%~	177 79%	50 70%	99 74%	127 79%
#NEVER + SOMETIMES (NET)	274 92%	4649 89%	24 100%~	40 95%~	34 89%~	58 88%	98 92%	17 89%~	189 93%	~	~	~	~	~	9 82%~	19 79%~	250 93%~	212 94%*	60 85%*	123 92%	148 92%
TOP BOX SCORE	229 77%	3697 71%*	19 79%~	32 76%~	31 82%~	49 74%	83 78%	12 63%~	157 77%	~	~	~	~	~	5 45%~	16 67%~	209 78%~	177 79%	50 70%	99 74%	127 79%
NOT ANSWERED	20	442				4	6	1	7							1	10	7	3	3	9
VALID CASES	298	5229	24	42	38	66	106	19	204					11	24	269	225	71	134	161	
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	

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	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
								WHTE	##	#	#	##	##	TI	IC	IC	GOOD	POOR		
Q35N ALWAYS	6 2%	79 2%	1 ~	2 2%	2 ~	2 3%	1 2%	2 1%	~	~	~	~	~	2 18%	2 8%	4 1%	3 1%	3 4%	4 3%	2 1%
USUALLY	6 2%	129 2%	1 ~	1 2%	2 3%	2 3%	2 2%	5 2%	~	~	~	~	~	~	1 4%	5 2%	2 0.9%	3 4%	3 2%	3 2%
SOMETIMES	40 13%	739 14%	6 25%	6 15%	1 3%	8 12%	16 15%	3 16%	28 14%	~	~	~	~	2 18%	1 4%	39 14%	29 13%	11 15%	18 14%	22 13%
NEVER	247 83%	4276 82%	18 75%	33 80%	36 95%	55 82%	87 81%	15 79%	168 83%	~	~	~	~	7 64%	20 83%	222 82%	191 85%	54 76%	107 81%	137 84%
#NEVER + SOMETIMES (NET)	287 96%	5015 96%	24 100%	39 95%	37 97%	63 94%	103 96%	18 95%	196 97%	~	~	~	~	9 82%	21 88%	261 97%	220 98%*	65 92%	125 95%	159 97%
TOP BOX SCORE	247 83%	4276 82%	18 75%	33 80%	36 95%	55 82%	87 81%	15 79%	168 83%	~	~	~	~	7 64%	20 83%	222 82%	191 85%	54 76%	107 81%	137 84%
NOT ANSWERED	19	448	1		3	5	1	8							1	9	7	3	5	6
VALID CASES	299	5223	24	41	38	67	107	19	203					11	24	270	225	71	132	164
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER					
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC ILND #	AMER IND/ ALSK OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR		FE- MALE					
Q350 ALWAYS	2 0.7%	62 1%	~	~	~	2%	0.9%	~	~	~	~	~	~	~	1	1	4%	0.4%	~	3%	~	1%	
USUALLY	6 2%	77 1%	~	2%	5%	2%	2%	~	~	~	~	~	~	~	4	2%	4%	2%	2%	1%	4%	0.6%	
SOMETIMES	18 6%	505 10%*	1 4%	5 12%	~	2 3%	7 11%	2 5%	~	~	~	~	~	3	10	27%	4%	6%	5%	8%	5%	6%	
NEVER	273 91%	4589 88%*	23 96%	35 85%	36 95%	62 94%	97 91%	17 89%	188 93%	~	~	~	~	8	73%	21	248	88%	92%	209	63	121	150
#NEVER + SOMETIMES (NET)	291 97%	5094 97%	24 100%	40 98%	36 95%	64 97%	104 97%	19 100%	198 98%	~	~	~	~	11	100%	22	264	92%	98%	220	69	128	160
TOP BOX SCORE	273 91%	4589 88%*	23 96%	35 85%	36 95%	62 94%	97 91%	17 89%	188 93%	~	~	~	~	8	73%	21	248	88%	92%	209	63	121	150
NOT ANSWERED	19	438	1	4	5	1	8								1	9	8	2	4	7			
VALID CASES	299	5233	24	41	38	66	107	19	203					11	24	270	224	72	133	163			
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170			
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35P																					
#YES DEFINITELY	199 68%	3547 69%	12 52%~	27 66%~	30 81%~	40 61%	73 70%	14 78%~	137 68%	~	~	~	~	~	5 45%~	15 68%~	180 67%~	150 68%	48 68%	80 60%*	117 74%*
YES SOMEWHAT	71 24%	1203 23%	8 35%~	12 29%~	6 16%~	19 29%	23 22%	2 11%~	50 25%	~	~	~	~	~	3 27%~	5 23%~	65 24%~	54 24%	16 23%	38 29%	32 20%
NO	24 8%	417 8%	3 13%~	2 5%~	1 3%~	7 11%	9 9%	2 11%~	15 7%	~	~	~	~	~	3 27%~	2 9%~	22 8%~	17 8%	7 10%	15 11%	9 6%
NOT ANSWERED	24	503	1	1	1	4	7	2	9							3	12	11	3	4	12
VALID CASES	294	5168	23	41	37	66	105	18	202						11	22	267	221	71	133	158
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

		AGE							RACE						ETHNIC- ITY	HEALTH STATUS		GENDER			
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35Q YES	174 58%	2983 57%	15 63%~	28 67%~	15 41%~	39 57%	67 62%	10 59%~	124 60%	~	~	~	~	~	55%~	13 54%~	159 59%~	136 59%	37 54%	66 50%*	108 66%*
NO	126 42%	2289 43%	9 37%~	14 33%~	22 59%~	30 43%	41 38%	7 41%~	81 40%	~	~	~	~	~	45%~	11 46%~	112 41%~	93 41%	31 46%	67 50%*	56 34%*
NOT ANSWERED	18	399			1	1	4	3	6							1	8	3	6	4	6
VALID CASES	300	5272	24	42	37	69	108	17	205					11	24	271	229	68	133	164	
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	

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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC ILND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q35R NEVER	41 34%	917 37%	3 21%~	5 33%~	10 48%~	8 35%~	14 39%~	20 35%	~	~	~	~	~	~	3 23%~	36 35%~	28 31%~	12 41%~	25 37%	15 29%
SOMETIMES	22 18%	468 19%	6 43%~	3 20%~	2 10%~	4 17%~	6 17%~	1 11%~	10 18%	~	~	~	~	1 17%~	4 31%~	18 17%~	19 21%~	3 10%~	12 18%	10 20%
USUALLY	25 21%	470 19%	2 14%~	2 13%~	4 19%~	6 26%~	8 22%~	3 33%~	12 21%	~	~	~	~	2 33%~	3 23%~	22 21%~	17 19%~	8 28%~	11 16%	14 27%
ALWAYS	32 27%	619 25%	3 21%~	5 33%~	5 24%~	5 22%~	8 22%~	5 56%~	15 26%	~	~	~	~	3 50%~	3 23%~	28 27%~	26 29%~	6 21%~	19 28%	12 24%
#ALWAYS + USUALLY (NET)	57 47%	1089 44%	5 36%~	7 47%~	9 43%~	11 48%~	16 44%~	8 89%~	27 47%	~	~	~	~	5 83%~	6 46%~	50 48%~	43 48%~	14 48%~	30 45%	26 51%
TOP BOX SCORE	32 27%	619 25%	3 21%~	5 33%~	5 24%~	5 22%~	8 22%~	5 56%~	15 26%	~	~	~	~	3 50%~	3 23%~	28 27%~	26 29%~	6 21%~	19 28%	12 24%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	175	2730	9	25	16	46	70	8	144					5	9	164	133	40	64	110
NOT ANSWERED	23	467	1	2	1	1	6	3	10						3	11	9	5	6	9
VALID CASES	120	2474	14	15	21	23	36	9	57					6	13	104	90	29	67	51
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH R	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
									WHTE ##	#	#	#	#	#	#	#					
Q36																					
EXCELLENT	35 11%	556 10%	6 25%	9 21%	6 16%	5 7%	7 6%*	1 5%	16 8%*	~	~	~	~	~	3 27%	5 21%	29 10%	35 15%*	~	15 11%	19 11%
VERY GOOD	75 25%	1282 24%	9 38%	17 40%	11 29%	16 23%	20 18%*	1 5%	50 24%	~	~	~	~	~	~	9 38%	65 23%	75 32%	~	34 25%	40 24%
GOOD	122 40%	1849 35%	6 25%	14 33%	16 42%	29 42%	51 46%	6 30%	92 44%*	~	~	~	~	~	6 55%	4 17%	116 42%	122 53%*	~	54 39%	68 41%
FAIR	59 19%	1201 23%	3 13%	1 2%	5 13%	15 22%	24 22%	11 55%	44 21%	~	~	~	~	~	2 18%	5 21%	53 19%	59 ~	80%	26 19%	33 20%
POOR	15 5%	406 8%*	~	1 2%	~	4 6%	8 7%	1 5%	8 4%	~	~	~	~	~	~	1 4%	14 5%	15 ~	20%*	8 6%	7 4%
#EXCELLENT + VERY GOOD + GOOD (NET)	232 76%	3686 70%*	21 88%	40 95%	33 87%	50 72%	78 71%	8 40%	158 75%	~	~	~	~	~	9 82%	18 75%	210 76%	232 100%	~	103 75%	127 76%
NOT ANSWERED	12	377				1	2		1							1	2				3
VALID CASES	306	5294	24	42	38	69	110	20	210					11	24	277	232	74	137	167	
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170	
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q37																					
EXCELLENT	64 21%	956 18%	7 30%~	12 29%~	11 29%~	12 18%	18 16%	3 15%~	36 17%*	~	~	~	~	~	3 27%~	9 38%~	53 19%~	62 27%*	1 1%*	29 22%	34 20%
VERY GOOD	85 28%	1444 27%	5 22%~	17 40%~	9 24%~	23 34%	28 25%	2 10%~	62 30%	~	~	~	~	~	1 9%~	5 21%~	78 28%~	74 32%*	11 15%*	38 28%	46 27%
GOOD	87 29%	1591 30%	7 30%~	8 19%~	10 26%~	18 26%	37 33%	7 35%~	61 29%	~	~	~	~	~	4 36%~	4 17%~	83 30%~	67 29%	20 28%	35 26%	52 31%
FAIR	54 18%	1030 19%	4 17%~	5 12%~	6 16%~	10 15%	21 19%	8 40%~	39 19%	~	~	~	~	~	2 18%~	5 21%~	48 17%~	25 11%*	28 39%*	28 21%	26 15%
POOR	14 5%	303 6%	~	~	2 5%~	5 7%	7 6%	~	10 5%	~	~	~	~	~	1 9%~	1 4%~	13 5%~	3 1%*	11 15%*	4 3%	10 6%
#EXCELLENT + VERY GOOD + GOOD (NET)	236 78%	3991 75%	19 83%~	37 88%~	30 79%~	53 78%	83 75%	12 60%~	159 76%	~	~	~	~	~	8 73%~	18 75%~	214 78%~	203 88%*	32 45%*	102 76%	132 79%
NOT ANSWERED	14	348	1			2	1		3							1	4	1	3	3	2
VALID CASES	304	5323	23	42	38	68	111	20	208						11	24	275	231	71	134	168
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q38 #YES	95 32%	1949 37%*	7 30%~	10 25%~	8 22%~	21 31%	37 34%	12 60%~	69 34%	~	~	~	~	~	4 36%~	9 37%~	86 32%~	58 26%*	35 48%*	40 31%	55 33%
NO	204 68%	3261 63%*	16 70%~	30 75%~	29 78%~	47 69%	72 66%	8 40%~	135 66%	~	~	~	~	~	7 64%~	15 63%~	184 68%~	166 74%*	38 52%*	90 69%	112 67%
DON'T KNOW	7	134	1	2		1	2		6								7	6	1	5	2
NOT ANSWERED	12	327				1	1	1	1							1	2	2		2	1
VALID CASES	299	5210	23	40	37	68	109	20	204						11	24	270	224	73	130	167
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211						11	25	279	232	74	137	170
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q39 EVERY DAY	69 23%	1034 20%	1 4%~	6 14%~	10 26%~	20 29%	26 23%	5 26%*	55 26%*	~	~	~	~	~	2 18%~	1 4%~	67 24%~	42 18%*	27 36%*	38 28%	30 18%*
SOME DAYS	21 7%	461 9%	1 4%~	4 10%~	7 18%~	4 6%	4 5%~	1 4%*	9 4%*	~	~	~	~	~	2 18%~	2 8%~	19 7%~	17 7%	4 5%	13 9%	8 5%
NOT AT ALL	216 71%	3773 72%	22 92%~	32 76%~	21 55%~	45 65%	81 73%	13 68%~	146 70%	~	~	~	~	~	7 64%~	21 88%~	192 69%~	171 74%*	43 58%*	86 63%*	129 77%*
DON'T KNOW		42																			
NOT ANSWERED	12	360				1	1	1	1							1	1	2			3
VALID CASES	306	5269	24	42	38	69	111	19	210						11	24	278	230	74	137	167
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211						11	25	279	232	74	137	170
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC ILND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q40 NEVER	35 39%	477 30%	4 ~ 40%	9 53%	9 39%	11 37%	1 17%	22 35%	~	~	~	~	~	2 50%	1 33%	33 39%	31 53%	4 13%	22 43%	12 32%
SOMETIMES	8 9%	309 20%	1 50%	2 20%	2 12%	1 4%	2 7%	5 8%	~	~	~	~	~	1 25%	~	8 9%	5 8%	3 10%	2 4%	6 16%
USUALLY	19 21%	270 17%	1 50%	4 40%	3 18%	4 17%	5 17%	2 33%	16 25%	~	~	~	~	~	2 67%	17 20%	11 19%	8 27%	12 24%	7 19%
ALWAYS	27 30%	513 33%	~	~	3 18%	9 39%	12 40%	3 50%	20 32%	~	~	~	~	1 25%	~	27 32%	12 20%	15 50%	15 29%	12 32%
#ALWAYS + USUALLY (NET)	46 52%	782 50%	1 50%	4 40%	6 35%	13 57%	17 57%	5 83%	36 57%	~	~	~	~	1 25%	2 67%	44 52%	23 39%	23 77%	27 53%	19 51%
TOP BOX SCORE	27 30%	513 33%	~	~	3 18%	9 39%	12 40%	3 50%	20 32%	~	~	~	~	1 25%	~	27 32%	12 20%	15 50%	15 29%	12 32%
NOT ANSWERED	1	25			1				1							1		1		1
VALID CASES	89	1569	2	10	17	23	30	6	63					4	3	85	59	30	51	37
NUMBER OF RESPONDENTS	90	1594	2	10	17	24	30	6	64					4	3	86	59	31	51	38
	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.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	NATV AS- IAN #	AMER HAW/ IND/ PAC ALSK ##	ILND NATV ##	OTHR ##	MUL- TI TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE MALE	FE- MALE MALE	
Q41 NEVER	49 56%	796 51%	1 50%~	8 80%~	11 65%~	15 65%~	13 43%~	1 17%~	35 56%~	~	~	~	~	~	2 50%~	1 33%~	48 56%~	40 69%~	9 30%~	31 61%~	18 49%~
SOMETIMES	18 20%	318 20%	1 50%~	1 10%~	5 29%~	2 9%~	7 23%~	2 33%~	13 21%~	~	~	~	~	~	1 25%~	1 33%~	17 20%~	9 16%~	9 30%~	8 16%~	10 27%~
USUALLY	8 9%	179 11%	~	~	~	4 17%~	2 7%~	2 33%~	7 11%~	~	~	~	~	~	~	1 33%~	7 8%~	3 5%~	5 17%~	4 8%~	4 11%~
ALWAYS	13 15%	266 17%	~	1 10%~	1 6%~	2 9%~	8 27%~	1 17%~	8 13%~	~	~	~	~	~	1 25%~	~	13 15%~	6 10%~	7 23%~	8 16%~	5 14%~
#ALWAYS + USUALLY (NET)	21 24%	445 29%	~	1 10%~	1 6%~	6 26%~	10 33%~	3 50%~	15 24%~	~	~	~	~	~	1 25%~	1 33%~	20 24%~	9 16%~	12 40%~	12 24%~	9 24%~
TOP BOX SCORE	13 15%	266 17%	~	1 10%~	1 6%~	2 9%~	8 27%~	1 17%~	8 13%~	~	~	~	~	~	1 25%~	~	13 15%~	6 10%~	7 23%~	8 16%~	5 14%~
NOT ANSWERED	2	34				1			1								1	1	1		1
VALID CASES	88	1560	2	10	17	23	30	6	63						4	3	85	58	30	51	37
NUMBER OF RESPONDENTS	90	1594	2	10	17	24	30	6	64						4	3	86	59	31	51	38
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	NATV AS- IAN #	AMER HAW/ IND/ PAC ALSK #	ILND #	OTH #	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q42 NEVER	55 62%	888 57%	1 50%~	7 70%~	12 71%~	15 65%~	17 57%~	3 50%~	38 60%~	~	~	~	~	~	2 50%~	2 67%~	53 62%~	41 71%~	14 47%~	33 65%~	22 59%~
SOMETIMES	13 15%	301 19%	~	~	5 29%~	2 9%~	5 17%~	1 17%~	10 16%~	~	~	~	~	~	1 25%~	13 15%~	7 12%~	6 20%~	4 8%~	9 24%~	
USUALLY	7 8%	175 11%	~	1 10%~	~	2 9%~	2 7%~	2 33%~	6 10%~	~	~	~	~	~	~	7 8%~	3 5%~	4 13%~	5 10%~	2 5%~	
ALWAYS	13 15%	191 12%	1 50%~	2 20%~	~	4 17%~	6 20%~	~	9 14%~	~	~	~	~	~	1 25%~	1 33%~	12 14%~	7 12%~	6 20%~	9 18%~	4 11%~
#ALWAYS + USUALLY (NET)	20 23%	367 24%	1 50%~	3 30%~	~	6 26%~	8 27%~	2 33%~	15 24%~	~	~	~	~	~	1 25%~	1 33%~	19 22%~	10 17%~	10 33%~	14 27%~	6 16%~
TOP BOX SCORE	13 15%	191 12%	1 50%~	2 20%~	~	4 17%~	6 20%~	~	9 14%~	~	~	~	~	~	1 25%~	1 33%~	12 14%~	7 12%~	6 20%~	9 18%~	4 11%~
NOT ANSWERED	2	39				1			1							1	1	1		1	
VALID CASES	88	1555	2	10	17	23	30	6	63						4	3	85	58	30	51	37
NUMBER OF RESPONDENTS	90 100%	1594 100%	2 100%	10 100%	17 100%	23 100%	30 100%	6 100%	64 100%						4 100%	3 100%	86 100%	59 100%	31 100%	51 100%	38 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q43 YES	50 16%	1073 20%	2 8%~	2 5%~	2 5%~	10 14%	28 25%*	6 32%~	39 19%	~	~	~	~	~	1 10%~	2 8%~	47 17%~	26 11%*	24 33%*	23 17%	27 16%
NO	254 84%	4210 80%	22 92%~	40 95%~	36 95%~	59 86%	83 75%*	13 68%~	171 81%	~	~	~	~	~	9 90%~	23 92%~	229 83%~	203 89%*	49 67%*	113 83%	141 84%
DON'T KNOW	3	36						1 1	1						1		2	2	1	1	1
NOT ANSWERED	11	352				1											1	1			1
VALID CASES	304	5283	24	42	38	69	111	19	210						10	25	276	229	73	136	168
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q44 YES	27 10%	481 10%	1 5%~	3 8%~	1 3%~	9 15%	7 7%	6 32%~	18 9%	~	~	~	~	~	2 20%~	1 4%~	26 10%~	14 6%*	13 20%*	12 10%	15 10%
NO	255 90%	4399 90%	21 95%~	35 92%~	35 97%~	53 85%	97 93%	13 68%~	173 91%	~	~	~	~	~	8 80%~	22 96%~	229 90%~	202 94%*	52 80%*	114 90%	140 90%
DON'T KNOW	23	432	2	4	2	6	7	1	18						1	2	21	15	8	10	13
NOT ANSWERED	13	359				2	1		2								3	1	1	1	2
VALID CASES	282	4880	22	38	36	62	104	19	191						10	23	255	216	65	126	155
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%



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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q45 YES	100 33%	1760 33%	2 8%	5 12%	8 21%	22 33%	49 44%*	14 70%	70 33%	~	~	~	~	~	5 45%	6 24%	92 33%	65 28%*	34 47%*	53 39%*	47 28%*
NO	205 67%	3528 67%	22 92%	37 88%	30 79%	45 67%	63 56%*	6 30%	139 67%	~	~	~	~	~	6 55%	19 76%	184 67%	165 72%*	39 53%*	83 61%*	121 72%*
NOT ANSWERED	13	383				3			2								3	2	1	1	2
VALID CASES	305	5288	24	42	38	67	112	20	209						11	25	276	230	73	136	168
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q46.1 YES	72 23%	1193 21%	2 8%~	1 2%~	4 11%~	24 34%*	31 28%	10 50%~	58 27%*	~	~	~	~	~	3 27%~	3 12%~	69 25%~	45 19%*	26 35%*	31 23%	41 24%
NO	246 77%	4478 79%	22 92%~	41 98%~	34 89%~	46 66%*	81 72%	10 50%~	153 73%*	~	~	~	~	~	8 73%~	22 88%~	210 75%~	187 81%*	48 65%*	106 77%	129 76%
VALID CASES	318	5671	24	42	38	70	112	20	211						11	25	279	232	74	137	170
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q46.2 YES	80 25%	1634 29%	1 4%	2 5%	4 11%	18 26%	42 38%*	13 65%	58 27%	~	~	~	~	~	4 36%	5 20%	75 27%	44 19%*	36 49%*	42 31%	38 22%
NO	238 75%	4037 71%	23 96%	40 95%	34 89%	52 74%	70 62%*	7 35%	153 73%	~	~	~	~	7 64%	20 80%	204 73%	188 81%*	38 51%*	95 69%	132 78%	
VALID CASES	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170	
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q46.3 YES	35 11%	883 16%*	1 4%~	3 7%~	3 8%~	8 11%	13 12%	7 35%~	21 10%	~	~	~	~	~	3 27%~	35 ~	13%~	21 9%	14 19%*	14 10%	21 12%
NO	283 89%	4788 84%*	23 96%~	39 93%~	35 92%~	62 89%	99 88%	13 65%~	190 90%	~	~	~	~	~	8 73%~	25 100%~	244 87%~	211 91%	60 81%*	123 90%	149 88%
VALID CASES	318	5671	24	42	38	70	112	20	211						11	25	279	232	74	137	170
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211						11	25	279	232	74	137	170
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q47.1 YES	3 0.9%	231 4%*	~	~	~	1% 0.9%	1 5%~	1 0.5%	1 0.5%	~	~	~	~	~	~	3 1%~	1 0.4%	2 3%	2 1% 0.6%	1 0.6%	
NO	315 99%	5440 96%*	100%~	100%~	100%~	99%~	99%~	95%~	100%~	~	~	~	~	~	11 ~100%~	25 ~100%~	276 ~99%~	231 ~100%~	72 97%	135 99%	169 99%
VALID CASES	318	5671	24	42	38	70	112	20	211						11	25	279	232	74	137	170
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q47.2 YES	9 3%	220 4%	~	~	~	3%	4%	15%	6 3%	~	~	~	~	~	~	1 4%	7 3%	3 1%*	6 8%*	6 4%	3 2%
NO	309 97%	5451 96%	100%	100%	100%	97%	96%	85%	205 97%	~	~	~	~	11 ~100%	24 96%	272 97%	229 99%*	68 92%*	131 96%	167 98%	
VALID CASES	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170	
NUMBER OF RESPONDENTS	318 100%	5671 100%	100%	100%	100%	100%	100%	100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	

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			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q47.3 YES	11 3%	243 4%	~	~	~	3%	7%*	5%~	3%	~	~	~	~	~	9%~	1 4%~	10 4%~	6 3%	5 7%	7 5%	4 2%
NO	307 97%	5428 96%	24 100%	42 100%	38 100%	68 97%	104 93%*	19 95%~	204 97%	~	~	~	~	~	91%~	24 96%~	269 96%~	226 97%	69 93%	130 95%	166 98%
VALID CASES	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170	
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	

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

		AGE							RACE							ETHNICITY			HEALTH STATUS		GENDER	
		18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE			
Q47.4																						
YES	44 14%	955 17%	1 4%	3 7%	3 8%	12 17%	19 30%	6 17%*	35 ~	~	~	~	~	2 18%	3 12%	41 15%	21 9%*	21 28%*	22 16%	22 13%		
NO	274 86%	4716 83%	23 96%	39 93%	35 92%	58 83%	93 70%	14 83%*	176 ~	~	~	~	9 82%	22 88%	238 85%	211 91%*	53 72%*	115 84%	148 87%			
VALID CASES	318	5671	24	42	38	70	112	20	211				11	25	279	232	74	137	170			
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211				11	25	279	232	74	137	170			
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%			



Q48 IN THE LAST 6 MONTHS, DID YOU GET HEALTH CARE 3 OR MORE TIMES FOR THE SAME CONDITION OR PROBLEM?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q48 YES	82 27%	1695 32%	4 17%~	7 17%~	10 26%~	22 32%	33 30%	6 32%~	56 27%	~	~	~	~	~	5 45%~	5 21%~	76 28%~	46 20%*	35 48%*	31 23%	51 30%
NO	221 73%	3585 68%	20 83%~	35 83%~	28 74%~	47 68%	78 70%	13 68%~	152 73%	~	~	~	~	~	6 55%~	19 79%~	200 72%~	181 80%*	38 52%*	103 77%	118 70%
NOT ANSWERED	15	392				1	1	1	3							1	3	5	1	3	1
VALID CASES	303	5279	24	42	38	69	111	19	208						11	24	276	227	73	134	169
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q49 YES	72 91%	1392 87%	4 100%	5 100%	9 90%	18 86%	30 91%	6 100%	50 94%	~	~	~	~	~	4 80%	5 100%	66 90%	37 86%	34 97%	27 90%	45 92%
NO	7 9%	208 13%	~	~	10% 14%	3 9%	3 9%	~	3 6%	~	~	~	~	~	1 20%	7 10%	7 14%	6 3%	1 3%	3 10%	4 8%
NOT ANSWERED	3	69	2		1			3								3	3			1	2
VALID CASES	79	1600	4	5	10	21	33	6	53					5	5	73	43	35	30	49	
NUMBER OF RESPONDENTS	82	1669	4	7	10	22	33	6	56					5	5	76	46	35	31	51	
	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.

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE			
Q50 YES	173 57%	3271 62%	8 33%~	12 29%~	15 39%~	42 60%	80 71%*	15 79%~	130 62%*	~	~	~	~	~	6 55%~	12 48%~	159 57%~	109 48%*	61 84%*	78 57%	95 57%	
NO	132 43%	2030 38%	16 67%~	29 71%~	23 61%~	28 40%	32 29%*	4 21%~	81 38%*	~	~	~	~	~	5 45%~	13 52%~	118 43%~	120 52%*	12 16%*	59 43%	73 43%	
NOT ANSWERED	13	369	1											2		3		1		2		
VALID CASES	305	5302	24	41	38	70	112	19	211							11	25	277	229	73	137	168
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%							11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q51 YES	158 92%	2939 94%	7 88%	10 83%	14 93%	38 90%	76 95%	13 93%	121 95%	~	~	~	~	~	6 ~100%	10 83%	146 93%	101 94%	55 92%	73 95%	85 90%
NO	13 8%	176 6%	1 13%	2 17%	1 7%	4 10%	4 5%	1 7%	7 5%	~	~	~	~	~	~	2 17%	11 7%	7 6%	5 8%	4 5%	9 10%
NOT ANSWERED	2	111						1	2								2	1	1	1	1
VALID CASES	171	3115	8	12	15	42	80	14	128						6	12	157	108	60	77	94
NUMBER OF RESPONDENTS	173	3226	8	12	15	42	80	15	130						6	12	159	109	61	78	95
	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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
								WHTE	##	#	#	##	##	TI	IC	IC	GOOD	POOR		
NQ52																				
18 TO 24	26 8%	544 10%	24 100%	~	~	~	~	10 5%*	~	~	~	~	~	~	4 16%	20 7%	21 9%	3 4%	13 9%	11 6%
25 TO 34	45 14%	1042 18%*	~	42 ~100%	~	~	~	28 13%	~	~	~	~	2 18%	4 16%	38 14%	40 17%*	2 3%*	20 15%	22 13%	
35 TO 44	39 12%	924 16%*	~	~	38 ~100%	~	~	22 10%	~	~	~	~	1 9%	3 12%	34 12%	33 14%*	5 7%	17 12%	21 12%	
45 TO 54	72 23%	1138 20%	~	~	70 ~100%	~	~	50 24%	~	~	~	~	2 18%	5 20%	65 23%	51 22%	19 26%	35 26%	35 21%	
55 TO 64	114 36%	1472 26%*	~	~	~	112 ~100%	~	87 41%*	~	~	~	~	4 36%	8 32%	103 37%	79 34%	32 43%	44 32%	68 40%	
65 TO 74	14 4%	326 6%	~	~	~	~	13 65%	9 4%	~	~	~	~	1 9%	~	13 5%	5 2%*	8 11%*	5 4%	8 5%	
75 OR OLDER	8 3%	225 4%	~	~	~	~	7 35%	5 2%	~	~	~	~	1 9%	1 4%	6 2%	3 1%	5 7%	3 2%	5 3%	
VALID CASES	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

NQ53 ARE YOU MALE OR FEMALE?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ53																					
MALE	141 44%	2300 41%	13 54%~	20 48%~	17 45%~	35 50%	44 39%	7 35%~	96 45%	~	~	~	~	~	3 27%~	13 52%~	123 44%~	104 45%	34 46%	137 100%~	~
FEMALE	177 56%	3371 59%	11 46%~	22 52%~	21 55%~	35 50%	68 61%	13 65%~	115 55%	~	~	~	~	~	8 73%~	12 48%~	156 56%~	128 55%	40 54%	170 ~100%~	
VALID CASES	318	5671	24	42	38	70	112	20	211						11	25	279	232	74	137	170
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%						11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q54																						
8TH GRADE OR LESS	8 3%	328 6%*	~	1 2%~	~	1 1%	5 5%	~	7 3%	~	~	~	~	~	~	1 4%~	7 3%~	5 2%	2 3%	3 2%	5 3%	
SOME HIGH SCHOOL BUT DID NOT GRADUATE	42 14%	614 12%	22%~	5 2%~	1 13%~	5 17%	12 14%	15 20%~	4 12%	25 12%	~	~	~	~	~	8 32%~	33 12%~	21 9%*	21 28%*	29 21%*	13 8%*	
HIGH SCHOOL GRADUATE OR GED	106 35%	1659 31%	43%~	10 38%~	16 34%~	13 36%	25 32%	35 35%~	7 34%	71 34%	~	~	~	~	~	4 36%~	7 28%~	97 35%~	83 36%	22 30%	53 39%	53 32%
SOME COLLEGE OR 2-YEAR DEGREE	119 39%	1998 38%	30%~	7 40%~	17 53%~	20 36%	25 40%	44 30%~	6 41%	86 41%	~	~	~	~	~	5 45%~	5 20%~	114 41%~	93 41%	25 34%	41 30%*	78 46%*
4-YEAR COLLEGE GRADUATE	16 5%	437 8%*	4%~	1 7%~	3 ~	3 4%	7 6%	2 10%~	2 6%	12 6%	~	~	~	~	~	1 9%~	2 8%~	14 5%~	14 6%	2 3%	6 4%	10 6%
MORE THAN 4-YEAR COLLEGE DEGREE	14 5%	242 5%	~	4 10%~	~	4 6%	5 5%	1 5%~	8 4%	8 4%	~	~	~	~	~	1 9%~	2 8%~	12 4%~	12 5%	2 3%	5 4%	9 5%
NOT ANSWERED	13	392	1				1		2								2	4			2	
VALID CASES	305	5279	23	42	38	70	111	20	209					11	25	277	228	74	137	168		
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170		
	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?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q55																				
YES HISPANIC OR LATINO	25 8%	668 13%*	4 17%~	4 10%~	3 8%~	5 7%	8 7%	1 5%~	~	~	~	~	~	~	25 ~100%~	18 ~	6 8%	13 10%	12 7%	
NO NOT HISPANIC OR LATINO	279 92%	4589 87%*	20 83%~	38 90%~	34 92%~	65 93%	103 93%	18 95%~	209 100%~	~	~	~	~	11 ~100%~	279 ~100%~	210 92%	67 92%	123 90%	156 93%	
NOT ANSWERED	14	413			1		1	1	2							4	1	1	2	
VALID CASES	304	5258	24	42	37	70	111	19	209					11	25	279	228	73	136	168
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%



Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC	ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE
Q56.1 YES	233 73%	3500 62%*	12 50%~	32 76%~	25 66%~	54 77%	93 83%*	16 80%~	211 100%~	~	~	~	~	~	10 91%~	12 48%~	219 78%~	174 75%	57 77%	104 76%	129 76%
NO	85 27%	2171 38%*	12 50%~	10 24%~	13 34%~	16 23%	19 17%*	4 20%~	~	~	~	~	~	~	1 9%~	13 52%~	60 22%~	58 25%	17 23%	33 24%	41 24%
VALID CASES	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170	
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
PHSJ 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 #	OTHR ##	MUL-TI TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q56.2 YES	4 1%	117 2%	1 4%	~	~	2 3%	~	1 5%	~	~	~	~	~	~	2 8%	2 0.7%	4 2%*	~	2 1%	2 1%
NO	314 99%	5554 98%	23 96%	42 100%	38 100%	68 97%	112 100%	19 95%	211 100%	~	~	~	~	11 ~100%	23 92%	277 99%	228 98%	74 100%	135 99%	168 99%
VALID CASES	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ 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 #	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q56.3 YES	2	212		1		1								2	2	2				2
	0.6%	4%*	~	2%~	~	1%	~	~	~	~	~	~	~	18%~	~0.7%	~0.9%	~	~	~	1%~
NO	316	5459	24	41	38	69	112	20	211					9	25	277	230	74	137	168
	99%	96%*	100%~	98%~	100%~	99%	100%~	100%~	100%~	~	~	~	~	82%~	100%~	99%~	99%~	100%~	100%~	99%~
VALID CASES	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170
NUMBER OF RESPONDENTS	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170
	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	
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC #	AMER IND/ ALSK NATV ##	MUL- OTHR ##	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q56.4 YES	4 1%	34 0.6%	1 4%	~	~	1 1%	2 2%	~	~	~	~	~	~	2 18%	2 8%	2 0.7%	3 1%	1 1%	1 0.7%	3 2%	
NO	314 99%	5637 99%	23 96%	42 100%	38 100%	69 99%	110 98%	20 100%	211 100%	~	~	~	~	9 82%	23 92%	277 99%	229 99%	73 99%	136 99%	167 98%	
VALID CASES	318	5671	24	42	38	70	112	20	211					11	25	279	232	74	137	170	
NUMBER OF RESPONDENTS	318 100%	5671 100%	24 100%	42 100%	38 100%	70 100%	112 100%	20 100%	211 100%					11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN #	NATV HAW/ILND #	AMER IND/ALSK #	MUL-OTHR ##	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q56.5 YES	7 2%	211 4%	~	~	~	1%	4%	10%	~	~	~	~	~	36%	8%	2%	5	2	3	4
NO	311 98%	5460 96%	100%	100%	100%	99%	96%	90%	100%	~	~	~	~	64%	92%	98%	227	72	134	166
VALID CASES	318	5671	24	42	38	70	112	20	211				11	25	279	232	74	137	170	
NUMBER OF RESPONDENTS	318 100%	5671 100%	100%	100%	100%	100%	100%	100%	100%				11 100%	25 100%	279 100%	232 100%	74 100%	137 100%	170 100%	

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE		
Q56.6																					
YES	PHSJ TOT ADLT	18	25	35	45	55	65														
	OHP TOT ADLT	2	2	2	3	7	1	~	~	~	~	~	5	7	10	14	2	10	7		
		5%	5%	8%~	5%~	5%~	4%	6%	5%~	~	~	~	~	45%~	28%~	4%~	6%	3%	7%	4%	
NO																					
	PHSJ TOT ADLT	22	40	36	67	105	19	211					6	18	269	218	72	127	163		
	OHP TOT ADLT	92%~	95%~	95%~	96%	94%	95%~	100%~	~	~	~	~	55%~	72%~	96%~	94%	97%	93%	96%		
VALID CASES																					
NUMBER OF RESPONDENTS		24	42	38	70	112	20	211					11	25	279	232	74	137	170		
		100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%		

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q57 YES	22 9%	630 15%*	4 31%~	3 9%~	5 ~	6 9%	3 19%~	18 9%~	~	~	~	~	~	1 ~ 17%~	2 11%~	19 8%~	14 8%	8 14%	14 13%*	8 6%*
NO	223 91%	3507 85%*	9 69%~	29 91%~	28 100%~	52 91%	92 94%	13 81%~	192 91%~	~	~	~	~	5 ~ 83%~	16 89%~	205 92%~	169 92%	51 86%	91 87%*	132 94%*
NOT ANSWERED	2	39				1		1								1		1	1	
VALID CASES	245	4137	13	32	28	57	98	16	210					6	18	224	183	59	105	140
NUMBER OF RESPONDENTS	247	4176	13	32	28	58	98	16	211					6	18	225	183	60	106	140
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q58.1 YES	10 45%	257 48%	2 50%	1 33%	1 20%	4 67%	2 67%	6 33%	~	~	~	~	1 100%	2 100%	8 42%	4 29%	6 75%	6 43%	4 50%
NO	12 55%	281 52%	2 50%	2 67%	4 80%	2 33%	1 33%	12 67%	~	~	~	~	~	11 58%	10 71%	2 25%	8 57%	4 50%	
VALID CASES	22	538	4	3	5	6	3	18					1	2	19	14	8	14	8
NUMBER OF RESPONDENTS	22 100%	538 100%	4 100%	3 100%	5 100%	6 100%	3 100%	18 100%					1 100%	2 100%	19 100%	14 100%	8 100%	14 100%	8 100%

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



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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.2 YES	10 45%	220 41%	1 25%	2 67%	1 ~ 20%	5 83%	1 33%	8 44%	~	~	~	~	~	~	1 50%	9 47%	5 36%	5 63%	6 43%	4 50%
NO	12 55%	318 59%	3 75%	1 33%	4 ~ 80%	1 17%	2 67%	10 56%	~	~	~	~	1 ~100%	1 50%	10 53%	9 64%	3 38%	8 57%	4 50%	
VALID CASES	22	538	4	3	5	6	3	18					1	2	19	14	8	14	8	
NUMBER OF RESPONDENTS	22 100%	538 100%	4 100%	3 100%	5 100%	6 100%	3 100%	18 100%					1 100%	2 100%	19 100%	14 100%	8 100%	14 100%	8 100%	

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

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.3 YES	7 32%	203 38%	2 50%	1 33%	1 ~ 20%	1 17%	1 33%	6 33%	~	~	~	~	~	~	1 50%	5 26%	5 36%	2 25%	4 29%	3 38%
NO	15 68%	335 62%	2 50%	2 67%	4 ~ 80%	5 83%	2 67%	12 67%	~	~	~	~	1 ~100%	1 50%	14 74%	9 64%	6 75%	10 71%	5 63%	
VALID CASES	22	538	4	3	5	6	3	18					1	2	19	14	8	14	8	
NUMBER OF RESPONDENTS	22 100%	538 100%	4 100%	3 100%	5 100%	6 100%	3 100%	18 100%					1 100%	2 100%	19 100%	14 100%	8 100%	14 100%	8 100%	

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

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q58.4 YES		79 15%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	22 100%	459 85%	4 100%	3 100%	5 100%	6 100%	3 100%	18 100%	~	~	~	~	1 100%	2 100%	19 100%	14 100%	8 100%	14 100%	8 100%
VALID CASES	22	538	4	3	5	6	3	18					1	2	19	14	8	14	8
NUMBER OF RESPONDENTS	22 100%	538 100%	4 100%	3 100%	5 100%	6 100%	3 100%	18 100%					1 100%	2 100%	19 100%	14 100%	8 100%	14 100%	8 100%

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

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q58.5 YES	4 18%	32 6%	1 25%	~	~	2 40%	1 17%	~	4 22%	~	~	~	~	~	~	~	4 21%	4 29%	~	2 14%	2 25%
NO	18 82%	506 94%	3 75%	3 100%	~	3 60%	5 83%	3 100%	14 78%	~	~	~	~	1 100%	2 100%	15 79%	10 71%	8 100%	12 86%	6 75%	
VALID CASES	22	538	4	3	~	5	6	3	18	~	~	~	~	1	2	19	14	8	14	8	
NUMBER OF RESPONDENTS	22 100%	538 100%	4 100%	3 100%	~	5 100%	6 100%	3 100%	18 100%	~	~	~	~	1 100%	2 100%	19 100%	14 100%	8 100%	14 100%	8 100%	

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

NQ13 RATING OF ALL HEALTH CARE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
NQ13 0-6	35 17%	761 20%	2 15%	7 27%	5 26%	6 14%	10 12%	4 25%	26 18%	~	~	~	~	~	1 12%	3 20%	30 16%	20 14%	14 24%	14 18%	20 17%
7-8	70 34%	1368 36%	7 54%	8 31%	9 47%	18 41%	21 26%*	3 19%	48 34%	~	~	~	~	~	2 25%	3 20%	63 34%	48 34%	18 31%	24 30%	42 35%
9-10	102 49%	1705 44%	4 31%	11 42%	5 26%	20 45%	51 62%*	9 56%	69 48%	~	~	~	~	~	5 63%	9 60%	90 49%	72 51%	26 45%	42 52%	58 48%
VALID CASES	207	3835	13	26	19	44	82	16	143					8	15	183	140	58	80	120	
NUMBER OF RESPONDENTS	207 100%	3835 100%	13 100%	26 100%	19 100%	44 100%	82 100%	16 100%	143 100%					8 100%	15 100%	183 100%	140 100%	58 100%	80 100%	120 100%	
MEAN	2.32	2.25	2.15	2.15	2.00	2.32	2.50	2.31	2.30					2.50	2.40	2.33	2.37	2.21	2.35	2.32	
p stat_(*=Sig @ p<=.05)		.150	~	~	~	~	~	~	.511	~	~	~	~	~	~	~	~	.210	.165	.691	.877

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
NQ23 0-6	31 13%	642 16%	3 18%	6 20%	4 19%	5 9%	9 10%	4 31%	24 15%	~	~	~	~	~	~	2 11%	29 14%	23 14%	7 13%	12 13%	19 14%
7-8	50 22%	1053 26%	4 24%	8 27%	10 48%	10 18%	15 17%	1 8%	33 21%	~	~	~	~	1 25%	2 11%	45 22%	36 21%	11 20%	24 26%	24 18%	
9-10	150 65%	2378 58%*	10 59%	16 53%	7 33%	40 73%	66 73%*	8 62%	102 64%	~	~	~	~	3 75%	15 79%	131 64%	109 65%	38 68%	56 61%	91 68%	
VALID CASES	231	4074	17	30	21	55	90	13	159					4	19	205	168	56	92	134	
NUMBER OF RESPONDENTS	231 100%	4074 100%	17 100%	30 100%	21 100%	55 100%	90 100%	13 100%	159 100%					4 100%	19 100%	205 100%	168 100%	56 100%	92 100%	134 100%	
MEAN	2.52	2.43	2.41	2.33	2.14	2.64	2.63	2.31	2.49					2.75	2.68	2.50	2.51	2.55	2.48	2.54	
p stat_(*=Sig @ p<=.05)		.075	~	~	~.157	.042*		~.432	~	~	~	~	~	~	~	~.913	.646		.530	.587	

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN #	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
NQ27 0-6	11 12%	249 13%	2 ~	1 17%	3 11%	5 17%	7 14%	7 11%	~	~	~	~	~	1 20%	2 25%	9 11%	6 10%	4 14%	5 14%	6 11%
7-8	29 32%	475 25%	1 33%	2 17%	4 44%	8 44%	11 31%	3 25%	22 34%	~	~	~	~	1 20%	4 50%	25 31%	18 30%	10 36%	12 32%	17 32%
9-10	51 56%	1151 61%	2 67%	8 67%	4 44%	7 39%	20 56%	9 75%	35 55%	~	~	~	~	3 60%	2 25%	47 58%	36 60%	14 50%	20 54%	30 57%
VALID CASES	91	1875	3	12	9	18	36	12	64					5	8	81	60	28	37	53
NUMBER OF RESPONDENTS	91 100%	1875 100%	3 100%	12 100%	9 100%	18 100%	36 100%	12 100%	64 100%					5 100%	8 100%	81 100%	60 100%	28 100%	37 100%	53 100%
MEAN	2.44	2.48	2.67	2.50	2.33	2.22	2.42	2.75	2.44					2.40	2.00	2.47	2.50	2.36	2.41	2.45
p stat_(*=Sig @ p<=.05)		.590	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ35 RATING OF HEALTH PLAN

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE		
PHSJ TOT ADLT	OHP TOT ADLT							WHTE	##	#	#	##	##	TI	IC	IC					
NQ35 0-6	63 22%	1160 23%	6 27%	14 37%	9 25%	14 22%	17 17%	2 10%	41 21%	~	~	~	~	~	2 20%	6 29%	56 21%	49 23%	14 21%	28 23%	34 21%
7-8	101 35%	1699 34%	8 36%	8 21%	17 47%	23 35%	35 34%	6 30%	67 35%	~	~	~	~	~	5 50%	6 29%	91 35%	72 33%	24 35%	42 34%	55 34%
9-10	125 43%	2187 43%	8 36%	16 42%	10 28%	28 43%	51 50%	12 60%	86 44%	~	~	~	~	~	3 30%	9 43%	114 44%	94 44%	30 44%	53 43%	72 45%
VALID CASES	289	5046	22	38	36	65	103	20	194					10	21	261	215	68	123	161	
NUMBER OF RESPONDENTS	289 100%	5046 100%	22 100%	38 100%	36 100%	65 100%	103 100%	20 100%	194 100%					10 100%	21 100%	261 100%	215 100%	68 100%	123 100%	161 100%	
MEAN	2.21	2.20	2.09	2.05	2.03	2.22	2.33	2.50	2.23					2.10	2.14	2.22	2.21	2.24	2.20	2.24	
p stat_(*=Sig @ p<=.05)	.815		~	~	~.992	.062		~.594	~	~	~	~	~	~	~	~	~.845	.802	.834	.602	



GETTING NEEDED CARE

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NPRBSEE4 NQ25	2.16	2.22	2.67	1.83	2.40	1.86	2.27	2.33	2.09							2.60	2.22	2.15	2.20	2.03	2.24	2.09
p stat_(*=Sig @ p<=.05)		.592	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ14	2.40	2.26	2.46	2.35	2.05	2.45	2.41	2.69	2.41							2.63	2.60	2.39	2.43	2.34	2.47	2.36
p stat_(*=Sig @ p<=.05)		.009*	~	~	~	~.848	~.784	~	~	~	~	~	~	~	~	~	~	~.452	.456	.239	.286	
COMPOSITE	2.28	2.24	2.56	2.09	2.23	2.16	2.34	2.51	2.25	x	x	x	x	x	x	2.61	2.41	2.27	2.31	2.19	2.36	2.22
p stat_(*=Sig @ p<=.05)		.807	~	~	~	~.810	~.793	~	~	~	~	~	~	~	~	~	~	~.826	.766	.753	.729	

GETTING CARE QUICKLY

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN #	NATV HAW/ILND #	AMER IND/ALSK #	OTHR #	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE			
NCARSN4 NQ4	2.38	2.42	2.29	2.29	2.57	2.37	2.31	2.80	2.39					2.40	2.00	2.43	2.45	2.28	2.28	2.47	
p stat_(*=Sig @ p<=.05)	.621		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NAPGET4 NQ6	2.39	2.28	2.09	2.36	2.20	2.33	2.45	2.79	2.43					2.67	2.62	2.36	2.37	2.48	2.40	2.38	
p stat_(*=Sig @ p<=.05)	.071		~	~	~	~	.364	~	.287	~	~	~	~	~	~	~	.553	~	.815	.808	
COMPOSITE	2.39	2.35	2.19	2.32	2.39	2.35	2.38	2.79	2.41	x	x	x	x	x	2.53	2.31	2.40	2.41	2.38	2.34	2.42
p stat_(*=Sig @ p<=.05)	.864		~	~	~	~	.992	~	.872	~	~	~	~	~	~	~	~	.872	.988	.861	.836

HOW WELL DOCTORS COMMUNICATE

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN #	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NDREXPL4 NQ17	2.71	2.61	2.50	2.62	2.87	2.71	2.75	2.62	2.72					2.75	2.71	2.71	2.73	2.68	2.67	2.74	
p stat_(*=Sig @ p<=.05)		.015*	~	~	~	~.408		~.643	~	~	~	~	~	~	~	~.409	.631	.373	.404		
NDRLSTN4 NQ18	2.66	2.58	2.60	2.71	2.73	2.71	2.68	2.54	2.70					3.00	2.57	2.69	2.71	2.66	2.74	2.64	
p stat_(*=Sig @ p<=.05)		.112	~	~	~	~.772		~.246	~	~	~	~	~	~	~	~.194	.947	.180	.531		
NDRESPU4 NQ19	2.68	2.65	2.70	2.76	2.79	2.73	2.69	2.23	2.69					3.00	2.71	2.68	2.74	2.58	2.72	2.66	
p stat_(*=Sig @ p<=.05)		.602	~	~	~	~.794		~.787	~	~	~	~	~	~	~	~.062	.173	.475	.607		
NDRTMEN4 NQ20	2.60	2.50	2.40	2.52	2.60	2.63	2.69	2.31	2.64					2.75	2.69	2.59	2.59	2.64	2.57	2.62	
p stat_(*=Sig @ p<=.05)		.078	~	~	~	~.131		~	~	~	~	~	~	~	~	~.778	.581	.631	.571		
COMPOSITE	2.66	2.59	2.55	2.65	2.75	2.70	2.70	2.42	2.69	x	x	x	x	x	2.88	2.67	2.67	2.69	2.64	2.67	2.67
p stat_(*=Sig @ p<=.05)		.817	~	~	~	~.925		~.913	~	~	~	~	~	~	~	~.902	.966	.982	.994		

CUSTOMER SERVICE

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
NPBCLCS4 NQ31	2.49	2.22	1.00	2.64	2.25	2.80	2.37	2.57	2.53						1.67	2.75	2.42	2.56	2.29	2.45	2.47
p stat_(*=Sig @ p<=.05)		.007*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.69	2.61	3.00	2.82	2.50	2.80	2.63	2.63	2.79						2.33	2.44	2.71	2.78	2.48	2.80	2.58
p stat_(*=Sig @ p<=.05)		.294	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.59	2.42	2.00	2.73	2.38	2.80	2.50	2.60	2.66	x	x	x	x	x	2.00	2.60	2.57	2.67	2.38	2.62	2.53
p stat_(*=Sig @ p<=.05)		.715	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE			
NNRXWHY NQ10																						
p stat_(*=Sig @ p<=.05)		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NNRXWYNT NQ11		2.59	2.46	2.20	3.00	3.00	2.62	2.40	3.00	2.60			2.33	2.43	2.58	2.61	2.52	2.53	2.59			
p stat_(*=Sig @ p<=.05)		.153		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NRXBST NQ12		2.55	2.52	3.00	2.75	3.00	2.62	2.32	2.67	2.54			2.33	2.43	2.54	2.61	2.39	2.59	2.50			
p stat_(*=Sig @ p<=.05)		.738		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
COMPOSITE		2.57	2.49	2.60	2.88	3.00	2.62	2.36	2.83	2.57	x	x	x	x	x	2.33	2.43	2.56	2.61	2.45	2.56	2.55
p stat_(*=Sig @ p<=.05)		.779		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			

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

PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
PRBSEE4 Q25	65%	75%	100%	50%	80%	45%	70%	75%	62%						80%	67%	64%	68%	55%	68%	62%
CARNES4 Q14	87%	80%	92%	81%	79%	93%	87%	94%	90%						100%	87%	87%	87%	88%	90%	86%
AVERAGE	76.16	77.53	92.31	65.38	79.47	69.32	78.43	84.38	75.91	x	x	x	x	x	90.00	76.67	75.69	77.66	71.55	79.15	73.83

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
CARSN4 Q4	81%	84%	71%	79%	93%	88%	74%	100%	82%						80%	50%	85%	83%	80%	79%	83%
APGET4 Q6	84%	77%	64%	82%	75%	86%	86%	100%	87%						100%	94%	83%	82%	92%	84%	84%
AVERAGE	82.36	80.73	67.53	80.19	83.93	86.77	80.10	100.0	84.49	x	x	x	x	x	90.00	71.87	83.67	82.38	85.83	81.95	83.34

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

	PHSJ TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
DREXPL4 Q17	96%	91%	90%	90%	100%	98%	97%	92%	97%						100%	93%	96%	96%	98%	97%	95%
DRLSTN4 Q18	93%	90%	90%	90%	93%	95%	94%	92%	94%						100%	93%	94%	94%	94%	96%	92%
DRESPU4 Q19	93%	91%	100%	95%	93%	95%	93%	69%	94%						100%	93%	92%	94%	90%	97%	89%
DRTMEN4 Q20	91%	87%	80%	86%	93%	98%	94%	69%	93%						100%	100%	90%	91%	92%	92%	91%
AVERAGE	93.3	89.8	90.0	90.5	94.9	96.3	94.8	80.8	94.4	x	x	x	x	x	x	94.6	93.1	93.7	93.5	95.5	91.7



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

	PHSJ 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	86%	76%	0%	82%	75%	100%	87%	86%	93%							33%	88%	85%	89%	76%	83%	87%
CSRESP Q32	93%	91%	100%	91%	87%	90%	93%	100%	98%							100%	78%	95%	96%	86%	97%	89%
AVERAGE	89.34	83.64	x	86.36	81.25	95.00	90.00	92.86	95.35	x	x	x	x	x	x	82.64	89.83	92.27	80.95	89.71	88.16	

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
	PHSJ TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC	ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	POOR	MALE
NRXWHY Q10	96%	93%	100%	100%	100%	88%	100%	83%	99%					100%	86%	97%	95%	97%	94%	97%		
NRXWYNT Q11	79%	73%	60%	100%	100%	81%	70%	100%	80%					67%	71%	79%	81%	76%	76%	80%		
RXBST Q12	77%	76%	100%	88%	100%	81%	66%	83%	77%					67%	71%	77%	81%	70%	79%	75%		
AVERAGE	84.3	80.6	86.7	95.8	100	83.3	78.7	88.9	85.2	x	x	x	x	x	76.2	84.2	85.5	80.8	83.3	83.9		

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q1 YES	285	5578	43	72	77	93	123						16	59	211	260	11	235	50
	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NOT ANSWERED	2	60			1	1	1							1	1	2		1	1
VALID CASES	285	5578	43	72	77	93	123						16	59	211	260	11	235	50
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q3 YES	99 35%	1643 30%	13 32%~	29 41%	26 33%	31 34%	41 34%	~	~	~	~	~	11 ~ 69%~	19 32%	77 37%	90 35%~	6 55%~	75 33%*	24 48%*
NO	181 65%	3803 70%	28 68%~	42 59%	52 67%	59 66%	81 66%	~	~	~	~	~	5 ~ 31%~	40 68%	131 63%	167 65%~	5 45%~	155 67%*	26 52%*
NOT ANSWERED	7	191	2	1		4	2							1	4	5		6	1
VALID CASES	280	5447	41	71	78	90	122						16	59	208	257	11	230	50
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q4 NEVER		21 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	3 3%	109 7%	~	1 4%	1 4%	1 3%	1 3%	~	~	~	~	~	1 6%	2 3%	3 4%	~	2 3%	1 5%
USUALLY	13 15%	253 16%	3 27%	~	2 9%	8 27%	5 14%	~	~	~	~	1 10%	3 19%	10 14%	2 13%	10 33%	8 12%	5 23%
ALWAYS	72 82%	1212 76%	8 73%	23 96%	20 87%	21 70%	29 83%	~	~	~	~	9 90%	12 75%	57 83%	66 84%	4 67%	56 85%	16 73%
#ALWAYS + USUALLY (NET)	85 97%	1464 92%	11 100%	23 96%	22 96%	29 97%	34 97%	~	~	~	~	10 100%	15 94%	67 97%	76 96%	6 100%	64 97%	21 95%
TOP BOX SCORE	72 82%	1212 76%	8 73%	23 96%	20 87%	21 70%	29 83%	~	~	~	~	9 90%	12 75%	57 83%	66 84%	4 67%	56 85%	16 73%
NOT ANSWERED	11	102	2	5	3	1	6					1	3	8	11		9	2
VALID CASES	88	1594	11	24	23	30	35					10	16	69	79	6	66	22
NUMBER OF RESPONDENTS	99	1696	13	29	26	31	41					11	19	77	90	6	75	24
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q5 YES	186 67%	3547 65%	33 79%	41 59%	53 68%	59 67%	85 71%	~	~	~	~	~	9 60%	38 64%	138 67%	167 65%	9 90%	149 66%	37 74%
Q5 NO	91 33%	1877 35%	9 21%	28 41%	25 32%	29 33%	35 29%	~	~	~	~	~	6 40%	21 36%	67 33%	88 35%	1 10%	78 34%	13 26%
NOT ANSWERED	10	214	1	3		6	4						1	1	7	7	1	9	1
VALID CASES	277	5424	42	69	78	88	120						15	59	205	255	10	227	50
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q6 NEVER	2 1%	50 2%	~	~	4%~	1 1%	~	~	~	~	~	~	~	2 2%	2 1%	1 0.7%~	1 3%~	
SOMETIMES	10 6%	468 14%*	1 3%~	1 3%~	2 4%~	6 12%	3 4%	~	~	~	~	1 14%~	1 3%~	9 7%~	8 5%~	1 13%~	7 5%~	3 9%~
USUALLY	48 28%	881 27%	7 22%~	13 35%~	11 22%~	17 33%	17 23%	~	~	~	~	1 14%~	14 40%~	33 26%~	44 29%~	2 25%~	38 28%~	10 31%~
ALWAYS	110 65%	1910 58%	24 75%~	23 62%~	34 69%~	29 56%	53 72%	~	~	~	~	5 71%~	20 57%~	81 65%~	98 64%~	5 62%~	92 67%~	18 56%~
#ALWAYS + USUALLY (NET)	158 93%	2792 84%*	31 97%~	36 97%~	45 92%~	46 88%	70 95%	~	~	~	~	6 86%~	34 97%~	114 91%~	142 93%~	7 88%~	130 94%~	28 88%~
TOP BOX SCORE	110 65%	1910 58%	24 75%~	23 62%~	34 69%~	29 56%	53 72%	~	~	~	~	5 71%~	20 57%~	81 65%~	98 64%~	5 62%~	92 67%~	18 56%~
NOT ANSWERED	16	232	1	4	4	7	11					2	3	13	15	1	11	5
VALID CASES	170	3310	32	37	49	52	74					7	35	125	152	8	138	32
NUMBER OF RESPONDENTS	186	3542	33	41	53	59	85					9	38	138	167	9	149	37
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q7 NONE	64 23%	1626 30%*	6 14%~	17 24%	17 22%	24 26%	32 26%	~	~	~	~	~	3 19%~	14 24%	47 23%	61 24%~	1 9%~	56 25%	8 16%
1 TIME	94 34%	1614 30%	11 26%~	24 34%	27 36%	32 35%	38 31%	~	~	~	~	~	5 31%~	19 32%	70 34%	89 35%~	2 18%~	78 34%	16 31%
2	62 22%	1048 20%	10 24%~	15 21%	19 25%	18 20%	29 24%	~	~	~	~	~	4 25%~	17 29%	43 21%	57 22%~	2 18%~	52 23%	10 20%
3	35 13%	512 10%	8 19%~	8 11%	6 8%	13 14%	15 12%	~	~	~	~	~	3 19%~	4 7%	29 14%	30 12%~	3 27%~	28 12%	7 14%
4	12 4%	232 4%	5 12%~	2 3%	4 5%	1 1%*	3 2%	~	~	~	~	~	1 6%~	3 5%	9 4%	12 5%~	~	10 4%	2 4%
5 TO 9	10 4%	256 5%	1 2%~	3 4%	3 4%	3 3%	4 3%	~	~	~	~	~	~	2 3%	8 4%	8 3%~	2 18%~	4 2%*	6 12%*
10 OR MORE TIMES	2 0.7%	57 1%	1 2%~	1 1%	~	~	1 0.8%	~	~	~	~	~	~	~	2 1%	~	1 9%~	~	2 4%
NOT ANSWERED	8	293	1	2	2	3	2							1	4	5		8	
VALID CASES	279	5345	42	70	76	91	122						16	59	208	257	11	228	51
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q8 #YES	155 75%	2462 67%*	29 83%~	37 74%	41 72%	48 73%	70 80%	~	~	~	~	~	11 ~ 92%~	27 64%~	120 76%	141 74%~	7 70%~	123 74%~	32 76%~
NO	53 25%	1197 33%*	6 17%~	13 26%	16 28%	18 27%	17 20%	~	~	~	~	~	1 8%~	15 36%~	37 24%	49 26%~	3 30%~	43 26%~	10 24%~
NOT ANSWERED	7	87	1	3	2	1	3						1	3	4	6		6	1
VALID CASES	208	3659	35	50	57	66	87						12	42	157	190	10	166	42
NUMBER OF RESPONDENTS	215 100%	3746 100%	36 100%	53 100%	59 100%	67 100%	90 100%						13 100%	45 100%	161 100%	196 100%	10 100%	172 100%	43 100%

[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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q9 NEVER	6 3%	111 3%	~	2 4%	3 5%	1 2%	3 3%	~	~	~	~	~	1 8%	~	6 4%	6 3%	~	6 4%	~
SOMETIMES	19 9%	330 9%	14%~	2 4%	5 9%	7 11%	6 7%	~	~	~	~	~	1 8%	5 12%	14 9%	16 8%	3 30%	13 8%	6 15%
USUALLY	33 16%	815 22%*	7 20%~	8 16%	6 11%	12 18%	15 17%	~	~	~	~	~	1 8%	9 21%	23 15%	30 16%	1 10%	27 16%	6 15%
ALWAYS	151 72%	2400 66%*	23 66%~	39 76%	43 75%	46 70%	63 72%	~	~	~	~	~	9 75%	29 67%	114 73%	138 73%	6 60%	122 73%	29 71%
#ALWAYS + USUALLY (NET)	184 88%	3215 88%	30 86%~	47 92%	49 86%	58 88%	78 90%	~	~	~	~	~	10 83%	38 88%	137 87%	168 88%	7 70%	149 89%	35 85%
TOP BOX SCORE	151 72%	2400 66%*	23 66%~	39 76%	43 75%	46 70%	63 72%	~	~	~	~	~	9 75%	29 67%	114 73%	138 73%	6 60%	122 73%	29 71%
NOT ANSWERED	6	90	1	2	2	1	3						1	2	4	6		4	2
VALID CASES	209	3656	35	51	57	66	87						12	43	157	190	10	168	41
NUMBER OF RESPONDENTS	215	3746	36	53	59	67	90						13	45	161	196	10	172	43
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q10 YES	54 26%	1058 29%	9 26%	14 28%	16 28%	15 22%	19 22%	~	~	~	~	~	5 42%	8 19%	42 27%	44 23%	6 60%	32 19%	22 52%
Q10 NO	154 74%	2578 71%	25 74%	36 72%	41 72%	52 78%	69 78%	~	~	~	~	~	7 58%	34 81%	115 73%	145 77%	4 40%	134 81%	20 48%
NOT ANSWERED	7	110	2	3	2		2						1	3	4	7		6	1
VALID CASES	208	3636	34	50	57	67	88						12	42	157	189	10	166	42
NUMBER OF RESPONDENTS	215	3746	36	53	59	67	90						13	45	161	196	10	172	43
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ NATV ##	ALSK OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q11 #YES	49 91%	931 93%	9 100%~	13 93%~	15 94%~	12 80%~	18 95%~	~	~	~	~	~	4 ~ 80%~	7 88%~	38 90%~	41 93%~	4 67%~	31 97%~	18 82%~
NO	5 9%	71 7%	~	7%~	1 6%~	1 20%~	3 5%~	~	~	~	~	~	1 ~ 20%~	1 13%~	4 10%~	3 7%~	2 33%~	1 3%~	4 18%~
NOT ANSWERED	15	408	3	5	4	3	4						1	4	8	12		14	1
VALID CASES	54	1002	9	14	16	15	19						5	8	42	44	6	32	22
NUMBER OF RESPONDENTS	69 100%	1410 100%	12 100%	19 100%	20 100%	18 100%	23 100%						6 100%	12 100%	50 100%	56 100%	6 100%	46 100%	23 100%

[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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q12 #YES	41 76%	722 71%	6 67%~	9 64%~	13 81%~	13 87%~	11 58%~	~	~	~	~	~	4 80%~	8 100%~	30 71%~	33 75%~	5 83%~	22 69%~	19 86%~
NO	13 24%	300 29%	3 33%~	5 36%~	3 19%~	2 13%~	8 42%~	~	~	~	~	1 20%~	12 29%~	11 25%~	1 17%~	10 31%~	3 14%~		
NOT ANSWERED		19																	
VALID CASES	54	1022	9	14	16	15	19					5	8	42	44	6	32	22	
NUMBER OF RESPONDENTS	54	1041	9	14	16	15	19					5	8	42	44	6	32	22	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

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

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q13 #YES	36 67%	804 80%*	3 33%~	10 71%~	12 75%~	11 73%~	11 58%~	~	~	~	~	~	3 60%~	7 88%~	25 60%~	28 64%~	4 67%~	20 63%~	16 73%~
NO	18 33%	202 20%*	6 67%~	4 29%~	4 25%~	4 27%~	8 42%~	~	~	~	~	~	2 40%~	1 13%~	17 40%~	16 36%~	2 33%~	12 38%~	6 27%~
NOT ANSWERED		35																	
VALID CASES	54	1006	9	14	16	15	19						5	8	42	44	6	32	22
NUMBER OF RESPONDENTS	54	1041	9	14	16	15	19						5	8	42	44	6	32	22
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q14 WORST HEALTH CARE POSSIBLE		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		15 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03		17 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
04	3 1%	22 0.6%	~	3 6%	~	2 2%	~	~	~	~	~	1 2%	2 1%	3 2%	~	3 2%	~	~
05	12 6%	133 4%	1 3%	2 4%	2 4%	7 10%	3 3%	~	~	~	~	2 17%	2 5%	10 6%	10 5%	1 10%	9 5%	3 7%
06	8 4%	105 3%	~	3 6%	1 2%	4 6%	3 3%	~	~	~	~	~	1 2%	7 4%	7 4%	1 10%	4 2%	4 10%
07	17 8%	327 9%	2 6%	2 4%	8 14%	5 7%	6 7%	~	~	~	~	1 8%	2 5%	15 9%	15 8%	1 10%	10 6%	7 17%
08	40 19%	776 21%	8 23%	9 18%	10 18%	13 19%	23 26%*	~	~	~	~	2 17%	5 12%	32 20%	36 19%	1 10%	34 20%	6 14%
09	50 24%	815 22%	8 23%	13 25%	13 23%	16 24%	23 26%	~	~	~	~	~	13 30%	35 22%	46 24%	3 30%	40 24%	10 24%
BEST HEALTH CARE POSSIBLE	80 38%	1412 39%	16 46%	19 37%	23 40%	22 33%	28 32%	~	~	~	~	7 58%	19 44%	57 36%	74 39%	3 30%	68 40%	12 29%
#8-10 (NET)	170 81%	3003 83%	32 91%	41 80%	46 81%	51 76%	74 84%	~	~	~	~	9 75%	37 86%	124 78%	156 82%	7 70%	142 85%	28 67%

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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	130 62%	2227 61%	24 69%~	32 63%	36 63%	38 57%	51 58%	~	~	~	~	~	7 58%~	32 74%~	92 58%*	120 63%~	6 60%~	108 64%~	22 52%~
NOT ANSWERED	5	109	1	2	2		2					1	2	3	5		4	1	
VALID CASES	210	3637	35	51	57	67	88					12	43	158	191	10	168	42	
NUMBER OF RESPONDENTS	215 100%	3746 100%	36 100%	53 100%	59 100%	67 100%	90 100%					13 100%	45 100%	161 100%	196 100%	10 100%	172 100%	43 100%	
MEAN	8.61	8.64	9.00	8.49	8.75	8.39	8.57					8.58	8.86	8.52	8.64	8.30	8.71	8.24	
p stat_(*=Sig @ p<=.05)		.806	~.552	.389	.163	.711	~	~	~	~	~	~	~.116	~	~	~	~	~	

[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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q15 NEVER	1 0.5%	66 2%*	~	~	2%	~	1% ~	~	~	~	~	~	~	1 ~0.6%	1 ~0.5%	~	1 ~0.6%	~
SOMETIMES	18 9%	356 10%	1 3%	6 12%	7 12%	4 6%	8 9%	~	~	~	~	1 8%	4 9%	13 8%	14 7%	1 10%	15 9%	3 7%
USUALLY	46 22%	1161 32%*	7 20%	11 22%	9 16%	19 28%	16 18%	~	~	~	~	2 17%	8 19%	35 22%	44 23%	1 10%	36 22%	10 24%
ALWAYS	144 69%	2060 57%*	27 77%	33 66%	40 70%	44 66%	62 71%	~	~	~	~	9 75%	31 72%	108 69%	131 69%	8 80%	115 69%	29 69%
#ALWAYS + USUALLY (NET)	190 91%	3220 88%	34 97%	44 88%	49 86%	63 94%	78 90%	~	~	~	~	11 92%	39 91%	143 91%	175 92%	9 90%	151 90%	39 93%
TOP BOX SCORE	144 69%	2060 57%*	27 77%	33 66%	40 70%	44 66%	62 71%	~	~	~	~	9 75%	31 72%	108 69%	131 69%	8 80%	115 69%	29 69%
NOT ANSWERED	6	104	1	3	2		3					1	2	4	6		5	1
VALID CASES	209	3642	35	50	57	67	87					12	43	157	190	10	167	42
NUMBER OF RESPONDENTS	215 100%	3746 100%	36 100%	53 100%	59 100%	67 100%	90 100%					13 100%	45 100%	161 100%	196 100%	10 100%	172 100%	43 100%

[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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q16 YES	213 76%	3847 71%	11 26%~	58 82%	67 86%*	77 86%*	91 75%	~	~	~	~	~	15 94%~	40 67%	161 77%	195 75%~	7 64%~	169 73%*	44 86%*
NO	68 24%	1561 29%	31 74%~	13 18%	11 14%*	13 14%*	31 25%	~	~	~	~	~	1 6%~	20 33%	48 23%	64 25%~	4 36%~	61 27%*	7 14%*
NOT ANSWERED	6	230	1	1		4	2								3	3		6	
VALID CASES	281	5408	42	71	78	90	122						16	60	209	259	11	230	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q17 YES	10 5%	421 11%*	~	2%	5%	8%	3 4%	~	~	~	~	~	2 13%~	2 5%~	8 5%	9 5%~	1 14%~	2 1%~	8 19%~
NO	194 95%	3279 89%*	11 100%~	51 98%~	62 95%	70 92%	80 96%	~	~	~	~	~	13 87%~	37 95%~	145 95%	177 95%~	6 86%~	160 99%~	34 81%~
NOT ANSWERED	9	221		6	2	1	8							1	8	9		7	2
VALID CASES	204	3699	11	52	65	76	83					15	39	153	186	7	162	42	
NUMBER OF RESPONDENTS	213	3920	11	58	67	77	91					15	40	161	195	7	169	44	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q16 = YES]

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q18 #YES	10 100%	351 89%~	1 ~100%	3 100%	6 100%	3 100%	~	~	~	~	~100%	2 100%	2 100%	8 100%	9 100%	1 100%	2 100%	8 100%
NO		44 11%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		4																
VALID CASES	10	394	1	3	6	3					2	2	8	9	1	2	8	
NUMBER OF RESPONDENTS	10 100%	398 100%	1 100%	3 100%	6 100%	3 100%					2 100%	2 100%	8 100%	9 100%	1 100%	2 100%	8 100%	

[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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q19 YES	13 5%	201 4%	1 2%~	3 4%	4 5%	5 6%	2 2%*	~	~	~	~	~	2 ~ 13%	6 10%	7 3%	10 4%~	2 18%~	5 2%*	8 16%*
NO	267 95%	5179 96%	41 98%~	68 96%	73 95%	85 94%	120 98%*	~	~	~	~	~	14 ~ 88%	54 90%	201 97%	248 96%~	9 82%~	224 98%*	43 84%*
NOT ANSWERED	7	258	1	1	1	4	2							4	4		7		
VALID CASES	280	5380	42	71	77	90	122						16	60	208	258	11	229	51
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ ALSK #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q20 NEVER	2 18%	19 10%	~	~	25%	33%	~	~	~	~	~	~	25%	14%	22%	~	20%	17%	
SOMETIMES	2 18%	32 16%	~	33%	~	33%	~	~	~	~	~	~	25%	14%	22%	~	20%	17%	
USUALLY	1 9%	40 20%	100%	~	~	~	~	~	~	~	~	~	~	14%	~	100%	~	17%	
ALWAYS	6 55%	107 54%	~	67%	75%	33%	100%	~	~	~	~	~	100%	50%	57%	56%	~	60%	50%
#ALWAYS + USUALLY (NET)	7 64%	147 74%	100%	67%	75%	33%	100%	~	~	~	~	~	100%	50%	71%	56%	100%	60%	67%
TOP BOX SCORE	6 55%	107 54%	~	67%	75%	33%	100%	~	~	~	~	~	100%	50%	57%	56%	~	60%	50%
NOT ANSWERED	2	9				2							2		1	1		2	
VALID CASES	11	198	1	3	4	3	2					2	4	7	9	1	5	6	
NUMBER OF RESPONDENTS	13	207	1	3	4	5	2					2	6	7	10	2	5	8	
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q21 #YES	10 83%	166 83%	1 100%	3 100%	3 75%	3 75%	2 100%	~	~	~	~	~	2 100%	4 80%	6 86%	8 80%	1 100%	4 80%	6 86%
NO	2 17%	35 17%	~	~	1 25%	1 25%	~	~	~	~	~	~	1 20%	1 14%	2 20%	~	1 20%	1 14%	
NOT ANSWERED	1	6				1							1			1		1	
VALID CASES	12	201	1	3	4	4	2					2	5	7	10	1	5	7	
NUMBER OF RESPONDENTS	13	207	1	3	4	5	2					2	6	7	10	2	5	8	
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q22 YES	17 6%	487 9%*	2 5%~	6 8%	2 3%	7 8%	7 6%	~	~	~	~	~	3 ~ 20%~	3 5%	14 7%	15 6%~	1 9%~	9 4%*	8 16%*
NO	261 94%	4887 91%*	40 95%~	65 92%	74 97%	82 92%	114 94%	~	~	~	~	~	12 ~ 80%~	57 95%	193 93%	242 94%~	10 91%~	219 96%*	42 84%*
NOT ANSWERED	9	264	1	1	2	5	3						1	5	5		8	1	
VALID CASES	278	5374	42	71	76	89	121						15	60	207	257	11	228	50
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q23 NEVER	5 29%	64 14%~	1 50%~	1 17%~	1 50%~	2 29%~	3 43%~	~	~	~	~	~	~	5 36%~	4 27%~	3 33%~	2 25%~	
SOMETIMES	1 6%	82 18%~	~	~	~	1 14%~	~	~	~	~	~	1 33%~	1 7%~	1 7%~	~	~	1 13%~	
USUALLY	2 12%	105 23%~	~	1 17%~	~	1 14%~	~	~	~	~	~	1 33%~	2 14%~	2 13%~	~	~	2 25%~	
ALWAYS	9 53%	198 44%~	1 50%~	4 67%~	1 50%~	3 43%~	4 57%~	~	~	~	~	1 33%~	3 100%~	6 43%~	8 53%~	1 100%~	6 67%~	3 38%~
#ALWAYS + USUALLY (NET)	11 65%	303 68%~	1 50%~	5 83%~	1 50%~	4 57%~	4 57%~	~	~	~	~	2 67%~	3 100%~	8 57%~	10 67%~	1 100%~	6 67%~	5 63%~
TOP BOX SCORE	9 53%	198 44%~	1 50%~	4 67%~	1 50%~	3 43%~	4 57%~	~	~	~	~	1 33%~	3 100%~	6 43%~	8 53%~	1 100%~	6 67%~	3 38%~
NOT ANSWERED		21																
VALID CASES	17	448	2	6	2	7	7					3	3	14	15	1	9	8
NUMBER OF RESPONDENTS	17	469	2	6	2	7	7					3	3	14	15	1	9	8
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q24 #YES	13 76%	310 69%~	1 50%~	4 67%~	2 100%~	6 86%~	3 43%~	~	~	~	~	~	3 ~100%~	3 ~100%~	10 71%~	12 80%~	1 100%~	6 67%~	7 88%~
NO	4 24%	142 31%~	1 50%~	2 33%~	~	1 14%~	4 57%~	~	~	~	~	~	~	4 ~29%~	3 20%~	~	~	3 33%~	1 13%~
NOT ANSWERED		17																	
VALID CASES	17	452	2	6	2	7	7						3	3	14	15	1	9	8
NUMBER OF RESPONDENTS	17	469	2	6	2	7	7						3	3	14	15	1	9	8
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q25 YES	33 12%	692 13%	1 2%	7 10%	9 12%	16 18%	12 10%	~	~	~	~	~	3 20%	10 17%	21 10%	27 10%	4 36%	12 5%*	21 41%*
NO	245 88%	4667 87%	41 98%	63 90%	66 88%	75 82%	110 90%	~	~	~	~	~	12 80%	50 83%	188 90%	232 90%	7 64%	215 95%*	30 59%*
NOT ANSWERED	9	279	1	2	3	3	2						1		3	3		9	
VALID CASES	278	5359	42	70	75	91	122						15	60	209	259	11	227	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q26 NEVER	1 3%	86 13%~	~	~	~	1 6%~	~	~	~	~	~	~	1 11%~	~	1 4%~	~	~	1 5%~
SOMETIMES	3 9%	135 20%~	~	1 17%~	1 11%~	1 6%~	1 8%~	~	~	~	~	~	1 11%~	1 5%~	3 12%~	~	2 18%~	1 5%~
USUALLY	11 34%	147 22%~	~	2 33%~	4 44%~	5 31%~	3 25%~	~	~	~	~	1 33%~	3 33%~	7 33%~	8 31%~	2 50%~	3 27%~	8 38%~
ALWAYS	17 53%	290 44%~	1 100%~	3 50%~	4 44%~	9 56%~	8 67%~	~	~	~	~	2 67%~	4 44%~	13 62%~	14 54%~	2 50%~	6 55%~	11 52%~
#ALWAYS + USUALLY (NET)	28 88%	437 66%~	1 100%~	5 83%~	8 89%~	14 87%~	11 92%~	~	~	~	~	3 100%~	7 78%~	20 95%~	22 85%~	4 100%~	9 82%~	19 90%~
TOP BOX SCORE	17 53%	290 44%~	1 100%~	3 50%~	4 44%~	9 56%~	8 67%~	~	~	~	~	2 67%~	4 44%~	13 62%~	14 54%~	2 50%~	6 55%~	11 52%~
NOT ANSWERED	1	25		1									1		1		1	
VALID CASES	32	658	1	6	9	16	12					3	9	21	26	4	11	21
NUMBER OF RESPONDENTS	33	683	1	7	9	16	12					3	10	21	27	4	12	21
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q27 #YES	14 44%	342 52%~	~	2 33%~	3 33%~	9 56%~	5 42%~	~	~	~	~	~	2 67%~	5 56%~	9 43%~	12 46%~	2 50%~	5 45%~	9 43%~
NO	18 56%	320 48%~	100%~	1 67%~	4 67%~	6 44%~	7 58%~	~	~	~	~	~	1 33%~	4 44%~	12 57%~	14 54%~	2 50%~	6 55%~	12 57%~
NOT ANSWERED	1	21		1										1		1		1	
VALID CASES	32	662		1	6	9	16						3	9	21	26	4	11	21
NUMBER OF RESPONDENTS	33	683		1	7	9	16						3	10	21	27	4	12	21
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q28 YES	63 23%	1125 21%	8 19%	15 21%	17 23%	23 25%	28 23%	~	~	~	~	~	5 36%	14 23%	46 22%	54 21%	5 50%	41 18%*	22 44%*
Q28 NO	215 77%	4219 79%	34 81%	56 79%	57 77%	68 75%	95 77%	~	~	~	~	~	9 64%	46 77%	162 78%	205 79%	5 50%	187 82%*	28 56%*
Q28 NOT ANSWERED	9	294	1	1	4	3	1						2		4	3	1	8	1
VALID CASES	278	5344	42	71	74	91	123						14	60	208	259	10	228	50
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q29 #YES	31 53%	616 57%	5 62%~	6 50%~	7 44%~	13 57%~	14 54%~	~	~	~	~	~	4 ~100%~	6 46%~	23 53%~	26 52%~	3 60%~	19 51%~	12 55%~
NO	28 47%	465 43%	3 38%~	6 50%~	9 56%~	10 43%~	12 46%~	~	~	~	~	~	7 ~54%~	20 47%~	24 48%~	2 40%~	18 49%~	10 45%~	
NOT ANSWERED	4	36		3	1		2						1	1	3	4		4	
VALID CASES	59	1081	8	12	16	23	26					4	13	43	50	5	37	22	
NUMBER OF RESPONDENTS	63 100%	1117 100%	8 100%	15 100%	17 100%	23 100%	28 100%					5 100%	14 100%	46 100%	54 100%	5 100%	41 100%	22 100%	

[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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALS K ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q30 YES	255 93%	4642 88%*	40 95%~	65 93%	70 95%	80 90%	108 92%	~	~	~	~	~	~	15 ~ 94%~	55 92%	190 93%	236 93%~	11 100%~	208 92%	47 94%
NO	20 7%	640 12%*	2 5%~	5 7%	4 5%	9 10%	9 8%	~	~	~	~	~	~	1 ~ 6%~	5 8%	15 7%	19 7%~	~	17 8%	3 6%
NOT ANSWERED	12	357	1	2	4	5	7									7	7		11	1
VALID CASES	275	5281	42	70	74	89	117							16	60	205	255	11	225	50
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%							16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%



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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q31 NONE	52 21%	1245 28%*	5 13%~	12 19%	17 25%	18 23%	22 21%	~	~	~	~	~	3 21%~	11 22%	39 21%	48 21%~	1 10%~	47 23%~	5 11%~
1 TIME	103 42%	1677 37%	13 33%~	26 42%	27 40%	37 47%	44 42%	~	~	~	~	~	5 36%~	22 43%	77 42%	98 43%~	3 30%~	84 42%~	19 41%~
2	53 22%	850 19%	10 26%~	16 26%	15 22%	12 15%	28 26%	~	~	~	~	~	3 21%~	11 22%	39 21%	51 22%~	1 10%~	46 23%~	7 15%~
3	20 8%	387 9%	6 15%~	5 8%	3 4%	6 8%	7 7%	~	~	~	~	~	3 21%~	4 8%	15 8%	18 8%~	1 10%~	16 8%~	4 9%~
4	13 5%	160 4%	3 8%~	2 3%	3 4%	5 6%	5 5%	~	~	~	~	~	~	1 2%	12 6%*	10 4%~	2 20%~	6 3%~	7 15%~
5 TO 9	4 2%	163 4%*	1 3%~	1 2%	2 3%	~	~	~	~	~	~	~	~	2 4%	2 1%	3 1%~	1 10%~	1 0.5%~	3 7%~
10 OR MORE TIMES	1 0.4%	21 0.5%	1 3%~	~	~	~	~	~	~	~	~	~	~	1 ~0.5%	~	1 ~10%~	~	1 ~2%~	
NOT ANSWERED	9	173	1	3	3	2	2						1	4	5	8	1	8	1
VALID CASES	246	4503	39	62	67	78	106						14	51	185	228	10	200	46
NUMBER OF RESPONDENTS	255	4676	40	65	70	80	108						15	55	190	236	11	208	47
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHRTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV #	AMER ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q31A ALWAYS	3 2%	87 3%	~	1 2%	2 4%	~	~	~	~	~	~	~	~	3 8%	~	2 1%	1 11%	2 1%	1 3%
USUALLY	1 0.5%	60 2%*	~	1 2%	~	~	~	~	~	~	~	~	~	1 3%	~	1 0.6%	~	1 0.7%	~
SOMETIMES	4 2%	220 7%*	1 3%	1 2%	2 4%	~	~	~	~	~	~	~	1 9%	2 5%	1 0.7%	3 2%	1 11%	3 2%	1 3%
NEVER	183 96%	2850 89%*	33 97%	45 94%	46 92%	59 100%	82 100%	~	~	~	~	~	10 91%	33 85%	143 99%	171 97%	7 78%	145 96%	38 95%
#NEVER + SOMETIMES (NET)	187 98%	3070 95%*	34 100%	46 96%	48 96%	59 100%	82 100%	~	~	~	~	~	11 100%	35 90%	144 100%	174 98%	8 89%	148 98%	39 98%
TOP BOX SCORE	183 96%	2850 89%*	33 97%	45 94%	46 92%	59 100%	82 100%	~	~	~	~	~	10 91%	33 85%	143 99%	171 97%	7 78%	145 96%	38 95%
NOT ANSWERED	3	23		2		1	2							1	2	3		2	1
VALID CASES	191	3216	34	48	50	59	82						11	39	144	177	9	151	40
NUMBER OF RESPONDENTS	194 100%	3239 100%	34 100%	50 100%	50 100%	60 100%	84 100%						11 100%	40 100%	146 100%	180 100%	9 100%	153 100%	41 100%

[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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q32 NEVER	5 3%	78 2%	~	2%~	6%	2%	~	~	~	~	~	1 9%	2 5%	3 2%	5 3%	~	4 3%	1 3%
SOMETIMES	7 4%	156 5%	~	4%~	6%	3%	~	~	~	~	~	~	5 13%	2 1%	6 3%	1 11%	3 2%	4 10%
USUALLY	20 10%	485 15%*	7 21%~	2 4%~	4 8%	7 12%	7 9%	~	~	~	~	~	5 13%	15 10%	19 11%	1 11%	16 11%	4 10%
ALWAYS	160 83%	2499 78%*	27 79%~	44 90%~	40 80%	49 83%	75 91%*	~	~	~	~	10 91%	28 70%	124 86%	148 83%	7 78%	129 85%	31 78%
#ALWAYS + USUALLY (NET)	180 94%	2984 93%	34 100%~	46 94%~	44 88%	56 95%	82 100%~	~	~	~	~	10 91%	33 82%	139 97%	167 94%	8 89%	145 95%	35 87%
TOP BOX SCORE	160 83%	2499 78%*	27 79%~	44 90%~	40 80%	49 83%	75 91%*	~	~	~	~	10 91%	28 70%	124 86%	148 83%	7 78%	129 85%	31 78%
NOT ANSWERED	2	21	1			1	2							2	2		1	1
VALID CASES	192	3218	34	49	50	59	82					11	40	144	178	9	152	40
NUMBER OF RESPONDENTS	194	3239	34	50	50	60	84					11	40	146	180	9	153	41
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q33 NEVER	3 2%	35 1%	~	~	4%	2%	~	~	~	~	~	1 9%	~	3 2%	3 2%	~	2 1%	1 3%
SOMETIMES	8 4%	139 4%	~	6%	4%	5%	3 4%	~	~	~	~	~	4 10%	4 3%	8 4%	~	6 4%	2 5%
USUALLY	33 17%	518 16%	7 21%	7 14%	9 18%	10 17%	12 15%	~	~	~	~	2 18%	8 20%	24 17%	31 17%	2 22%	25 16%	8 20%
ALWAYS	148 77%	2521 78%	27 79%	39 80%	37 74%	45 76%	67 82%	~	~	~	~	8 73%	28 70%	113 78%	136 76%	7 78%	119 78%	29 73%
#ALWAYS + USUALLY (NET)	181 94%	3039 95%	34 100%	46 94%	46 92%	55 93%	79 96%	~	~	~	~	10 91%	36 90%	137 95%	167 94%	9 100%	144 95%	37 92%
TOP BOX SCORE	148 77%	2521 78%	27 79%	39 80%	37 74%	45 76%	67 82%	~	~	~	~	8 73%	28 70%	113 78%	136 76%	7 78%	119 78%	29 73%
NOT ANSWERED	2	26		1		1	2							2	2		1	1
VALID CASES	192	3213	34	49	50	59	82					11	40	144	178	9	152	40
NUMBER OF RESPONDENTS	194 100%	3239 100%	34 100%	50 100%	50 100%	60 100%	84 100%					11 100%	40 100%	146 100%	180 100%	9 100%	153 100%	41 100%

[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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q34 NEVER	1 0.5%	28 0.9%	~	~	~	2%	~	~	~	~	~	9%	~	1 ~0.7%	1 ~0.6%	~	1 ~0.7%	~
SOMETIMES	6 3%	104 3%	~	4%	2%	5%	2%	~	~	~	~	9%	2 5%	4 3%	6 3%	~	3 2%	3 8%
USUALLY	27 14%	398 12%	8 24%	5 10%	5 10%	9 15%	13 16%	~	~	~	~	9%	6 15%	21 15%	25 14%	2 22%	22 14%	5 13%
ALWAYS	158 82%	2679 83%	26 76%	42 86%	44 88%	46 78%	67 82%	~	~	~	~	8 73%	32 80%	118 82%	146 82%	7 78%	126 83%	32 80%
#ALWAYS + USUALLY (NET)	185 96%	3077 96%	34 100%	47 96%	49 98%	55 93%	80 98%	~	~	~	~	9 82%	38 95%	139 97%	171 96%	9 100%	148 97%	37 92%
TOP BOX SCORE	158 82%	2679 83%	26 76%	42 86%	44 88%	46 78%	67 82%	~	~	~	~	8 73%	32 80%	118 82%	146 82%	7 78%	126 83%	32 80%
NOT ANSWERED	2	30		1		1	2							2	2		1	1
VALID CASES	192	3209	34	49	50	59	82					11	40	144	178	9	152	40
NUMBER OF RESPONDENTS	194	3239	34	50	50	60	84					11	40	146	180	9	153	41
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q35 YES	144	2175	6	37	44	57	60	~	~	~	~	~	9	29	107	134	5	110	34
	75%	68%*	18%~	76%~	88%*	97%*	73%						~ 82%~	73%~	75%~	76%~	56%~	73%~	85%~
NO	47	1015	27	12	6	2	22	~	~	~	~	2	11	36	43	4	41	6	
	25%	32%*	82%~	24%~	12%*	3%*	27%						~ 18%~	28%~	25%~	24%~	44%~	27%~	15%~
NOT ANSWERED	3	49	1	1		1	2							3	3			2	1
VALID CASES	191	3190	33	49	50	59	82					11	40	143	177	9	151	40	
NUMBER OF RESPONDENTS	194	3239	34	50	50	60	84					11	40	146	180	9	153	41	
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q36 NEVER	1 0.7%	30 1%	1 17%~	~	~	~	1 2%	~	~	~	~	~	~	1 ~0.9%	1 ~0.8%	1 ~0.9%	~	
SOMETIMES	6 4%	137 6%	1 17%~	1 3%~	2 5%~	2 4%	1 2%	~	~	~	~	1 ~13%	1 4%~	5 5%~	6 5%~	5 5%~	1 3%~	
USUALLY	36 26%	493 23%	1 17%~	12 32%~	9 21%~	14 26%	17 28%	~	~	~	~	1 ~13%	6 23%~	28 26%~	35 27%~	25 23%~	11 34%~	
ALWAYS	96 69%	1509 70%	3 50%~	24 65%~	32 74%~	37 70%	41 68%	~	~	~	~	6 ~75%	19 73%~	72 68%~	88 68%~	5 100%~	76 71%~	20 63%~
#ALWAYS + USUALLY (NET)	132 95%	2002 92%	4 67%~	36 97%~	41 95%~	51 96%	58 97%	~	~	~	~	7 ~87%	25 96%~	100 94%~	123 95%~	5 100%~	101 94%~	31 97%~
TOP BOX SCORE	96 69%	1509 70%	3 50%~	24 65%~	32 74%~	37 70%	41 68%	~	~	~	~	6 ~75%	19 73%~	72 68%~	88 68%~	5 100%~	76 71%~	20 63%~
NOT ANSWERED	5	40			1	4						1	3	1	4	3	2	
VALID CASES	139	2170	6	37	43	53	60					8	26	106	130	5	107	32
NUMBER OF RESPONDENTS	144	2210	6	37	44	57	60					9	29	107	134	5	110	34
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q37 NEVER	3 2%	96 3%	~	2%~	2%	2%	1 1%	~	~	~	~	~	1 9%	3 2%	3 2%	~	3 2%	~	
SOMETIMES	11 6%	305 10%*	3 9%~	3 6%~	4 8%	1 2%*	7 9%	~	~	~	~	~	1 3%	9 6%	11 6%	~	10 7%	1 3%	
USUALLY	40 21%	799 25%	5 15%~	12 25%~	12 24%	11 19%	12 15%	~	~	~	~	~	3 27%	13 33%	26 18%	37 21%	3 33%	31 21%	9 23%
ALWAYS	135 71%	1981 62%*	26 76%~	32 67%~	33 66%	44 77%	61 75%	~	~	~	~	~	7 64%	25 64%	106 74%	126 71%	6 67%	106 71%	29 74%
#ALWAYS + USUALLY (NET)	175 93%	2780 87%*	31 91%~	44 92%~	45 90%	55 96%	73 90%	~	~	~	~	~	10 91%	38 97%	132 92%	163 92%~	9 100%	137 91%	38 97%
TOP BOX SCORE	135 71%	1981 62%*	26 76%~	32 67%~	33 66%	44 77%	61 75%	~	~	~	~	~	7 64%	25 64%	106 74%	126 71%	6 67%	106 71%	29 74%
NOT ANSWERED	5	58		2		3	3						1	2	3		3	2	
VALID CASES	189	3181	34	48	50	57	81						11	39	144	177	9	150	39
NUMBER OF RESPONDENTS	194	3239	34	50	50	60	84						11	40	146	180	9	153	41
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q38 #YES	168 88%	2742 86%	32 97%	45 92%	43 86%	48 83%	74 91%	~	~	~	~	~	11 ~100%	30 75%	131 92%	159 90%	6 67%	135 90%	33 83%
NO	22 12%	440 14%	1 3%	4 8%	7 14%	10 17%	7 9%	~	~	~	~	~	10 ~25%	12 8%	18 10%	3 33%	15 10%	7 18%	
NOT ANSWERED	4	57	1	1		2	3							3	3		3	1	
VALID CASES	190	3182	33	49	50	58	81						11	40	143	177	9	150	40
NUMBER OF RESPONDENTS	194 100%	3239 100%	34 100%	50 100%	50 100%	60 100%	84 100%						11 100%	40 100%	146 100%	180 100%	9 100%	153 100%	41 100%

[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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q39 YES	61 32%	1245 39%*	11 33%~	15 31%~	16 32%	19 33%	23 28%	~	~	~	~	~	8 ~ 73%	15 38%~	44 31%~	52 29%~	6 67%~	38 25%~	23 58%~
NO	129 68%	1935 61%*	22 67%~	34 69%~	34 68%	39 67%	59 72%	~	~	~	~	~	3 ~ 27%	25 63%~	99 69%~	125 71%~	3 33%~	112 75%~	17 42%~
NOT ANSWERED	4	59	1	1		2									3	3		3	1
VALID CASES	190	3180	33	49	50	58	82						11	40	143	177	9	150	40
NUMBER OF RESPONDENTS	194	3239	34	50	50	60	84						11	40	146	180	9	153	41
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER ALSK NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC
Q40 NEVER	6 11%	77 7%	2 ~ 18%	1 6%	3 17%	1 5%	~	~	~	~	1 ~ 13%	3 23%	3 7%	6 13%	4 12%	2 9%		
SOMETIMES	4 7%	132 11%	2 ~ 18%	1 6%	1 6%	2 10%	~	~	~	~	1 8%	3 7%	3 6%	2 6%	2 9%			
USUALLY	14 25%	337 29%	4 40%	6 ~ 37%	4 22%	10 50%	~	~	~	~	1 ~ 13%	13 8%	12 32%	2 26%	4 33%	10 30%	4 18%	
ALWAYS	31 56%	626 53%	6 60%	7 64%	8 50%	10 56%	7 35%	~	~	~	6 75%	8 62%	22 54%	26 55%	4 67%	17 52%	14 64%	
#ALWAYS + USUALLY (NET)	45 82%	962 82%	10 100%	7 64%	14 87%	14 78%	17 85%	~	~	~	7 87%	9 69%	35 85%	38 81%	6 100%	27 82%	18 82%	
TOP BOX SCORE	31 56%	626 53%	6 60%	7 64%	8 50%	10 56%	7 35%	~	~	~	6 75%	8 62%	22 54%	26 55%	4 67%	17 52%	14 64%	
NOT ANSWERED	6	42	1	4	1	3						2	3	5	5	1		
VALID CASES	55	1171	10	11	16	18	20				8	13	41	47	6	33	22	
NUMBER OF RESPONDENTS	61 100%	1213 100%	11 100%	15 100%	16 100%	19 100%	23 100%				8 100%	15 100%	44 100%	52 100%	6 100%	38 100%	23 100%	

[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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE		8 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		20 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	1 0.4%	19 0.4%	~	~	~	1 1%	~	~	~	~	~	1 8%	~	1 ~0.5%	1 ~0.4%	~	1 ~0.5%	~	
03	1 0.4%	22 0.5%	~	1 2%	~	~	1 ~0.9%	~	~	~	~	~	~	1 ~0.5%	1 ~0.4%	~	1 ~0.5%	~	
04	5 2%	26 0.6%	~	2 3%	1 1%	2 3%	1 0.9%	~	~	~	~	~	~	2 4%	3 2%	5 2%	2 1%	3 7%	
05	8 3%	122 3%	1 3%	2 3%	3 4%	2 3%	3 3%	~	~	~	~	~	1 8%	1 2%	7 4%	7 3%	1 10%	7 4%	1 2%
06	7 3%	114 3%	2 5%	2 3%	~	3 4%	5 5%	~	~	~	~	~	~	1 2%	6 3%	6 3%	1 10%	5 3%	2 4%
07	19 8%	260 6%	1 3%	4 6%	7 10%	7 9%	12 11%	~	~	~	~	~	1 8%	1 2%*	16 9%	16 7%	~	16 8%	3 7%
08	30 12%	703 16%	4 11%	7 11%	7 10%	12 16%	9 8%	~	~	~	~	~	1 8%	9 17%	21 11%	27 12%	3 30%	22 11%	8 17%
09	53 22%	904 20%	7 18%	13 21%	19 28%	14 18%	26 25%	~	~	~	~	~	2 15%	7 13%	44 24%	52 23%	1 10%	43 22%	10 22%
BEST PERSONAL DOCTOR POSSIBLE	120 49%	2271 51%	23 61%	31 50%	31 46%	35 46%	49 46%	~	~	~	~	~	7 54%	31 60%	84 46%	112 49%	4 40%	101 51%	19 41%
#8-10 (NET)	203 83%	3877 87%	34 89%	51 82%	57 84%	61 80%	84 79%	~	~	~	~	~	10 77%	47 90%	149 81%	191 84%	8 80%	166 84%	37 80%

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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE #	BLCK OR AFR-AMER #	AS-IAN #	NATV HAW/ILND #	AMER ALSK NATV #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
9-10 (NET)	173 71%	3175 71%	30 79%	44 71%	50 74%	49 64%	75 71%	~	~	~	~	~	9 69%	38 73%	128 70%	164 72%	5 50%	144 73%	29 63%
NOT ANSWERED	11	208	2	3	2	4	2						2	3	7	9	1	10	1
VALID CASES	244	4468	38	62	68	76	106						13	52	183	227	10	198	46
NUMBER OF RESPONDENTS	255 100%	4676 100%	40 100%	65 100%	70 100%	80 100%	108 100%						15 100%	55 100%	190 100%	236 100%	11 100%	208 100%	47 100%
MEAN	8.84	8.91	9.18	8.77	8.90	8.67	8.79						8.46	9.06	8.77	8.86	8.40	8.90	8.57
p stat_(*=Sig @ p<=.05)		.517	~.725	.715	.292	.684	~	~	~	~	~	~	~.257	.197		~	~	~	~

[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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q42 YES	54 22%	1079 24%	1 3%	10 16%	15 22%	28 36%*	20 19%	~	~	~	~	7 54%	7 14%	45 25%	44 19%	7 78%	15 8%	39 87%
NO	189 78%	3404 76%	37 97%	51 84%	52 78%	49 64%*	85 81%	~	~	~	~	6 46%	44 86%	138 75%	183 81%	2 22%	183 92%	6 13%
NOT ANSWERED	12	193	2	4	3	3	3					2	4	7	9	2	10	2
VALID CASES	243	4483	38	61	67	77	105					13	51	183	227	9	198	45
NUMBER OF RESPONDENTS	255 100%	4676 100%	40 100%	65 100%	70 100%	80 100%	108 100%					15 100%	55 100%	190 100%	236 100%	11 100%	208 100%	47 100%

[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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC
Q43 #YES	43 81%	932 89%		8 ~80%	13 ~87%	22 ~81%	17 89%	~	~	~	~	7 ~100%	4 57%	37 84%	34 79%	6 86%	12 80%	31 82%
NO	10 19%	112 11%	1 100%	2 20%	2 13%	5 19%	2 11%	~	~	~	~	~	3 43%	7 16%	9 21%	1 14%	3 20%	7 18%
NOT ANSWERED	1	26				1	1							1	1			1
VALID CASES	53	1045	1	10	15	27	19					7	7	44	43	7	15	38
NUMBER OF RESPONDENTS	54	1071	1	10	15	28	20					7	7	45	44	7	15	39
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ NATV ##	OTHER ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q44 #YES	38 75%	903 87%		7 ~ 78%	11 ~ 73%	20 ~ 77%	14 82%	~	~	~	~	6 ~ 86%	4 57%	33 77%	31 74%	5 71%	10 71%	28 76%
NO	13 25%	141 13%	1 100%	2 22%	4 27%	6 23%	3 18%	~	~	~	~	1 ~ 14%	3 43%	10 23%	11 26%	2 29%	4 29%	9 24%
NOT ANSWERED	3	27		1		2	3							2	2		1	2
VALID CASES	51	1044	1	9	15	26	17					7	7	43	42	7	14	37
NUMBER OF RESPONDENTS	54 100%	1071 100%	1 100%	10 100%	15 100%	28 100%	20 100%					7 100%	7 100%	45 100%	44 100%	7 100%	15 100%	39 100%

[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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q45 YES	37 13%	851 16%	1 2%	12 17%	8 11%	16 18%	14 11%	~	~	~	~	~	4 27%	7 12%	29 14%	29 11%	5 45%	18 8%*	19 37%*
NO	239 87%	4406 84%	41 98%	57 83%	67 89%	74 82%	109 89%	~	~	~	~	~	11 73%	53 88%	179 86%	229 89%	6 55%	207 92%*	32 63%*
NOT ANSWERED	11	381	1	3	3	4	1						1		4	4		11	
VALID CASES	276	5257	42	69	75	90	123						15	60	208	258	11	225	51
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

Q46 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT FOR YOUR CHILD TO SEE A SPECIALIST AS SOON AS YOU NEEDED?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q46 NEVER	3 9%	36 5%	1 ~ 10%	2 25%	2 ~ 22%	2 ~	~	~	~	~	~	~	3 ~ 12%	2 8%	2 ~ 13%	1 6%		
SOMETIMES	4 13%	163 21%	1 ~ 13%	3 23%	1 11%	~	~	~	~	~	~	1 14%	3 12%	4 15%	4 ~ 24%			
USUALLY	7 22%	221 28%	2 ~ 20%	3 38%	2 15%	3 33%	~	~	~	~	2 50%	1 14%	6 24%	5 19%	2 40%	5 13%	5 29%	
ALWAYS	18 56%	367 47%	1 100%	7 70%	2 25%	8 62%	3 33%	~	~	~	~	2 50%	5 71%	13 52%	15 58%	3 60%	11 73%	7 41%
#ALWAYS + USUALLY (NET)	25 78%	589 75%	1 100%	9 90%	5 63%	10 77%	6 67%	~	~	~	~	4 100%	6 86%	19 76%	20 77%	5 100%	13 87%	12 71%
TOP BOX SCORE	18 56%	367 47%	1 100%	7 70%	2 25%	8 62%	3 33%	~	~	~	~	2 50%	5 71%	13 52%	15 58%	3 60%	11 73%	7 41%
NOT ANSWERED	5	15	2	3	5								4	3	3	2		
VALID CASES	32	787	1	10	8	13	9				4	7	25	26	5	15	17	
NUMBER OF RESPONDENTS	37	802	1	12	8	16	14				4	7	29	29	5	18	19	
	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q45 = YES]

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

	PHSJ TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
		OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q47 NONE	55 7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
1 SPECIALIST	24 71%	514 65%~100%	1 70%~	7 75%~	6 67%~	10 55%~	6 55%~	~	~	~	~	~	3 75%~	5 71%~	19 70%~	19 70%~	4 80%~	14 88%~	10 56%~
2	7 21%	134 17%~	~	1 10%~	2 25%~	4 27%~	4 36%~	~	~	~	~	~	~	2 29%~	5 19%~	6 22%~	1 20%~	2 13%~	5 28%~
3	2 6%	51 6%~	~	1 10%~	~	1 7%~	1 9%~	~	~	~	~	~	~	~	2 7%~	1 4%~	~	~	2 11%~
4	13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	1 3%	19 2%~	~	1 10%~	~	~	~	~	~	~	~	~	1 25%~	~	1 4%~	1 4%~	~	~	1 6%~
NOT ANSWERED	3	16	~	2	~	1	3	~	~	~	~	~	~	~	2	2	~	2	1
VALID CASES	34	786	1	10	8	15	11	~	~	~	~	~	4	7	27	27	5	16	18
NUMBER OF RESPONDENTS	37	802	1	12	8	16	14	~	~	~	~	~	4	7	29	29	5	18	19
	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q48 WORST SPECIALIST POSSIBLE		7 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		4 0.5%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		5 0.6%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05	2 6%	29 4%~	~	2 20%~	~	~	~	~	~	~	~	~	1 14%~	1 4%~	2 7%~	~	1 6%~	1 6%~	
06	1 3%	32 4%~	~	~	1 13%~	~	~	~	~	~	~	~	~	1 4%~	1 4%~	~	~	1 6%~	
07	4 12%	59 8%~	1 100%~	1 10%~	2 13%~	2 18%~	~	~	~	~	~	1 25%~	4 15%~	2 7%~	1 20%~	2 13%~	2 11%~		
08	7 21%	116 16%~	~	3 30%~	2 25%~	2 13%~	1 9%~	~	~	~	~	~	1 14%~	6 22%~	7 26%~	~	4 25%~	3 17%~	
09	5 15%	143 20%~	~	~	3 38%~	2 13%~	1 9%~	~	~	~	~	~	2 50%~	1 14%~	4 15%~	3 11%~	2 40%~	2 13%~	3 17%~
BEST SPECIALIST POSSIBLE	15 44%	312 43%~	~	4 40%~	2 25%~	9 60%~	7 64%~	~	~	~	~	~	1 25%~	4 57%~	11 41%~	12 44%~	2 40%~	7 44%~	8 44%~

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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
#8-10 (NET)	27 79%	570 80%~	~	7 70%~	7 88%~	13 87%~	9 82%~	~	~	~	~	~	3 75%~	6 86%~	21 78%~	22 81%~	4 80%~	13 81%~	14 78%~
9-10 (NET)	20 59%	455 63%~	~	4 40%~	5 63%~	11 73%~	8 73%~	~	~	~	~	~	3 75%~	5 71%~	15 56%~	15 56%~	4 80%~	9 56%~	11 61%~
NOT ANSWERED		7																	
VALID CASES	34	717	1	10	8	15	11						4	7	27	27	5	16	18
NUMBER OF RESPONDENTS	34	724	1	10	8	15	11						4	7	27	27	5	16	18
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%
MEAN	8.68	8.55	7.00	8.10	8.63	9.20	9.18						8.75	8.86	8.63	8.63	9.00	8.69	8.67
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q49 YES	66 24%	1347 26%	12 29%~	15 22%	22 29%	17 19%	21 17%*	~	~	~	~	~	6 40%~	15 25%	49 23%	60 23%~	5 45%~	57 25%	9 18%
NO	209 76%	3870 74%	29 71%~	54 78%	53 71%	73 81%	102 83%*	~	~	~	~	~	9 60%~	44 75%	160 77%	198 77%~	6 55%~	167 75%	42 82%
NOT ANSWERED	12	421	2	3	3	4	1						1	1	3	4		12	
VALID CASES	275	5217	41	69	75	90	123						15	59	209	258	11	224	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q50 NEVER	2 3%	45 3%	~	~	9%~	2	1 5%~	~	~	~	~	~	~	2 4%~	2 4%~	2 4%~	~	
SOMETIMES	9 14%	221 17%	3 25%~	~	2 9%~	4 25%~	1 5%~	~	~	~	~	~	3 21%~	6 13%~	8 14%~	1 20%~	7 13%~	2 22%~
USUALLY	14 22%	378 29%	2 17%~	4 31%~	7 32%~	1 6%~	4 21%~	~	~	~	~	2 33%~	2 14%~	12 26%~	13 23%~	1 20%~	11 20%~	3 33%~
ALWAYS	38 60%	651 50%	7 58%~	9 69%~	11 50%~	11 69%~	13 68%~	~	~	~	~	4 67%~	9 64%~	27 57%~	34 60%~	3 60%~	34 63%~	4 44%~
#ALWAYS + USUALLY (NET)	52 83%	1029 79%	9 75%~	13 100%~	18 82%~	12 75%~	17 89%~	~	~	~	~	6 100%~	11 79%~	39 83%~	47 82%~	4 80%~	45 83%~	7 78%~
TOP BOX SCORE	38 60%	651 50%	7 58%~	9 69%~	11 50%~	11 69%~	13 68%~	~	~	~	~	4 67%~	9 64%~	27 57%~	34 60%~	3 60%~	34 63%~	4 44%~
NOT ANSWERED	3	28		2		1	2						1	2	3		3	
VALID CASES	63	1295	12	13	22	16	19					6	14	47	57	5	54	9
NUMBER OF RESPONDENTS	66	1323	12	15	22	17	21					6	15	49	60	5	57	9
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q51 NEVER	1 2%	23 2%	~	~	5%	~	~	~	~	~	~	~	~	1 2%	1 2%	~	1 2%	~
SOMETIMES	5 8%	90 7%	1 8%	~	1 5%	3 19%	1 5%	~	~	~	~	1 17%	1 7%	4 9%	4 7%	1 20%	3 6%	2 22%
USUALLY	8 13%	268 21%	1 8%	2 17%	4 18%	1 6%	2 11%	~	~	~	~	~	2 14%	6 13%	8 14%	~	7 13%	1 11%
ALWAYS	48 77%	903 70%	10 83%	10 83%	16 73%	12 75%	16 84%	~	~	~	~	5 83%	11 79%	36 77%	44 77%	4 80%	42 79%	6 67%
#ALWAYS + USUALLY (NET)	56 90%	1171 91%	11 92%	12 100%	20 91%	13 81%	18 95%	~	~	~	~	5 83%	13 93%	42 89%	52 91%	4 80%	49 92%	7 78%
TOP BOX SCORE	48 77%	903 70%	10 83%	10 83%	16 73%	12 75%	16 84%	~	~	~	~	5 83%	11 79%	36 77%	44 77%	4 80%	42 79%	6 67%
NOT ANSWERED	4	39		3		1	2						1	2	3		4	
VALID CASES	62	1284	12	12	22	16	19					6	14	47	57	5	53	9
NUMBER OF RESPONDENTS	66	1323	12	15	22	17	21					6	15	49	60	5	57	9
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q52 YES	73 27%	1805 35%*	12 29%~	18 27%	16 22%	27 30%	33 27%	~	~	~	~	~	5 31%~	17 29%	55 27%	68 27%~	4 36%~	59 27%	14 27%
NO	197 73%	3343 65%*	29 71%~	49 73%	57 78%	62 70%	89 73%	~	~	~	~	~	11 69%~	41 71%	151 73%	185 73%~	7 64%~	160 73%	37 73%
NOT ANSWERED	17	490	2	5	5	5	2							2	6	9		17	
VALID CASES	270	5148	41	67	73	89	122						16	58	206	253	11	219	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
PQ53 NEVER	2 0.7%	124 2%*	~	~	3%~	2	1 ~0.8%	~	~	~	~	~	~	2 1%~	2 0.8%~	~	1 ~0.5%	1 2%
SOMETIMES	7 3%	397 8%*	2%~	5%	1%	2%	~	~	~	~	~	~	3 5%	4 2%	7 3%~	~	6 3%	1 2%
USUALLY	28 10%	575 11%	15%~	8%	7%	14%	15 12%	~	~	~	~	1 6%~	8 14%	20 10%	26 10%~	2 18%~	23 11%	5 10%
ALWAYS	230 86%	3983 78%*	83%~	88%	89%	84%	104 87%	~	~	~	~	15 ~94%~	46 81%	179 87%	216 86%~	9 82%~	186 86%	44 86%
#ALWAYS + USUALLY (NET)	258 97%	4559 90%*	98%~	95%	96%	98%	119 99%*	~	~	~	~	16 ~100%~	54 95%	199 97%	242 96%~	11 100%~	209 97%	49 96%
TOP BOX SCORE	230 86%	3983 78%*	83%~	88%	89%	84%	104 87%	~	~	~	~	15 ~94%~	46 81%	179 87%	216 86%~	9 82%~	186 86%	44 86%
NOT ANSWERED	20	559	2	7	5	6	4						3	7	11		20	
VALID CASES	267	5079	41	65	73	88	120					16	57	205	251	11	216	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%					16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

[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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q54 WORST HEALTH PLAN POSSIBLE	1 0.4%	17 0.3%	~	~	1%	1	0.8%	~	~	~	~	~	~	1	1	1	1	~
01	2 0.7%	27 0.5%	~	3%	~	1	0.8%	~	~	~	~	~	1	1	2	2	2	~
02	2 0.7%	33 0.6%	~	1%	1%	1	0.8%	~	~	~	~	~	2	2	2	1	1	2%
03	1 0.4%	44 0.9%	~	1%	~	1	0.8%	~	~	~	~	~	1	1	1	1	1	~
04	4 1%	62 1%	~	3%	1%	1	2%	~	~	~	~	~	4	4	4	2	2	4%
05	16 6%	275 5%	5%	3%	4%	7	8%	~	~	~	~	~	2	14	14	1	12	4
06	12 4%	233 5%	5%	3%	4%	4	7%*	~	~	~	~	~	12	10	1	10	2	4%
07	31 11%	496 10%	7%	6%	12%	10	9%	~	~	~	~	6	2	26	29	1	20	11
08	57 21%	982 19%	21%	7%	14%	27	21%	~	~	~	~	2	12	45	54	2	47	10
09	41 15%	974 19%	21%	14%	11%	7	17%	~	~	~	~	9	31	39	2	36	5	10%
BEST HEALTH PLAN POSSIBLE	106 39%	2033 39%	40%	29%	29%	31	39	~	~	~	~	8	33	70	100	4	91	15
#8-10 (NET)	204 75%	3988 77%	83%	50%	54%	65	84	~	~	~	~	10	54	146	193	8	174	30

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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	147 54%	3007 58%	26 62%~	43 63%	40 53%	38 44%*	59 49%	~	~	~	~	~	8 50%~	42 71%*	101 49%*	139 54%~	6 55%~	127 57%*	20 40%*
NOT ANSWERED	14	462	1	4	2	7	3							1	5	6		13	1
VALID CASES	273	5176	42	68	76	87	121						16	59	207	256	11	223	50
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%
MEAN	8.35	8.44	8.71	8.26	8.28	8.30	8.01						8.63	9.02	8.15	8.36	8.36	8.45	7.88
p stat_(*=Sig @ p<=.05)		.443	~.679	.701	.772	.010*	~	~	~	~	~	~	~.002*	.001*	~	~	~	~.056	.055

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q55 YES	108 39%	1994 38%	17 40%~	25 37%	25 33%	41 46%	46 38%	~	~	~	~	~	8 50%~	23 38%	81 39%	99 38%~	6 55%~	73 33%*	35 69%*
NO	167 61%	3218 62%	25 60%~	43 63%	51 67%	48 54%	76 62%	~	~	~	~	~	8 50%~	37 62%	128 61%	160 62%~	5 45%~	151 67%*	16 31%*
NOT ANSWERED	12	425	1	4	2	5	2							3	3			12	
VALID CASES	275	5213	42	68	76	89	122						16	60	209	259	11	224	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q56 NEVER	4 4%	36 2%	1 6%	1 4%	1 4%	1 3%	4 9%	~	~	~	~	~	~	~	4 5%	3 3%	~	2 3%	2 6%
SOMETIMES	8 8%	176 9%	1 6%	4 17%	1 4%	2 5%	4 9%	~	~	~	~	~	1 14%	1 5%	7 9%	8 8%	~	3 4%	5 14%
USUALLY	31 30%	474 24%	3 18%	6 26%	6 25%	16 40%	13 30%	~	~	~	~	~	4 57%	4 18%	25 32%	25 26%	5 83%	19 28%	12 34%
ALWAYS	61 59%	1301 65%	12 71%	12 52%	16 67%	21 52%	23 52%	~	~	~	~	~	2 29%	17 77%	42 54%	60 63%	1 17%	45 65%	16 46%
#ALWAYS + USUALLY (NET)	92 88%	1775 89%	15 88%	18 78%	22 92%	37 92%	36 82%	~	~	~	~	~	6 86%	21 95%	67 86%	85 89%	6 100%	64 93%	28 80%
TOP BOX SCORE	61 59%	1301 65%	12 71%	12 52%	16 67%	21 52%	23 52%	~	~	~	~	~	2 29%	17 77%	42 54%	60 63%	1 17%	45 65%	16 46%
NOT ANSWERED	4	29		2	1	1	2						1	1	3	3		4	
VALID CASES	104	1988	17	23	24	40	44						7	22	78	96	6	69	35
NUMBER OF RESPONDENTS	108	2017	17	25	25	41	46						8	23	81	99	6	73	35
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57 #YES	54 53%	1177 60%	7 41%~	10 45%~	11 48%~	26 65%~	17 39%~	~	~	~	~	~	3 43%~	15 68%~	37 48%~	48 51%~	5 83%~	34 50%~	20 59%~
NO	48 47%	795 40%	10 59%~	12 55%~	12 52%~	14 35%~	27 61%~	~	~	~	~	~	4 57%~	7 32%~	40 52%~	46 49%~	1 17%~	34 50%~	14 41%~
NOT ANSWERED	6	45		3	2	1	2						1	1	4	5		5	1
VALID CASES	102	1972	17	22	23	40	44						7	22	77	94	6	68	34
NUMBER OF RESPONDENTS	108 100%	2017 100%	17 100%	25 100%	25 100%	41 100%	46 100%						8 100%	23 100%	81 100%	99 100%	6 100%	73 100%	35 100%

[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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57A YES	208 77%	4014 79%	18 42%~	50 74%	67 91%*	73 86%*	90 77%	~	~	~	~	~	14 ~ 88%	49 82%	153 75%	195 76%~	9 82%~	168 76%	40 80%
NO	62 23%	1085 21%	25 58%~	18 26%	7 9%*	12 14%*	27 23%	~	~	~	~	~	2 ~ 13%	11 18%	51 25%	60 24%~	2 18%~	52 24%	10 20%
NOT ANSWERED	17	539		4	4	9	7								8	7		16	1
VALID CASES	270	5099	43	68	74	85	117						16	60	204	255	11	220	50
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%



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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57B NEVER	30 28%	667 28%	2 40%~	9 30%~	10 25%~	9 27%~	10 33%~	~	~	~	~	~	~	8 32%~	20 25%~	26 27%~	2 29%~	23 27%~	7 30%~
SOMETIMES	20 19%	484 20%	1 20%~	7 23%~	5 13%~	7 21%~	5 17%~	~	~	~	~	~	~	5 20%~	15 19%~	17 17%~	2 29%~	16 19%~	4 17%~
USUALLY	29 27%	468 20%	~	7 23%~	15 38%~	7 21%~	9 30%~	~	~	~	~	~	4 50%~	6 24%~	23 29%~	28 29%~	1 14%~	24 28%~	5 22%~
ALWAYS	29 27%	771 32%	2 40%~	7 23%~	10 25%~	10 30%~	6 20%~	~	~	~	~	~	4 50%~	6 24%~	21 27%~	27 28%~	2 29%~	22 26%~	7 30%~
#ALWAYS + USUALLY (NET)	58 54%	1239 52%	2 40%~	14 47%~	25 63%~	17 52%~	15 50%~	~	~	~	~	~	8 100%~	12 48%~	44 56%~	55 56%~	3 43%~	46 54%~	12 52%~
TOP BOX SCORE	29 27%	771 32%	2 40%~	7 23%~	10 25%~	10 30%~	6 20%~	~	~	~	~	~	4 50%~	6 24%~	21 27%~	27 28%~	2 29%~	22 26%~	7 30%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	165	2768	37	37	36	55	90						8	34	129	159	4	138	27
NOT ANSWERED	14	480	1	5	2	6	4							1	4	5		13	1
VALID CASES	108	2390	5	30	40	33	30						8	25	79	98	7	85	23
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- #	AS- IAN ##	NATV ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	58 21%	1124 22%	7 17%~	14 21%	18 24%	19 21%	18 15%*	~	~	~	~	~	7 44%~	11 18%	45 22%	51 20%~	7 64%~	39 17%*	19 38%*
NO	216 79%	3960 78%	35 83%~	53 79%	57 76%	71 79%	104 85%*	~	~	~	~	~	9 56%~	49 82%	164 78%	209 80%~	4 36%~	185 83%*	31 62%*
NOT ANSWERED	13	553	1	5	3	4	2								3	2		12	1
VALID CASES	274	5085	42	67	75	90	122						16	60	209	260	11	224	50
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q57D #YES	52 93%	945 87%	6 86%~	11 92%~	17 94%~	18 95%~	16 94%~	~	~	~	~	~	6 86%~	9 90%~	41 93%~	45 92%~	7 100%~	34 92%~	18 95%~
NO	4 7%	135 13%	1 14%~	1 8%~	1 6%~	1 5%~	1 6%~	~	~	~	~	~	1 14%~	1 10%~	3 7%~	4 8%~	~	3 8%~	1 5%~
NOT ANSWERED	2	16		2			1							1	1	2		2	
VALID CASES	56	1081	7	12	18	19	17						7	10	44	49	7	37	19
NUMBER OF RESPONDENTS	58	1097	7	14	18	19	18						7	11	45	51	7	39	19
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q57E #YES	48 86%	905 84%	6 86%	10 83%	16 89%	16 84%	16 94%	~	~	~	~	~	6 86%	9 90%	37 84%	42 86%	6 86%	32 86%	16 84%
NO	8 14%	169 16%	1 14%	2 17%	2 11%	3 16%	1 6%	~	~	~	~	~	1 14%	1 10%	7 16%	7 14%	1 14%	5 14%	3 16%
NOT ANSWERED	2	24		2			1							1	1	2		2	
VALID CASES	56	1073	7	12	18	19	17					7	10	44	49	7	37	19	
NUMBER OF RESPONDENTS	58	1097	7	14	18	19	18					7	11	45	51	7	39	19	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q57C = YES]

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALS ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q57F NEVER		20 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	3 5%	94 9%	~	1 8%	1 6%	1 5%	~	~	~	~	~	~	1 10%	2 5%	2 4%	1 14%	3 8%	~
USUALLY	13 24%	257 24%	1 14%	2 17%	3 18%	7 37%	1 6%	~	~	~	~	3 50%	3 30%	9 21%	11 23%	2 29%	9 25%	4 21%
ALWAYS	39 71%	704 66%	6 86%	9 75%	13 76%	11 58%	16 94%	~	~	~	~	3 50%	6 60%	32 74%	35 73%	4 57%	24 67%	15 79%
#ALWAYS + USUALLY (NET)	52 95%	960 89%	7 100%	11 92%	16 94%	18 95%	17 100%	~	~	~	~	6 100%	9 90%	41 95%	46 96%	6 86%	33 92%	19 100%
TOP BOX SCORE	39 71%	704 66%	6 86%	9 75%	13 76%	11 58%	16 94%	~	~	~	~	3 50%	6 60%	32 74%	35 73%	4 57%	24 67%	15 79%
NOT ANSWERED	3	23		2	1		1					1	1	2	3		3	
VALID CASES	55	1074	7	12	17	19	17					6	10	43	48	7	36	19
NUMBER OF RESPONDENTS	58	1097	7	14	18	19	18					7	11	45	51	7	39	19
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57G NEVER	1 2%	53 5%		1 8%											1 2%	1 2%		1 3%	
SOMETIMES	5 9%	120 11%		1 8%	2 12%	2 11%								1 10%	4 9%	4 8%	1 14%	4 11%	1 5%
USUALLY	15 27%	238 22%	1 14%	2 17%	5 29%	7 37%	4 24%						4 67%	2 20%	12 28%	13 27%	2 29%	10 28%	5 26%
ALWAYS	34 62%	662 62%	6 86%	8 67%	10 59%	10 53%	13 76%						2 33%	7 70%	26 60%	30 63%	4 57%	21 58%	13 68%
#ALWAYS + USUALLY (NET)	49 89%	901 84%	7 100%	10 83%	15 88%	17 89%	17 100%						6 100%	9 90%	38 88%	43 90%	6 86%	31 86%	18 95%
TOP BOX SCORE	34 62%	662 62%	6 86%	8 67%	10 59%	10 53%	13 76%						2 33%	7 70%	26 60%	30 63%	4 57%	21 58%	13 68%
NOT ANSWERED	3	23		2	1		1						1	1	2	3		3	
VALID CASES	55	1074	7	12	17	19	17						6	10	43	48	7	36	19
NUMBER OF RESPONDENTS	58	1097	7	14	18	19	18						7	11	45	51	7	39	19
	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?

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57H NEVER		23 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	5 9%	97 9%	~	~	2 12%	3 16%	1 6%	~	~	~	~	~	1 10%	4 9%	3 6%	2 29%	3 8%	2 11%	
USUALLY	8 15%	214 20%	1 14%	2 17%	2 12%	3 16%	~	~	~	~	~	~	1 17%	3 30%	4 9%	7 15%	1 14%	5 14%	3 16%
ALWAYS	42 76%	741 69%	6 86%	10 83%	13 76%	13 68%	16 94%	~	~	~	~	~	5 83%	6 60%	35 81%	38 79%	4 57%	28 78%	14 74%
#ALWAYS + USUALLY (NET)	50 91%	955 89%	7 100%	12 100%	15 88%	16 84%	16 94%	~	~	~	~	~	6 100%	9 90%	39 91%	45 94%	5 71%	33 92%	17 89%
TOP BOX SCORE	42 76%	741 69%	6 86%	10 83%	13 76%	13 68%	16 94%	~	~	~	~	~	5 83%	6 60%	35 81%	38 79%	4 57%	28 78%	14 74%
NOT ANSWERED	3	23		2	1		1						1	1	2	3		3	
VALID CASES	55	1074	7	12	17	19	17					6	10	43	48	7	36	19	
NUMBER OF RESPONDENTS	58	1097	7	14	18	19	18					7	11	45	51	7	39	19	
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q58																		
EXCELLENT	125 46%	2143 41%	26 60%	36 55%	32 42%	31 35%*	56 47%	~	~	~	~	6 37%	28 47%	96 46%	125 48%	~	120 54%*	5 10%*
VERY GOOD	92 34%	1856 36%	11 26%	19 29%	26 34%	36 40%	44 37%	~	~	~	~	5 31%	18 30%	73 35%	92 35%	~	77 35%	15 30%
GOOD	45 16%	944 18%	5 12%	9 14%	14 18%	17 19%	19 16%	~	~	~	~	3 19%	9 15%	34 16%	45 17%	~	24 11%*	21 42%*
FAIR	9 3%	237 5%	1 2%	1 2%	4 5%	3 3%	~	~	~	~	~	2 13%	4 7%	5 2%	9 ~	~	1 0.4%*	8 16%*
POOR	2 0.7%	15 0.3%	~	~	~	2 2%	1 0.8%	~	~	~	~	~	1 2%	1 0.5%	2 ~	~	1 0.4%	1 2%
#EXCELLENT + VERY GOOD + GOOD (NET)	262 96%	4943 95%	42 98%	64 98%	72 95%	84 94%	119 99%*	~	~	~	~	14 88%	55 92%	203 97%	262 100%	~	221 99%*	41 82%*
NOT ANSWERED	14	443		7	2	5	4							3			13	1
VALID CASES	273	5195	43	65	76	89	120					16	60	209	262	11	223	50
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%					16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	126 46%	2231 43%	29 67%~	33 49%	35 46%	29 33%*	60 49%	~	~	~	~	7 44%~	27 46%	98 46%	125 48%~	~	124 55%~	2 4%~
VERY GOOD	88 32%	1483 29%	12 28%~	22 33%	24 32%	30 34%	39 32%	~	~	~	~	5 31%~	16 27%	71 34%	88 34%~	~	72 32%~	16 33%~
GOOD	44 16%	1030 20%	2 5%~	9 13%	13 17%	20 22%	19 15%	~	~	~	~	1 6%~	10 17%	31 15%	37 14%~	5 45%~	28 12%~	16 33%~
FAIR	15 5%	368 7%	~	3 4%	4 5%	8 9%	5 4%	~	~	~	~	2 13%~	5 8%	10 5%	10 4%~	5 45%~	1 0.4%~	14 29%~
POOR	2 0.7%	70 1%	~	~	~	2 2%~	~	~	~	~	~	1 6%~	1 2%	1 0.5%	1 0.4%~	1 9%~	1 0.4%~	1 2%~
#EXCELLENT + VERY GOOD + GOOD (NET)	258 94%	4745 92%	43 100%~	64 96%	72 95%	79 89%*	118 96%	~	~	~	~	13 81%~	53 90%	200 95%	250 96%~	5 45%~	224 99%~	34 69%~
NOT ANSWERED	12	455		5	2	5	1						1	1	1		10	2
VALID CASES	275	5183	43	67	76	89	123					16	59	211	261	11	226	49
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%					16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q60 YES	48 18%	1055 20%	5 12%~	5 8%*	15 20%	23 26%*	14 11%*	~	~	~	~	3 ~ 19%~	7 12%	39 19%	41 16%~	6 55%~	19 8%~	29 59%~
NO	225 82%	4144 80%	37 88%~	61 92%*	60 80%	67 74%*	108 89%*	~	~	~	~	13 ~ 81%~	52 88%	170 81%	218 84%~	5 45%~	205 92%~	20 41%~
NOT ANSWERED	14	439	1	6	3	4	2						1	3	3		12	2
VALID CASES	273	5199	42	66	75	90	122					16	59	209	259	11	224	49
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%					16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q61 YES	32 68%	796 77%	2 40%	3 75%	11 73%	16 70%	8 62%	~	~	~	~	~	3 100%	7 100%	24 62%	27 66%	5 83%	5 28%	27 93%
NO	15 32%	235 23%	3 60%	1 25%	4 27%	7 30%	5 38%	~	~	~	~	~	~	15 38%	14 34%	1 17%	13 72%	2 7%	
NOT ANSWERED	1	22		1			1											1	
VALID CASES	47	1030	5	4	15	23	13					3	7	39	41	6	18	29	
NUMBER OF RESPONDENTS	48	1052	5	5	15	23	14					3	7	39	41	6	19	29	
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q62 YES	27	716	1	2	10	14	7					3	6	21	22	5		27
	93%	91%	100%	67%	100%	93%	100%	~	~	~	~	~100%	86%	95%	92%	100%	~	~100%
NO	2	75		1		1							1	1	2		2	
	7%	9%	~	33%	~	7%	~	~	~	~	~	~	14%	5%	8%	~	100%	~
NOT ANSWERED	3	15	1		1	1	1							2	3		3	
VALID CASES	29	791	1	3	10	15	7					3	7	22	24	5	2	27
NUMBER OF RESPONDENTS	32	806	2	3	11	16	8					3	7	24	27	5	5	27
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ NATV ##	ALSK OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q63 YES	35 13%	788 15%	2 5%	7 10%	12 16%	14 16%	12 10%	~	~	~	~	~	3 ~ 20%	9 15%	26 13%	27 11%	7 70%	8 4%*	27 53%*
NO	235 87%	4394 85%	39 95%	60 90%	63 84%	73 84%	112 90%	~	~	~	~	~	12 ~ 80%	50 85%	182 87%	229 89%	3 30%	211 96%*	24 47%*
NOT ANSWERED	17	456	2	5	3	7							1	1	4	6	1	17	
VALID CASES	270	5182	41	67	75	87	124						15	59	208	256	10	219	51
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q64 YES	26 81%	637 85%	1 50%	5 100%	9 75%	11 85%	11 100%	~	~	~	~	~	2 67%	4 57%	22 88%	18 75%	7 100%	1 17%	25 96%
NO	6 19%	110 15%	1 50%	~	3 25%	2 15%	~	~	~	~	~	~	1 33%	3 43%	3 12%	6 25%	~	5 83%	1 4%
NOT ANSWERED	3	19		2		1	1							2	1	3		2	1
VALID CASES	32	747	2	5	12	13	11						3	7	25	24	7	6	26
NUMBER OF RESPONDENTS	35	766	2	7	12	14	12						3	9	26	27	7	8	27
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q65 YES	24	591	1	5	8	10	9	~	~	~	~	2	4	20	16	7	~	24
	96%	96%	100%	100%	100%	91%	90%	~	~	~	~	100%	100%	95%	94%	100%	~	96%
NO	1	26				1	1	~	~	~	~	~	~	1	1	~	~	1
	4%	4%	~	~	~	9%	10%	~	~	~	~	~	~	5%	6%	~	~	4%
NOT ANSWERED	1	7			1		1							1	1			1
VALID CASES	25	617	1	5	8	11	10					2	4	21	17	7		25
NUMBER OF RESPONDENTS	26	624	1	5	9	11	11					2	4	22	18	7	1	25
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q66 YES	23 8%	639 12%*	1 2%~	5 7%	8 11%	9 10%	9 7%	~	~	~	~	~	2 ~14%~	5 8%	17 8%	17 7%~	5 50%~	6 3%~	17 34%*
NO	249 92%	4546 88%*	41 98%~	62 93%~	68 89%	78 90%	115 93%	~	~	~	~	~	12 ~86%~	55 92%	192 92%	241 93%~	5 50%~	216 97%~	33 66%*
NOT ANSWERED	15	453	1	5	2	7							2		3	4	1	14	1
VALID CASES	272	5185	42	67	76	87	124						14	60	209	258	10	222	50
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%



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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q67 YES	17 74%	445 77%	~	4 80%	7 88%	6 67%	8 89%	~	~	~	~	~	2 ~100%	3 60%	14 82%	13 76%	3 60%	1 17%	16 94%
NO	6 26%	136 23%	100%	1 20%	1 13%	3 33%	1 11%	~	~	~	~	~	~	2 40%	3 18%	4 24%	2 40%	5 83%	1 6%
NOT ANSWERED		22																	
VALID CASES	23	582	1	5	8	9	9						2	5	17	17	5	6	17
NUMBER OF RESPONDENTS	23	604	1	5	8	9	9						2	5	17	17	5	6	17
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q68 YES	16	427		4	6	6	7					2	3	13	12	3			16
	100%	96%	~100%	~100%	~100%	~100%	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~	~	~100%
NO		17																	
		4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	1	6			1		1							1	1				1
VALID CASES	16	444		4	6	6	7					2	3	13	12	3			16
NUMBER OF RESPONDENTS	17	450		4	7	6	8					2	3	14	13	3		1	16
	100%	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q69 YES	19 7%	531 10%*	~	11%	5%	9%	4 3%*	~	~	~	~	4 25%~	7 12%	12 6%	15 6%~	4 36%~	7 3%~	12 24%*
NO	253 93%	4648 90%*	100%~	89%	95%	91%	120 97%*	~	~	~	~	12 75%~	53 88%	198 94%	242 94%~	7 64%~	215 97%~	38 76%*
NOT ANSWERED	15	459	1	6	3	5								2	5		14	1
VALID CASES	272	5179	42	66	75	89	124					16	60	210	257	11	222	50
NUMBER OF RESPONDENTS	287 100%	5638 100%	100%	100%	100%	100%	124 100%					16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q70 YES	12 63%	336 68%	~	43%~	75%~	75%~	2 50%~	~	~	~	~	3 ~75%~	4 57%~	8 67%~	9 60%~	3 75%~	~	12 ~100%~
NO	7 37%	157 32%	~	57%~	25%~	25%~	2 50%~	~	~	~	~	1 ~25%~	3 43%~	4 33%~	6 40%~	1 25%~	7 100%~	~
NOT ANSWERED		8																
VALID CASES	19	493		7	4	8	4					4	7	12	15	4	7	12
NUMBER OF RESPONDENTS	19	501		7	4	8	4					4	7	12	15	4	7	12
	100%	100%		100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES]

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q71 YES	12	293	3	3	6	2	~	~	~	~	3	4	8	9	3	12			
	100%	92%~	~100%	~100%	~100%	~100%	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%	~		
NO		24	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
		8%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NOT ANSWERED		3																	
VALID CASES	12	317	3	3	6	2				3	4	8	9	3	12				
NUMBER OF RESPONDENTS	12	320	3	3	6	2				3	4	8	9	3	12				
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q72 YES	33 12%	736 14%	1 2%	8 12%	9 12%	15 17%	13 10%	~	~	~	~	~	3 19%	10 17%	23 11%	28 11%	4 36%	5 2%*	28 55%*
NO	239 88%	4444 86%	41 98%	58 88%	66 88%	74 83%	111 90%	~	~	~	~	~	13 81%	50 83%	187 89%	229 89%	7 64%	216 98%*	23 45%*
NOT ANSWERED	15	458	1	6	3	5									2	5		15	
VALID CASES	272	5180	42	66	75	89	124						16	60	210	257	11	221	51
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC
Q73 YES	28 88%	628 90%	~	6 86%	8 89%	14 93%	11 85%	~	~	~	~	3 ~100%	9 ~100%	19 83%	23 85%	4 100%	~	28 ~100%
NO	4 13%	72 10%	1 100%	1 14%	1 11%	1 7%	2 15%	~	~	~	~	~	~	4 17%	4 15%	~	4 ~100%	~
NOT ANSWERED	1	16		1									1		1		1	
VALID CASES	32	700	1	7	9	15	13					3	9	23	27	4	4	28
NUMBER OF RESPONDENTS	33	716	1	8	9	15	13					3	10	23	28	4	5	28
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	43 15%	971 17%	43 100%	~	~	~	22 18%	~	~	~	~	1 6%	9 15%	34 16%	42 16%	1 9%	41 17%*	2 4%*
4 TO 7 YEARS OLD	72 25%	1380 24%	~	72 ~100%	~	~	28 23%	~	~	~	~	3 19%	15 25%	50 24%	64 24%	1 9%	65 28%*	7 14%*
8 TO 12 YEARS OLD	78 27%	1689 30%	~	~	78 ~100%	~	25 20%*	~	~	~	~	4 25%	21 35%	54 25%	72 27%	4 36%	64 27%	14 27%
13 OR OLDER	94 33%	1597 28%	~	~	94 ~100%	~	49 40%*	~	~	~	~	8 50%	15 25%	74 35%	84 32%	5 45%	66 28%*	28 55%*
VALID CASES	287	5638	43	72	78	94	124					16	60	212	262	11	236	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%					16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

[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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ75 MALE	142 49%	2948 52%	21 49%	40 56%	36 46%	45 48%	57 46%	~	~	~	~	~	10 63%	34 57%	102 48%	126 48%	9 82%	113 48%	29 57%
FEMALE	145 51%	2690 48%	22 51%	32 44%	42 54%	49 52%	67 54%	~	~	~	~	~	6 38%	26 43%	110 52%	136 52%	2 18%	123 52%	22 43%
VALID CASES	287	5638	43	72	78	94	124					16	60	212	262	11	236	51	
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%					16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%	

[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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q76 HISPANIC OR LATINO	60 22%	2037 40%*	9 21%~	15 23%	21 28%	15 17%	~	~	~	~	~	~	~100%~	~	55 21%~	5 45%~	48 22%	12 24%	
NOT HISPANIC OR LATINO	212 78%	3094 60%*	34 79%~	50 77%	54 72%	74 83%	123 100%~	~	~	~	~	~	16 ~100%~	212 ~100%~	203 79%~	6 55%~	173 78%	39 76%	
NOT ANSWERED	15	507		7	3	5	1								4		15		
VALID CASES	272	5131	43	65	75	89	123						16	60	212	258	11	221	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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

		AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q77.1																		
YES	PHSJ TOT CHLD	OHP TOT CHLD																
	168	2548	28	37	38	65	124				16	28	139	159	5	139	29	
	59%	45%*	65%~	51%	49%*	69%*	100%~	~	~	~	~100%~	47%*	66%*	61%~	45%~	59%	57%	
NO																		
	119	3090	15	35	40	29						32	73	103	6	97	22	
	41%	55%*	35%~	49%	51%*	31%*	~	~	~	~	~	53%*	34%*	39%~	55%~	41%	43%	
VALID CASES	287	5638	43	72	78	94	124				16	60	212	262	11	236	51	
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124				16	60	212	262	11	236	51	
	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	

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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALS PAC #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q77.2	PHSJ TOT CHLD																		
YES	5 2%	139 2%	1 ~	2 1%	2 3%	2 2%	~	~	~	~	~	5 31%	5 2%*	5 2%~	2 ~0.8%	3 6%			
NO	282 98%	5499 98%	43 100%~	71 99%	76 97%	92 98%	124 100%~	~	~	~	~	11 69%	60 100%~	207 98%*	257 98%~	11 100%~	234 99%	48 94%	
VALID CASES	287	5638	43	72	78	94	124				16	60	212	262	11	236	51		
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%				16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%		

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

		AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.3	PHSJ TOT CHLD																	
YES	OHP TOT CHLD	5	186	2	3					3		5	5	4	1			
		2%	3%	~	3%	~	~	~	~	~	19%	~	2%*	2%~	2%			
NO	PHSJ TOT CHLD	282	5452	43	72	76	91	124		13	60	207	257	11	232	50		
	OHP TOT CHLD	98%	97%	100%	100%	97%	97%	100%	~	~	81%	100%	98%*	98%	98%			
VALID CASES		287	5638	43	72	78	94	124		16	60	212	262	11	236	51		
NUMBER OF RESPONDENTS		287	5638	43	72	78	94	124		16	60	212	262	11	236	51		
		100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%		

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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC			
Q77.4	PHSJ TOT CHLD																		
YES	2 0.7%	61 1%	1 ~	1 1%	1 ~					2 13%		2 ~0.9%	2 0.8%	2 ~0.8%					
NO	285 99%	5577 99%	43 100%	71 99%	78 100%	93 99%	124 100%				14 88%	60 100%	210 99%	260 99%	11 100%	234 99%	51 100%		
VALID CASES	287	5638	43	72	78	94	124			16	60	212	262	11	236	51			
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%			16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%			

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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR		NO CCC	CCC		
Q77.5	PHSJ TOT CHLD																		
YES	10 3%	168 3%	1 2%	2 3%	4 5%	3 3%					3 19%	3 5%	6 3%	7 3%	2 18%	6 3%	4 8%		
NO	277 97%	5470 97%	42 98%	70 97%	74 95%	91 97%	124 100%				13 81%	57 95%	206 97%	255 97%	9 82%	230 97%	47 92%		
VALID CASES	287	5638	43	72	78	94	124				16	60	212	262	11	236	51		
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%				16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%		

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.6	PHSJ TOT CHLD																	
YES	25 9%	486 9%	4 9%	4 6%	7 9%	10 11%	~	~	~	~	~	5 31%	16 27%*	9 4%*	21 8%	4 36%	19 8%	6 12%
NO	262 91%	5152 91%	39 91%	68 94%	71 91%	84 89%	124 100%	~	~	~	~	11 69%	44 73%*	203 96%*	241 92%	7 64%	217 92%	45 88%
VALID CASES	287	5638	43	72	78	94	124				16	60	212	262	11	236	51	
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%				16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%	



Q78 WHAT IS YOUR AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q78 UNDER 18	16 6%	196 4%	2 5%	4 6%	2 3%	8 9%	10 8%	~	~	~	~	~	1 7%	4 7%	11 5%	13 5%	1 9%	14 6%	2 4%
18 TO 24	19 7%	176 3%*	12 29%	6 9%	1 1%*	~	10 8%	~	~	~	~	~	~	2 3%	17 8%	18 7%	1 9%	17 8%	2 4%
25 TO 34	66 24%	1691 33%*	19 46%	25 37%*	17 23%	5 6%*	24 19%	~	~	~	~	~	1 7%	17 28%	48 23%	63 25%	2 18%	60 27%*	6 12%*
35 TO 44	96 35%	2049 40%	7 17%	25 37%	31 41%	33 37%	42 34%	~	~	~	~	~	8 53%	24 40%	71 34%	90 35%	5 45%	75 34%	21 41%
45 TO 54	53 19%	738 14%*	1 2%	6 9%*	16 21%	30 34%*	24 19%	~	~	~	~	~	3 20%	9 15%	44 21%	50 19%	2 18%	37 17%*	16 31%*
55 TO 64	13 5%	229 4%	~	~	5 7%	8 9%	9 7%	~	~	~	~	~	1 7%	2 3%	11 5%	13 5%	~	12 5%	1 2%
65 TO 74	6 2%	87 2%	~	2 3%	2 3%	2 2%	2 2%	~	~	~	~	~	~	2 3%	4 2%	6 2%	~	5 2%	1 2%
75 OR OLDER	4 1%	15 0.3%	~	~	1 1%	3 3%	3 2%	~	~	~	~	~	1 7%	~	4 2%	4 2%	~	2 0.9%	2 4%
NOT ANSWERED	14	457	2	4	3	5							1	2	5			14	
VALID CASES	273	5181	41	68	75	89	124						15	60	210	257	11	222	51
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q79																			
MALE	32 12%	711 14%	2 5%	5 7%	10 13%	15 17%	12 10%	~	~	~	~	~	1 6%	7 12%	25 12%	32 12%	28 13%	4 8%	
FEMALE	241 88%	4484 86%	40 95%	62 93%	65 87%	74 83%	111 90%	~	~	~	~	~	15 94%	53 88%	185 88%	225 88%	11 100%	194 87%	47 92%
NOT ANSWERED	14	443	1	5	3	5	1							2	5		14		
VALID CASES	273	5195	42	67	75	89	123						16	60	210	257	11	222	51
NUMBER OF RESPONDENTS	287 100%	5638 100%	43 100%	72 100%	78 100%	94 100%	124 100%						16 100%	60 100%	212 100%	262 100%	11 100%	236 100%	51 100%

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q80																			
8TH GRADE OR LESS	10 4%	593 12%*	~	3 5%	6 8%	1 1%	1 0.8%*	~	~	~	~	~	~	8 13%*	2 1%*	9 4%~	1 9%~	9 4%~	1 2%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	23 8%	565 11%	12%~	5 5%	3 7%	5 11%	10 9%	~	~	~	~	~	1 6%~	6 10%	17 8%	21 8%~	1 9%~	18 8%~	5 10%
HIGH SCHOOL GRADUATE OR GED	94 35%	1483 29%*	45%~	19 20%*	13 39%	29 38%	33 31%	~	~	~	~	~	5 31%~	26 43%	68 33%	88 34%~	5 45%~	74 33%~	20 40%
SOME COLLEGE OR 2-YEAR DEGREE	119 44%	1722 33%*	36%~	15 59%*	39 35%	26 44%	39 47%	~	~	~	~	~	8 50%~	14 23%*	103 49%*	113 44%~	4 36%~	100 45%~	19 38%
4-YEAR COLLEGE GRADUATE	16 6%	491 10%*	2%~	1 11%	7 5%	4 5%	4 9%	~	~	~	~	~	1 6%~	3 5%	13 6%	16 6%~	~	13 6%~	3 6%
MORE THAN 4-YEAR COLLEGE DEGREE	9 3%	290 6%*	5%~	2 2%	1 7%	5 1%	1 2%	~	~	~	~	~	1 6%~	3 5%	6 3%	9 4%~	~	7 3%~	2 4%
NOT ANSWERED	16	495	1	6	3	6	3								3	6		15	1
VALID CASES	271	5143	42	66	75	88	121						16	60	209	256	11	221	50
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	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		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q81																			
MOTHER OR FATHER	247 92%	4883 95%	41 98%~	60 90%	69 95%	77 89%	112 93%	~	~	~	~	~	15 ~100%~	54 90%	190 92%	233 92%~	9 82%~	208 94%~	39 81%~
GRANDPARENT	12 4%	145 3%	1 2%~	4 6%	4 5%	3 3%	5 4%	~	~	~	~	~	~	4 7%	8 4%	11 4%~	1 9%~	8 4%~	4 8%~
AUNT OR UNCLE	1 0.4%	13 0.2%	~	1 1%	~	~	~	~	~	~	~	~	~	~	1 ~0.5%	0.4%~	~	1 ~0.5%~	~
OLDER BROTHER OR SISTER		12 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE	1 0.4%	4 0.1%	~	~	~	1 1%	~	~	~	~	~	~	~	~	1 ~0.5%	0.4%~	~	~	1 2%~
LEGAL GUARDIAN	5 2%	51 1%	~	1 1%	~	4 5%	2 2%	~	~	~	~	~	~	1 2%	4 2%	5 2%~	~	4 2%~	1 2%~
SOMEONE ELSE	3 1%	36 0.7%	~	1 1%	~	2 2%	1 0.8%	~	~	~	~	~	~	1 2%	2 1%	0.8%~	1 9%~	~	3 6%~
NOT ANSWERED	18	494	1	5	5	7	4						1		6	9		15	3
VALID CASES	269	5144	42	67	73	87	120						15	60	206	253	11	221	48
NUMBER OF RESPONDENTS	287	5638	43	72	78	94	124						16	60	212	262	11	236	51
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC
Q82 YES	2	143		1		1							1	1	2		2	
	1%	4%*	~	3%~	~	0.8%	~	~	~	~	~	~	3%~	0.7%~	1%~	~	1%~	~
NO	182	3143	31	39	46	66	123					12	38	142	173	4	152	30
	99%	96%*	100%~	98%~	100%~	99%	99%	~	~	~	~	~100%~	97%~	99%~	99%~	100%~	99%~	100%~
NOT ANSWERED	1	43	1											1	1		1	
VALID CASES	184	3286	31	40	46	67	124					12	39	143	175	4	154	30
NUMBER OF RESPONDENTS	185	3329	32	40	46	67	124					12	39	144	176	4	155	30
	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	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALS #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	1	56				1	1							1	1	1		
	50%	41%	~	~	~	100%	100%	~	~	~	~	~	~	100%	50%	~	~	
NO	1	79		1									1	1	1			
	50%	59%	~	100%	~	~	~	~	~	~	~	~	100%	~	50%	~	~	
VALID CASES	2	135		1		1	1						1	1	2		2	
NUMBER OF RESPONDENTS	2	135		1		1	1						1	1	2		2	
	100%	100%		100%		100%	100%						100%	100%	100%		100%	

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

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q83.2 YES		44 32%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	2 100%	91 68%	~100%	~100%	~100%	~100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~	
VALID CASES	2	135	1	1	1	1						1	1	2	2	2	2	
NUMBER OF RESPONDENTS	2 100%	135 100%	1 100%	1 100%	1 100%	1 100%						1 100%	1 100%	2 100%	2 100%	2 100%	2 100%	

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

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALS PAC #	OTH #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.3																	
YES	PHSJ TOT CHLD	11															
	OHP TOT CHLD	8%															
NO		2	1	1	1	1						1	1	2	2		
		100%	~100%	~100%	~100%	~100%						~100%	~100%	~100%	~100%		
VALID CASES		2	1	1	1	1						1	1	2	2		
NUMBER OF RESPONDENTS		2	1	1	1	1						1	1	2	2		
		100%	100%	100%	100%	100%						100%	100%	100%	100%		

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



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

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

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

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

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

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR		NO CCC	CCC	
NQ14 0-6	23 11%	307 8%	1 3%	8 16%	3 5%	11 16%	8 9%	~	~	~	~	~	2 17%	4 9%	19 12%	20 10%	2 20%	16 10%	7 17%
7-8	57 27%	1107 30%	10 29%	11 22%	18 32%	18 27%	29 33%	~	~	~	~	~	3 25%	7 16%	47 30%	51 27%	2 20%	44 26%	13 31%
9-10	130 62%	2234 61%	24 69%	32 63%	36 63%	38 57%	51 58%	~	~	~	~	~	7 58%	32 74%	92 58%*	120 63%	6 60%	108 64%	22 52%
VALID CASES	210	3648	35	51	57	67	88						12	43	158	191	10	168	42
NUMBER OF RESPONDENTS	210 100%	3648 100%	35 100%	51 100%	57 100%	67 100%	88 100%						12 100%	43 100%	158 100%	191 100%	10 100%	168 100%	42 100%
MEAN	2.51	2.53	2.66	2.47	2.58	2.40	2.49						2.42	2.65	2.46	2.52	2.40	2.55	2.36
p stat_(*=Sig @ p<=.05)		.683		~.646	.335	.150	.708	~	~	~	~	~	~	~.074		~	~	~	~

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ41 0-6	22 9%	330 7%	3 8%	7 11%	4 6%	8 11%	10 9%	~	~	~	~	~	2 15%	4 8%	18 10%	20 9%	2 20%	16 8%	6 13%
7-8	49 20%	960 22%	5 13%	11 18%	14 21%	19 25%	21 20%	~	~	~	~	~	2 15%	10 19%	37 20%	43 19%	3 30%	38 19%	11 24%
9-10	173 71%	3168 71%	30 79%	44 71%	50 74%	49 64%	75 71%	~	~	~	~	~	9 69%	38 73%	128 70%	164 72%	5 50%	144 73%	29 63%
VALID CASES	244	4459	38	62	68	76	106						13	52	183	227	10	198	46
NUMBER OF RESPONDENTS	244 100%	4459 100%	38 100%	62 100%	68 100%	76 100%	106 100%						13 100%	52 100%	183 100%	227 100%	10 100%	198 100%	46 100%
MEAN	2.62	2.64	2.71	2.60	2.68	2.54	2.61						2.54	2.65	2.60	2.63	2.30	2.65	2.50
p stat_(*=Sig @ p<=.05)		.665	~.767	.362	.214		.906	~	~	~	~	~	~.653	.449		~	~	~	~

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
NQ48 0-6	3 9%	88 12%	~	20%~	13%~	~	~	~	~	~	~	~	14%~	7%~	11%~	~	6%~	11%~
7-8	11 32%	175 24%	100%~	40%~	25%~	27%~	27%~	~	~	~	~	25%~	14%~	37%~	33%~	20%~	38%~	28%~
9-10	20 59%	456 63%	~	40%~	62%~	73%~	73%~	~	~	~	~	75%~	71%~	56%~	56%~	80%~	56%~	61%~
VALID CASES	34	718	1	10	8	15	11					4	7	27	27	5	16	18
NUMBER OF RESPONDENTS	34 100%	718 100%	100%	100%	100%	100%	100%					4 100%	7 100%	27 100%	27 100%	5 100%	16 100%	18 100%
MEAN	2.50	2.51	2.00	2.20	2.50	2.73	2.73					2.75	2.57	2.48	2.44	2.80	2.50	2.50
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ54 0-6	38 14%	696 13%	4 10%~	12 18%	10 13%	12 14%	26 21%*	~	~	~	~	~	3 5%*	35 17%*	34 13%~	2 18%~	29 13%	9 18%
7-8	88 32%	1488 29%	12 29%~	13 19%*	26 34%	37 43%*	36 30%	~	~	~	~	8 50%~	14 24%	71 34%	83 32%~	3 27%~	67 30%	21 42%
9-10	147 54%	3026 58%	26 62%~	43 63%	40 53%	38 44%*	59 49%	~	~	~	~	8 50%~	42 71%*	101 49%*	139 54%~	6 55%~	127 57%*	20 40%*
VALID CASES	273	5210	42	68	76	87	121					16	59	207	256	11	223	50
NUMBER OF RESPONDENTS	273 100%	5210 100%	42 100%	68 100%	76 100%	87 100%	121 100%					16 100%	59 100%	207 100%	256 100%	11 100%	223 100%	50 100%
MEAN	2.40	2.45	2.52	2.46	2.39	2.30	2.27					2.50	2.66	2.32	2.41	2.36	2.44	2.22
p stat_(*=Sig @ p<=.05)		.280	~.460	.949	.119	.012*	~	~	~	~	~	~.000*	.000*	~	~	~.054	.054	

GETTING NEEDED CARE

			AGE				RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NPRBSEE4 NQ46	2.34	2.21	3.00	2.60	1.88	2.38	2.00					2.50	2.57	2.28	2.35	2.60	2.60	2.12	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCARNES4 NQ15	2.60	2.45	2.74	2.54	2.56	2.60	2.61				2.67	2.63	2.60	2.61	2.70	2.59	2.62		
p stat_(*=Sig @ p<=.05)		.002*	~.476	.647	.987	.838	~	~	~	~	~	~	~.981	~	~	~	~		
COMPOSITE	2.47	2.33	2.87	2.57	2.22	2.49	2.30	x	x	x	x	x	2.58	2.60	2.44	2.48	2.65	2.60	2.37
p stat_(*=Sig @ p<=.05)		.448	~.769	.400	.947	.471	~	~	~	~	~	~	~.775	~	~	~	~		

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NCARSN4 NQ4	2.78	2.68	2.73	2.92	2.83	2.67	2.80						2.90	2.69	2.80	2.80	2.67	2.82	2.68
p stat_(*=Sig @ p<=.05)	.112		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.58	2.42	2.72	2.59	2.61	2.44	2.66						2.57	2.54	2.56	2.58	2.50	2.61	2.44
p stat_(*=Sig @ p<=.05)	.002*		~	~	~.065	~	.115	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.68	2.55	2.72	2.76	2.72	2.55	2.73	x	x	x	x	x	2.74	2.62	2.68	2.69	2.58	2.71	2.56
p stat_(*=Sig @ p<=.05)	.618		~	~.930	~.754	~	.878	~	~	~	~	~	~	~.991	~	~	~	~	~



HOW WELL DOCTORS COMMUNICATE

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ PAC #	ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
NDREXPL4 NQ32	2.77	2.70	2.79	2.84	2.68	2.78	2.91							2.82	2.53	2.83	2.77	2.67	2.80	2.65
p stat_(*=Sig @ p<=.05)		.126	~	~	.248	.881	.001*	~	~	~	~	~	~	~	~	~	~	~	~	~
NDRLSTN4 NQ33	2.71	2.73	2.79	2.73	2.66	2.69	2.78							2.64	2.60	2.74	2.70	2.78	2.73	2.65
p stat_(*=Sig @ p<=.05)		.680	~	~	.444	.765	.150	~	~	~	~	~	~	~	~	~	~	~	~	~
NDRESPU4 NQ34	2.79	2.79	2.76	2.82	2.86	2.71	2.79							2.55	2.75	2.78	2.78	2.78	2.80	2.73
p stat_(*=Sig @ p<=.05)		.842	~	~	.172	.214	.880	~	~	~	~	~	~	~	~	~	~	~	~	~
NDRTMEN4 NQ37	2.64	2.50	2.68	2.58	2.56	2.74	2.65							2.55	2.62	2.65	2.63	2.67	2.62	2.72
p stat_(*=Sig @ p<=.05)		.002*	~	~	.291	.125	.791	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.73	2.68	2.76	2.74	2.69	2.73	2.79	x	x	x	x	x	x	2.64	2.62	2.75	2.72	2.72	2.74	2.69
p stat_(*=Sig @ p<=.05)		.900	~	~	.953	1.00	.900	~	~	~	~	~	~	~	~	~	~	~	~	~

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NPBCLCS4 NQ50	2.43	2.30	2.33	2.69	2.32	2.44	2.58						2.67	2.43	2.40	2.42	2.40	2.46	2.22
p stat_(*=Sig @ p<=.05)	.193		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.68	2.62	2.75	2.83	2.64	2.56	2.79						2.67	2.71	2.66	2.68	2.60	2.72	2.44
p stat_(*=Sig @ p<=.05)	.460		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.55	2.46	2.54	2.76	2.48	2.50	2.68	x	x	x	x	x	2.67	2.57	2.53	2.55	2.50	2.59	2.33
p stat_(*=Sig @ p<=.05)	.865		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ12	2.52	2.41	2.33	2.29	2.63	2.73	2.16				2.60	3.00	2.43	2.50	2.67	2.38	2.73		
p stat_(*=Sig @ p<=.05)	.381		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NRXBST NQ13	2.33	2.60	1.67	2.43	2.50	2.47	2.16			2.20	2.75	2.19	2.27	2.33	2.25	2.45			
p stat_(*=Sig @ p<=.05)	.018*		~	~	~	~	~	~	~	~	~	~	~	~	~	~			
COMPOSITE	2.43	2.51	2.00	2.36	2.56	2.60	2.16	x	x	x	x	x	2.40	2.88	2.31	2.39	2.50	2.31	2.59
p stat_(*=Sig @ p<=.05)	.853		~	~	~	~	~	~	~	~	~	~	~	~	~	~			

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NEZMDEQ NQ20	2.18	2.28	2.00	2.33	2.50	1.67	3.00					3.00	2.00	2.29	2.11	2.00		2.20	2.17
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTHP NQ23	2.18	2.12	2.00	2.50	2.00	2.00	2.14					2.00	3.00	2.00	2.20	3.00		2.33	2.00
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTC NQ26	2.41	2.11	3.00	2.33	2.33	2.44	2.58					2.67	2.22	2.57	2.38	2.50		2.36	2.43
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.25	2.17	2.33	2.39	2.28	2.03	2.58	x	x	x	x	x	2.56	2.41	2.29	2.23	2.50	2.30	2.20
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
PRBSEE4 Q46	78%	75%	100%	90%	63%	77%	67%							100%	86%	76%	77%	100%	87%	71%
CARNES4 Q15	91%	88%	97%	88%	86%	94%	90%							92%	91%	91%	92%	90%	90%	93%
AVERAGE	84.52	81.59	97.14	89.00	74.23	85.48	78.16	x	x	x	x	x	91.67	88.21	83.54	84.51	90.00	88.54	81.72	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/PAC ILND #	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
CARSN4 Q4	97%	92%	100%	96%	96%	97%	97%						100%	94%	97%	96%	100%	97%	95%
APGET4 Q6	93%	84%	97%	97%	92%	88%	95%						86%	97%	91%	93%	88%	94%	88%
AVERAGE	94.77	88.10	98.44	96.57	93.74	92.56	95.87	x	x	x	x	x	92.86	95.45	94.15	94.81	93.75	95.59	91.48

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
DREXPL4 Q32	94%	93%	100%	94%	88%	95%	100%							91%	82%	97%	94%	89%	95%	87%
DRLSTN4 Q33	94%	95%	100%	94%	92%	93%	96%							91%	90%	95%	94%	100%	95%	92%
DRESPU4 Q34	96%	96%	100%	96%	98%	93%	98%							82%	95%	97%	96%	100%	97%	92%
DRTMEN4 Q37	93%	87%	91%	92%	90%	96%	90%							91%	97%	92%	92%	100%	91%	97%
AVERAGE	94.2	92.6	97.8	93.8	92.0	94.5	96.0	x	x	x	x	x	88.6	91.2	95.0	93.9	97.2	94.7	92.5	

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

	PHSJ TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
PBCLCS4 Q50	83%	79%	75%	100%	82%	75%						100%	79%	83%	82%	80%	83%	78%	
CSRESP Q51	90%	91%	92%	100%	91%	81%	95%					83%	93%	89%	91%	80%	92%	78%	
AVERAGE	86.43	85.33	83.33	100.0	86.36	78.12	92.11	x	x	x	x	x	91.67	85.71	86.17	86.84	x	87.89	77.78



SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER IND/ALSK ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NRXWHY Q11	91%	93%	100%	93%	94%	80%	95%					80%	88%	90%	93%	67%	97%	82%	
NRXWYNT Q12	76%	71%	67%	64%	81%	87%	58%					80%	100%	71%	75%	83%	69%	86%	
RXBST Q13	67%	80%	33%	71%	75%	73%	58%					60%	88%	60%	64%	67%	63%	73%	
AVERAGE	77.8	81.2	66.7	76.2	83.3	80.0	70.2	x	x	x	x	x	91.7	73.8	77.3	72.2	76.0	80.3	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
EZMDEQ Q20	64%	74%	100%	67%	75%	33%	100%					100%	50%	71%	56%	100%	60%	67%	
EZTHP Q23	65%	68%	50%	83%	50%	57%	57%					67%	100%	57%	67%	100%	67%	63%	
EZTC Q26	88%	66%	100%	83%	89%	87%	92%					100%	78%	95%	85%	100%	82%	90%	
AVERAGE	71.9	69.4	x	83.3	88.9	72.3	74.4	x	x	x	x	x	x	77.8	74.6	68.9	x	74.2	73.2

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	88%	86%	97%	92%	86%	83%	91%					100%	75%	92%	90%	67%	90%	83%	
DRUNCON Q43	81%	89%	0%	80%	87%	81%	89%					100%	57%	84%	79%	86%	80%	82%	
DRUNFAM Q44	75%	87%	0%	78%	73%	77%	82%					86%	57%	77%	74%	71%	71%	76%	
AVERAGE	81.4	87.3	97.0	83.2	82.0	80.4	87.7	x	x	x	x	x	95.2	63.1	84.1	80.9	74.6	80.5	79.9

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PHSJ TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
HELPCONT Q18	100%	89%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	
HLPCOORD Q29	53%	57%	62%	50%	44%	57%	54%					100%	46%	53%	52%	60%	51%	55%
AVERAGE	76.3	73.0	62.5	50.0	43.8	78.3	53.8	x	x	x	x	x	46.2	76.7	76.0	x	51.4	77.3

INDEX OF ADULT TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

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

2. YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

5. ACCESS TO DENTAL CARE

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



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

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

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

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

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

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

PAGE	QUESTION	TITLE
8. RATINGS		
90	NQ13	RATING OF ALL HEALTH CARE [ASKED IF Q7 >= 1 TIME]
91	NQ23	RATING OF PERSONAL DOCTOR [ASKED IF Q15 = YES]
92	NQ27	RATING OF SPECIALIST SEEN MOST OFTEN [ASKED IF Q24 = YES AND Q26 >= 1 SPECIALIST]
93	NQ35	RATING OF HEALTH PLAN
9. COMPOSITES		
94		GETTING NEEDED CARE
95		GETTING CARE QUICKLY
96		HOW WELL DOCTORS COMMUNICATE
97		CUSTOMER SERVICE
98		SHARED DECISION MAKING
10. GLOBAL PROPORTION COMPOSITES		
99		GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
100		GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
101		HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
102		CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
103		SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

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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*







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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

### ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

### ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Yes
- No
- Don't know

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

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

- Yes
- No

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

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

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

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



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

- Yes
- No → **Go to Question 50**

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

- Yes
- No

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

- Yes
- No → **Go to Question 52**

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

- Yes
- No

52. What is your age?

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

53. Are you male or female?

- Male
- Female

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

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

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

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

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

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

57. Did someone help you complete this survey?

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

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

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

**THANK YOU**

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

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

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



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

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

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

**SURVEY INSTRUCTIONS**

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

Correct  
Mark 

Incorrect  
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

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

- Yes → *Go to Question 3*
- No

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

\_\_\_\_\_



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

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

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

### SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

### YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always



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

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





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

- Yes
- No

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

- Yes
- No

### GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No → *Go to Question 49*

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

- Never
- Sometimes
- Usually
- Always

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

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

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

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

### YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → *Go to Question 52*

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 54**

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

- Never
- Sometimes
- Usually
- Always

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

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

### PRESCRIPTION MEDICINES

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

- Yes
- No → **Go to Question 57a**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

### ACCESS TO DENTAL CARE

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

- Yes
- No

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

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



## ADDITIONAL QUESTIONS

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

## ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No



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

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



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

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

78. What is your age?

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

79. Are you male or female?

- Male
- Female

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

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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

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

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

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

**THANK YOU**

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

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

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







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

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

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

**INSTRUCCIONES PARA EL CUESTIONARIO**

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

Marca  
Correcta 

Marca  
Incorrecta   

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

Sí → *Pase a la Pregunta 1*  
 No

↓ **COMIENCE AQUI** ↓

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

Sí → *Pase a la pregunta 3*  
 No

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

\_\_\_\_\_



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

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

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

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







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

- Sí
- No

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

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

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

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

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

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

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

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

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

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

- Sí, definitivamente
- Sí, algo
- No

## ACCESO A CUIDADO DENTAL

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

- Sí
- No

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

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

## ACERCA DE USTED

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No
- No sé

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

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

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

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

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

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

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

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

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

- Sí
- No
- No sé

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

- Sí
- No
- No sé

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

- Sí
- No

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

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

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

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

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

- Sí
- No → **Pase a la pregunta 50**

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

- Sí
- No

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

- Sí
- No → **Pase a la pregunta 52**



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

- Sí
- No

52. ¿Qué edad tiene?

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

53. ¿Es usted hombre o mujer?

- Hombre
- Mujer

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

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

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

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

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

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

57. ¿Le ayudó alguien a completar esta encuesta?

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

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

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

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

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

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



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

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

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

**INSTRUCCIONES PARA EL CUESTIONARIO**

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

Marca  
Correcta 

Marca  
Incorrecta   

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

Sí ➔ *Pase a la Pregunta 1*  
 No

↓ **COMIENCE AQUI** ↓

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

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

Sí ➔ *Pase a la pregunta 3*  
 No

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

\_\_\_\_\_



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

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

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

Sí  
 No → *Pase a la pregunta 5*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

Sí  
 No → *Pase a la pregunta 7*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

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

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

Sí  
 No

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre



## SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

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





## 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



## PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 58*

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

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

## ACERCA DE USTED Y DE SU NIÑO

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No → *Pase a la pregunta 63*



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

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

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

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

Masculino

Femenino

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

Sí, hispano o latino

No, ni hispano ni latino

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

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

\_\_\_\_\_

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

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

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

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

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

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

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

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

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

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

\_\_\_\_\_

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

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

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



DIAL.SCREEN

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

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

(IWER: THIS IS NOT A PROXY INTERVIEW.)

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

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
  
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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



PRVENT5

Q8. / PRVENT5

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

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

Do you have a personal doctor?

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

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

DRTMS

16. / DRTMS

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

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

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

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

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

DREXPL4

17. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

23. / RATEDR4

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

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

NDSPDR4

24. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

25. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

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

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

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

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

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

RTSPDR4

27. / RTSPDR4

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

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

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

## INTRO.PLAN

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

## LOOMAT4

28. / LOOMAT4

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

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

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

## UNDINF4

29. / UNDINF4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## CLCSRV4

30. / CLCSRV4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

## PBCLCS4

31. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED



HPMDEQ

35a. / HPMDEQ

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

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

EZMDHP

35b. / EZMDHP

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

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

POSTHP

35c. / POSTHP

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

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

EZPOST

35d. / EZPOST

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

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

INTRO.SHLTHIS

INTRO.SHLTHIS

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

SHLTHIS

35e. / SHLTHIS

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

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

(READ LIST)

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

ELISTEN

35g. / ELISTEN

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

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

(READ LIST IF NECESSARY)

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

## CHTREAT

35i. / CHTREAT

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

## PCTREAT

35j. / PCTREAT

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

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

## BSTREAT

35k. / BSTREAT

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

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

## EASYQC

35l. / EASYQC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

## REGDENT

35q. / REGDENT

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

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

## DNTASAP

35r.

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

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

DK/REFUSAL/NOT ASCERTAINED

## HLTSTA4

36. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## MNTLSTAT

37. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## FLUSHOTQ

38. / FLUSHOTQ

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

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

## NOWSMOK

39. / NOWSMOK

Do you now smoke cigarettes or use tobacco...

(READ LIST)

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

## ADVQUIT9

40. / ADVQUIT9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## PATCH9

41. / PATCH9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

WILLPWR9

42. / WILLPWR9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPDAY

43. / ASPDAY

Do you take aspirin daily or every other day?

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

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

Aspirin: Bayer and Bufferin

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

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

ASPUSF

44. / ASPUSF

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

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

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

9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPPRV

45. / ASPPRV

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.AWCOND  
INTRO.AWCOND

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

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

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

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.DRCOND  
INTRO.DRCOND

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

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

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

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

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED



SMPROB

48. / SMPROB

I have just a few more questions.

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

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

DK/REFUSAL/NOT ASCERTAINED --> TKMED

PRBLST

49. / PRBLST

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TKMED

50. / TKMED

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

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

DK/REFUSAL\NOT ASCERTAINED --> QAGE4

TRTCOND

51. / TRTCOND

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

QAGE4

52. / QAGE4

What is your age?

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

QGENDER

53. / QGENDER

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

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

1. MALE
2. FEMALE

EDUCAT

54. / EDUCAT

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

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

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

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

LATINO

55. / LATINO

Are you of Hispanic or Latino origin or descent?

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

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

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

PQRACE3.(1-6)

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

[(Are you)]

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

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

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

RETURN TO COVERSHEET

## DIAL.SCREEN

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

(IWER: THIS IS A PROXY INTERVIEW.)

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

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

## MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN  
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been lost in the mail. And since the deadline for mailing surveys has passed, we're now in the telephone phase of this study. May I continue?

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

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

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO  
RETURN TO COVERSHEET

## RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

## SEX

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

1. MALE
2. FEMALE

## SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

## MEMBER

Q1. / MEMBER

I will be asking you about [NAME OF CHILD]'s health care. Please answer these questions based on the experiences you have had in getting health care for [NAME OF CHILD], and not on any experiences you may have had getting care for yourself or other members of your family.

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

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

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

DK/REFUSAL/NOT ASCERTAINED

## NPLNAME

Q2. / NPLNAME

What is the name of your child's health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

-----

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --&gt; APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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



PRVENT5

Q8. / PRVENT5

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

OFTQUES

9. / OFTQUES

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RXSTP

10. / RXSTP

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

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

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

NRXWHY

11. / NRXWHY

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

12. / NRXWYNT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

13. / RXBST

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

14. / RTALLCR

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

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## CHSCHL

16. / CHSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## CONTSCHL

17. / CONTSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## HELPCONT

18. / HELPCONT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MEDEQUIP

19. / MEDEQUIP

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

## EZMDEQ

20. / EZMDEQ

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPMDEQ

21. / HELPMDEQ

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## SPCTHY

22. / SPCTHY

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

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

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

## EZTHP

23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPTHP

24. / HELPTHP

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## TCPBLM

25. / TCPBLM

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

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

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

EZTC

26. / EZTC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PLUSCARE

28. / PLUSCARE

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

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

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

HLPCOORD

29. / HLPCOORD

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

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

Does your child have a personal doctor?

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

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

DRTMS

31. / DRTMS

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

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

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

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

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

PBDRNG

31a. / PBDRNG

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DREXPL4

32. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

33. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

34. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK

35. / CABLTLK

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

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

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL

36. / CDREXPL

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

37. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTLKU

38. / DRTLKU

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DIFFDR

39. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

40. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)



RATEDR4

41. / RATEDR4

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

COND3MO

42. / COND3MO

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

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

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

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

DRUNCON

43. / DRUNCON

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DRUNFAM

44. / DRUNFAM

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

INTRO.SPDR

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

NDSPDR4

45. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

46. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

47. / SPDRS

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

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

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

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

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

RTSPDR4

48. / RTSPDR4

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

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

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

INTRO.PLAN

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

CLCSR4

49. / CLCSR4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

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

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

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

PBPLPW4

53. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

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

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

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

## EZPRES

56. / EZPRES

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPPRES

57. / HELPPRES

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## REGDENT

57a. / REGDENT

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

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## DNTASAP

57b. / DNTASAP

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

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

DK/REFUSAL/NOT ASCERTAINED

## CHTREAT

57c. / CHTREAT

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

## PCTREAT

57d. / PCTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## BSTREAT

57e. / BSTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## RESPCHT

57f. / RESPCHT

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

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

DK/REFUSAL/NOT ASCERTAINED

## ENCORQC

57g. / ENCORQC

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

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

DK/REFUSAL/NOT ASCERTAINED

EASYQC

57h. / EASYQC

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

58. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

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

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

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

## WHYMEDA

61. / WHYMEDA

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

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

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

## WHYMEDB

62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MOREMED

63. / MOREMED

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

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

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREA

64. / WHYMOREA

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

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

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREB

65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## LIMITED

66. / LIMITED

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP



WHYLIMA

67. / WHYLIMA

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB

68. / WHYLIMB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA

70. / WHYSTA

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTB

71. / WHYSTB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

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

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

DK/REFUSAL/NOT ASCERTAINED --> CAGE

TIMCOUNA

73. / TIMCOUNA

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

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

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

\_\_\_ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

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

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

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

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

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

PQRACE3.(1-6)

77.1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT  
80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?  
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE  
SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT  
LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS  
SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH  
SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT  
81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE  
THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.