

Trillium Community Health Plan

CAHPS® 5.0 Child Medicaid with Chronic Condition Summary Report

June 2018



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Introduction. Results from fielding the CAHPS® 5.0 Survey for Trillium Community Health Plan (TCHP) provide a comprehensive tool for assessing consumers' experiences with the Coordinated Care Organization (CCO). This report is designed to allow the CCO to look at summaries of members' experiences, using two types of presentation. First, this executive summary presents a brief description of the survey methodology, a graphic presentation of key results for rating questions and composites, and a sample disposition. Second, member responses are presented by question, including information about the response options used for scoring achievements. Appendices at the end of the report include a copy of the questionnaire and member responses to custom questions.

Assessing consumers' experience in this report is accomplished with the use of achievement scores and composite scores. Member responses to survey questions are summarized as achievement scores. Responses indicating a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. The lower the achievement score, the greater the need for the CCO to improve. Composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Shared Decision Making, Access to Specialized Services, Family-Centered Care: Personal Doctor Who Knows Child, and Coordination of Care.

Results. This report summarizes the findings of the child Medicaid with chronic conditions 5.0 CAHPS survey conducted for TCHP. The survey instrument was comprised of the standard child Medicaid questions, with the addition of the Children with Chronic Conditions (CCC) measurement set and custom questions. Attempts were made to survey 450 member households from a population likely to have a child with a chronic condition. Member households were contacted by mail and telephone during the period January 9, 2018 through April 9, 2018, using a mixed-mode procedure. The survey procedure and standard questionnaire were developed jointly by the Agency for Healthcare Research and Quality and the National Committee for Quality Assurance (NCQA).

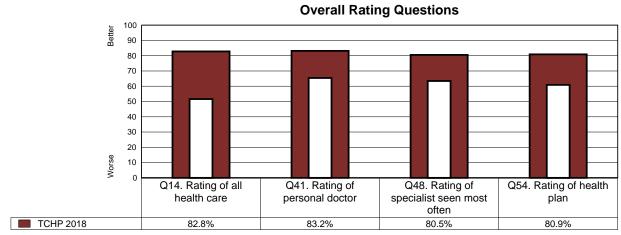
The survey drew as potential respondents the parents or caretakers of children under the age of 18 who were continuously enrolled in TCHP for at least 6 months as of November 30, 2017, with no more than one enrollment gap of 45 days or less. From this sample frame, a random sample of 450 was drawn of children likely to have a chronic condition, based on claims or care encounters that met specific diagnostic or service criteria. The survey was offered in English and Spanish.

Questionnaires were considered complete if respondents did not answer "No" to Q1 and provided valid responses to at least three out of five key questions throughout the questionnaire, as per NCQA's completeness requirements. The questions required for completeness are Q3, Q30, Q45, Q49, and Q54. Complete interviews were obtained from 116 TCHP members, and the response rate was 26.1%.

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SUMMARY OF OVERALL RATING QUESTIONS

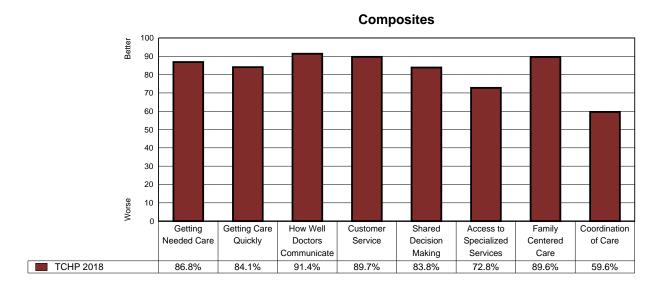
Four rating questions assess overall consumer satisfaction with health care, personal doctor, specialist seen most often, and health plan. Response options for overall rating questions range from 0 (worst) to 10 (best). In the table below, ratings of "8," "9," or "10" are considered achievements, and the achievement score is presented as the proportion of members whose response was an achievement. Alternate achievement scores are presented as hollow bars, showing only the response options "9" and "10" as achievements.



Note: Hollow portion of bar represents proportions giving a response of 9 or 10.

SUMMARY OF COMPOSITES

A composite score is calculated for each of eight domains of member experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Shared Decision Making, Access to Specialized Services, Family-Centered Care: Personal Doctor Who Knows Child, and Coordination of Care. The composite scores provide a summary assessment of how the CCO performed across the domain. In the table below, proportions of positive responses are reported as achievement scores. A response of "Yes" is considered an achievement for the Shared Decision Making, Family-Centered Care: Personal Doctor Who Knows Child, and Coordination of Care composites. For all other composites, responses of "Usually" or "Always" are considered achievements.



Sample Disposition

	TCHP 2018
First mailing - sent	450
*First mailing - usable survey returned	49
Second mailing - sent	381
*Second mailing - usable survey returned	17
*Phone - usable surveys	50
Total - usable surveys	116
†Ineligible: According to population criteria‡	5
†Ineligible: Language barrier	0
†Ineligible: Deceased	0
Bad address and bad phone number	12
Refusal	12
Incomplete survey - mail or phone	8
Nonresponse - Unavailable by mail AND phone	297
Adjusted Response Rate	26.1%

^{*}Included in response rate numerator

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

[†]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.

Q1. Our records show that your child is now in the Oregon Health Plan. Is that right?

	TCHP 2018	
	N	%
Yes	116	100.0%
No	0	0.0%
Total	116	100.0%
Not Answered	0	

Your Child's Health Care in the Last 6 Months

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?

		TCHP 2018	
	1	1	%
Yes		45	39.1%
No		70	60.9%
Total		115	100.0%
Not Answered		1	

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?

	TCHP	2018	
	N	%	
Never	0	0.0%	
Sometimes	4	9.5%	
Usually	8	19.0%	
Always	30	71.4%	
Total	42	100.0%	
Not Answered	3		
Reporting Category	Getting Ca	Getting Care Quickly	
Achievement Score	90.	90.5%	

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?

	Т	CHP 2018
	N	%
Yes	8	9 78.8%
No	2	4 21.2%
Total	11	3 100.0%
Not Answered		3

Your Child's Health Care in the Last 6 Months (continued)

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?

	TCHP	TCHP 2018	
	N	%	
Never	0	0.0%	
● Sometimes	17	20.7%	
● Usually	20	24.4%	
Always	45	54.9%	
Total	82	100.0%	
Not Answered	7		
Reporting Category	Getting Care Quickly		
Achievement Score	79.3%		

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?

	TCHP 2018	
	N	%
None	20	17.7%
1 time	26	23.0%
2	27	23.9%
3	18	15.9%
4	11	9.7%
5 to 9	7	6.2%
10 or more times	4	3.5%
Total	113	100.0%
Not Answered	3	

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?

	TCHP	TCHP 2018	
	N	%	
• Yes	68	73.1%	
No	25	26.9%	
Total	93	100.0%	
Not Answered	0		
Reporting Category	Single	Single Items	
Achievement Score	73.	73.1%	

Your Child's Health Care in the Last 6 Months (continued)

Q9. In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers?

		TCHP 2018	
	N		%
Never		0	0.0%
● Sometimes		10	10.8%
● Usually		23	24.7%
Always		60	64.5%
Total		93	100.0%
Not Answered		0	
Reporting Category		Single Items	
Achievement Score		89.2%	

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?

	TCHP 2018	
	N	%
Yes	33	35.5%
No	60	64.5%
Total	93	100.0%
Not Answered	0	

Q11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

	TC	TCHP 2018	
	N	%	
• Yes	31	93.9%	
No	2	6.1%	
Total	33	100.0%	
Not Answered	0		
Reporting Category	Shared [Shared Decision Making	
Achievement Score		93.9%	

Your Child's Health Care in the Last 6 Months (continued)

Q12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

		TCHP 2018	
		N	%
Yes		26	78.8%
●No		7	21.2%
Total		33	100.0%
Not Answered		0	
Reporting Category	S	Shared Decision Making	
Achievement Score		78.8%	

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?

	TCHP	TCHP 2018	
	N	%	
Yes	26	78.8%	
●No	7	21.2%	
Total	33	100.0%	
Not Answered	0		
Reporting Category	Shared Deci-	Shared Decision Making	
Achievement Score	78.8	78.8%	

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?

	TCHP 2018	
	N	%
Worst health care possible	0	0.0%
● 1	0	0.0%
○ 2	0	0.0%
○ 3	0	0.0%
0 <u>4</u>	3	3.2%
<u>5</u>	2	2.2%
6	4	4.3%
<u>7</u>	7	7.5%
08	29	31.2%
9	20	21.5%
Best health care possible	28	30.1%
Total	93	100.0%
Not Answered	0	
Reporting Category	Ratings	
Rating (8, 9 and 10)	82.8%	

Your Child's Health Care in the Last 6 Months (continued)

Q15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

	TCH	TCHP 2018	
	N	%	
● Never	0	0.0%	
Sometimes	14	15.1%	
○ Usually	29	31.2%	
Always	50	53.8%	
Total	93	100.0%	
Not Answered	0		
Reporting Category	Getting N	Getting Needed Care	
Achievement Score	84	84.9%	

Q16. Is your child now enrolled in any kind of school or daycare?

	TO	TCHP 2018	
	N	%	
Yes	99	85.3%	
No	17	7 14.7%	
Total	116	100.0%	
Not Answered	()	

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?

	TC	TCHP 2018	
	N	%	
Yes	11	12.0%	
No	81	88.0%	
Total	92	100.0%	
Not Answered	7		

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?

TCHP 2018	
N	%
10	90.9%
1	9.1%
11	100.0%
0	
Coordination of Care	
90.9%	
	N 10 1 1 1 1 1 0 Coordinatio

Specialized Services

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?

	TCHP 2018	
	N	%
Yes	8	6.9%
No	108	93.1%
Total	116	100.0%
Not Answered	0	

Q20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

	TO	TCHP 2018	
	N	%	
Never	2	2 25.0%	
● Sometimes		12.5%	
● Usually		37.5%	
●Always	2	25.0%	
Total	3	3 100.0%	
Not Answered	()	
Reporting Category	Access to S	Access to Specialized Services	
Achievement Score		62.5%	

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?

	TCHP 2018	
	N	%
• Yes	6	75.0%
No	2	25.0%
Total	8	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	75.0%	

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?

	TC	TCHP 2018	
	N	%	
Yes	27	24.1%	
No	85	75.9%	
Total	112	100.0%	
Not Answered	4		

Specialized Services (continued)

Q23. In the last 6 months, how often was it easy to get this therapy for your child?

	TC	TCHP 2018	
	N	%	
● Never	3	11.5%	
● Sometimes	9	34.6%	
● Usually	6	23.1%	
Always	8	30.8%	
Total	26	100.0%	
Not Answered	1		
Reporting Category	Access to S	Access to Specialized Services	
Achievement Score		53.8%	

Q24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

	TCHP 2018	
	N	%
• Yes	24	88.9%
No	3	11.1%
Total	27	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	88.9%	

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?

	Г	TCHP 2018	
		N	%
Yes		33	29.2%
No		80	70.8%
Total		113	100.0%
Not Answered		3	·

Specialized Services (continued)

Q26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

	TCHP	TCHP 2018	
	N	%	
Never	1	3.0%	
● Sometimes	2	6.1%	
Usually	11	33.3%	
Always	19	57.6%	
Total	33	100.0%	
Not Answered	0		
Reporting Category	Access to Specialized Services		
Achievement Score	90.9%		

Q27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

	TCHF	TCHP 2018	
	N	%	
• Yes	15	45.5%	
No	18	54.5%	
Total	33	100.0%	
Not Answered	0		
Reporting Category	Single	Single Items	
Achievement Score	45.	45.5%	

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?

		TCHP 2018	
	N	%	
Yes		51 45.1%	
No		62 54.9%	
Total	1	13 100.0%	
Not Answered		3	

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?

		TCHP 2018	
		N	%
Yes		28	56.0%
No		22	44.0%
Total		50	100.0%
Not Answered		1	
Reporting Category	С	Coordination of Care	
Achievement Score		56.0%	

Your Child's Personal Doctor

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?

	TCHP 2018	
	N	%
Yes	108	93.9%
No	7	6.1%
Total	115	100.0%
Not Answered	1	

Q31. In the last 6 months, how many times did your child visit his or her personal doctor for care?

	TCHP	TCHP 2018	
	N	%	
None	21	19.8%	
1 time	44	41.5%	
2	20	18.9%	
3	12	11.3%	
4	2	1.9%	
5 to 9	3	2.8%	
10 or more times	4	3.8%	
Total	106	100.0%	
Not Answered	2		

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?

	TCHP 2018	
	N	%
Never	0	0.0%
Sometimes	4	4.7%
	12	14.1%
Always	69	81.2%
Total	85	100.0%
Not Answered	0	
Reporting Category	Commur	nication
Achievement Score	95.3%	

Your Child's Personal Doctor (continued)

Q33. In the last 6 months, how often did your child's personal doctor listen carefully to you?

	TCHP 2	TCHP 2018	
	N	%	
● Never	0	0.0%	
Sometimes	7	8.2%	
○ Usually	16	18.8%	
Always	62	72.9%	
Total	85	100.0%	
Not Answered	0		
Reporting Category	Commun	Communication	
Achievement Score	91.8	91.8%	

Q34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

	TCHP	TCHP 2018	
	N	%	
Never	0	0.0%	
● Sometimes	5	5.9%	
● Usually	9	10.6%	
Always	71	83.5%	
Total	85	100.0%	
Not Answered	0		
Reporting Category	Commu	Communication	
Achievement Score	94.	94.1%	

Q35. Is your child able to talk with doctors about his or her health care?

	TCHP 2018	
	N	%
Yes	53	63.9%
No	30	36.1%
Total	83	100.0%
Not Answered	2	

Your Child's Personal Doctor (continued)

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?

	TC	TCHP 2018	
	N	%	
Never	0	0.0%	
● Sometimes	4	7.5%	
● Usually	14	26.4%	
Always	35	66.0%	
Total	53	100.0%	
Not Answered	0		
Reporting Category	Sir	Single Items	
Achievement Score		92.5%	

Q37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

	TCH	TCHP 2018	
	N	%	
Never	0	0.0%	
Sometimes	13	15.7%	
Usually	22	26.5%	
Always	48	57.8%	
Total	83	100.0%	
Not Answered	2		
Reporting Category	Comm	Communication	
Achievement Score	84	84.3%	

Q38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

TCH	TCHP 2018	
N	%	
79	95.2%	
4	4.8%	
83	100.0%	
2		
Family Co	Family Centered Care	
9:	95.2%	
	N 79 4 83 2 Family Co	

Q39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

	TCHP 20	TCHP 2018	
	N	%	
Yes	52	61.9%	
No	32	38.1%	
Total	84	100.0%	
Not Answered	1		

Your Child's Personal Doctor (continued)

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?

	TC	TCHP 2018	
	N	%	
Never	6	11.8%	
● Sometimes	6	11.8%	
O Usually	21	41.2%	
Always	18	35.3%	
Total	51	100.0%	
Not Answered	1		
Reporting Category	Siı	Single Items	
Achievement Score		76.5%	

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?

	TCHP 2018	
	N	%
Worst personal doctor possible	1	0.9%
1	0	0.0%
2	1	0.9%
3	3	2.8%
4	0	0.0%
5	3	2.8%
6	2	1.9%
7	8	7.5%
8	19	17.8%
9	20	18.7%
Best personal doctor possible	50	46.7%
Total	107	100.0%
Not Answered	1	
Reporting Category	Ratings	
Rating (8, 9 and 10)	83.2%	

Q42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

	TC	TCHP 2018	
	N	%	
Yes	53	49.5%	
No	54	50.5%	
Total	107	100.0%	
Not Answered	1		

Your Child's Personal Doctor (continued)

Q43. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

	TCHP 2018	
	N	%
• Yes	47	88.7%
● No	6	11.3%
Total	53	100.0%
Not Answered	0	
Reporting Category	Family Centered Care	
Achievement Score	88.7%	

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?

	TCHP 2018	
	N	%
• Yes	39	76.5%
No	12	23.5%
Total	51	100.0%
Not Answered	2	
Reporting Category	Family Centered Care	
Achievement Score	76.5%	

Getting Health Care From Specialists

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?

	ſ	TCHP 2018	
		N	%
Yes		44	37.9%
No		72	62.1%
Total		116	100.0%
Not Answered		0	

Getting Health Care From Specialists (continued)

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?

	TCHP	TCHP 2018	
	N	%	
Never	1	2.4%	
Sometimes	5	12.2%	
● Usually	19	46.3%	
Always	16	39.0%	
Total	41	100.0%	
Not Answered	3		
Reporting Category	Getting Needed Care		
Achievement Score	85.4%		

Q47. How many specialists has your child seen in the last 6 months?

		TCHP 2018	
	N	%	
None		1 2.4%	
1 specialist		22 52.4%	
2		14 33.3%	
3		2 4.8%	
4		1 2.4%	
5 or more specialists		2 4.8%	
Total		42 100.0%	
Not Answered		2	

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?

TCHP	TCHP 2018	
N	%	
0	0.0%	
0	0.0%	
0	0.0%	
0	0.0%	
1	2.4%	
0	0.0%	
2	4.9%	
5	12.2%	
7	17.1%	
5	12.2%	
21	51.2%	
41	100.0%	
0		
Ratir	Ratings	
80.5	80.5%	
	N 0 0 0 0 0 0 1 1 0 0 2 5 7 5 21 41 0 Ratir	

Your Child's Health Plan

Q49. In the last 6 months, did you get information or help from customer service at your child's health plan?

	Т	CHP 2018
	N	%
Yes		34 29.6%
No	8	31 70.4%
Total	11	15 100.0%
Not Answered		1

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?

	TCHP 2018	
	N	%
Never	0	0.0%
● Sometimes	6	17.6%
● Usually	15	44.1%
Always	13	38.2%
Total	34	100.0%
Not Answered	0	
Reporting Category	Customer Service	
Achievement Score	82.4%	

Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

	TCHP	2018
	N	%
Never	1	3.0%
● Sometimes	0	0.0%
● Usually	8	24.2%
Always	24	72.7%
Total	33	100.0%
Not Answered	1	
Reporting Category	Customer Service	
Achievement Score	97.0)%

Q52. In the last 6 months, did your child's health plan give you any forms to fill out?

	TC	HP 2018
	N	%
Yes	46	40.0%
No	69	60.0%
Total	115	100.0%
Not Answered	1	·

Your Child's Health Plan (continued)

PQ53. In the last 6 months, how often were the forms from your child's health plan easy to fill out? [NOTE: Response of 'Always' padded with Q52 = 'No', based on NCQA scoring guidelines.]

	٦	TCHP 2018	
	N		%
Never		2	1.7%
● Sometimes		11	9.6%
○ Usually		20	17.4%
Always	(32	71.3%
Total	1	15	100.0%
Not Answered		0	
Reporting Category	;	Single Items	
Achievement Score		88.7%	

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?

	TC	HP 2018
	N	%
● Worst health plan possible	0	0.0%
<u>1</u>	0	0.0%
2	1	0.9%
3	1	0.9%
<u>4</u>	2	1.7%
5	5	4.3%
6	5	4.3%
<u>7</u>	8	7.0%
8	23	20.0%
9	28	24.3%
Best health plan possible	42	36.5%
Total	115	100.0%
Not Answered	1	
Reporting Category		Ratings
Rating (8, 9 and 10)		80.9%

Prescription Medicines

Q55. In the last 6 months, did you get or refill any prescription medicines for your child?

	TCHP 2018	
	N	%
Yes	64	55.7%
No	51	44.3%
Total	115	100.0%
Not Answered	1	

Prescription Medicines (continued)

Q56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

	TCHP	2018
	N	%
Never	1	1.6%
● Sometimes	2	3.2%
● Usually	19	30.2%
Always	41	65.1%
Total	63	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	95.2	2%

Q57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

	TCHP 2018	
	N	%
Yes	35	54.7%
● No	29	45.3%
Total	64	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	54.7%	

About Your Child and You

Q58. In general, how would you rate your child's overall health?

	TCHP 2018	
	N	%
D Excellent	32	28.3%
Very good	50	44.2%
Good	26	23.0%
Fair	3	2.7%
Poor	2	1.8%
Total	113	100.0%
Not Answered	3	
Reporting Category	Single Items	
Achievement Score	72.6	%

About Your Child and You (continued)

Q59. In general, how would you rate your child's overall mental or emotional health?

Excellent Very good Good Fair Poor		
● Very good ● Good ● Fair	N	%
● Good ● Fair	34	29.3%
● Fair	25	21.6%
	35	30.2%
Poor	19	16.4%
	3	2.6%
Total	116	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	50.99	%

Q60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

	TCHP 2018	
	N	%
Yes	48	41.4%
No	68	58.6%
Total	116	100.0%
Not Answered	0	

Q61. Is this because of any medical, behavioral, or other health condition?

	TC	TCHP 2018	
	N	%	
Yes	42	91.3%	
No	4	8.7%	
Total	46	100.0%	
Not Answered	2		

Q62. Is this a condition that has lasted or is expected to last for at least 12 months?

	TC	CHP 2018
	N	%
Yes	37	90.2%
No	4	9.8%
Total	41	100.0%
Not Answered	1	

About Your Child and You (continued)

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?

		TCHP 2018	
	N		%
Yes		46	39.7%
No		70	60.3%
Total		116	100.0%
Not Answered		0	

Q64. Is this because of any medical, behavioral, or other health condition?

	TC TC	HP 2018
	N	%
Yes	39	88.6%
No	5	11.4%
Total	44	100.0%
Not Answered	2	

Q65. Is this a condition that has lasted or is expected to last for at least 12 months?

	TCHP 2018	
	N	%
Yes	38	97.4%
No	1	2.6%
Total	39	100.0%
Not Answered	0	

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?

	TCHP 2018	
	N	%
Yes	30	25.9%
No	86	74.1%
Total	116	100.0%
Not Answered	0	

Q67. Is this because of any medical, behavioral, or other health condition?

	TCHP 2018	
	N	%
Yes	28	96.6%
No	1	3.4%
Total	29	100.0%
Not Answered	1	

About Your Child and You (continued)

Q68. Is this a condition that has lasted or is expected to last for at least 12 months?

	T	TCHP 2018	
	N	%	
Yes	2	7 96.4%	
No		1 3.6%	
Total	2	8 100.0%	
Not Answered		0	

Q69. Does your child need or get special therapy such as physical, occupational, or speech therapy?

		TCHP 2018	
	N		%
Yes		37	31.9%
No		79	68.1%
Total		116	100.0%
Not Answered		0	

Q70. Is this because of any medical, behavioral, or other health condition?

	TCI	HP 2018
	N	%
Yes	28	80.0%
No	7	20.0%
Total	35	100.0%
Not Answered	2	

Q71. Is this a condition that has lasted or is expected to last for at least 12 months?

	TCHP 2018	
	N	%
Yes	26	96.3%
No	1	3.7%
Total	27	100.0%
Not Answered	1	

Q72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

	TCH	TCHP 2018	
	N	%	
Yes	46	40.0%	
No	69	60.0%	
Total	115	100.0%	
Not Answered	1		

About Your Child and You (continued)

Q73. Has this problem lasted or is it expected to last for at least 12 months?

	TC	TCHP 2018	
	N	%	
Yes	42	95.5%	
No	2	4.5%	
Total	44	100.0%	
Not Answered	2		

NQ74. What is your child's age?

	TCHP 2018	
	N	%
Less than 1 year old	1	0.9%
1 to 2 years old	15	12.9%
3 to 4 years old	13	11.2%
5 to 7 years old	17	14.7%
8 to 10 years old	15	12.9%
11 to 13 years old	19	16.4%
14 to 18 years old	36	31.0%
Total	116	100.0%
Not Answered	0	

Q75. Is your child male or female?

	TCHP 2018	
	N	%
Male	66	57.4%
Female	49	42.6%
Total	115	100.0%
Not Answered	1	

Q76. Is your child of Hispanic or Latino origin or descent?

TCHP 2018	
N	%
32	27.6%
84	72.4%
116	100.0%
0	
	N 32 84

About Your Child and You (continued)

Q77.1. What is your child's race? Response: White.

	TCHP 2018	
	N	%
Yes	94	100.0%
Total	94	100.0%
Not Answered	22	

Q77.2. What is your child's race? Response: Black or African-American.

	Т	TCHP 2018	
	N	%	
Yes		5 100.0%	
Total		5 100.0%	
Not Answered	11	1	

Q77.3. What is your child's race? Response: Asian.

	Г	TCHP 2018	
		N	%
Yes		3	100.0%
Total		3	100.0%
Not Answered		113	

Q77.4. What is your child's race? Response: Native Hawaiian or other Pacific Islander.

	TC	TCHP 2018	
	N	%	
Yes	3	100.0%	
Total	3	100.0%	
Not Answered	113		

Q77.5. What is your child's race? Response: American Indian or Alaska Native.

	TCHP 2018	
	N	%
Yes	6	100.0%
Total	6	100.0%
Not Answered	110	

About Your Child and You (continued)

Q77.6. What is your child's race? Response: Other.

	TC	TCHP 2018	
	N	%	
Yes	7	100.0%	
Total	7	100.0%	
Not Answered	109		

Q78. What is your age?

	TCH	TCHP 2018	
	N	%	
Under 18	4	3.4%	
18 to 24	9	7.8%	
25 to 34	32	27.6%	
35 to 44	37	31.9%	
45 to 54	18	15.5%	
55 to 64	9	7.8%	
65 to 74	7	6.0%	
75 or older	0	0.0%	
Total	116	100.0%	
Not Answered	0		

Q79. Are you male or female?

	TCHP 2018	
	N	%
Male	18	15.5%
Female	98	84.5%
Total	116	100.0%
Not Answered	0	

Q80. What is the highest grade or level of school that you have completed?

	TCHP 2018	
.	IN	70
8th grade or less	7	6.0%
Some high school but did not graduate	6	5.2%
High school graduate or GED	36	31.0%
Some college or 2-year degree	53	45.7%
4-year college graduate	8	6.9%
More than 4-year college degree	6	5.2%
Total	116	100.0%
Not Answered	0	

About Your Child and You (continued)

Q81. How are you related to the child?

	TCHP	
	N	%
Mother or father	97	85.1%
Grandparent	7	6.1%
Aunt or uncle	0	0.0%
Older brother or sister	1	0.9%
Other relative	0	0.0%
Legal guardian	8	7.0%
Someone else	1	0.9%
Total	114	100.0%
Not Answered	2	

Q82. Did someone help you complete this survey? [NOTE: Asked in mail survey only.]

	TCHP 2018	
	N	%
Yes	1	1.5%
No	65	98.5%
Total	66	100.0%
Not Answered	50	

Q83.1. How did that person help you? Response: Read the questions to me.

	I TO	HP 2018
	N	%
Yes	0	0.0%
Total	0	100.0%
Not Answered	1	

Q83.2. How did that person help you? Response: Wrote down the answers I gave.

	TCHP 2018	
	٧	%
Yes	0	0.0%
Total	0	100.0%
Not Answered	1	

Q83.3. How did that person help you? Response: Answered the questions for me.

		TCHP 2018	
		N	%
Yes		0	0.0%
Total		0	100.0%
Not Answered	-	1	

About Your Child and You (continued)

Q83.4. How did that person help you? Response: Translated the questions into my language.

	Г	TCHP 2018	
		N	%
Yes		1	100.0%
Total		1	100.0%
Not Answered		0	

Q83.5. How did that person help you? Response: Helped in some other way.

	TCHP 2018	
	N	%
Yes	0	0.0%
Total	0	100.0%
Not Answered	1	

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?

	TCH	⊇ 2018	
	N	%	
Never	79	92.9%	
● Sometimes	5	5.9%	
Usually	1	1.2%	
Always	0	0.0%	
Total	85	100.0%	
Not Answered	0		
Reporting Category	Supplem	Supplemental Items	
Achievement Score	98	98.8%	

Access to Dental Care

Q57a. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?

	TCHP 2018	
	N	%
Yes	93	80.2%
No	23	19.8%
Total	116	100.0%
Not Answered	0	

Q57b. In the last 6 months, did your child go to a dentist's office or clinic for care?

	TCHP 2018	
	N	%
Yes	72	62.1%
No	44	37.9%
Total	116	100.0%
Not Answered	0	

Access to Dental Care (continued)

Q57c. In the last 6 months, how often did the dentists or dental staff explain what they were doing while treating your child?

	TCHP 2018	
	N	%
Never	0	0.0%
Sometimes	4	5.9%
● Usually	13	19.1%
Always	51	75.0%
Total	68	100.0%
Not Answered	4	
Reporting Category	Supplemer	ital Items
Achievement Score	94.1	%

Q57d. In the last 6 months, if your child needed to see a dentist right away because of a dental emergency, how often did he or she get to see a dentist as soon as you wanted?

	TCHP 2	2018
	N	%
	16	33.3%
	6	12.5%
	16	33.3%
	10	20.8%
	64	
	48	100.0%
	4	
S	upplement	al Items
	54.29	%
		N 16 6 16 10 64 48 4 Supplement

Access to Dental Care (continued)

Q57e. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?

	TCHP	2018
	N	%
Extremely difficult	4	3.7%
	2	1.8%
	1	0.9%
	2	1.8%
	4	3.7%
	6	5.5%
	6	5.5%
	9	8.3%
	17	15.6%
	12	11.0%
Extremely easy	46	42.2%
otal	109	100.0%
Not Answered	7	
Reporting Category	Suppleme	ntal Items
Achievement Score	68.	8%

Kindergarten Readiness

Q83a. Is your child between the ages of 3 and 5 years old?

	TCHF	2018
	N	%
Yes	20	17.9%
No	92	82.1%
Total	112	100.0%
Not Answered	4	_

Q83b. When he or she is paying attention, how often can this child follow instructions to complete a simple task?

	TCHP 2018	
	N	%
All of the time	4	20.0%
Most of the time	7	35.0%
Some of the time	7	35.0%
None of the time	2	10.0%
Total	20	100.0%
Not Answered	0	

Kindergarten Readiness (continued)

Q83c. How often does this child play well with others?

	TCHP 2018	
	N	%
All of the time	6	31.6%
Most of the time	9	47.4%
Some of the time	3	15.8%
None of the time	1	5.3%
Total	19	100.0%
Not Answered	1	

Q83d. How often can this child calm down when excited or all wound up?

	TCHP 2018	
	N	%
All of the time	2	10.0%
Most of the time	8	40.0%
Some of the time	6	30.0%
None of the time	4	20.0%
Total	20	100.0%
Not Answered	0	

Q83e. How often does this child lose control of his or her temper when things do not go his or her way?

	TCHP	2018
	N	%
All of the time	3	15.0%
Most of the time	3	15.0%
Some of the time	11	55.0%
None of the time	3	15.0%
Total	20	100.0%
Not Answered	0	

Q83f. In the past 6 months, were you ever asked to keep your child home from any child care or preschool because of their behavior (things like hitting, kicking, biting, tantrums or disobeying)?

	TCHP	2018
	N	%
This child did not attend childcare or preschool	2	
No	17	94.4%
Yes - picked my child up early on one or more days	1	5.6%
Yes - kept my child home for one full day or more	0	0.0%
Yes - permanently was told my child could no longer attend	0	0.0%
Total	18	100.0%
Not Answered	0	





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 your child gets. 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 hearingimpaired, 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

- > 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 O No

START HERE Ψ

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?

01

- O Yes → Go to Question 3 O 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 <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> 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?
 - O Yes
 - O 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?
 - O Never
 - O Sometimes
 - O Usually
 - O Always
- 5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> for your child at a doctor's office or clinic?
 - O Yes
 - O 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?
 - O Never
 - O Sometimes
 - O Usually
 - O Always

- 7. In the last 6 months, <u>not</u> 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?
 - O None → Go to Question 16
 - O 1 time
 - 0 2
 - 0 3
 - O 4 O 5 to 9
 - O 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?
 - O Yes
 - O No
- 9. In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers?
 - O Never
 - O Sometimes
 - O Usually
 - O 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?
 - O Yes
 - O 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?
 - O Yes
 - O No

12.	Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want your child to take a medicine?	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?
	O Yes O No		○ Yes○ No → Go to Question 19
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?	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?
	O Yes O No		O Yes O 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		SPECIALIZED SERVICES
	to rate all your child's health care in the last 6 months?	19.	Special medical equipment or devices include a walker, wheelchair,
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		nebulizer, feeding tubes, or oxygen equipment.
	Worst Health Care Possible Care Possible		In the last 6 months, did you get or try to get any special medical equipment or devices for your child?
15.	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?		O Yes O No → Go to Question 22
	NeverSometimesUsuallyAlways	20.	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
16.	Is your child now enrolled in any kind of school or daycare?		O Never O Sometimes O Usually
	○ Yes○ No → Go to Question 19	21.	O Always Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?
			O Yes O 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?	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 25		○ Yes○ No → Go to Question 30
23.	easy to get this therapy for your child?	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
	NeverSometimesUsuallyAlways		providers or services?YesNo
24.	Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?	YOU	JR CHILD'S PERSONAL DOCTOR
	O Yes O No	30.	A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or
25.	to get treatment or counseling for your child for an emotional, developmental, or behavioral		gets sick or hurt. Does your child have a personal doctor? ○ Yes ○ No → Go to Question 45
	problem? ○ Yes ○ No → Go to Question 28	31.	In the last 6 months, how many times did your child visit his or her personal doctor for care?
26.	In the last 6 months, how often was it easy to get this treatment or counseling for your child?		 ○ None → Go to Question 41 ○ 1 time ○ 2
	NeverSometimesUsuallyAlways		345 to 910 or more times
27.	Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?	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?
	O Yes O No		NeverSometimesUsuallyAlways
_		I	•

•		1	
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?	37.	In the last 6 months, how often did your child's personal doctor spend enough time with your child? O Never
	NeverSometimesUsuallyAlways		O Sometimes O Usually O Always
33.	In the last 6 months, how often did your child's personal doctor listen carefully to you?	38.	In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?
	NeverSometimesUsually		O Yes O No
34.	O Always	39.	In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?
	NeverSometimes		O YesO No → Go to Question 41
	O Usually O Always	40.	In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the
35.	Is your child able to talk with doctors about his or her health care?		care your child got from these doctors or other health providers?
	O YesO No → Go to Question 37		O Never O Sometimes

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?

O Always

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

36. In the last 6 months, how often did

child to understand?

O Never

O Usually

O Always

O Sometimes

your child's personal doctor explain things in a way that was easy for your

42.	Does your child have any medical, behavioral, or other health conditions that have lasted for more than <u>3</u> months?	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?			
43.	 ○ Yes ○ No → Go to Question 45 Does your child's personal doctor understand how these medical, 		NeverSometimesUsuallyAlways			
	behavioral, or other health conditions affect your child's day-to-day life?	47.	How many specialists has your child seen in the last 6 months?			
	O Yes O No		 O None → Go to Question 49 O 1 specialist O 2 			
44.	Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?		O 3 O 4 O 5 or more specialists			
O Yes O No		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			
	GETTING HEALTH CARE FROM SPECIALISTS		the best specialist possible, what number would you use to rate that specialist?			
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.			O O O O O O O O O O O O O O O O O O O			
45.	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin		YOUR CHILD'S HEALTH PLAN			
	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		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			

	6 months, how often did		PR
health pla	service at your child's n give you the information u needed?	55.	In t
O Never O Someti O Usually O Always	,) ()
customer	6 months, how often did service staff at your child's n treat you with courtesy ct?	56.	In teas
NeverSometiUsuallyAlways	mes		0000
- /ayo		57.	Dic

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

57. Did anyone from plan, doctor's of you get your child medicines?

○ 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?

O NeverO SometimesO UsuallyO 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?

PRESCRIPTION MEDICINES

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

O YesO 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?

O NeverO SometimesO UsuallyO Always

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

O Yes O No

ACCESS TO DENTAL CARE

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

O Yes O No

57b. In the last 6 months, did your child go to a dentist's office or clinic for care?

O YesO No → Go to Question 57d

57c.	In the last 6 months, how often did the dentists or dental staff explain what they were doing while treating your child? O Never O Sometimes O Usually	59.	In general, how would you rate your child's overall mental or emotional health? O Excellent O Very good O Good O Fair
57d.	O Always	60.	O Poor
	O Sometimes O Usually O Always O My child did not have a dental emergency in the last 6 months	61.	Is this because of any medical, behavioral, or other health condition? ○ Yes ○ No → Go to Question 63
57e.	Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?	62.	Is this a condition that has lasted or is expected to last for at least 12 months? O Yes O No
	O O O O O O O O O O O O O O O O O O O		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?
ABOUT YOUR CHILD AND YOU			○ Yes○ No → Go to Question 66
58.	In general, how would you rate your child's overall health? O Excellent O Very good O Good O Fair	64.	
	O Poor		Is this a condition that has lasted or is expected to last for at least 12 months? O Yes O No

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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? O Yes	73.	Has this problem lasted or is it expected to last for at least 12 months? O Yes O No		
67.	○ No → Go to Question 69 Is this because of any medical, behavioral, or other health condition?	74.	What is your child's age? O Less than 1 year old		
	 ○ Yes ○ No → Go to Question 69 		YEARS OLD (write in)		
68.	Is this a condition that has lasted or is expected to last for at least 12 months? O Yes	75.	Is your child male or female? O Male O Female		
	O No	76.	Is your child of Hispanic or Latino origin or descent?		
69.	Does your child need or get special therapy such as physical, occupational, or speech therapy?		Yes, Hispanic or LatinoNo, Not Hispanic or Latino		
	O YesO No → Go to Question 72	77.	What is your child's race? Mark one or more.		
70.	Is this because of any medical, behavioral, or other health condition? ○ Yes ○ No → Go to Question 72		 White Black or African-American Asian Native Hawaiian or other Pacific Islander 		
71.			O American Indian or Alaska Native O Other (Please print)		
	O Yes O No	78.	What is <u>your</u> age?		
72.	Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?		 Under 18 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 		
	O YesO No → Go to Question 74		O 75 or older		

79. Are you male or female?

- O Male
- O Female

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

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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

- O Yes → Go to Question 83
- O No → Go to Question 83a

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

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

KINDERGARTEN READINESS

83a. Is your child between the ages of 3 and 5 years old?

- Yes → Go to Question 83b
- No → Thank you. Please return the completed survey in the postage-paid envelope.
- 83b. When he or she is paying attention, how often can this child follow instructions to complete a simple task?
 - O All of the time
 - O Most of the time
 - O Some of the time
 - O None of the time

83c. How often does this child play well with others?

- O All of the time
- O Most of the time
- O Some of the time
- O None of the time

83d. How often can this child calm down when excited or all wound up?

- O All of the time
- O Most of the time
- O Some of the time
- O None of the time

83e. How often does this child lose control of his or her temper when things do not go his or her way?

- O All of the time
- O Most of the time
- O Some of the time
- O None of the time

- 83f. In the past 6 months, were you ever asked to keep your child home from any child care or preschool because of their behavior (things like hitting, kicking, biting, tantrums or disobeying)?
 - O This child did not attend childcare or preschool
 - O No
 - O Yes, I was told to pick up my child early on 1 or more days
 - O Yes, I had to keep my child home for 1 full day or more
 - Yes permanently, I was told my child could no longer attend this childcare center or preschool

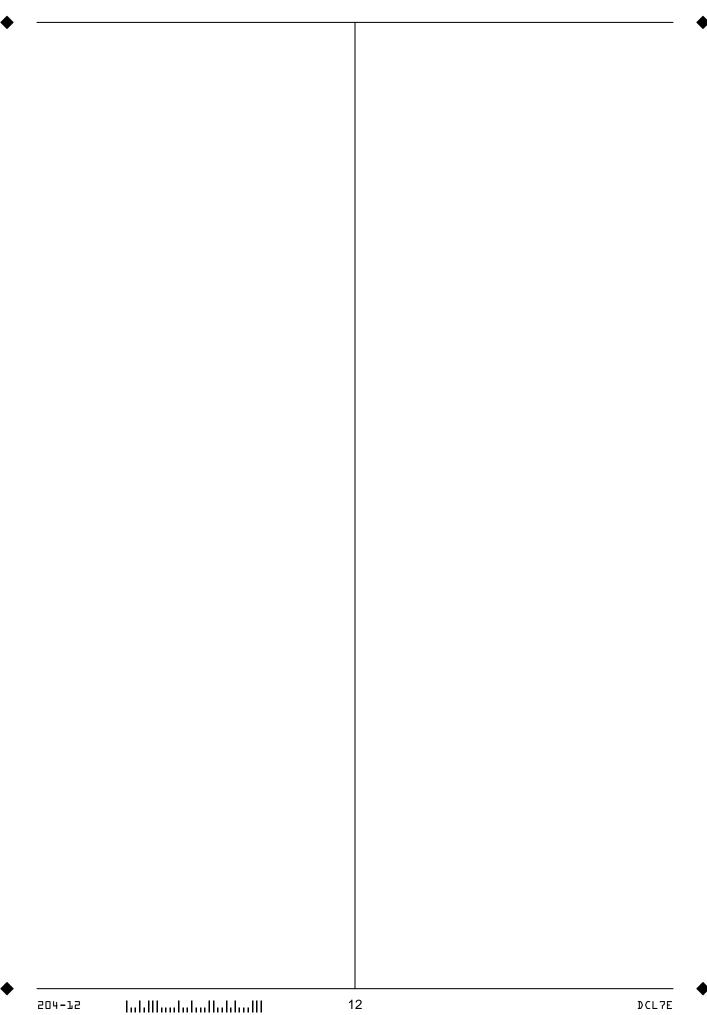
THANK YOU

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

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