



FamilyCare  
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2014



## **Methodology**

- Introduction
- Survey Milestones
- Sampling
- Questionnaires
- Selection of Cases for Analysis
- Composites, Overall Ratings, and Measures for Reporting
- Comparisons, Statistical Testing, Scoring, and Weighting

## **Sample Disposition**

## **Response/Non-Response Comparison**

## **Banner Tables**

- Adult Tables
- Child Tables

## **Appendix**

- Index of Tables
- Questionnaires
  - Adult English
  - Child English
  - Adult Spanish
  - Child Spanish
- Telephone script

## METHODOLOGY

### Introduction

This banner book report summarizes the results of the 2014 CAHPS® Medicaid survey of FamilyCare members. FamilyCare is one of 17 CCOs that participated in the survey. It was administered over a 10-week period using a mixed-mode (mail and telephone) five-wave protocol. This protocol consisted of a pre-notification letter, an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing and reminder postcard to non-respondents. Phone follow-up was conducted for members who had not responded to the mailings. Respondents were surveyed in English and Spanish. DataStat administered the survey under contract with the State of Oregon Department of Human Services.

### Survey Milestones

Pre-notification letters mailed:	February 12, 2014
1st mailing of survey packets:	February 18, 2014
1st mailing of reminder postcards:	February 25, 2014
2nd mailing of survey packets:	March 25, 2014
2nd mailing of reminder postcards:	April 1, 2014
Phone follow-up start:	April 8, 2014
Mail and phone field terminated:	May 5, 2014

### Sampling

The sampling plan for the adult and child surveys called for a random sample of 900 eligible members per CCO in each age group. Adults were defined as members aged 18 years or older and children as 17 years old or younger, both as of December 31, 2013. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2013. The final selected sample consisted of 15,300 adult OHP enrollees and 15,300 child OHP enrollees.

### Questionnaires

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

### Selection of Cases for Analysis

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

## Composites, Overall Ratings, and Measures for Reporting

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

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

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

Q14/14. Got care, tests or treatment you thought you needed

Q25/28. 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**

Q17/17. Personal doctor explained things in a way that was easy to understand

Q18/18. Personal doctor listened carefully to you

Q29/19. Personal doctor showed respect for what you had to say

Q20/22. Personal doctor spent enough time with you

### **Composite: Customer Service**

Q31/32. Health plan's customer service gave needed information or help

Q32/33. Treated with courtesy and respect by health plan's customer service staff

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

Q10/10. Doctor talked about reasons you might want to take a medicine

Q11/11. Doctor talked about reasons you might not want to take a medicine

Q12/12. Doctor talked about what you thought was best for you when discussing a medication

### **Rating Questions**

Q13/13. Rating of all health care

Q23/26. Rating of personal doctor

Q27/30. Rating of specialist doctor

Q42/36. Rating of health plan

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

Q--/20. Getting special medical equipment or devices for your child

Q--/23. Getting special therapy (physical, occupational, speech) for your child

Q--/26. Getting treatment or counseling for your child

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

Q--/38. Child's personal doctor talked with you about how child is feeling, growing, behaving

Q--/43. Child's personal doctor understands how child's health conditions affect child's day-to-day life

Q--/44. Child's personal doctor understands how child's health conditions affect family's day-to-day life

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

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

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

## Comparisons, Statistical Testing, Scoring, and Weighting

In the tables, results are presented for all questionnaire items, reporting measures, and composites, by age category, race/ethnicity, health status, and gender. Significance testing was conducted between overall OHP results and plan or demographic subgroup results. Statistically significant differences were determined with binomial and t-tests, using a significance level of .05 or less. Tests were considered valid when the number of cases used to compute the score was 50 or greater and there was non-zero variation in the tested groups. For comparisons with statistically significant differences, a star (\*) is found to the right of the relevant percentage in the table.

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

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

## Sample Disposition

Category	Adult		Child	
	FamilyCare	Overall	FamilyCare	Overall
<b>**First mailing - sent</b>	900	15300	900	15300
<b>*First mailing - usable survey returned</b>	130	3059	142	2459
<b>Second mailing - sent</b>	740	11718	736	12459
<b>*Second mailing - usable survey returned</b>	51	1039	55	1057
<b>*Phone - usable surveys</b>	73	1456	161	2502
<b>Total - usable surveys</b>	254	5554	358	6018
<b>†Ineligible: According to population criteria‡</b>	30	348	33	362
<b>†Ineligible: Deceased</b>	2	78	0	3
<b>†Ineligible: Mentally or physically unable to complete survey</b>	14	301	0	0
<b>†Ineligible: Language barrier</b>	12	77	7	39
<b>Incorrect address AND incorrect phone number</b>	67	1065	44	991
<b>Refusal/Returned survey blank</b>	45	720	38	783
<b>Nonresponse - Unavailable by mail or phone</b>	476	7157	420	7104
<b>Adjusted Response Rate</b>	<b>30.2%</b>	<b>38.3%</b>	<b>41.6%</b>	<b>40.4%</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© 2014 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	169 32.4%	101 39.8%	7.33%
Female	352 67.6%	153 60.2%	-7.33%
18-24	145 27.8%	53 20.9%	-6.96%
25-34	164 31.5%	59 23.2%	-8.25%
35-44	95 18.2%	45 17.7%	-0.52%
45-54	57 10.9%	46 18.1%	7.17%
55-64	36 6.9%	31 12.2%	5.29%
65-74	13 2.5%	15 5.9%	3.41%
75 or Older	11 2.1%	5 2.0%	-0.14%

### Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	232 50.7%	183 51.1%	0.46%
Female	226 49.3%	175 48.9%	-0.46%
<1, 1-3	105 22.9%	99 27.7%	4.73%
4-7	132 28.8%	104 29.1%	0.23%
8-12	124 27.1%	97 27.1%	0.02%
13 or older	97 21.2%	58 16.2%	-4.98%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLACK OR AFR-	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q1																					
YES	247	5403	46	50	41	43	30	18	158	14	12	2	3	14	15	29	195	156	71	91	136
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	7	151	1			2	1	2	3	1			1			2	4	2	4	1	5
VALID CASES	247	5403	46	50	41	43	30	18	158	14	12	2	3	14	15	29	195	156	71	91	136
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE			
Q3 YES	98 40%	2419 45%	12 27%~	18 38%~	17 42%~	20 44%~	17 55%~	8 40%~	69 43%	4 29%~	3 27%~	3 ~	5 75%~	5 36%~	5 36%~	10 33%~	81 42%~	54 35%*	38 53%*	29 33%	63 45%
NO	144 60%	2914 55%	33 73%~	30 63%~	23 58%~	25 56%~	14 45%~	12 60%~	91 57%	10 71%~	8 73%~	2 100%~	1 25%~	9 64%~	9 64%~	20 67%~	114 58%~	101 65%*	34 47%*	58 67%	78 55%
NOT ANSWERED	12	220	2	2	1				1	1	1			1	1	4	3	3		5	
VALID CASES	242	5334	45	48	40	45	31	20	160	14	11	2	4	14	14	30	195	155	72	87	141
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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		
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q4 NEVER	3 3%	72 3%	~	1 6%	1 7%	~	1 6%	~	2 3%	1 25%	~	~	~	~	~	3 4%	1 2%	2 5%	1 4%	2 3%	
SOMETIMES	17 19%	310 15%	3 25%	2 11%	3 20%	4 22%	3 18%	2 33%	12 18%	1 25%	1 33%	~	1 33%	1 33%	1 20%	2 20%	14 19%	9 18%	7 19%	3 11%	14 24%
USUALLY	29 32%	531 26%	5 42%	7 39%	5 33%	4 22%	4 24%	2 33%	18 27%	1 25%	1 33%	~	2 67%	1 33%	2 40%	5 50%	22 29%	16 33%	11 30%	6 21%	21 36%
ALWAYS	42 46%	1161 56%	4 33%	8 44%	6 40%	10 56%	9 53%	2 33%	34 52%	1 25%	1 33%	~	~	1 33%	2 40%	3 30%	36 48%	23 47%	17 46%	18 64%	21 36%
#ALWAYS + USUALLY (NET)	71 78%	1692 82%	9 75%	15 83%	11 73%	14 78%	13 76%	4 67%	52 79%	2 50%	2 67%	~	2 67%	2 67%	4 80%	8 80%	58 77%	39 80%	28 76%	24 86%	42 72%
TOP BOX SCORE	42 46%	1161 56%	4 33%	8 44%	6 40%	10 56%	9 53%	2 33%	34 52%	1 25%	1 33%	~	~	1 33%	2 40%	3 30%	36 48%	23 47%	17 46%	18 64%	21 36%
NOT ANSWERED	7	322			2	2	2		3				2			6	5	1	1	5	
VALID CASES	91	2074	12	18	15	18	17	6	66	4	3		3	3	5	10	75	49	37	28	58
NUMBER OF RESPONDENTS	98	2396	12	18	17	20	17	8	69	4	3		3	5	5	10	81	54	38	29	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q5 YES	164 67%	3840 72%	25 56%~	30 60%	30 75%~	33 73%~	26 84%~	15 75%~	117 73%*	8 57%~	9 75%~	1 ~	10 25%~	7 71%~	19 47%~	137 63%~	99 64%	59 80%*	58 64%	101 72%	
NO	79 33%	1468 28%	20 44%~	20 40%	10 25%~	12 27%~	5 16%~	5 25%~	43 27%*	6 43%~	3 25%~	2 100%~	3 75%~	4 29%~	8 53%~	11 37%~	60 30%~	56 36%	15 20%*	32 36%	39 28%
NOT ANSWERED	11	246	2		1				1	1					1	2	3	1	2	1	
VALID CASES	243	5308	45	50	40	45	31	20	160	14	12	2	4	14	15	30	197	155	74	90	140
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q6 NEVER	6 4%	83 2%	2 9%	2 7%	~	1 3%	1 4%	~	5 5%	~	~	~	~	~	1 6%	5 4%	5 6%	1 2%	1 2%	5 5%	
SOMETIMES	36 24%	655 19%	8 35%	9 30%	7 27%	5 17%	2 8%	4 31%	22 20%	4 50%	5 62%	~	~	2 29%	1 20%	5 28%	28 23%	20 24%	14 27%	21 22%	
USUALLY	43 28%	957 28%	6 26%	9 30%	10 38%	7 23%	8 32%	2 15%	32 29%	3 38%	3 38%	~	1 100%	1 14%	1 20%	1 6%	41 33%	23 26%	18 31%	13 25%	29 30%
ALWAYS	66 44%	1742 51%	7 30%	10 33%	9 35%	17 57%	14 56%	7 54%	52 47%	1 13%	~	~	~	4 57%	3 60%	11 61%	52 41%	40 45%	25 43%	23 45%	41 43%
#ALWAYS + USUALLY (NET)	109 72%	2699 79%	13 57%	19 63%	19 73%	24 80%	22 88%	9 69%	84 76%	4 50%	3 38%	~	1 100%	5 71%	4 80%	12 67%	93 74%	63 72%	43 74%	36 71%	70 73%
TOP BOX SCORE	66 44%	1742 51%	7 30%	10 33%	9 35%	17 57%	14 56%	7 54%	52 47%	1 13%	~	~	~	4 57%	3 60%	11 61%	52 41%	40 45%	25 43%	23 45%	41 43%
NOT ANSWERED	13	401	2		4	3	1	2	6		1			3	2	1	11	11	1	7	5
VALID CASES	151	3437	23	30	26	30	25	13	111	8	8		1	7	5	18	126	88	58	51	96
NUMBER OF RESPONDENTS	164	3838	25	30	30	33	26	15	117	8	9		1	10	7	19	137	99	59	58	101
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ALSK	AMER ILND NATV OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE				
Q7 NONE	72 30%	1217 23%*	21 46%~	16 32%	10 26%~	10 23%~	6 19%~	4 20%~	40 25%*	4 29%~	4 33%~	1 50%~	2 50%~	4 31%~	6 40%~	11 37%~	54 28%~	51 33%	15 20%*	31 34%	35 25%
1 TIME	36 15%	847 16%	5 11%~	12 24%	7 18%~	4 9%~	5 16%~	2 10%~	23 14%	3 21%~	2 17%~	~	1 25%~	3 23%~	2 13%~	5 17%~	29 15%~	29 19%*	7 9%	16 18%	19 14%
2	38 16%	1010 19%	9 20%~	7 14%	5 13%~	6 14%~	4 13%~	5 25%~	28 18%	2 ~	2 17%~	~	~	2 15%~	3 20%~	5 17%~	31 16%~	24 15%	12 16%	9 10%*	27 19%
3	27 11%	647 12%	2 4%~	3 6%	7 18%~	6 14%~	3 10%~	5 25%~	17 11%	2 14%~	1 8%~	1 50%~	1 25%~	1 8%~	2 13%~	3 10%~	23 12%~	16 10%	11 15%	14 16%	12 9%
4	23 10%	427 8%	2 4%~	5 10%	5 13%~	4 9%~	5 16%~	2 10%~	19 12%*	2 14%~	1 8%~	~	~	1 8%~	~	23 12%~	12 8%	10 13%	8 9%	15 11%	
5 TO 9	30 13%	719 14%	5 11%~	6 12%	4 10%~	8 18%~	5 16%~	1 5%~	23 14%	2 14%~	2 17%~	~	~	~	1 7%~	2 7%~	27 14%~	18 12%	11 15%	9 10%	20 14%
10 OR MORE TIMES	14 6%	356 7%	2 4%~	1 2%	1 3%~	6 14%~	3 10%~	1 5%~	9 6%	1 7%~	~	~	~	2 15%~	1 7%~	4 13%~	9 5%~	5 3%*	9 12%*	3 3%	11 8%
NOT ANSWERED	14	330	1		2	1			2	1				1		1	3	3		2	2
VALID CASES	240	5224	46	50	39	44	31	20	159	14	12	2	4	13	15	30	196	155	75	90	139
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q8 A HEALTH PROVIDER IS THE PERSON YOU WOULD SEE IF YOU NEED A CHECK-UP, WANT ADVICE ABOUT A HEALTH PROBLEM, OR GET SICK OR HURT. IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS?

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR	ASIAN	NATV PAC ILND	AMER ALSK	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
114	2839	12	21	20	27	19	12	80	7	5	1	1	6	6	13	96	70	41	39	72
70%	72%	48%	62%	69%	82%	76%	92%	69%	70%	62%	100%	50%	75%	67%	68%	70%	69%	71%	68%	71%
49	1080	13	13	9	6	6	1	36	3	3		1	2	3	6	42	32	17	18	30
30%	28%	52%	38%	31%	18%	24%	8%	31%	30%	38%		50%	25%	33%	32%	30%	31%	29%	32%	29%
5	109				1		3	3					1		4	2	2	2	2	
163	3919	25	34	29	33	25	13	116	10	8	1	2	8	9	19	138	102	58	57	102
168	4028	25	34	29	34	25	16	119	10	8	1	2	9	9	19	142	104	60	59	104
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q9 YES	105 64%	2140 54%*	17 68%~	17 50%~	20 69%~	25 74%~	15 60%~	8 62%~	75 64%~	5 50%~	5 62%~	2 ~100%~	6 75%~	7 78%~	11 58%~	90 65%~	58 57%*	44 75%*	34 59%	68 67%	
NO	59 36%	1796 46%*	8 32%~	17 50%~	9 31%~	9 26%~	10 40%~	5 38%~	42 36%~	5 50%~	3 38%~	1 ~100%~	2 ~25%~	2 22%~	8 42%~	49 35%~	44 43%*	15 25%*	24 41%	34 33%	
NOT ANSWERED	4	92					3	2					1		3	2	1	1	2		
VALID CASES	164	3936	25	34	29	34	25	13	117	10	8	1	2	8	9	19	139	102	59	58	102
NUMBER OF RESPONDENTS	168	4028	25	34	29	34	25	16	119	10	8	1	2	9	9	19	142	104	60	59	104
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

Q10 WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE?

			AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER					
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
Q10 NOT AT ALL	5 5%	93 4%	2 12%	~	~	3 13%	~	4 5%	~	~	~	1 17%	~	4 5%	3 5%	2 5%	2 6%	3 4%			
A LITTLE	23 23%	327 16%	6 35%	1 6%	4 20%	4 17%	3 21%	2 25%	12 16%	3 60%	1 20%	~	2 100%	1 17%	1 20%	4 36%	16 18%	12 22%	9 20%	7 22%	13 19%
SOME	31 30%	758 36%	5 29%	7 41%	9 45%	4 17%	5 36%	1 13%	22 30%	1 20%	3 60%	~	~	2 33%	2 40%	3 27%	28 32%	15 27%	15 34%	10 31%	21 31%
#A LOT	43 42%	898 43%	4 24%	9 53%	7 35%	12 52%	6 43%	5 62%	36 49%	1 20%	1 20%	~	~	2 33%	2 40%	4 36%	39 45%	25 45%	18 41%	13 41%	30 45%
NOT ANSWERED	3	95				2	1		1					2		3			2	1	
VALID CASES	102	2076	17	17	20	23	14	8	74	5	5		2	6	5	11	87	55	44	32	67
NUMBER OF RESPONDENTS	105	2171	17	17	20	25	15	8	75	5	5		2	6	7	11	90	58	44	34	68
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

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



Q11 WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT TO TAKE A MEDICINE?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	OTH-	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE				
Q11 NOT AT ALL	21 21%	407 20%	5 29%	2 13%	4 22%	6 25%	2 15%	1 13%	15 21%	1 20%	1 25%	1 ~100%	1 17%	1 17%	2 18%	17 20%	11 20%	10 24%	3 10%	17 25%	
A LITTLE	24 24%	411 20%	4 24%	5 31%	4 22%	5 21%	4 31%	1 13%	17 23%	1 20%	~	~	~	2 33%	2 33%	5 45%	18 21%	15 27%	8 20%	7 24%	16 24%
SOME	30 30%	704 34%	6 35%	5 31%	8 44%	6 25%	3 23%	2 25%	23 32%	2 40%	2 50%	~	~	1 17%	2 33%	1 9%	29 35%	20 36%	9 22%	11 38%	19 28%
#A LOT	24 24%	554 27%	2 12%	4 25%	2 11%	7 29%	4 31%	4 50%	18 25%	1 20%	1 25%	~	~	2 33%	1 17%	3 27%	20 24%	9 16%	14 34%	8 28%	15 22%
NOT ANSWERED	6	95		1	2	1	2		2	1		1	1		6		3	3	5	1	
VALID CASES	99	2076	17	16	18	24	13	8	73	5	4	1	6	6	11	84	55	41	29	67	
NUMBER OF RESPONDENTS	105	2171	17	17	20	25	15	8	75	5	5	2	6	7	11	90	58	44	34	68	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q12 #YES	70 70%	1495 72%	10 59%	12 75%	11 61%	18 75%	9 64%	8 100%	52 71%	4 80%	2 50%	1 ~	3 50%	4 67%	8 73%	60 71%	40 73%	27 64%	23 77%	45 67%	
NO	30 30%	577 28%	7 41%	4 25%	7 39%	6 25%	5 36%	~	21 29%	1 20%	2 50%	~	1 ~	3 50%	2 33%	3 27%	25 29%	15 27%	15 36%	7 23%	22 33%
NOT ANSWERED	5	99		1	2	1	1		2		1			1		5	3	2	4	1	
VALID CASES	100	2072	17	16	18	24	14	8	73	5	4		2	6	6	11	85	55	42	30	67
NUMBER OF RESPONDENTS	105 100%	2171 100%	17 100%	17 100%	20 100%	25 100%	15 100%	8 100%	75 100%	5 100%	5 100%		2 100%	6 100%	7 100%	11 100%	90 100%	58 100%	44 100%	34 100%	68 100%

[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?

			AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER	
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE
Q13 WORST HEALTH CARE POSSIBLE	1 0.6%	27 0.7%	1 ~	3%~	~	~	~	1 -0.9%	~	~	~	~	~	1 -0.7%	1 1%	~	1 ~
01	2 1%	36 0.9%	1 4%	1 3%	~	~	~	2 2%	~	~	~	~	~	2 1%	2 ~	3%	2 ~
02	2 1%	49 1%	~	~	~	2 6%	~	2 2%	~	~	~	~	~	1 -0.7%	1 1%	1 2%	1 2%
03	5 3%	75 2%	1 ~	1 3%	1 3%	2 8%	~	1 -0.9%	1 10%	1 13%	~	~	2 25%	~	5 4%	2 2%	3 5%
04	5 3%	144 4%	1 4%	1 3%	2 7%	1 3%	~	3 3%	~	~	~	~	1 13%	1 6%	4 3%	1 1%	4 7%
05	8 5%	268 7%	2 8%	3 9%	1 3%	1 3%	1 4%	5 4%	~	1 100%	~	1 13%	1 13%	1 6%	7 5%	5 5%	3 5%
06	13 8%	223 6%	2 8%	3 9%	3 10%	3 9%	1 8%	9 8%	1 10%	~	~	1 13%	~	1 6%	11 8%	10 10%	2 3%
07	22 14%	446 11%	4 17%	8 24%	6 21%	1 3%	3 13%	17 15%	1 10%	~	~	2 25%	2 25%	4 22%	18 13%	15 15%	7 12%
08	32 20%	874 22%	3 13%	6 18%	5 17%	10 29%	5 21%	2 15%	22 19%	3 30%	4 50%	~	1 13%	~	2 11%	29 21%	17 17%
09	27 17%	633 16%	7 29%	3 9%	5 17%	4 12%	5 21%	2 15%	21 18%	1 10%	1 13%	1 100%	1 13%	2 25%	1 6%	25 18%	24 24%*
BEST HEALTH CARE POSSIBLE	45 28%	1114 29%	4 17%	7 21%	6 21%	11 32%	8 33%	8 62%	34 29%	3 30%	2 25%	~	2 25%	~	8 44%	35 25%	25 25%
#8-10 (NET)	104 64%	2622 67%	14 58%	16 47%	16 55%	25 74%	18 75%	12 92%	77 66%	7 70%	7 87%	~	1 100%	4 50%	2 25%	11 61%	89 64%

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				
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
9-10 (NET)	72 44%	1747 45%	11 46%~	10 29%~	11 38%~	15 44%~	13 54%~	10 77%~	55 47%~	4 40%~	3 38%~	1 ~100%~	3 38%~	2 25%~	9 50%~	60 43%~	49 49%	21 36%	32 56%*	38 38%*	
NOT ANSWERED	6	139	1				1	3	2			1	1	1	1	4	3	2	2	3	
VALID CASES	162	3889	24	34	29	34	24	13	117	10	8	1	1	8	8	18	138	101	58	57	101
NUMBER OF RESPONDENTS	168 100%	4028 100%	25 100%	34 100%	29 100%	34 100%	25 100%	16 100%	119 100%	10 100%	8 100%	1 100%	2 100%	9 100%	9 100%	19 100%	142 100%	104 100%	60 100%	59 100%	104 100%
MEAN	7.79	7.86	7.58	7.12	7.62	7.85	8.21	9.23	7.90	7.90	8.00	5.00	9.00	7.75	5.88	8.22	7.75	7.96	7.45	8.19	7.54
p stat_(*=Sig @ p<=.05)		.673	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.236	.172	.079	.061

[ASKED IF Q7 >= 1 TIME]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q14 NEVER	8 5%	106 3%	2 8%	3 9%	1 ~	2 3%	7 ~	6%	~	~	~	~	~	11%	1 5%	7 5%	5 5%	3 5%	1 2%	7 7%	
SOMETIMES	28 17%	606 16%	3 12%	8 24%	10 36%	3 9%	4 16%	18 16%	1 10%	4 50%	1 ~	3 50%	3 ~	33%	1 5%	27 20%	15 15%	13 22%	8 14%	20 20%	
USUALLY	56 35%	1251 32%	10 40%	13 39%	5 18%	11 32%	7 28%	7 54%	34 30%	4 40%	3 38%	1 100%	1 50%	5 62%	3 33%	8 42%	44 32%	33 33%	21 36%	21 37%	32 32%
ALWAYS	70 43%	1927 50%	10 40%	9 27%	13 46%	19 56%	12 48%	6 46%	56 49%	5 50%	1 13%	~	~	3 38%	2 22%	9 47%	59 43%	47 47%	22 37%	27 47%	42 42%
#ALWAYS + USUALLY (NET)	126 78%	3178 82%	20 80%	22 67%	18 64%	30 88%	19 76%	13 100%	90 78%	9 90%	4 50%	1 100%	1 50%	8 100%	5 56%	17 89%	103 75%	80 80%	43 73%	48 84%	74 73%
TOP BOX SCORE	70 43%	1927 50%	10 40%	9 27%	13 46%	19 56%	12 48%	6 46%	56 49%	5 50%	1 13%	~	~	3 38%	2 22%	9 47%	59 43%	47 47%	22 37%	27 47%	42 42%
NOT ANSWERED	6	138		1	1		3	4						1		5	4	1	2	3	
VALID CASES	162	3890	25	33	28	34	25	13	115	10	8	1	2	8	9	19	137	100	59	57	101
NUMBER OF RESPONDENTS	168 100%	4028 100%	25 100%	34 100%	29 100%	34 100%	25 100%	16 100%	119 100%	10 100%	8 100%	1 100%	2 100%	9 100%	9 100%	19 100%	142 100%	104 100%	60 100%	59 100%	104 100%

[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?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ AS- PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE				
Q15 YES	169 69%	4471 84%*	23 49%~	26 52%*	34 83%~	34 76%~	30 97%~	15 75%~	112 70%	11 73%~	9 75%~	1 50%~	4 100%~	8 57%~	10 67%~	21 68%~	139 70%~	104 66%	58 77%*	57 62%	105 74%*
NO	76 31%	824 16%*	24 51%~	24 48%*	7 17%~	11 24%~	1 3%~	5 25%~	49 30%	4 27%~	3 25%~	1 50%~	~	6 43%~	5 33%~	10 32%~	60 30%~	54 34%	17 23%*	35 38%	36 26%*
NOT ANSWERED	9	259																			
VALID CASES	245	5295	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN AMER	NATV HAW/ PAC ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC PAN-	HIS- IC PAN-	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q16 NONE	32 20%	737 18%	9 41%~	4 16%~	9 26%~	3 10%~	5 17%~	16 15%*	4 36%~	1 13%~	2 50%~	1 14%~	4 44%~	6 29%~	24 18%~	21 22%	8 14%	8 15%	22 22%		
1 TIME	36 22%	904 22%	4 18%~	9 36%~	8 24%~	4 13%~	6 21%~	4 23%	25 27%~	3 25%~	2 100%~	1 25%~	1 14%~	1 11%~	4 19%~	30 23%~	29 30%*	7 12%*	14 26%	21 21%	
2	26 16%	921 22%*	4 18%~	4 16%~	2 6%~	6 19%~	5 17%~	4 29%~	19 18%	2 18%~	2 25%~	1 25%~	1 11%~	1 5%~	24 18%~	16 16%	9 16%	9 17%	16 16%		
3	19 12%	552 13%	2 9%~	4 16%~	5 15%~	3 10%~	2 7%~	3 21%~	13 12%	1 13%~	~	2 29%~	2 22%~	3 14%~	16 12%~	12 12%	7 12%	10 19%	9 9%		
4	14 9%	381 9%	1 5%~	~	5 15%~	2 6%~	3 10%~	2 14%~	12 11%	1 13%~	~	~	~	~	13 10%~	7 7%	6 10%	5 9%	8 8%		
5 TO 9	26 16%	484 12%	1 5%~	3 12%~	2 6%~	11 35%~	7 24%~	~	17 16%	2 18%~	1 13%~	~	1 14%~	1 11%~	3 14%~	21 16%~	10 10%*	14 24%	5 9%	19 19%	
10 OR MORE TIMES	9 6%	164 4%	1 5%~	1 4%~	3 9%~	2 6%~	1 3%~	1 7%~	6 6%	~	~	~	2 29%~	~	4 19%~	4 3%~	2 2%*	7 12%*	3 6%	6 6%	
NOT ANSWERED	7	311	1	1		3	1	1	4	1			1	1	7	7		3	4		
VALID CASES	162	4143	22	25	34	31	29	14	108	11	8	1	4	7	9	21	132	97	58	54	101
NUMBER OF RESPONDENTS	169	4454	23	26	34	34	30	15	112	11	9	1	4	8	10	21	139	104	58	57	105
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q17 NEVER	2 2%	64 2%	~	~	4%~	4%~	~	1 1%~	~	~	~	~	~	~	~	1 7%~	~	~	2 4%~	2 4%~	~
SOMETIMES	9 7%	221 7%	23%~	5%~	8%~	4%~	4%~	3 3%~	2 29%~	1 14%~	~	~	1 17%~	1 20%~	2 13%~	6 6%~	5 7%	3 6%	1 2%~	7 9%	~
USUALLY	34 26%	788 23%	23%~	29%~	36%~	18%~	25%~	21 23%~	4 57%~	1 50%~	1 17%~	2 40%~	3 20%~	29 27%~	22 29%	10 20%	7 15%~	25 32%	~	~	~
ALWAYS	85 65%	2286 68%	54%~	67%~	52%~	75%~	71%~	67 73%~	5 71%~	2 29%~	1 100%~	1 50%~	4 67%~	2 40%~	9 60%~	73 68%~	49 64%	35 70%	36 78%~	47 59%	~
#ALWAYS + USUALLY (NET)	119 92%	3074 92%	77%~	95%~	88%~	93%~	96%~	88 96%~	5 71%~	6 86%~	1 100%~	2 100%~	5 83%~	4 80%~	12 80%~	102 94%~	71 93%	45 90%	43 93%~	72 91%	~
TOP BOX SCORE	85 65%	2286 68%	54%~	67%~	52%~	75%~	71%~	67 73%~	5 71%~	2 29%~	1 100%~	1 50%~	4 67%~	2 40%~	9 60%~	73 68%~	49 64%	35 70%	36 78%~	47 59%	~
NOT ANSWERED		36																			
VALID CASES	130	3360	13	21	25	28	24	14	92	7	7	1	2	6	5	15	108	76	50	46	79
NUMBER OF RESPONDENTS	130 100%	3396 100%	13 100%	21 100%	25 100%	28 100%	24 100%	14 100%	92 100%	7 100%	7 100%	1 100%	2 100%	6 100%	5 100%	15 100%	108 100%	76 100%	50 100%	46 100%	79 100%

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



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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q18 NEVER	2 2%	80 2%				1 4%		1 1%										1 2%	1 2%		
SOMETIMES	9 7%	289 9%	1 8%	1 5%	4 16%	1 4%	2 8%	5 5%	1 14%	1 14%		1 50%		1 20%		9 8%	5 7%	4 8%	2 4%	7 9%	
USUALLY	29 22%	705 21%	2 15%	6 29%	8 32%	4 14%	3 12%	5 36%	19 21%	1 14%	4 57%			1 17%	1 20%	4 27%	24 22%	20 26%	8 16%	8 17%	20 25%
ALWAYS	90 69%	2267 68%	10 77%	14 67%	13 52%	22 79%	19 79%	9 64%	67 73%	5 71%	2 29%	1 100%	1 50%	5 83%	3 60%	11 73%	75 69%	51 67%	37 74%	35 76%	52 66%
#ALWAYS + USUALLY (NET)	119 92%	2972 89%	12 92%	20 95%	21 84%	26 93%	22 92%	14 100%	86 93%	6 86%	6 86%	1 100%	1 50%	6 100%	4 80%	15 100%	99 92%	71 93%	45 90%	43 93%	72 91%
TOP BOX SCORE	90 69%	2267 68%	10 77%	14 67%	13 52%	22 79%	19 79%	9 64%	67 73%	5 71%	2 29%	1 100%	1 50%	5 83%	3 60%	11 73%	75 69%	51 67%	37 74%	35 76%	52 66%
NOT ANSWERED		55																			
VALID CASES	130	3341	13	21	25	28	24	14	92	7	7	1	2	6	5	15	108	76	50	46	79
NUMBER OF RESPONDENTS	130 100%	3396 100%	13 100%	21 100%	25 100%	28 100%	24 100%	14 100%	92 100%	7 100%	7 100%	1 100%	2 100%	6 100%	5 100%	15 100%	108 100%	76 100%	50 100%	46 100%	79 100%

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

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q19 NEVER	1 0.8%	70 2%				1 4%		1 1%										1 2%	1 2%		
SOMETIMES	9 7%	242 7%	1 8%	1 5%	4 16%		2 9%	5 5%	1 14%	1 14%				1 20%		8 7%	5 7%	3 6%	2 4%	6 8%	
USUALLY	22 17%	541 16%	3 23%	3 14%	6 24%	4 14%	2 9%	2 14%	15 16%	1 14%	3 43%		1 100%		1 20%	1 7%	19 18%	15 20%	6 12%	3 7%	17 22%
ALWAYS	97 75%	2489 74%	9 69%	17 81%	15 60%	23 82%	19 83%	12 86%	71 77%	5 71%	3 43%	1 100%		6 100%	3 60%	14 93%	80 75%	56 74%	39 80%	39 87%	56 71%
#ALWAYS + USUALLY (NET)	119 92%	3030 91%	12 92%	20 95%	21 84%	27 96%	21 91%	14 100%	86 93%	6 86%	6 86%	1 100%	1 100%	6 80%	4 100%	15 93%	99 93%	71 93%	45 92%	42 93%	73 92%
TOP BOX SCORE	97 75%	2489 74%	9 69%	17 81%	15 60%	23 82%	19 83%	12 86%	71 77%	5 71%	3 43%	1 100%		6 100%	3 60%	14 93%	80 75%	56 74%	39 80%	39 87%	56 71%
NOT ANSWERED	1	53					1						1			1		1	1		
VALID CASES	129	3343	13	21	25	28	23	14	92	7	7	1	1	6	5	15	107	76	49	45	79
NUMBER OF RESPONDENTS	130	3396	13	21	25	28	24	14	92	7	7	1	2	6	5	15	108	76	50	46	79
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q20 NEVER	2 2%	102 3%	~	~	4%~	4%~	~	2%~	~	~	~	~	~	~	~	1%~	1%~	2%~	2%~	1%~	1%~
SOMETIMES	14 11%	343 11%	36%~	5%~	17%~	7%~	9%~	7%~	10%~	29%~	14%~	~	~	20%~	20%~	15%~	12%~	12%~	11%~	5%~	16%~
USUALLY	36 29%	852 27%	36%~	19%~	22%~	37%~	32%~	21%~	27%~	29%~	29%~	~	100%~	~	40%~	23%~	29%~	27%~	30%~	19%~	33%~
ALWAYS	71 58%	1905 60%	27%~	76%~	57%~	52%~	59%~	71%~	60%~	43%~	57%~	100%~	~	80%~	40%~	62%~	58%~	59%~	57%~	74%~	49%~
#ALWAYS + USUALLY (NET)	107 87%	2757 86%	64%~	95%~	78%~	89%~	91%~	93%~	88%~	71%~	86%~	100%~	100%~	80%~	80%~	85%~	87%~	86%~	87%~	93%~	83%~
TOP BOX SCORE	71 58%	1905 60%	27%~	76%~	57%~	52%~	59%~	71%~	60%~	43%~	57%~	100%~	~	80%~	40%~	62%~	58%~	59%~	57%~	74%~	49%~
NOT ANSWERED	7	195	2		2	1	2		4					1		2	5	3	4	3	4
VALID CASES	123	3201	11	21	23	27	22	14	88	7	7	1	2	5	5	13	103	73	46	43	75
NUMBER OF RESPONDENTS	130 100%	3396 100%	13 100%	21 100%	25 100%	28 100%	24 100%	14 100%	92 100%	7 100%	7 100%	1 100%	2 100%	6 100%	5 100%	15 100%	108 100%	76 100%	50 100%	46 100%	79 100%

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q21	FMCA TOT ADLT	18	25	35	45	55	65	WHTE	AMER	AS-	NATV	AMER		HIS-	NOT HIS-	GOOD	FAIR &	MALE	FE-		
YES	68 1971	9	14	8	17	11	8	48	3	3	1	4	5	9	57	37	31	24	43		
	57% 62%	75%~	67%~	38%~	63%~	55%~	62%~	57%~	43%~	50%~	~	50%~	67%~	100%~	64%~	58%~	52%~	70%~	57%~	60%~	
NO	51 1225	3	7	13	10	9	5	36	4	3	1	1	2	5	41	34	13	18	29		
	43% 38%	25%~	33%~	62%~	37%~	45%~	38%~	43%~	57%~	50%~	100%~	50%~	33%~	~	36%~	42%~	48%~	30%~	43%~	40%~	
NOT ANSWERED	11 201	1		4	1	4	1	8		1				1	10	5	6	4	7		
VALID CASES	119 3195	12	21	21	27	20	13	84	7	6	1	2	6	5	14	98	71	44	42	72	
NUMBER OF RESPONDENTS	130 3396	13	21	25	28	24	14	92	7	7	1	2	6	5	15	108	76	50	46	79	
	100% 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

	FMCA TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY	HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
Q22 NEVER	3 5%	127 7%	1 11%	~	~	1 7%	1 9%	2 4%	1 33%	~	~	~	~	~	2 4%	3 10%	1 4%	2 5%			
SOMETIMES	8 12%	264 14%	2 22%	1 7%	2 25%	2 13%	1 ~ 14%	3 7%	1 33%	1 33%	~	~	1 25%	2 50%	2 22%	6 11%	5 14%	3 10%	2 8%	6 15%	
USUALLY	24 37%	545 29%	2 22%	7 50%	4 50%	4 27%	5 45%	2 29%	19 41%	1 ~ 33%	~	1 ~ 100%	1 ~ 25%	1 22%	22 41%	16 46%	8 27%	6 25%	18 45%		
ALWAYS	30 46%	930 50%	4 44%	6 43%	2 25%	8 53%	5 45%	4 57%	22 48%	1 33%	1 33%	~	~	3 75%	1 25%	5 56%	24 44%	14 40%	16 53%	15 63%	14 35%
#ALWAYS + USUALLY (NET)	54 83%	1474 79%	6 67%	13 93%	6 75%	12 80%	10 91%	6 86%	41 89%	1 33%	2 67%	~	1 ~ 100%	3 75%	2 50%	7 78%	46 85%	30 86%	24 80%	21 87%	32 80%
TOP BOX SCORE	30 46%	930 50%	4 44%	6 43%	2 25%	8 53%	5 45%	4 57%	22 48%	1 33%	1 33%	~	~	3 75%	1 25%	5 56%	24 44%	14 40%	16 53%	15 63%	14 35%
NOT ANSWERED	3	57				2	1		2					1	3	2	1		3		
VALID CASES	65	1865	9	14	8	15	11	7	46	3	3		1	4	4	9	54	35	30	24	40
NUMBER OF RESPONDENTS	68	1922	9	14	8	17	11	8	48	3	3		1	4	5	9	57	37	31	24	43
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY	HEALTH STATUS		GENDER					
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE			
Q23 WORST PERSONAL DOCTOR POSSIBLE	2 1%	44 1%	1 5%~	~	~	~	~	1 1%	~	~	~	~	~	~	1 5%~	1 1%	1 2%	~	1 1%		
01	1 0.6%	31 0.8%	~	~	~	1 3%~	~	1 1%~	~	~	~	~	~	~	~	~	1 2%~	1 2%~	~		
02		33 0.8%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
03	3 2%	49 1%	~	~	~	~	~	~	1 9%~	~	1 25%~	~	~	~	2 2%~	~	2 4%	~	2 2%		
04	3 2%	91 2%	1 5%~	1 4%~	1 3%~	~	~	3 3%~	~	~	~	~	~	~	3 2%~	2 2%	1 2%	~	3 3%		
05	12 8%	232 6%	4 20%~	~	2 7%~	5 16%~	~	1 7%~	8 8%	3 27%~	1 11%~	~	~	~	1 5%~	11 9%~	8 8%	4 8%	1 2%*	11 11%*	
06	7 5%	158 4%	1 5%~	2 8%~	2 7%~	~	1 4%~	~	4 4%	~	~	~	~	2 22%~	2 11%~	4 3%~	6 6%	~	2 4%	4 4%	
07	19 12%	284 7%*	2 10%~	3 12%~	6 20%~	3 10%~	3 12%~	1 7%~	14 14%	~	1 11%~	~	2 50%~	~	2 22%~	1 5%~	17 13%~	14 14%	5 10%	6 12%	12 12%
08	21 14%	633 16%	2 10%~	8 31%~	4 13%~	2 6%~	3 12%~	1 7%~	13 13%	1 9%~	3 33%~	~	1 25%~	~	1 11%~	19 15%~	11 11%	10 19%	7 14%	13 14%	
09	27 18%	737 19%	3 15%~	4 15%~	4 13%~	8 26%~	4 15%~	2 14%~	19 19%	1 9%~	2 22%~	1 100%~	~	~	1 11%~	2 11%~	23 18%~	19 20%	6 12%	6 12%	19 20%
BEST PERSONAL DOCTOR POSSIBLE	59 38%	1651 42%	6 30%~	8 31%~	11 37%~	12 39%~	13 50%~	9 64%~	39 38%	5 45%~	2 22%~	~	~	7 100%~	3 33%~	11 58%~	47 37%~	36 37%	22 42%	28 55%*	31 32%
#8-10 (NET)	107 69%	3021 77%*	11 55%~	20 77%~	19 63%~	22 71%~	20 77%~	12 86%~	71 70%	7 64%~	7 78%~	1 100%~	1 25%~	7 100%~	5 56%~	14 74%~	89 71%~	66 68%	38 73%	41 80%*	63 66%

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	FMCA TOT 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-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
9-10 (NET)	86 56%	2388 61%	9 45%	12 46%	15 50%	20 65%	17 65%	11 79%	58 57%	6 55%	4 44%	1 100%	7 ~100%	4 44%	13 68%	70 56%	55 57%	28 54%	34 67%	50 52%	
NOT ANSWERED	15	511	3		4	3	4	1	10				1	1	2	13	7	6	6	9	
VALID CASES	154	3943	20	26	30	31	26	14	102	11	9	1	4	7	9	19	126	97	52	51	96
NUMBER OF RESPONDENTS	169 100%	4454 100%	23 100%	26 100%	34 100%	34 100%	30 100%	15 100%	112 100%	11 100%	9 100%	1 100%	4 100%	8 100%	10 100%	21 100%	139 100%	104 100%	58 100%	57 100%	105 100%
MEAN	8.17	8.35	7.35	8.35	8.20	8.23	8.58	9.14	8.24	7.73	8.22	9.00	6.25	10.0	8.11	8.42	8.29	8.26	8.08	8.82	7.98
p stat_(*=Sig @ p<=.05)		.286	~	~	~	~	~	~	.594	~	~	~	~	~	~	~	~	.534	.707	.004*	.161

[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?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ AS- PAC	AMER IND/ ALSK	MUL- TI	OTH-	NOT HIS- PAN-	HIS- PAN-	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q24 YES	81 35%	2057 40%	8 17%~	15 30%	15 37%~	20 48%~	12 43%~	10 53%~	61 39%*	4 27%~	4 33%~	2 ~	2 50%~	2 15%~	6 40%~	7 23%~	72 38%~	48 32%	31 43%	33 37%	47 35%
NO	152 65%	3041 60%	38 83%~	35 70%	26 63%~	22 52%~	16 57%~	9 47%~	94 61%*	11 73%~	8 67%~	2 100%~	2 50%~	11 85%~	9 60%~	24 77%~	120 62%~	104 68%	41 57%	56 63%	89 65%
NOT ANSWERED	21	457	1			3	3	1	6				1			7		6	3	3	5
VALID CASES	233	5097	46	50	41	42	28	19	155	15	12	2	4	13	15	31	192	152	72	89	136
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%



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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q25 NEVER	4 5%	91 5%	1 ~ 8%	2 ~ 10%	1 ~ 11%	4 7%	~	~	~	~	~	~	~	3 4%	2 4%	2 7%	3 10%	1 2%		
SOMETIMES	15 19%	329 17%	3 ~ 23%	4 27%	6 30%	2 17%	9 15%	1 25%	2 50%	1 ~ 50%	2 ~ 40%	2 ~ 22%	15 17%	8 21%	6 21%	4 13%	11 24%			
USUALLY	22 28%	546 29%	2 25%	3 23%	5 33%	5 25%	4 33%	2 22%	15 25%	1 ~ 25%	1 ~ 50%	1 50%	2 40%	3 43%	18 26%	12 26%	9 31%	6 19%	15 33%	
ALWAYS	37 47%	927 49%	6 75%	6 46%	6 40%	7 35%	6 50%	6 67%	31 53%	3 75%	1 25%	1 ~	1 ~ 50%	1 20%	4 57%	33 48%	25 53%	12 41%	18 58%	19 41%
#ALWAYS + USUALLY (NET)	59 76%	1473 78%	8 100%	9 69%	11 73%	12 60%	10 83%	8 89%	46 78%	3 75%	2 50%	1 ~ 50%	2 100%	3 60%	7 100%	51 74%	37 79%	21 72%	24 77%	34 74%
TOP BOX SCORE	37 47%	927 49%	6 75%	6 46%	6 40%	7 35%	6 50%	6 67%	31 53%	3 75%	1 25%	1 ~	1 ~ 50%	1 20%	4 57%	33 48%	25 53%	12 41%	18 58%	19 41%
NOT ANSWERED	3	107	2			1	2					1	3	1	2	2	1			
VALID CASES	78	1893	8	13	15	20	12	9	59	4	4	2	2	5	7	69	47	29	31	46
NUMBER OF RESPONDENTS	81	2000	8	15	15	20	12	10	61	4	4	2	2	6	7	72	48	31	33	47
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER				
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE		
Q26 NONE	2 3%	66 3%	~	1 7%	~	~	1 8%	~	1 2%	~	~	~	~	1 17%	~	2 3%	1 2%	1 3%	2 6%	~		
1 SPECIALIST	39 49%	967 51%	3 38%	8 57%	12 80%	9 45%	2 17%	5 56%	31 53%	2 50%	3 75%	~	~	1 50%	2 33%	2 29%	37 53%	26 55%	12 40%	17 53%	22 48%	
2	20 25%	501 26%	4 50%	4 29%	2 13%	3 15%	5 42%	2 22%	14 24%	1 25%	1 25%	~	~	1 50%	1 50%	2 33%	3 43%	17 24%	12 26%	8 27%	6 19%	14 30%
3	13 16%	222 12%	1 13%	1 7%	1 7%	5 25%	3 25%	2 22%	10 17%	1 25%	~	~	~	~	1 17%	2 29%	11 16%	7 15%	6 20%	4 13%	9 20%	
4	1 1%	72 4%*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	4 5%	70 4%	~	~	~	3 15%	1 8%	~	3 5%	~	~	~	~	1 50%	~	~	3 4%	1 2%	3 10%	3 9%	1 2%	
NOT ANSWERED	2	103	~	1	~	~	~	1	2	~	~	~	~	~	~	2	1	1	1	1		
VALID CASES	79	1897	8	14	15	20	12	9	59	4	4	~	~	2	2	6	7	70	47	30	32	46
NUMBER OF RESPONDENTS	81	2000	8	15	15	20	12	10	61	4	4	~	~	2	2	6	7	72	48	31	33	47
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY	HEALTH STATUS		GENDER					
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE	FE- MALE				
Q27 WORST SPECIALIST POSSIBLE		10 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
01		12 0.7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
02	2 3%	19 1%	~	~	2 10%	~	1 2%	1 25%	~	~	~	~	1 1%	2 7%	1 3%	1 2%	~	~			
03	2 3%	29 2%	1 13%	1 8%	~	~	2 3%	~	~	~	~	~	2 3%	2 7%	1 3%	1 2%	~	~			
04		30 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
05	3 4%	55 3%	~	~	1 7%	1 5%	1 9%	~	1 25%	1 25%	1 50%	~	3 4%	1 2%	2 7%	1 3%	2 4%	~			
06	4 5%	75 4%	~	1 8%	2 13%	1 5%	~	4 7%	~	~	~	~	4 6%	1 2%	2 7%	1 3%	3 7%	~			
07	4 5%	144 8%	~	~	1 7%	2 10%	1 9%	~	3 5%	1 25%	~	~	4 6%	4 9%	~	1 3%	3 7%	~			
08	10 13%	332 19%	2 25%	4 31%	~	2 10%	2 18%	~	7 12%	2 50%	~	~	1 50%	1 14%	9 13%	4 9%	6 21%	3 10%	7 15%		
09	14 18%	332 19%	~	2 15%	3 20%	6 30%	2 18%	1 11%	11 19%	~	~	1 50%	2 40%	14 21%	10 22%	4 14%	2 7%	12 26%	~		
BEST SPECIALIST POSSIBLE	38 49%	747 42%	5 62%	5 38%	8 53%	6 30%	5 45%	8 89%	30 52%	1 25%	1 25%	~	1 50%	3 60%	6 86%	31 46%	26 57%	11 38%	20 67%	17 37%	
#8-10 (NET)	62 81%	1411 79%	7 87%	11 85%	11 73%	14 70%	9 82%	9 100%	48 83%	3 75%	1 25%	~	1 50%	2 100%	5 100%	7 79%	54 87%	40 72%	21 83%	25 78%	36 78%

Continued

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AMER AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	52 68%	1080 60%	5 62%	7 54%	11 73%	12 60%	7 64%	9 100%	41 71%	1 25%	1 25%	1 ~	1 50%	1 50%	5 100%	6 86%	45 66%	36 78%	15 52%	22 73%	29 63%
NOT ANSWERED		31																			
VALID CASES	77	1786	8	13	15	20	11	9	58	4	4	2	2	5	7	68	46	29	30	46	
NUMBER OF RESPONDENTS	77 100%	1817 100%	8 100%	13 100%	15 100%	20 100%	11 100%	9 100%	58 100%	4 100%	4 100%	2 100%	2 100%	5 100%	7 100%	68 100%	46 100%	29 100%	30 100%	46 100%	
MEAN	8.61	8.46	8.63	8.38	8.73	7.95	8.73	9.89	8.76	7.75	6.00	7.00	9.00	9.60	9.71	8.57	9.15	7.79	8.83	8.43	
p stat_(*=Sig @ p<=.05)		.504	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	FE- MALE	MALE
Q28 YES	49 21%	1016 20%	9 20%	16 32%	7 17%	5 12%	6 21%	4 20%	36 23%	1 7%	1 8%	1 ~	3 25%	4 27%	7 23%	40 21%	30 19%	17 24%	19 21%	28 20%	
NO	186 79%	4109 80%	36 80%	34 68%	34 83%	38 88%	22 79%	16 80%	120 77%	14 93%	11 92%	2 100%	3 75%	9 75%	11 73%	23 77%	153 79%	125 81%	54 76%	70 79%	109 80%
NOT ANSWERED	19	429	2			2	3		5				2		1	6	3	4	3	4	
VALID CASES	235	5125	45	50	41	43	28	20	156	15	12	2	4	12	15	30	193	155	71	89	137
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ AS- PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE				
Q29 NEVER	7 14%	95 10%	2 22%	2 13%	2 29%	1 17%	5 14%	~	~	~	~	2 50%	1 14%	6 15%	6 20%	1 6%	4 21%	3 11%		
SOMETIMES	19 39%	336 35%	3 33%	7 44%	3 43%	2 40%	3 50%	1 25%	13 36%	1 100%	1 100%	1 ~100%	1 33%	1 25%	2 29%	17 43%	9 30%	10 59%	8 42%	11 39%
USUALLY	17 35%	299 31%	3 33%	4 25%	1 14%	3 60%	2 33%	2 50%	12 33%	~	~	~	2 67%	1 25%	4 57%	11 27%	9 30%	6 35%	4 21%	11 39%
ALWAYS	6 12%	228 24%	1 11%	3 19%	1 14%	~	1 25%	6 17%	~	~	~	~	~	6 15%	6 20%	~	3 16%	3 11%		
#ALWAYS + USUALLY (NET)	23 47%	526 55%	4 44%	7 44%	2 29%	3 60%	2 33%	3 75%	18 50%	~	~	~	2 67%	1 25%	4 57%	17 42%	15 50%	6 35%	7 37%	14 50%
TOP BOX SCORE	6 12%	228 24%	1 11%	3 19%	1 14%	~	1 25%	6 17%	~	~	~	~	~	6 15%	6 20%	~	3 16%	3 11%		
NOT ANSWERED		45																		
VALID CASES	49	957	9	16	7	5	6	4	36	1	1	1	3	4	7	40	30	17	19	28
NUMBER OF RESPONDENTS	49	1002	9	16	7	5	6	4	36	1	1	1	3	4	7	40	30	17	19	28
	100%	100%	100%	100%	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?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE			
Q30	FMCA																					
YES	OHP TOT ADLT	1024	1534	1344	1554	1464	9	5837*	536%~	217%~	2~ 50%~	433%~	427%~	1033%~	6433%~	4630%	3043%*	3641%	4029%			
		33%	27%*	23%~	30%	32%~	35%~	50%~	45%~	37%*	36%~	17%~	~	50%~	33%~	27%~	33%~	33%~	30%	43%*	41%	29%
NO	OHP TOT ADLT	3477	3570	2868	2865	1450	1155	9863*	964%~	1083%~	2100%~	250%~	867%~	1173%~	2067%~	12867%~	10970%	4057%*	5259%	9771%		
		67%	73%*	77%~	70%	68%~	65%~	50%~	55%~	63%*	64%~	83%~	100%~	50%~	67%~	73%~	67%~	67%~	70%	57%*	59%	71%
NOT ANSWERED	OHP TOT ADLT	3469			2	3		5	1			2		1	7	3	5	4	4			
		21																				
VALID CASES	OHP TOT ADLT	445085	5050	4141	4343	2828	20	156161	1415	1212	22	44	1212	1515	3031	192199	155158	7075	8892	137141		
NUMBER OF RESPONDENTS	OHP TOT ADLT	254100%	5554100%	47100%	50100%	41100%	45100%	31100%	20100%	161100%	15100%	12100%	2100%	4100%	14100%	15100%	31100%	199100%	158100%	75100%	92100%	141100%

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			
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
Q31 NEVER	3 4%	46 4%		2 ~ 13%	1 8%				2 4%					1 25%		3 5%	2 4%	1 3%	2 6%	1 3%		
SOMETIMES	15 20%	289 23%	3 30%	4 27%	3 23%	1 7%	4 29%	10 18%	1 20%			2 100%	1 25%	1 25%	1 10%	14 22%	7 16%	8 27%	4 11%	11 28%		
USUALLY	21 28%	401 32%	3 30%	4 27%	4 31%	5 36%	1 7%	3 33%	14 25%	1 20%	2 100%			1 25%	1 25%	3 30%	17 27%	11 24%	9 30%	10 28%	10 26%	
ALWAYS	37 49%	508 41%	4 40%	5 33%	5 38%	8 57%	9 64%	6 67%	31 54%	3 60%				2 50%	1 25%	6 60%	29 46%	25 56%	12 40%	20 56%	17 44%	
#ALWAYS + USUALLY (NET)	58 76%	909 73%	7 70%	9 60%	9 69%	13 93%	10 71%	9 100%	45 79%	4 80%	2 100%			3 75%	2 50%	9 90%	46 73%	36 80%	21 70%	30 83%	27 69%	
TOP BOX SCORE	37 49%	508 41%	4 40%	5 33%	5 38%	8 57%	9 64%	6 67%	31 54%	3 60%				2 50%	1 25%	6 60%	29 46%	25 56%	12 40%	20 56%	17 44%	
NOT ANSWERED	1	75				1		1							1	1				1		
VALID CASES	76	1245	10	15	13	14	14	9	57	5	2			2	4	4	10	63	45	30	36	39
NUMBER OF RESPONDENTS	77	1320	10	15	13	15	14	9	58	5	2			2	4	4	10	64	46	30	36	40
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q30 = YES]



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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q32 NEVER		18 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	8 11%	93 7%	2 20%~	3 20%~	2 15%~	1 7%~	~	6 11%~	~	~	~	1 50%~	1 25%~	~	2 20%~	6 10%~	7 16%~	1 3%~	3 8%~	5 13%~	
USUALLY	17 22%	288 23%	3 30%~	5 33%~	4 31%~	1 7%~	2 14%~	1 11%~	11 19%~	2 40%~	2 100%~	~	~	1 25%~	16 25%~	7 16%~	9 30%~	8 22%~	8 21%~		
ALWAYS	51 67%	849 68%	5 50%~	7 47%~	7 54%~	12 86%~	12 86%~	8 89%~	40 70%~	3 60%~	~	1 50%~	3 75%~	3 75%~	8 80%~	41 65%~	31 69%~	20 67%~	25 69%~	26 67%~	
#ALWAYS + USUALLY (NET)	68 89%	1137 91%	8 80%~	12 80%~	11 85%~	13 93%~	14 100%~	9 100%~	51 89%~	5 100%~	2 100%~	~	1 50%~	3 75%~	4 100%~	8 80%~	57 90%~	38 84%~	29 97%~	33 92%~	34 87%~
TOP BOX SCORE	51 67%	849 68%	5 50%~	7 47%~	7 54%~	12 86%~	12 86%~	8 89%~	40 70%~	3 60%~	~	1 50%~	3 75%~	3 75%~	8 80%~	41 65%~	31 69%~	20 67%~	25 69%~	26 67%~	
NOT ANSWERED	1	73				1		1							1	1				1	
VALID CASES	76	1247	10	15	13	14	14	9	57	5	2		2	4	4	10	63	45	30	36	39
NUMBER OF RESPONDENTS	77	1320	10	15	13	15	14	9	58	5	2		2	4	4	10	64	46	30	36	40
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q33																					
YES	78 33%	1535 30%	20 44%	15 30%	15 38%	13 31%	7 25%	6 30%	53 34%	7 50%	1 9%	1 ~	7 25%	5 33%	12 40%	62 32%	52 34%	23 32%	31 35%	45 33%	
NO	155 67%	3528 70%	25 56%	35 70%	25 63%	29 69%	21 75%	14 70%	103 66%	7 50%	10 91%	2 100%	3 75%	6 46%	10 67%	18 60%	129 68%	101 66%	48 68%	57 65%	91 67%
NOT ANSWERED	21	491	2		1	3	3		5	1	1		1		1	8	5	4	4	5	
VALID CASES	233	5063	45	50	40	42	28	20	156	14	11	2	4	13	15	30	191	153	71	88	136
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
PQ34 NEVER	1 0.4%	53 1%	~	~	3%~	~	~	~	0.6%	~	~	~	~	~	~	~	1 ~0.5%	1 0.7%	~	1 ~	~
SOMETIMES	19 8%	302 6%	6 14%~	5 10%	5 13%~	3 7%~	~	~	12 8%	3 23%~	~	~	1 25%~	2 17%~	1 7%~	1 3%~	17 9%~	13 9%	6 9%	8 9%	11 8%
USUALLY	28 12%	589 12%	7 16%~	8 16%	5 13%~	5 12%~	2 ~	10%~	21 14%	1 8%~	1 9%~	~	~	1 8%~	2 14%~	3 10%~	24 13%~	16 11%	10 14%	11 13%	16 12%
ALWAYS	181 79%	4094 81%	31 70%~	37 74%	28 72%~	33 80%~	27 100%~	18 90%~	121 78%	9 69%~	10 91%~	2 100%~	3 75%~	9 75%~	11 79%~	25 86%~	146 78%~	121 80%	53 77%	66 77%	107 80%
#ALWAYS + USUALLY (NET)	209 91%	4682 93%	38 86%~	45 90%	33 85%~	38 93%~	27 100%~	20 100%~	142 92%	10 77%~	11 100%~	2 100%~	3 75%~	10 83%~	13 93%~	28 97%~	170 90%~	137 91%	63 91%	77 90%	123 92%
TOP BOX SCORE	181 79%	4094 81%	31 70%~	37 74%	28 72%~	33 80%~	27 100%~	18 90%~	121 78%	9 69%~	10 91%~	2 100%~	3 75%~	9 75%~	11 79%~	25 86%~	146 78%~	121 80%	53 77%	66 77%	107 80%
NOT ANSWERED	4	97	1		1	1	1		1	1				1	1	1	3	2	2	2	2
VALID CASES	229	5037	44	50	39	41	27	20	155	13	11	2	4	12	14	29	188	151	69	86	134
NUMBER OF RESPONDENTS	233 100%	5134 100%	45 100%	50 100%	40 100%	42 100%	28 100%	20 100%	156 100%	14 100%	11 100%	2 100%	4 100%	13 100%	15 100%	30 100%	191 100%	153 100%	71 100%	88 100%	136 100%

[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?

	FMCA TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	FE- MALE	MALE			
Q35 WORST HEALTH PLAN POSSIBLE	31%	481%	~	~	5%~	2%~	~	21%	~	~	~	~	~	~	3%~	21%~	10.7%~	3%~	1%~	2%~		
01	31%	360.7%	~	4%~	~	~	4%~	~	0.7%~	7%~	~	~	~	~	7%~	~	2%~	~	4%~	1%~	2%~	
02	52%	581%	2%~	37%~	~	2%~	~	~	3%~	~	~	~	8%~	~	1%~	4%~	2%~	3%~	2%~	3%~		
03	52%	852%	~	~	8%~	2%~	4%~	~	2%~	~	9%~	~	~	~	7%~	~	3%~	1%~	4%~	1%~	3%~	
04	73%	1082%	25%~	24%~	13%~	12%~	~	5%~	4%~	7%~	~	~	~	~	~	4%~	3%~	4%~	1%~	5%~		
05	188%	48610%	25%~	37%~	411%~	512%~	311%~	~	10%~	7%~	~	~	50%~	~	7%~	~	9%~	7%~	10%~	10%~	7%~	
06	178%	3146%	49%~	511%~	38%~	25%~	27%~	~	8%~	7%~	~	~	25%~	8%~	7%~	7%~	8%~	10%~	4%~	5%~	8%~	
07	3214%	59512%	614%~	716%~	821%~	512%~	311%~	315%~	17%~	14%~	9%~	~	~	15%~	13%~	17%~	15%~	14%~	18%~	11%~	18%~	
08	4721%	97820%	819%~	1227%~	821%~	1229%~	311%~	210%~	19%~	14%~	336%~	150%~	~	~	23%~	33%~	20%~	20%~	23%~	16%~	17%~	21%~
09	2612%	82517%*	819%~	49%~	25%~	410%~	519%~	15%~	11%~	7%~	327%~	~	~	~	20%~	10%~	12%~	12%~	9%~	17%~	8%*	
BEST HEALTH PLAN POSSIBLE	5826%	133127%	1228%~	716%~	718%~	1024%~	933%~	1365%~	3625%~	536%~	218%~	150%~	125%~	646%~	17%~	1240%~	4424%~	4027%~	1522%~	2530%~	3325%~	
#8-10 (NET)	13159%	313464%	2865%~	2351%~	1745%~	2662%~	1763%~	1680%~	8055%~	857%~	982%~	2100%~	1925%~	1969%~	960%~	2170%~	10256%~	9263%~	3248%*	5667%~	7154%~	

Continued

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AMER AS-	NATV PAC ILND	AMER HAW/ IND/ ALSK	MUL-	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
9-10 (NET)	84 38%	2156 44%*	20 47%~	11 24%~	9 24%~	14 33%~	14 52%~	14 70%~	52 36%	6 43%~	5 45%~	1 50%~	1 25%~	6 46%~	4 27%~	15 50%~	65 36%~	58 40%	21 31%	39 47%*	43 33%
NOT ANSWERED	33	689	4	5	3	3	4		15	1	1			1		1	18	12	8	9	10
VALID CASES	221	4865	43	45	38	42	27	20	146	14	11	2	4	13	15	30	181	146	67	83	131
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%
MEAN	7.52	7.79	7.95	6.93	6.82	7.45	7.81	9.00	7.40	7.50	8.09	9.00	6.50	8.15	7.07	8.13	7.39	7.78	6.82	7.84	7.33
p stat_(*=Sig @ p<=.05)		.058	~	~	~	~	~	~	.311	~	~	~	~	~	~	~	~	~.037*	.010*	.115	.139

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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q35A YES	35 15%	908 18%	6 13%~	3 6%*	3 7%~	7 16%~	6 21%~	6 30%~	15 10%*	5 36%~	1 8%~	2 ~	5 50%~	3 36%~	20%~	7 23%~	22 11%~	14 9%*	19 26%*	14 16%	17 12%
NO	201 85%	4189 82%	39 87%~	47 94%*	38 93%~	37 84%~	22 79%~	14 70%~	141 90%*	9 64%~	11 92%~	2 100%~	2 50%~	9 64%~	12 80%~	24 77%~	171 89%~	141 91%*	53 74%*	75 84%	121 88%
NOT ANSWERED	18	458	2			1	3		5	1						6	3	3	3	3	
VALID CASES	236	5096	45	50	41	44	28	20	156	14	12	2	4	14	15	31	193	155	72	89	138
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35B NEVER	9 26%	172 22%	1 20%	1 33%	2 ~ 29%	4 67%	4 27%	2 40%	~	~	1 50%	1 25%	1 33%	2 33%	5 23%	3 21%	6 33%	5 36%	3 19%		
SOMETIMES	7 21%	131 17%	~	1 33%	1 33%	1 14%	2 33%	2 33%	2 13%	1 20%	~	~	1 50%	1 25%	2 67%	1 17%	6 27%	4 29%	3 17%	3 21%	4 25%
USUALLY	9 26%	173 22%	2 40%	1 33%	1 33%	2 29%	2 33%	5 33%	1 ~100%	~	~	1 25%	~	2 33%	6 27%	2 14%	6 33%	3 21%	5 31%		
ALWAYS	9 26%	296 38%	2 40%	~	1 33%	2 29%	2 33%	4 27%	2 40%	~	~	~	1 25%	~	1 17%	5 23%	5 36%	3 17%	3 21%	4 25%	
#ALWAYS + USUALLY (NET)	18 53%	470 61%	4 80%	1 33%	2 67%	4 57%	4 67%	9 60%	2 40%	1 100%	~	~	2 50%	~	3 50%	11 50%	7 50%	9 50%	6 43%	9 56%	
TOP BOX SCORE	9 26%	296 38%	2 40%	~	1 33%	2 29%	2 33%	4 27%	2 40%	~	~	~	1 25%	~	1 17%	5 23%	5 36%	3 17%	3 21%	4 25%	
NOT ANSWERED	1	58	1									1		1		1		1			
VALID CASES	34	773	5	3	3	7	6	6	15	5	1	2	4	3	6	22	14	18	14	16	
NUMBER OF RESPONDENTS	35	831	6	3	3	7	6	6	15	5	1	2	5	3	7	22	14	19	14	17	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35A = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35C YES	39 17%	876 17%	3 7%	7 14%	10 26%	10 23%	5 16%	3 16%	22 14%	3 21%	2 17%	2 50%	3 23%	4 27%	3 10%	35 18%	24 15%	14 20%	14 16%	24 17%	
NO	197 83%	4320 83%	43 93%	43 86%	29 74%	34 77%	26 84%	16 84%	136 86%	11 79%	10 83%	2 100%	2 50%	10 77%	11 73%	27 90%	161 82%	133 85%	57 80%	75 84%	115 83%
NOT ANSWERED	18	357	1		2	1		1	3	1			1		1	3	1	4	3	2	
VALID CASES	236	5197	46	50	39	44	31	19	158	14	12	2	4	13	15	30	196	157	71	89	139
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35D NEVER	10 27%	245 32%	~	2 33%	4 40%	3 30%	1 25%	6 29%	1 50%	~	~	1 33%	2 67%	~	10 30%	7 30%	3 23%	5 42%	5 21%		
SOMETIMES	8 22%	126 16%	67%	2 17%	1 10%	4 40%	~	3 14%	1 50%	~	1 50%	1 33%	1 100%	3 15%	5 26%	2 15%	~	8 33%	~		
USUALLY	8 22%	150 20%	33%	1 33%	2 20%	2 20%	1 33%	5 24%	1 33%	~	1 50%	~	~	8 24%	3 13%	5 38%	~	2 17%	6 25%		
ALWAYS	11 30%	244 32%	~	3 50%	3 30%	1 10%	2 25%	7 33%	2 67%	~	~	1 33%	~	10 30%	7 30%	3 23%	~	5 42%	5 21%		
#ALWAYS + USUALLY (NET)	19 51%	393 51%	33%	1 33%	3 50%	5 50%	3 30%	3 75%	3 100%	12 57%	3 100%	~	1 50%	1 33%	18 55%	10 43%	8 62%	7 58%	11 46%		
TOP BOX SCORE	11 30%	244 32%	~	3 50%	3 30%	1 10%	2 25%	7 33%	2 67%	~	~	1 33%	~	10 30%	7 30%	3 23%	~	5 42%	5 21%		
NOT ANSWERED	2	42		1			1	1				1		2	1	1		2			
VALID CASES	37	765		3	6	10	10	4	3	21	3	2	2	3	3	33	23	13	12	24	
NUMBER OF RESPONDENTS	39	807		3	7	10	10	5	3	22	3	2	2	3	4	3	35	24	14	14	24
	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35C = YES]

Q35E 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. IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER TALK TOO FAST WHEN TALKING TO YOU?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	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		
Q35E ALWAYS	11 5%	186 4%	1 2%	1 ~	3 8%	3 7%	3 10%	1 5%	7 5%	1 7%	~	~	~	~	2 15%	2 7%	8 4%	10 6%*	1 1%*	5 6%	6 4%
USUALLY	11 5%	261 5%	1 2%	1 2%	3 8%	2 5%	2 7%	1 5%	6 4%	1 7%	~	~	~	1 7%	2 15%	1 3%	8 4%	5 3%	4 6%	3 3%	7 5%
SOMETIMES	28 12%	993 19%*	9 20%	8 16%	2 5%	2 5%	4 13%	3 16%	19 12%	2 13%	1 8%	~	3 75%	1 7%	2 15%	3 10%	25 13%	19 12%	9 13%	7 8%	21 15%
NEVER	180 78%	3697 72%*	34 76%	40 82%	31 79%	36 84%	21 70%	14 74%	123 79%	11 73%	11 92%	2 100%	1 25%	12 86%	7 54%	23 79%	151 79%	120 78%	56 80%	73 83%	102 75%
#NEVER + SOMETIMES (NET)	208 90%	4690 91%	43 96%	48 98%	33 85%	38 88%	25 83%	17 89%	142 92%	13 87%	12 100%	2 100%	4 100%	13 93%	9 69%	26 90%	176 92%	139 90%	65 93%	80 91%	123 90%
TOP BOX SCORE	180 78%	3697 72%*	34 76%	40 82%	31 79%	36 84%	21 70%	14 74%	123 79%	11 73%	11 92%	2 100%	1 25%	12 86%	7 54%	23 79%	151 79%	120 78%	56 80%	73 83%	102 75%
NOT ANSWERED	24	417	2	1	2	2	1	1	6						2	2	7	4	5	4	5
VALID CASES	230	5137	45	49	39	43	30	19	155	15	12	2	4	14	13	29	192	154	70	88	136
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q35F IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER INTERRUPT YOU WHEN YOU WERE TALKING?

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE			
Q35F ALWAYS	1 0.4%	87 2%*	~	~	3%~	~	~	~	0.6%	~	~	~	~	~	~	~	~	~	1 0.5%	1 0.6%	~	~	1 0.7%
USUALLY	7 3%	142 3%	2 5%~	1 2%~	1 3%~	2 5%~	~	~	3%	~	~	~	~	~	8%~	1 3%~	4 2%~	3 2%	2 3%	2 2%	4 3%	2 2%	4 3%
SOMETIMES	28 12%	912 18%*	4 9%~	6 12%~	5 13%~	9 20%~	4 13%~	~	11%	4 29%~	~	~	1 25%~	2 14%~	3 23%~	2 7%~	26 14%~	13 8%*	15 21%*	11 13%	17 12%	11 13%	17 12%
NEVER	195 84%	4005 78%*	38 86%~	42 86%~	32 82%~	33 75%~	26 87%~	20 100%~	133 85%	10 71%~	12 100%~	2 100%~	3 75%~	12 86%~	9 69%~	27 90%~	161 84%~	137 89%*	54 76%*	73 85%	117 84%	73 85%	117 84%
#NEVER + SOMETIMES (NET)	223 97%	4917 96%	42 95%~	48 98%~	37 95%~	42 95%~	30 100%~	20 100%~	151 96%	14 100%~	12 100%~	2 100%~	4 100%~	14 100%~	12 92%~	29 97%~	187 97%~	150 97%	69 97%	84 98%	134 96%	84 98%	134 96%
TOP BOX SCORE	195 84%	4005 78%*	38 86%~	42 86%~	32 82%~	33 75%~	26 87%~	20 100%~	133 85%	10 71%~	12 100%~	2 100%~	3 75%~	12 86%~	9 69%~	27 90%~	161 84%~	137 89%*	54 76%*	73 85%	117 84%	73 85%	117 84%
NOT ANSWERED	23	408	3	1	2	1	1		4	1					2	1	7	4	4	6	2	6	2
VALID CASES	231	5146	44	49	39	44	30	20	157	14	12	2	4	14	13	30	192	154	71	86	139	86	139
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%	92 100%	141 100%

Q35G IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER USE A CONDESCENDING, SARCASTIC OR RUDE TONE OR MANNER WITH YOU?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ PAC ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q35G ALWAYS	3 1%	75 1%	~	~	3%	~	3%	0.6%	~	~	~	~	~	7%	~	2	3	2%	~	1	1
USUALLY	5 2%	99 2%	1	1	~	1	3%	1%	13%	~	~	~	~	~	~	3	4	~	5%	2	2
SOMETIMES	19 8%	596 12%*	5	6	2	5	1	12	2	~	~	50%	7%	14%	2	17	11	7	7%	2	17
NEVER	208 89%	4397 85%	40	42	36	38	28	143	11	12	2	2	13	11	28	173	142	62	91%	84	119
#NEVER + SOMETIMES (NET)	227 97%	4993 97%	45	48	38	43	29	155	13	12	2	4	14	13	30	190	153	69	98%	86	136
TOP BOX SCORE	208 89%	4397 85%	40	42	36	38	28	143	11	12	2	2	13	11	28	173	142	62	91%	84	119
NOT ANSWERED	19	387	1	1	2	1		3						1	1	4	2	2		3	2
VALID CASES	235	5167	46	49	39	44	31	158	15	12	2	4	14	14	30	195	156	73		89	139
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	161	15	12	2	4	14	15	31	199	158	75		92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%

Q35H IN THE LAST 6 MONTHS, DID YOU FEEL YOU COULD TELL A DOCTOR OR OTHER HEALTH PROVIDER ANYTHING, EVEN THINGS THAT YOU MIGHT NOT TELL ANYONE ELSE?

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	OTH-	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q35H #YES DEFINITELY	81 35%	2206 43%	9 20%	15 31%	15 39%	15 34%	14 47%	9 45%	53 34%	4 29%	4 36%	1 50%	2 50%	7 50%	5 36%	9 32%	67 35%	55 35%	24 34%	34 39%	43 32%
YES SOMEWHAT	87 38%	1724 34%	15 34%	23 47%	13 34%	20 45%	10 33%	5 25%	64 41%	4 29%	3 27%	1 50%	2 50%	4 29%	5 36%	9 32%	77 40%	63 40%	23 32%	27 31%	58 43%
NO	63 27%	1181 23%	20 45%	11 22%	10 26%	9 20%	6 20%	6 30%	40 25%	6 43%	4 36%	~	~	3 21%	4 29%	10 36%	49 25%	38 24%	24 34%	27 31%	35 26%
NOT ANSWERED	23	443	3	1	3	1	1		4	1	1				1	3	6	2	4	4	5
VALID CASES	231	5111	44	49	38	44	30	20	157	14	11	2	4	14	14	28	193	156	71	88	136
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q35I IN THE LAST 6 MONTHS, DID YOU FEEL YOU COULD TRUST A DOCTOR OR OTHER HEALTH PROVIDER WITH YOUR MEDICAL CARE?

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q35I																					
#YES DEFINITELY	132 57%	3431 67%*	23 52%~	27 54%	20 51%~	22 51%~	24 77%~	13 72%~	93 59%	7 58%~	5 42%~	2 100%~		10 ~ 71%~	7 47%~	18 62%~	111 57%~	90 58%	39 55%	56 64%	73 53%
YES SOMEWHAT	79 34%	1348 26%*	18 41%~	21 42%	10 26%~	18 42%~	5 16%~	5 28%~	52 33%	2 17%~	6 50%~		4 ~100%~	3 21%~	7 47%~	10 34%~	67 35%~	52 34%	26 37%	24 28%	52 38%
NO	20 9%	341 7%	3 7%~	2 4%	9 23%~	3 7%~	2 6%~		12 8%	3 25%~	1 8%~			1 ~ 7%~	1 7%~	1 3%~	16 8%~	13 8%	6 8%	7 8%	12 9%
NOT ANSWERED	23	434	3		2	2		2	4	3						2	5	3	4	5	4
VALID CASES	231	5120	44	50	39	43	31	18	157	12	12	2	4	14	15	29	194	155	71	87	137
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q35J IN THE LAST 6 MONTHS, DID YOU FEEL A DOCTOR OR OTHER HEALTH PROVIDER ALWAYS TOLD YOU THE TRUTH ABOUT YOUR HEALTH, EVEN IF THERE WAS BAD NEWS?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ ALSK	MUL- TI	OTH-	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35J #YES DEFINITELY	170 75%	3907 76%	31 69%	40 83%	26 72%	28 62%	25 81%	17 89%	120 77%	10 71%	10 83%	2 100%	2 50%	10 77%	8 53%	20 69%	146 76%	116 76%	51 71%	68 76%	99 74%
YES SOMEWHAT	40 18%	870 17%	11 24%	6 12%	6 17%	13 29%	3 10%	1 5%	25 16%	1 7%	1 8%	~ 50%	2 15%	2 40%	6 28%	8 17%	32 15%	23 15%	16 22%	12 13%	28 21%
NO	18 8%	334 7%	3 7%	2 4%	4 11%	4 9%	3 10%	1 5%	10 6%	3 21%	1 8%	~ ~	~ 8%	1 7%	1 3%	14 7%	14 9%	5 7%	5 10%	9 10%	7 5%
NOT ANSWERED	26	443	2	2	5			1	6	1			1		2	7	6	3	3	7	
VALID CASES	228	5111	45	48	36	45	31	19	155	14	12	2	4	13	15	29	192	152	72	89	134
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q35K IN THE LAST 6 MONTHS, DID YOU FEEL THIS PROVIDER CARED AS MUCH AS YOU DO ABOUT YOUR HEALTH?

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q35K #YES DEFINITELY	131 57%	3274 64%*	26 58%~	25 51%~	18 47%~	23 53%~	20 65%~	16 80%~	90 58%	9 64%~	6 50%~	2 100%~	1 25%~	10 71%~	8 53%~	16 55%~	111 58%~	92 60%	36 49%	54 62%	74 54%
YES SOMEWHAT	69 30%	1308 25%	15 33%~	20 41%~	10 26%~	13 30%~	9 29%~	2 10%~	44 28%	2 14%~	5 42%~		3 ~	3 75%~	6 21%~	12 40%~	57 30%~	46 30%	23 32%	24 28%	45 33%
NO	31 13%	554 11%	4 9%~	4 8%~	10 26%~	7 16%~	2 6%~	2 10%~	21 14%	3 21%~	1 8%~			1 ~	1 7%~	1 7%~	25 3%~	16 13%~	14 10%	9 10%	19 14%
NOT ANSWERED	23	417	2	1	3	2			6	1						2	6	4	2	5	3
VALID CASES	231	5137	45	49	38	43	31	20	155	14	12	2	4	14	15	29	193	154	73	87	138
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%



Q35L IN THE LAST 6 MONTHS, DID YOU FEEL THIS PROVIDER REALLY CARED ABOUT YOU AS A PERSON?

	FMCA TOT ADLT	OHP TOT ADLT	AGE							RACE							ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q35L NEVER	16 7%	281 6%	1 2%	1 2%	5 14%	5 11%	2 6%	1 5%	11 7%	1 7%	~	~	~	1 8%	1 7%	~	12 6%	9 6%	7 10%	5 6%	10 7%	
SOMETIMES	37 16%	704 14%	12 28%	6 12%	6 16%	7 16%	5 16%	1 5%	22 14%	4 29%	2 17%	~	3 75%	1 8%	2 13%	4 14%	33 17%	18 12%*	18 26%*	10 12%	27 20%	
USUALLY	57 25%	1231 24%	11 26%	18 37%	10 27%	10 22%	3 10%	4 21%	42 27%	2 14%	5 42%	~	~	3 23%	3 20%	8 28%	48 25%	42 27%	13 19%	21 25%	34 25%	
ALWAYS	118 52%	2878 56%	19 44%	24 49%	16 43%	23 51%	21 68%	13 68%	79 51%	7 50%	5 42%	2 100%	1 25%	8 62%	9 60%	17 59%	98 51%	84 55%	32 46%	49 58%	67 49%	
#ALWAYS + USUALLY (NET)	175 77%	4109 81%	30 70%	42 86%	26 70%	33 73%	24 77%	17 89%	121 79%	9 64%	10 83%	2 100%	1 25%	11 85%	12 80%	25 86%	146 76%	126 82%*	45 64%*	70 82%	101 73%	
TOP BOX SCORE	118 52%	2878 56%	19 44%	24 49%	16 43%	23 51%	21 68%	13 68%	79 51%	7 50%	5 42%	2 100%	1 25%	8 62%	9 60%	17 59%	98 51%	84 55%	32 46%	49 58%	67 49%	
NOT ANSWERED	26	461	4	1	4			1	7	1				1		2	8	5	5	7	3	
VALID CASES	228	5093	43	49	37	45	31	19	154	14	12	2	4	13	15	29	191	153	70	85	138	
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%	

Q35M IN THE LAST 6 MONTHS, HOW OFTEN HAVE YOU BEEN TREATED UNFAIRLY AT A DOCTOR OR OTHER HEALTH PROVIDER'S OFFICE BECAUSE OF YOUR RACE OR ETHNICITY?

	FMCA TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR	ASIAN	NATV ILND	AMER HAW/IND/PAC ALSK	MULTI	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q35M ALWAYS	31%	72%	12%	~	~	12%	3%	0.6%	~	~	~	~	7%	7%	27%	10.5%	21%	11%	11%	11%	21%
USUALLY		48%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	115%	187%	49%	~	25%	24%	310%	22%*	8%	17%	~	50%	7%	13%	27%	44%	64%	57%	2%	7%	9%
NEVER	21594%	481894%	3888%	49100%	3695%	4293%	2787%	20100%	15397%*	1192%	1083%	2100%	250%	1286%	1280%	2687%	18395%	14695%	6491%	8497%	12792%
#NEVER + SOMETIMES (NET)	22699%	500598%	4298%	49100%	38100%	4498%	3097%	20100%	15699%	12100%	12100%	2100%	493%	1393%	1493%	2899%	19199%	15299%	6999%	8699%	13699%
TOP BOX SCORE	21594%	481894%	3888%	49100%	3695%	4293%	2787%	20100%	15397%*	1192%	1083%	2100%	250%	1286%	1280%	2687%	18395%	14695%	6491%	8497%	12792%
NOT ANSWERED	25	430	4	1	3			4	3							1	7	4	5	5	3
VALID CASES	229	5124	43	49	38	45	31	20	157	12	12	2	4	14	15	30	192	154	70	87	138
NUMBER OF RESPONDENTS	254100%	5554100%	47100%	50100%	41100%	45100%	31100%	20100%	161100%	15100%	12100%	2100%	4100%	14100%	15100%	31100%	199100%	158100%	75100%	92100%	141100%

Q35N IN THE LAST 6 MONTHS, HOW OFTEN HAVE YOU BEEN TREATED UNFAIRLY AT A DOCTOR OR OTHER HEALTH PROVIDER'S OFFICE BECAUSE OF THE TYPE OF HEALTH INSURANCE YOU HAVE OR BECAUSE YOU DO NOT HAVE HEALTH INSURANCE?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR	ASIAN	NATV ILND	AMER HAW/IND/PAC ALSK	MULTI	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & FAIR & POOR	MALE	FE-MALE		
Q35N ALWAYS	4 2%	130 3%	~	~	5%~	2%~	3%~	3 2%	~	1 9%~	~	~	~	1 3%~	3 2%~	3 2%	~	~	4 3%*		
USUALLY	8 3%	191 4%	4%~	6%~	3%~	2%~	3%~	3 3%	1 7%~	~	~	~	1 7%~	1 7%~	1 3%~	6 3%~	5 3%	3 4%	6 7%	2 1%	
SOMETIMES	38 17%	664 13%	18%~	24%~	18%~	14%~	16%~	24 15%	3 21%~	~	~	3 75%~	2 14%~	5 33%~	5 17%~	33 17%~	23 15%	15 21%	10 11%	28 20%*	
NEVER	180 78%	4121 81%	78%~	69%~	74%~	82%~	77%~100%~	125 80%	10 71%~	10 91%~	2 100%~	1 25%~	11 79%~	9 60%~	23 77%~	152 78%~	122 80%	54 75%	73 82%	103 75%	
#NEVER + SOMETIMES (NET)	218 95%	4786 94%	96%~	94%~	92%~	95%~	94%~100%~	149 95%	13 93%~	10 91%~	2 100%~	4 100%~	13 93%~	14 93%~	28 93%~	185 95%~	145 95%	69 96%	83 93%	131 96%	
TOP BOX SCORE	180 78%	4121 81%	78%~	69%~	74%~	82%~	77%~100%~	125 80%	10 71%~	10 91%~	2 100%~	1 25%~	11 79%~	9 60%~	23 77%~	152 78%~	122 80%	54 75%	73 82%	103 75%	
NOT ANSWERED	24	448	2	1	2	1	1	4	1	1					1	5	5	3	3	4	
VALID CASES	230	5106	45	49	39	44	31	19	157	14	11	2	4	14	15	30	194	153	72	89	137
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q350 IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER GIVE YOU ALL THE INFORMATION YOU WANTED ABOUT YOUR HEALTH?

	FMCA TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ PAC ALSK	MUL- TI	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE		
Q350 NEVER	26 11%	298 6%*	11 25%~	2 4%~	6 15%~	6 14%~	~	19 12%	2 13%~	1 ~	2 50%~	2 ~	2 15%~	1 4%~	22 11%~	15 10%	11 15%	13 15%	11 8%		
SOMETIMES	29 13%	693 14%	6 14%~	7 15%~	6 15%~	5 12%~	4 13%~	1 5%~	17 11%	2 13%~	3 27%~	2 ~	2 50%~	4 ~	29 29%~	2 7%~	27 14%~	15 10%	13 18%	5 6%*	24 18%*
USUALLY	57 25%	1328 26%	7 16%~	14 29%~	10 26%~	10 23%~	11 35%~	5 25%~	41 26%	2 13%~	4 36%~	1 50%~	1 25%~	3 23%~	2 14%~	9 32%~	48 25%~	40 26%	17 23%	21 24%	36 26%
ALWAYS	116 51%	2777 55%	20 45%~	25 52%~	17 44%~	22 51%~	16 52%~	14 70%~	79 51%	9 60%~	4 36%~	1 ~	8 25%~	8 62%~	8 57%~	16 57%~	96 50%~	82 54%	32 44%	48 55%	66 48%
#ALWAYS + USUALLY (NET)	173 76%	4105 81%	27 61%~	39 81%~	27 69%~	32 74%~	27 87%~	19 95%~	120 77%	11 73%~	8 73%~	1 50%~	2 50%~	11 85%~	10 71%~	25 89%~	144 75%~	122 80%*	49 67%*	69 79%	102 74%
TOP BOX SCORE	116 51%	2777 55%	20 45%~	25 52%~	17 44%~	22 51%~	16 52%~	14 70%~	79 51%	9 60%~	4 36%~	1 ~	8 25%~	8 62%~	8 57%~	16 57%~	96 50%~	82 54%	32 44%	48 55%	66 48%
NOT ANSWERED	26	459	3	2	2	2			5		1		1	1	3	6	6	2	5	4	
VALID CASES	228	5095	44	48	39	43	31	20	156	15	11	2	4	13	14	28	193	152	73	87	137
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q35P IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER ENCOURAGE YOU TO TALK ABOUT ALL YOUR HEALTH QUESTIONS OR CONCERNS?

			AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR	ASIAN	NATV ILND	AMER HAW/ IND/ PAC ALSK	MULTI	OTHER	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE	FE-MALE		
Q35P NEVER	33 15%	592 12%	10 23%	3 6%	8 21%	6 14%	5 16%	1 5%	22 14%	4 29%	1 8%	1 ~	1 25%	1 8%	2 14%	2 7%	30 16%	22 14%	10 14%	14 16%	18 13%	
SOMETIMES	32 14%	825 16%	6 14%	10 21%	5 13%	8 19%	1 3%	1 5%	24 15%	2 ~	3 17%	1 ~	2 50%	1 8%	3 21%	3 7%	50 15%	42 10%*	16 23%*	8 9%	23 17%	
USUALLY	58 26%	1308 26%	9 20%	13 27%	10 26%	12 28%	8 26%	6 30%	41 26%	2 14%	3 25%	1 50%	1 25%	3 23%	3 21%	7 25%	50 26%	42 27%	16 23%	22 26%	36 26%	
ALWAYS	104 46%	2353 46%	19 43%	22 46%	16 41%	17 40%	17 55%	12 60%	69 44%	8 57%	6 50%	1 50%	8 ~	6 62%	6 43%	17 61%	85 44%	73 48%	29 41%	42 49%	61 44%	
#ALWAYS + USUALLY (NET)	162 71%	3661 72%	28 64%	35 73%	26 67%	29 67%	25 81%	18 90%	110 71%	10 71%	9 75%	2 100%	1 25%	11 85%	9 64%	24 86%	135 70%	115 75%	45 63%	64 74%	97 70%	
TOP BOX SCORE	104 46%	2353 46%	19 43%	22 46%	16 41%	17 40%	17 55%	12 60%	69 44%	8 57%	6 50%	1 50%	8 ~	6 62%	6 43%	17 61%	85 44%	73 48%	29 41%	42 49%	61 44%	
NOT ANSWERED	27	477	3	2	2	2			5	1			1	1	3	6	5	4	6	3		
VALID CASES	227	5077	44	48	39	43	31	20	156	14	12	2	4	13	14	28	193	153	71	86	138	
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%	

Q35Q IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER USE MEDICAL WORDS YOU DID NOT UNDERSTAND?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	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	
Q35Q ALWAYS	10 4%	187 4%	2 ~	4%~	3 ~	3 7%~	1 10%~	5%~	4 3%	1 7%~	2 17%~	~	~	1 8%~	~	1 4%~	7 4%~	5 3%	5 7%	3 3%	6 4%
USUALLY	10 4%	215 4%	6 14%~	~	2 5%~	1 2%~	1 3%~	~	5 3%	1 7%~	1 50%~	~	~	3 21%~	3 7%~	8 4%~	6 4%	3 4%	3 3%	7 5%	
SOMETIMES	81 36%	1973 39%	16 36%~	21 45%~	15 39%~	15 36%~	10 32%~	4 20%~	48 31%*	6 43%~	5 42%~	1 50%~	2 50%~	9 69%~	7 50%~	14 52%~	65 34%~	58 38%	22 32%	28 33%	53 39%
NEVER	123 55%	2695 53%	22 50%~	24 51%~	21 55%~	23 55%~	17 55%~	15 75%~	97 63%*	6 43%~	5 42%~	~	2 50%~	3 23%~	4 29%~	10 37%~	111 58%~	84 55%	39 57%	52 60%	69 51%
#NEVER + SOMETIMES (NET)	204 91%	4668 92%	38 86%~	45 96%~	36 95%~	38 90%~	27 87%~	19 95%~	145 94%*	12 86%~	10 83%~	1 50%~	4 100%~	12 92%~	11 79%~	24 89%~	176 92%~	142 93%	61 88%	80 93%	122 90%
TOP BOX SCORE	123 55%	2695 53%	22 50%~	24 51%~	21 55%~	23 55%~	17 55%~	15 75%~	97 63%*	6 43%~	5 42%~	~	2 50%~	3 23%~	4 29%~	10 37%~	111 58%~	84 55%	39 57%	52 60%	69 51%
NOT ANSWERED	30	484	3	3	3	3			7	1			1	1	4	8	5	6	6	6	
VALID CASES	224	5070	44	47	38	42	31	20	154	14	12	2	4	13	14	27	191	153	69	86	135
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q35R WHAT IS YOUR PREFERRED LANGUAGE?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE							ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q35R ENGLISH	207 90%	4755 93%	43 96%~	47 96%~	35 88%~	41 93%~	28 90%~	11 55%~	152 95%*	13 87%~	6 50%~	2 100%~	3 100%~	11 85%~	15 100%~	21 72%~	181 92%~	142 92%*	61 84%	80 90%	124 89%
SPANISH	9 4%	169 3%	1 2%~	1 2%~	2 5%~	1 2%~	2 6%~	2 10%~	2 1%*	~	~	~	~	1 8%~	~	8 28%~	~	3 2%	6 8%	3 3%	6 4%
SOME OTHER LANGUAGE	15 6%	191 4%	1 2%~	1 2%~	3 7%~	2 5%~	1 3%~	7 35%~	6 4%*	2 13%~	6 50%~	~	~	1 8%~	~	~	15 8%~	9 6%	6 8%	6 7%	9 6%
NOT ANSWERED	23	438	2	1	1	1			1					1	1	2	3	4	2	3	2
VALID CASES	231	5116	45	49	40	44	31	20	160	15	12	2	3	13	15	29	196	154	73	89	139
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q35S HOW WELL DO YOU SPEAK ENGLISH?

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35S VERY WELL	1 5%	11 4%	1 50%	~	~	~	~	~	1 50%	~	~	~	~	~	~	1 7%	1 9%	1 13%	~		
WELL	5 24%	41 17%	2 100%	3 75%	~	~	~	2 29%	2 33%	~	~	~	~	~	2 33%	3 20%	4 36%	1 10%	1 13%	4 31%	
NOT WELL	7 33%	119 49%	1 50%	1 25%	2 67%	1 33%	2 29%	2 29%	2 33%	~	~	2 100%	~	~	2 33%	5 33%	2 18%	5 50%	2 25%	5 38%	
NOT AT ALL	8 38%	71 30%	~	~	1 33%	2 67%	5 71%	3 43%	1 50%	2 33%	~	~	~	~	2 33%	6 40%	4 36%	4 40%	4 50%	4 31%	
NOT ANSWERED	3	8		1			2	1							2	1	2	1	2		
VALID CASES	21	242	2	2	4	3	3	7	7	2	6				2	6	15	11	10	8	13
NUMBER OF RESPONDENTS	24	250	2	2	5	3	3	9	8	2	6				2	8	15	12	12	9	15
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE]



Q35T IN THE LAST 6 MONTHS, WHEN YOU CALLED OR SPOKE TO SOMEONE FROM YOUR HEALTH PLAN, HOW OFTEN DID THEY SPEAK TO YOU IN YOUR PREFERRED LANGUAGE?

			AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER			
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q35T NEVER	9 41%	52 22%	1 50%	2 ~ 50%	1 33%	1 ~ 62%	5 ~ 62%	3 38%	2 100%	2 40%	~	~	1 50%	~	8 ~ 57%	6 50%	3 30%	3 43%	6 40%
SOMETIMES	3 14%	51 22%	1 ~ 50%	1 ~	1 ~	1 33%	1 13%	~	~	2 40%	~	~	~	1 14%	2 14%	2 17%	1 10%	1 14%	2 13%
USUALLY	1 5%	50 22%	1 50%	~	~	~	~	~	~	~	~	~	~	1 14%	1 8%	~	~	1 7%	~
ALWAYS	9 41%	77 34%	1 ~ 50%	2 50%	2 67%	2 67%	2 25%	5 62%	1 ~ 20%	~	~	1 50%	~	5 71%	4 29%	3 25%	6 60%	3 43%	6 40%
#ALWAYS + USUALLY (NET)	10 45%	128 55%	1 50%	1 50%	2 50%	2 67%	2 67%	2 25%	5 62%	1 ~ 20%	~	~	1 50%	6 86%	4 29%	4 33%	6 60%	3 43%	7 47%
TOP BOX SCORE	9 41%	77 34%	1 ~ 50%	2 50%	2 67%	2 67%	2 25%	5 62%	1 ~ 20%	~	~	1 50%	~	5 71%	4 29%	3 25%	6 60%	3 43%	6 40%
NOT ANSWERED	2	20		1			1		1					1	1		2	2	
VALID CASES	22	230	2	2	4	3	3	8	8	2	5	2		7	14	12	10	7	15
NUMBER OF RESPONDENTS	24	250	2	2	5	3	3	9	8	2	6	2		8	15	12	12	9	15
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE]

Q35U AN INTERPRETER IS SOMEONE WHO HELPS YOU TALK WITH OTHERS WHO DO NOT SPEAK YOUR LANGUAGE. INTERPRETERS CAN INCLUDE STAFF FROM THE HEALTH PLAN OR TELEPHONE INTERPRETERS. IN THE LAST 6 MONTHS, WAS THERE ANY TIME WHEN YOU NEEDED AN INTERPRETER TO TALK WITH SOMEONE FROM YOUR HEALTH PLAN?

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ AS- IND/ PAC	AMER ALSK ILND	MUL- NATV OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q35U YES	17 71%	134 58%			3 ~	3 ~	3 ~	8 89%	6 75%	1 50%	5 83%			2 ~		5 62%	11 73%	8 67%	9 75%	6 67%	11 73%
NO	7 29%	98 42%	2 100%	2 100%	2 40%		1 ~	1 11%	2 25%	1 50%	1 17%					3 38%	4 27%	4 33%	3 25%	3 33%	4 27%
NOT ANSWERED		19																			
VALID CASES	24	231	2	2	5	3	3	9	8	2	6			2		8	15	12	12	9	15
NUMBER OF RESPONDENTS	24	250	2	2	5	3	3	9	8	2	6			2		8	15	12	12	9	15
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	100%	100%	100%	100%	100%

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE]

Q35V IN THE LAST 6 MONTHS, DID ANYONE FROM THE HEALTH PLAN LET YOU KNOW THAT AN INTERPRETER WAS AVAILABLE FREE OF CHARGE?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE			
Q35V NEVER	2 13%	21 21%	~	~	~	33%	33%	~	~	~	~	~	~	2 40%	~	~	2 22%	~	2 20%		
SOMETIMES	3 19%	13 13%	~	~	33%	~	~	29%	~	100%	20%	~	~	50%	~	27%	43%	~	3 30%		
USUALLY	1 6%	16 16%	~	~	~	~	14%	~	17%	~	~	~	~	~	~	9%	14%	~	1 17%		
ALWAYS	10 62%	50 50%	~	~	67%	67%	67%	57%	83%	~	80%	~	~	50%	~	60%	64%	43%	78%	5 83%	5 50%
#ALWAYS + USUALLY (NET)	11 69%	66 66%	~	~	67%	67%	67%	71%	100%	~	80%	~	~	50%	~	60%	73%	57%	78%	6 100%	5 50%
TOP BOX SCORE	10 62%	50 50%	~	~	67%	67%	67%	57%	83%	~	80%	~	~	50%	~	60%	64%	43%	78%	5 83%	5 50%
NOT ANSWERED	1	7					1										1			1	
VALID CASES	16	100			3	3	3	7	6	1	5			2	5	11	7	9	6	10	
NUMBER OF RESPONDENTS	17	107			3	3	3	8	6	1	5			2	5	11	8	9	6	11	
	100%	100%			100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES]

Q35W IN THE LAST 6 MONTHS, HOW OFTEN DID YOU USE AN INTERPRETER PROVIDED BY YOUR HEALTH PLAN TO HELP YOU TALK WITH SOMEONE FROM THE PLAN?

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	FMCA TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q35W NEVER	2 12%	16 16%	~	~	~	~	1 33%	1 13%	1 17%	~	~	~	~	~	1 20%	1 9%	1 13%	1 11%	1 17%	1 9%
SOMETIMES	6 35%	27 27%	~	~	3 100%	~	~	3 38%	1 17%	~	3 60%	~	~	1 50%	1 20%	4 36%	4 50%	2 22%	2 33%	4 36%
USUALLY	1 6%	21 21%	~	~	~	~	1 13%	~	1 100%	~	~	~	~	~	~	1 9%	1 13%	~	~	1 9%
ALWAYS	8 47%	37 36%	~	~	~	3 100%	2 67%	3 38%	4 67%	~	2 40%	~	~	1 50%	3 60%	5 45%	2 25%	6 67%	3 50%	5 45%
NOT ANSWERED		6																		
VALID CASES	17	101			3	3	3	8	6	1	5			2	5	11	8	9	6	11
NUMBER OF RESPONDENTS	17	107			3	3	3	8	6	1	5			2	5	11	8	9	6	11
	100%	100%			100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES]

Q35X IN THE LAST 6 MONTHS, WHEN YOU USED AN INTERPRETER PROVIDED BY YOUR HEALTH PLAN, WHO WAS THE INTERPRETER YOU USED MOST OFTEN?

	FMCA TOT ADULT	OHP TOT ADULT	AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE
Q35X A STAFF MEMBER FROM THE HEALTH PLAN	2 17%	7 9%	~	~	1 50%	1 50%	1 25%	~	~	~	1 50%	2 50%	~	2 25%	2 50%	~	
AN INTERPRETER PROVIDED IN-PERSON BY THE HEALTH PLAN	5 42%	16 21%	~	~	2 67%	1 50%	2 40%	1 25%	2 50%	~	1 50%	1 25%	4 50%	2 50%	3 38%	1 25%	4 50%
A TELEPHONE INTERPRETER PROVIDED BY THE HEALTH PLAN	1 8%	22 28%	~	~	~	~	1 20%	~	1 25%	~	~	~	1 13%	1 13%	1 25%	~	
SOMEONE ELSE PROVIDED BY THE HEALTH PLAN	1 8%	7 9%	~	~	~	~	1 20%	1 100%	~	~	~	~	1 13%	1 25%	~	1 13%	
DON'T KNOW OR UNSURE	3 25%	25 33%	~	~	1 50%	1 33%	1 20%	2 50%	1 25%	~	~	~	1 25%	2 25%	1 25%	2 25%	3 38%
NOT ANSWERED	3	8			1		2	1	1				2	3		1	2
VALID CASES	12	77			2	3	2	5	4	1	4		2	4	8	4	8
NUMBER OF RESPONDENTS	15	85			3	3	2	7	5	1	5		2	4	10	7	8
	100%	100%			100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND 35W = SOMETIMES OR USUALLY OR ALWAYS]

Q35Y IN THE LAST 6 MONTHS, HOW OFTEN DID THIS INTERPRETER TREAT YOU WITH COURTESY AND RESPECT?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35Y NEVER	1 7%	1 0.9%	~	~	~	~	50%	~	~	20%	~	~	~	~	~	10%	14%	~	~	10%
SOMETIMES	1 7%	6 7%	~	~	33%	~	~	~	~	20%	~	~	~	~	~	10%	14%	~	~	10%
USUALLY	3 20%	22 26%	~	~	33%	67%	~	~	20%	40%	~	~	~	~	30%	14%	25%	~	~	30%
ALWAYS	10 67%	56 66%	~	~	33%	33%	50%~100%	80%~100%	100%	20%	~	~	100%	~	100%	50%	57%~75%	100%	~	50%
#ALWAYS + USUALLY (NET)	13 87%	78 92%	~	~	67%	100%	50%~100%	100%~100%	60%	~	~	100%	~	100%	80%	71%~100%	100%	~	~	80%
TOP BOX SCORE	10 67%	56 66%	~	~	33%	33%	50%~100%	80%~100%	20%	~	~	100%	~	100%	50%	57%~75%	100%	~	~	50%
VALID CASES	15	85			3	3	2	7	5	1	5			2	4	10	7	8	5	10
NUMBER OF RESPONDENTS	15	85			3	3	2	7	5	1	5			2	4	10	7	8	5	10
	100%	100%			100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND Q35W = SOMETIMES OR USUALLY OR ALWAYS]

Q35Z USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST INTERPRETER POSSIBLE AND 10 IS THE BEST INTERPRETER POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE THIS INTERPRETER?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE			
Q35Z WORST INTERPRETER POSSIBLE	1	0.3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05	5	6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
06	1	1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
07	2	13%	~	~	~	2	~	1	~	1	~	~	~	~	2	~	2	~	2
08	2	13%	~	~	1	~	~	~	~	2	~	~	~	~	2	2	~	~	2
09	4	27%	~	~	1	~	1	~	1	~	2	~	~	1	3	2	2	2	2
BEST INTERPRETER POSSIBLE	7	47%	~	~	1	1	~	3	1	1	~	~	~	3	3	3	4	3	4
#8-10 (NET)	13	87%	~	~	3	1	2	4	1	4	~	~	~	4	8	7	6	5	8
9-10 (NET)	11	73%	~	~	2	1	1	4	1	2	~	~	~	4	6	5	6	5	6
VALID CASES NUMBER OF RESPONDENTS	15	100%	~	~	3	3	2	5	1	5	~	~	~	4	10	7	8	5	10
	15	100%	~	~	3	3	2	5	1	5	~	~	~	4	10	7	8	5	10
	100%	100%	~	~	100%	100%	100%	100%	100%	100%	~	~	~	100%	100%	100%	100%	100%	100%
MEAN	9.07	8.74	~	~	9.00	8.00	8.50	9.71	9.20	10.0	8.40	~	~	9.75	8.70	9.14	9.00	9.60	8.80
p stat_(*=Sig @ p<=.05)	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND 35W = SOMETIMES OR USUALLY OR ALWAYS]

Q35AA IN THE LAST 6 MONTHS, HOW OFTEN DID YOU USE A FRIEND OR FAMILY MEMBER AS AN INTERPRETER WHEN YOU TALKED WITH SOMEONE FROM YOUR HEALTH PLAN?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER										
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	OTH-	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE								
Q35AA NEVER	9 53%	48 48%	~	~	3 ~100%	1 33%	2 67%	3 38%	3 50%	3 ~	60%	~	~	50%	1	5	4	36%	2	7	25%	78%	4	5	67%	45%	
SOMETIMES	3 18%	22 22%	~	~	~	2 67%	1 13%	1 33%	2 33%	1 ~	20%	~	~	~	~	~	~	~	3	1	2	13%	22%	1	2	17%	18%
USUALLY		7 7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
ALWAYS	5 29%	23 23%	~	~	~	1 33%	4 50%	1 17%	1 100%	1 20%	~	~	~	50%	1	4	4	36%	5	62%	~	~	1	4	17%	36%	
NOT ANSWERED		7																									
VALID CASES	17	100			3	3	3	8	6	1	5			2	5	11	8	9	6	11							
NUMBER OF RESPONDENTS	17	107			3	3	3	8	6	1	5			2	5	11	8	9	6	11							
	100%	100%			100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%							

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES]



Q35AB IN THE LAST 6 MONTHS, DID YOU USE FRIENDS OR FAMILY MEMBERS AS INTERPRETERS BECAUSE THAT WAS WHAT YOU PREFERRED?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE
Q35AB NEVER	2 25%	4 8%	~	~	~	1 50%	~	~	1 50%	~	~	~	~	~	1 14%	1 17%	1 50%	~	2 33%
SOMETIMES	2 25%	18 36%	~	~	~	1 50%	~	~	1 50%	~	~	~	~	~	2 29%	1 17%	1 50%	1 50%	1 17%
USUALLY		14 27%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
ALWAYS	4 50%	15 30%	~	~	~	1 100%	3 60%	1 33%	1 100%	1 50%	~	~	1 100%	~	4 57%	4 67%	~	1 50%	3 50%
NOT ANSWERED		1																	
VALID CASES	8	52				2	1	5	3	1	2				7	6	2	2	6
NUMBER OF RESPONDENTS	8	52				2	1	5	3	1	2				7	6	2	2	6
	100%	100%				100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND Q35AA = SOMETIMES OR USUALLY OR ALWAYS]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q36																					
EXCELLENT	20 9%	446 9%	7 16%~	4 8%	1 3%	3 7%~	2 6%~	3 15%~	13 8%	3 20%~	~	~	~	1 7%~	2 13%~	3 10%~	16 8%~	20 13%*	~	8 9%	12 9%
VERY GOOD	54 23%	1044 20%	15 33%~	20 40%*	7 18%~	6 14%~	4 13%~	1 5%~	36 23%	3 20%~	4 33%~	~	~	4 29%~	3 20%~	10 34%~	43 22%~	54 34%~	~	21 23%	31 22%
GOOD	84 36%	1716 34%	11 24%~	18 36%	18 46%~	19 43%~	10 32%~	8 40%~	58 37%	4 27%~	4 33%~	2 100%~	1 25%~	5 36%~	7 47%~	7 24%~	75 38%~	84 53%~	~	31 34%	53 38%
FAIR	55 24%	1325 26%	8 18%~	5 10%*	12 31%~	13 30%~	9 29%~	5 25%~	38 24%	4 27%~	3 25%~	~	1 25%~	3 21%~	~	6 21%~	46 23%~	~	55 73%*	20 22%	32 23%
POOR	20 9%	590 12%	4 9%~	3 6%	1 3%	3 7%~	6 19%~	3 15%~	12 8%	1 7%~	1 8%~	~	2 50%~	1 7%~	3 20%~	3 10%~	16 8%~	~	20 27%*	10 11%	10 7%
#EXCELLENT + VERY GOOD + GOOD (NET)	158 68%	3206 63%	33 73%~	42 84%*	26 67%~	28 64%~	16 52%~	12 60%~	107 68%	10 67%~	8 67%~	2 100%~	1 25%~	10 71%~	12 80%~	20 69%~	134 68%~	158 100%~	~	60 67%	96 70%
NOT ANSWERED	21	432	2		2	1			4							2	3			2	3
VALID CASES	233	5122	45	50	39	44	31	20	157	15	12	2	4	14	15	29	196	158	75	90	138
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q37 EXCELLENT	33 14%	724 14%	10 22%~	7 14%~	4 11%~	4 9%~	5 16%~	2 10%~	23 15%	3 20%~	1 8%~	~	~	~	2 13%~	5 18%~	27 14%~	30 19%*	2 3%*	13 15%	19 14%
VERY GOOD	47 20%	1207 24%	8 18%~	14 29%~	8 21%~	8 18%~	5 16%~	3 15%~	31 20%	3 20%~	4 33%~	1 50%~	1 25%~	3 21%~	3 20%~	5 18%~	41 21%~	39 25%*	8 11%*	21 24%	25 18%
GOOD	83 36%	1578 31%	12 27%~	15 31%~	23 61%~	13 30%~	9 29%~	11 55%~	58 37%	4 27%~	5 42%~	~	~	6 43%~	6 40%~	9 32%~	71 36%~	65 41%*	17 24%*	32 36%	51 37%
FAIR	52 23%	1184 23%	11 24%~	13 27%~	2 5%~	13 30%~	9 29%~	3 15%~	33 21%	4 27%~	2 17%~	1 50%~	1 25%~	5 36%~	4 27%~	6 21%~	44 23%~	22 14%*	30 43%*	19 21%	31 23%
POOR	15 7%	395 8%	4 9%~	~	1 3%~	6 14%~	3 10%~	1 5%~	11 7%	1 7%~	~	~	2 50%~	~	~	3 11%~	12 6%~	2 1%*	13 19%*	4 4%	11 8%
#EXCELLENT + VERY GOOD + GOOD (NET)	163 71%	3509 69%	30 67%~	36 73%~	35 92%~	25 57%~	19 61%~	16 80%~	112 72%	10 67%~	10 83%~	1 50%~	1 25%~	9 64%~	11 73%~	19 68%~	139 71%~	134 85%*	27 39%*	66 74%	95 69%
NOT ANSWERED	24	466	2	1	3	1			5							3	4		5	3	4
VALID CASES	230	5088	45	49	38	44	31	20	156	15	12	2	4	14	15	28	195	158	70	89	137
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q38 HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2013?

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q38 #YES	86 38%	2344 47%*	6 15%~	18 38%~	13 34%~	19 43%~	19 63%~	11 55%~	64 41%	4 31%~	2 22%~	1 ~	5 25%~	5 42%~	5 33%~	11 39%~	73 39%~	53 35%	32 46%	33 38%	53 40%
NO	138 62%	2668 53%*	35 85%~	30 63%~	25 66%~	25 57%~	11 37%~	9 45%~	92 59%	9 69%~	7 78%~	2 100%~	3 75%~	7 58%~	10 67%~	17 61%~	116 61%~	98 65%	38 54%	55 63%	79 60%
DON'T KNOW	8	137	3	1	2	1	1		3	1	2			2		1	7	5	3	2	6
NOT ANSWERED	22	405	3	1	1				2	1	1					2	3	2	2	2	3
VALID CASES	224	5013	41	48	38	44	30	20	156	13	9	2	4	12	15	28	189	151	70	88	132
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q39 EVERY DAY	49 21%	1219 24%	8 18%	11 22%	5 13%	14 32%	9 29%	34 21%	3 23%	2 100%	2 50%	2 14%	5 36%	2 7%	45 23%	29 19%	19 26%	13 15%*	34 25%		
SOME DAYS	31 13%	519 10%	5 11%	3 6%*	8 21%	9 20%	4 13%	2 11%	19 12%	3 23%	3 27%	1 7%	4 29%	3 10%	27 14%	20 13%	11 15%	16 18%	15 11%		
NOT AT ALL	150 65%	3357 66%	31 70%	36 72%	26 67%	21 48%	18 58%	17 89%	107 67%	7 54%	8 73%	2 50%	11 79%	5 36%	25 83%	122 63%	104 68%	44 59%	60 67%	88 64%	
DON'T KNOW	1	16			1				1						1	1		1			
NOT ANSWERED	23	443	3		1	1		1	1	1			1	1	4	4	1	2	4		
VALID CASES	230	5095	44	50	39	44	31	19	160	13	11	2	4	14	14	30	194	153	74	89	137
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

	FMCA TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ ALSK	MUL- TI	NOT HIS- PAN- IC	HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE		
Q40 NEVER	19 25%	387 21%	6 50%~	3 21%~	4 31%~	5 23%~	~	14 27%~	2 50%~	~	~	1 50%~	1 33%~	1 11%~	~	18 26%~	12 26%~	6 21%~	9 33%~	9 19%~	
SOMETIMES	21 28%	442 24%	3 25%~	6 43%~	2 15%~	5 23%~	5 42%~	14 27%~	~	1 33%~	1 50%~	1 50%~	~	3 33%~	1 20%~	20 29%~	14 30%~	7 25%~	6 22%~	15 32%~	
USUALLY	11 14%	333 18%	1 8%~	1 7%~	3 23%~	5 23%~	1 8%~	6 12%~	1 25%~	1 33%~	~	~	1 33%~	2 22%~	~	11 16%~	5 11%~	6 21%~	5 19%~	6 13%~	
ALWAYS	25 33%	687 37%	2 17%~	4 29%~	4 31%~	7 32%~	6 50%~	1 100%~	17 33%~	1 25%~	1 33%~	1 50%~	~	1 33%~	3 33%~	4 80%~	20 29%~	16 34%~	9 32%~	7 26%~	17 36%~
#ALWAYS + USUALLY (NET)	36 47%	1020 55%	3 25%~	5 36%~	7 54%~	12 55%~	7 58%~	1 100%~	23 45%~	2 50%~	2 67%~	1 50%~	~	2 67%~	5 56%~	4 80%~	31 45%~	21 45%~	15 54%~	12 44%~	23 49%~
TOP BOX SCORE	25 33%	687 37%	2 17%~	4 29%~	4 31%~	7 32%~	6 50%~	1 100%~	17 33%~	1 25%~	1 33%~	1 50%~	~	1 33%~	3 33%~	4 80%~	20 29%~	16 34%~	9 32%~	7 26%~	17 36%~
NOT ANSWERED	4	37	1			1	1	1	2	2						3	2	2	2	2	
VALID CASES	76	1849	12	14	13	22	12	1	51	4	3	2	2	3	9	5	69	47	28	27	47
NUMBER OF RESPONDENTS	80	1886	13	14	13	23	13	2	53	6	3	2	2	3	9	5	72	49	30	29	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	POOR	MALE	FE- MALE	
Q41 NEVER	41 52%	839 45%	10 77%	7 50%	8 67%	11 48%	3 23%	27 52%	3 50%	1 33%	2 100%	1 50%	2 67%	4 44%	2 40%	37 52%	25 52%	15 50%	16 55%	23 48%	
SOMETIMES	20 25%	418 23%	3 23%	2 14%	3 25%	5 22%	6 46%	1 50%	13 25%	1 17%	1 33%	1 50%	3 33%	1 20%	18 25%	14 29%	6 20%	6 21%	14 29%		
USUALLY	10 13%	263 14%	4 29%	3 13%	2 15%	1 50%	6 12%	1 17%	1 33%	1 50%	1 33%	2 33%	2 22%	2 40%	8 11%	5 10%	5 17%	3 10%	7 15%		
ALWAYS	8 10%	327 18%*	1 7%	1 8%	4 17%	2 15%	6 12%	1 17%	1 33%	1 50%	1 33%	1 50%	1 33%	1 11%	8 11%	4 8%	4 13%	4 14%	4 8%		
#ALWAYS + USUALLY (NET)	18 23%	589 32%*	5 36%	1 8%	7 30%	4 31%	1 50%	12 23%	2 33%	1 33%	1 50%	1 33%	2 22%	2 40%	16 23%	9 19%	9 30%	7 24%	11 23%		
TOP BOX SCORE	8 10%	327 18%*	1 7%	1 8%	4 17%	2 15%	6 12%	1 17%	1 33%	1 50%	1 33%	1 50%	1 33%	1 11%	8 11%	4 8%	4 13%	4 14%	4 8%		
NOT ANSWERED	1	39			1		1								1	1			1		
VALID CASES	79	1847	13	14	12	23	13	2	52	6	3	2	2	3	9	5	71	48	30	29	48
NUMBER OF RESPONDENTS	80 100%	1886 100%	13 100%	14 100%	13 100%	23 100%	13 100%	2 100%	53 100%	6 100%	3 100%	2 100%	2 100%	3 100%	9 100%	5 100%	72 100%	49 100%	30 100%	29 100%	49 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	POOR	MALE	FE- MALE	
Q42 NEVER	42 55%	965 52%	10 77%	9 64%	9 75%	11 50%	2 15%	30 58%	3 50%	1 33%	2 100%	1 50%	2 67%	2 25%	3 60%	38 54%	28 60%	13 45%	15 54%	26 54%	
SOMETIMES	20 26%	401 22%	2 15%	3 21%	2 17%	6 27%	6 46%	1 50%	14 27%	1 17%	1 33%	1 50%	3 38%	3 38%	19 27%	12 26%	8 28%	5 18%	15 31%		
USUALLY	10 13%	224 12%	1 8%	1 7%	4 18%	3 23%	1 50%	5 10%	1 17%	1 33%	1 50%	1 50%	3 38%	3 38%	2 40%	8 11%	4 9%	6 21%	6 21%	4 8%	
ALWAYS	5 6%	255 14%*	1 ~	1 7%	1 8%	2 5%	15 15%	3 6%	1 17%	1 33%	1 50%	1 50%	1 50%	1 50%	5 7%	3 6%	2 7%	2 7%	3 7%	3 6%	
#ALWAYS + USUALLY (NET)	15 19%	479 26%	1 8%	2 14%	1 8%	5 23%	5 38%	1 50%	8 15%	2 33%	1 33%	1 50%	3 38%	3 38%	2 40%	13 19%	7 15%	8 28%	8 29%	7 15%	
TOP BOX SCORE	5 6%	255 14%*	1 ~	1 7%	1 8%	2 5%	15 15%	3 6%	1 17%	1 33%	1 50%	1 50%	1 50%	1 50%	5 7%	3 6%	2 7%	2 7%	3 7%	3 6%	
NOT ANSWERED	3	40			1	1		1						1	2	2	1	1	1		
VALID CASES	77	1846	13	14	12	22	13	2	52	6	3	2	2	3	8	5	70	47	29	28	48
NUMBER OF RESPONDENTS	80	1886	13	14	13	23	13	2	53	6	3	2	2	3	9	5	72	49	30	29	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]



Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE				
Q43 YES	47 20%	1277 25%	3 7%	4 9%	5 13%	11 24%	12 39%	12 60%	34 22%	4 27%	~	~	1 25%	4 29%	1 7%	6 20%	40 21%	27 17%	20 28%	20 22%	27 20%
NO	183 80%	3806 75%	43 93%	43 91%	34 87%	34 76%	19 61%	8 40%	124 78%	11 73%	10 100%	2 100%	3 75%	10 71%	14 93%	24 80%	154 79%	128 83%	52 72%	70 78%	110 80%
DON'T KNOW	3	62		2	1				1	2					3			2	1	1	2
NOT ANSWERED	21	409	1	1	1				2						1	2		1	2	1	2
VALID CASES	230	5083	46	47	39	45	31	20	158	15	10	2	4	14	15	30	194	155	72	90	137
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q44																					
YES	19 9%	646 14%*	1 2%~	3 7%~	2 6%~	5 12%~	5 18%~	3 18%~	11 8%	3 20%~	1 11%~			3 21%~	1 8%~	2 8%~	16 9%~	9 6%*	10 17%*	7 9%	12 9%
NO	192 91%	4029 86%*	43 98%~	42 93%~	34 94%~	35 88%~	23 82%~	14 82%~	134 92%	12 80%~	8 89%~	2 100%~	3 100%~	11 79%~	12 92%~	24 92%~	165 91%~	141 94%*	49 83%*	72 91%	118 91%
DON'T KNOW	19	454	2	4	3	4	3	2	12		3		1		2	2	15	6	13	9	9
NOT ANSWERED	24	424	1	1	2	1		1	4							3	3	2	3	4	2
VALID CASES	211	4675	44	45	36	40	28	17	145	15	9	2	3	14	13	26	181	150	59	79	130
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q45 YES	77 33%	2037 40%*	3 7%~	10 21%~	12 30%~	21 47%~	18 58%~	13 68%~	54 34%	4 29%~	5 42%~	~	~	6 43%~	4 29%~	10 33%~	64 33%~	44 28%*	33 46%*	35 39%	42 30%
NO	154 67%	3086 60%*	43 93%~	38 79%~	28 70%~	24 53%~	13 42%~	6 32%~	105 66%	10 71%~	7 58%~	2 100%~	4 100%~	8 57%~	10 71%~	20 67%~	132 67%~	112 72%*	39 54%*	54 61%	97 70%
NOT ANSWERED	23	431	1	2	1		1		2	1					1	1	3	2	3	3	2
VALID CASES	231	5123	46	48	40	45	31	19	159	14	12	2	4	14	14	30	196	156	72	89	139
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q46.1	FMCA																				
	OHP																				
	TOT	18	25	35	45	55	65	BLCK	NATV	AMER				NOT	EX &	FAIR					
	ADLT	24	34	44	54	64	OVER	OR	HAW/	IND/				PAN-	VERY	&		FE-			
								AFR-	PAC	ALSK				PAN-	GOOD	&	MALE	MALE			
								WHTE	ILND	NATV	OTHR	TI	IC	IC	GOOD	POOR	MALE	MALE			
YES	57	1388	2	1	7	17	19	11	40	3	2	1	1	3	6	5	50	32	24	22	35
	22%	25%	4%~	2%*	17%~	38%~	61%~	55%~	25%	20%~	17%~	50%~	25%~	21%~	40%~	16%~	25%*	20%	32%*	24%	25%
NO	197	4166	45	49	34	28	12	9	121	12	10	1	3	11	9	26	149	126	51	70	106
	78%	75%	96%~	98%*	83%~	62%~	39%~	45%~	75%	80%~	83%~	50%~	75%~	79%~	60%~	84%~	75%*	80%	68%*	76%	75%
VALID CASES	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q46.2	FMCA TOT ADLT	18	25	35	45	55	65															
YES	OHP TOT ADLT	65	1754	4	5	10	17	17	12	44	4	2	3	4	6	6	57	34	31	29	36	
		26%	32%*	9%~	10%*	24%~	38%~	55%~	60%~	27%	27%~	17%~	~	75%~	29%~	40%~	19%~	29%*	22%	41%*	32%	26%
NO	OHP TOT ADLT	189	3800	43	45	31	28	14	8	117	11	10	2	1	10	9	25	142	124	44	63	105
		74%	68%*	91%~	90%*	76%~	62%~	45%~	40%~	73%	73%~	83%~	100%~	25%~	71%~	60%~	81%~	71%*	78%	59%*	68%	74%
VALID CASES	OHP TOT ADLT	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS		254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE			
Q46.3 YES	35 14%	899 16%	6 13%	7 14%	4 10%	8 18%	7 23%	3 15%	23 14%	2 13%	1 8%	~ ~	~ ~	3 21%	6 40%	5 16%	30 15%	21 13%	14 19%	12 13%	23 16%
NO	219 86%	4655 84%	41 87%	43 86%	37 90%	37 82%	24 77%	17 85%	138 86%	13 87%	11 92%	2 100%	4 100%	11 79%	9 60%	26 84%	169 85%	137 87%	61 81%	80 87%	118 84%
VALID CASES	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q47.1	FMCA																				
	OHP																				
	TOT	18	25	35	45	55	65														
	ADLT	24	34	44	54	64	OVER	WHTE	AMER	IAN	ILND	NATV	OTHR	TI	PAN- IC	PAN- IC	GOOD	POOR	MALE	MALE	
YES	8				1	3	4	6	1				1		1	7	2	6	6	2	
	3%				2%	10%	20%	4%	7%				7%		3%	4%	1%	8%*	7%	1%	
NO	246	47	50	41	44	28	16	155	14	12	2	4	13	15	30	192	156	69	86	139	
	97%	100%	100%	100%	98%	90%	80%	96%	93%	100%	100%	100%	93%	100%	97%	96%	99%	92%*	93%	99%	
VALID CASES	254	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141	
NUMBER OF RESPONDENTS	254	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE			
Q47.2	FMCA TOT ADLT	18	25	35	45	55	65															
YES	OHP TOT ADLT	10	335					6	1		1	2		2	8	1	9	7	3			
		4%	6%	~	~	~	~	4%	7%	~	~	25%	14%	~	6%	4%	0.6%*	12%*	8%	2%		
NO	OHP TOT ADLT	244	5219	47	50	41	45	24	17	155	14	12	2	3	12	15	29	191	157	66	85	138
		96%	94%	100%	100%	100%	100%	77%	85%	96%	93%	100%	100%	75%	86%	100%	94%	96%	99%*	88%*	92%	98%
VALID CASES	OHP TOT ADLT	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS		254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q47.3	FMCA TOT ADLT																				
YES	8 3%	295 5%*	1 ~	1 2%	1 2%	4 13%	1 5%	6 4%	1 7%	~	~	~	1 7%	~	1 3%	7 4%	3 2%	5 7%	6 7%	2 1%	
NO	246 97%	5259 95%*	47 100%	49 98%	40 98%	44 98%	27 87%	19 95%	155 96%	14 93%	12 100%	2 100%	4 100%	13 93%	15 100%	30 97%	192 96%	155 98%	70 93%	86 93%	139 99%
VALID CASES	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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	
FMCA	OHP	18	25	35	45	55	65		BLCK	NATV	AMER					NOT	EX &	VERY			
TOT	TOT	TO	TO	TO	TO	TO	AND	WHTE	AFR-	AS-	PAC	ALSK	MUL-	HIS-	HIS-	GOOD	FAIR				
ADLT	ADLT	24	34	44	54	64	OVER			IAN	ILND	NATV	OTHR	TI	IC	IC	&	&	FE-		
																GOOD	POOR	MALE	MALE		
Q47.4																					
YES	37 15%	1125 20%*	1 2%~	1 2%*	4 10%~	13 29%~	11 35%~	7 35%~	22 14%	4 27%~	2 17%~	1 ~	2 25%~	3 14%~	20%~	7 23%~	28 14%	18 11%	19 25%*	16 17%	21 15%
NO	217 85%	4429 80%*	46 98%~	49 98%*	37 90%~	32 71%~	20 65%~	13 65%~	139 86%	11 73%~	10 83%~	2 100%~	3 75%~	12 86%~	12 80%~	24 77%~	171 86%	140 89%	56 75%*	76 83%	120 85%
VALID CASES	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	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?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q48																					
YES	69 30%	1783 35%	10 22%	10 20%	13 32%	18 40%	15 50%	3 15%	50 31%	5 33%	2 17%		3 21%	6 43%	9 30%	59 30%	33 21%*	35 49%*	20 22%*	49 35%*	
NO	164 70%	3302 65%	36 78%	39 80%	28 68%	27 60%	15 50%	17 85%	110 69%	10 67%	10 83%	2 100%	4 100%	11 79%	8 57%	21 70%	138 70%	124 79%*	37 51%*	70 78%*	91 65%*
NOT ANSWERED	21	469	1	1		1			1				1		1	2	1	3	2	1	
VALID CASES	233	5085	46	49	41	45	30	20	160	15	12	2	4	14	14	30	197	157	72	90	140
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q49 YES	56 84%	1476 87%	7 70%~	8 80%~	12 92%~	17 94%~	11 79%~	1 50%~	41 84%~	3 60%~	2 100%~			3 ~100%~	4 80%~	9 100%~	46 81%~	27 87%~	29 83%~	15 83%~	41 84%~
NO	11 16%	228 13%	3 30%~	2 20%~	1 8%~	1 6%~	3 21%~	1 50%~	8 16%~	2 40%~					1 20%~		11 19%~	4 13%~	6 17%~	3 17%~	8 16%~
NOT ANSWERED	2	88					1 1	1							1		2	2		2	
VALID CASES	67	1703	10	10	13	18	14	2	49	5	2			3	5	9	57	31	35	18	49
NUMBER OF RESPONDENTS	69	1791	10	10	13	18	15	3	50	5	2			3	6	9	59	33	35	20	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q48 = YES]

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q50	FMCA TOT ADLT																				
YES	139 61%	3492 68%*	16 36%~	20 40%*	29 71%~	29 67%~	28 90%~	17 89%~	104 65%*	6 43%~	5 42%~	2 ~100%~	8 57%~	10 67%~	13 45%~	124 64%~	80 52%*	57 81%*	50 57%	88 63%	
NO	89 39%	1617 32%*	28 64%~	30 60%*	12 29%~	14 33%~	3 10%~	2 11%~	55 35%*	8 57%~	7 58%~	2 ~100%~	6 ~	5 43%~	16 33%~	71 55%~	74 48%*	13 19%*	37 43%	52 37%	
NOT ANSWERED	26	446	3		2		1		2	1		2			2	4	4	5	5	1	
VALID CASES	228	5108	44	50	41	43	31	19	159	14	12	2	2	14	15	29	195	154	70	87	140
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q51 YES	123 93%	3137 94%	11 79%	18 95%	26 93%	29 100%	26 96%	13 87%	92 94%	4 67%	5 100%	2 ~	8 ~	10 ~	12 92%	110 94%	73 96%	49 91%	46 96%	77 92%
NO	9 7%	193 6%	3 21%	1 5%	2 7%	~	1 4%	2 13%	6 6%	2 33%	~	~	~	~	1 8%	7 6%	3 4%	5 9%	2 4%	7 8%
NOT ANSWERED	7	173	2	1	1	~	1	2	6	~	~	~	~	~	7	~	4	3	2	4
VALID CASES	132	3330	14	19	28	29	27	15	98	6	5	2	8	10	13	117	76	54	48	84
NUMBER OF RESPONDENTS	139 100%	3503 100%	16 100%	20 100%	29 100%	29 100%	28 100%	17 100%	104 100%	6 100%	5 100%	2 100%	8 100%	10 100%	13 100%	124 100%	80 100%	57 100%	50 100%	88 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ52																					
18 TO 24	53 21%	872 16%*	47 100%	~	~	~	~	25 16%*	6 40%	2 17%	1 50%	~	5 36%	3 20%	13 42%	34 17%*	33 21%	12 16%	22 24%	24 17%	
25 TO 34	59 23%	867 16%*	~	50 100%	~	~	~	38 24%	1 7%	2 17%	~	~	3 21%	5 33%	7 23%	43 22%	42 27%	9 12%*	17 18%	33 23%	
35 TO 44	42 17%	843 15%	~	~	41 100%	~	~	30 19%	2 13%	4 33%	~	~	1 7%	2 13%	2 6%	38 19%*	26 16%	13 17%	14 15%	27 19%	
45 TO 54	49 19%	1055 19%	~	~	~	45 100%	~	34 21%	2 13%	1 8%	1 50%	2 50%	2 14%	2 13%	4 13%	40 20%	29 18%	18 24%	16 17%	29 21%	
55 TO 64	31 12%	1061 19%*	~	~	~	31 100%	~	21 13%	2 13%	1 8%	~	2 50%	1 7%	3 20%	3 10%	28 14%*	16 10%	15 20%*	13 14%	18 13%	
65 TO 74	13 5%	478 9%*	~	~	~	~	13 65%	9 6%	1 7%	2 17%	~	~	1 7%	~	2 6%	10 5%	6 4%	7 9%	7 8%	6 4%	
75 OR OLDER	7 3%	377 7%*	~	~	~	~	7 35%	4 2%	1 7%	~	~	~	1 7%	~	~	6 3%	6 4%	1 1%	3 3%	4 3%	
VALID CASES	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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

NQ53 ARE YOU MALE OR FEMALE?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
NQ53																					
MALE	102 40%	2022 36%	23 49%~	17 34%	14 34%~	16 36%~	13 42%~	10 50%~	63 39%	8 53%~	5 42%~	1 50%~	1 25%~	5 36%~	6 40%~	10 32%~	81 41%	61 39%	31 41%	92 100%~	~
FEMALE	152 60%	3532 64%	24 51%~	33 66%	27 66%~	29 64%~	18 58%~	10 50%~	98 61%	7 47%~	7 58%~	1 50%~	3 75%~	9 64%~	9 60%~	21 68%~	118 59%	97 61%	44 59%	141 ~100%~	
VALID CASES	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

[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?

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE			
Q54 8TH GRADE OR LESS	12 5%	280 5%	~	~	2%	7%	16%	16%	5 3%	2 ~	17%	~	33%	8% ~	7% ~	10% ~	4% ~	3% ~	10% ~	5 3%	7 10%	6 7%	6 4%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	28 12%	804 16%	9 19%	8 16%	5 12%	2 5%	2 6%	2 11%	14 9%*	5 36%	~	~	~	15% ~	2 7%	1 23%	20 10%	20 13%	7 10%	13% ~	7 10%	13 14%	15 11%
HIGH SCHOOL GRADUATE OR GED	80 35%	1985 39%	22 47%	14 28%	10 25%	17 40%	10 32%	7 37%	57 36%	4 29%	6 50%	1 50%	1 33%	4 31%	4 33%	5 39%	68 35%	55 35%	25 36%	37 41%	42 30%	37 41%	42 30%
SOME COLLEGE OR 2-YEAR DEGREE	86 37%	1653 32%	14 30%	22 44%	21 53%	14 33%	12 39%	3 16%	64 40%	5 36%	2 17%	~	1 33%	6 46%	6 40%	7 23%	78 40%	58 37%	25 36%	27%* ~	61 44%*	25 27%*	61 44%*
4-YEAR COLLEGE GRADUATE	18 8%	237 5%	2 4%	4 8%	3 7%	5 12%	2 6%	2 11%	14 9%	1 ~	1 8%	1 50%	~	~	2 ~	1 3%	17 9%	12 8%	6 9%	12 8%	6 9%	6 7%	12 9%
MORE THAN 4-YEAR COLLEGE DEGREE	6 3%	145 3%	~	4%	~	5%	~	11%	5 3%	1 ~	8%	~	~	~	~	1 3%	5 3%	5 3%	~	4 ~	2 1%	4 4%	2 1%
NOT ANSWERED	24	450			1	2		1	2	1			1	1			3	3	5			1	3
VALID CASES	230	5104	47	50	40	43	31	19	159	14	12	2	3	13	15	31	196	155	70			91	138
NUMBER OF RESPONDENTS	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75			92	141
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q55																					
YES HISPANIC OR LATINO	31 13%	549 11%	13 28%	7 14%	2 5%	4 9%	3 10%	2 11%	9 6%*	~	~	~	~	8 62%	4 27%	31 100%	~	20 13%	9 13%	10 11%	21 15%
NO NOT HISPANIC OR LATINO	199 87%	4520 89%	34 72%	43 86%	38 95%	40 91%	28 90%	16 89%	151 94%*	14 100%	12 100%	2 100%	3 100%	5 38%	11 73%	199 100%	~	134 87%	62 87%	80 89%	118 85%
NOT ANSWERED	24	485			1	1		2	1	1				1	1			4	4	2	2
VALID CASES	230	5069	47	50	40	44	31	18	160	14	12	2	3	13	15	31	199	154	71	90	139
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.1																						
YES	FMCA TOT ADLT	174	4288	27	43	32	36	23	13	161				13	12	161	118	52	67	106		
		69%	77%*	57%~	86%*	78%~	80%~	74%~	65%~	100%~	~	~	~	~	87%~	39%~	81%*	75%*	69%	73%	75%*	
NO		80	1266	20	7	9	9	8	7		15	12	2	4	14	2	19	38	40	23	25	35
		31%	23%*	43%~	14%*	22%~	20%~	26%~	35%~	~	100%~	100%~	100%~	100%~	100%~	13%~	61%~	19%*	25%*	31%	27%	25%*
VALID CASES		254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS		254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE			
Q56.2	FMCA TOT ADLT	18	25	35	45	55	65														
YES	OHP TOT ADLT	7	2	2	2	4	2	15				4	1	17	13	6	10	9			
		15%	4%	5%	4%	13%	10%	~100%	~	~	~	~ 27%	3%	9%	8%	8%	11%	6%			
NO		40	48	39	43	27	18	161	12	2	4	14	11	30	182	145	69	82	132		
		85%	96%	95%	96%	87%	90%	100%	~100%	~100%	~100%	~100%	73%	97%	91%	92%	92%	89%	94%		
VALID CASES		47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141	
NUMBER OF RESPONDENTS		47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141	
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.3																					
YES	12 5%	238 4%	2 4%	2 4%	4 10%	1 2%	1 3%	2 10%		12 ~100%					12 6%	8 5%	4 5%	5 5%	7 5%		
NO	242 95%	5316 96%	45 96%	48 96%	37 90%	44 98%	30 97%	18 90%	161 100%	15 100%	2 ~100%	4 ~100%	14 ~100%	15 ~100%	31 100%	187 94%*	150 95%	71 95%	87 95%	134 95%	
VALID CASES	254	5554	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.4	FMCA																				
	OHP																				
	TOT	18	25	35	45	55	65														
	ADLT	24	34	44	54	64	OVER	WHTE	AMER	IAN	LLND	NATV	OTHR	TI	PAN- IC	PAN- IC	GOOD	POOR	MALE	MALE	
YES	2	1			1							2			2	2		1	1		
	0.8%	2%			2%							~100%			~1%	1%		1%	0.7%		
NO	252	46	50	41	44	31	20	161	15	12		4	14	15	31	197	156	75	91	140	
	99%	98%	100%	100%	98%	100%	100%	100%	100%	100%		~100%	100%	100%	100%	99%	99%	100%	99%	99%	
VALID CASES	254	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141	
NUMBER OF RESPONDENTS	254	47	50	41	45	31	20	161	15	12	2	4	14	15	31	199	158	75	92	141	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.5	FMCA TOT ADLT	18	25	35	45	55	65														
	OHP TOT ADLT	24	34	44	54	64	OVER	WHTE	AMER	IAN	LLND	NATV	OTHR	TI	HIS- IC	HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
YES	16 6%	410 7%	2 4%~	3 6%	2 5%~	3 7%~	5 16%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	238 94%	5144 93%	45 96%~	47 94%	39 95%~	42 93%~	26 84%~	161 100%~	15 100%~	12 100%~	2 100%~	14 100%~	3 20%~	29 94%~	186 93%	148 94%	69 92%	86 93%	132 94%		
VALID CASES	254	5554	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%
NUMBER OF RESPONDENTS	254 100%	5554 100%	47 100%	50 100%	41 100%	45 100%	31 100%	20 100%	161 100%	15 100%	12 100%	2 100%	4 100%	14 100%	15 100%	31 100%	199 100%	158 100%	75 100%	92 100%	141 100%

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q56.6	FMCA TOT ADLT	18	25	35	45	55	65														
YES	OHP TOT ADLT	7	5	1	2	1	2					14	4	11	6	13	5	7	11		
		15%	10%	2%	4%	3%	10%	~	~	~	~	~100%	27%	35%	3%*	8%	7%	8%	8%		
NO	OHP TOT ADLT	40	45	40	43	30	18	161	15	12	2	4	11	20	193	145	70	85	130		
		85%	90%	98%	96%	97%	90%	100%	100%	100%	100%	100%	~73%	65%	97%*	92%	93%	92%	92%		
VALID CASES	OHP TOT ADLT	47	50	41	45	31	20	161	15	12	2	4	14	31	199	158	75	92	141		
NUMBER OF RESPONDENTS	OHP TOT ADLT	47	50	41	45	31	20	161	15	12	2	4	14	31	199	158	75	92	141		
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		



Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q57																					
YES	36 20%	778 19%	4 13%~	12 33%~	2 6%~	3 9%~	6 23%~	9 47%~	18 15%*	4 36%~	4 36%~	~	~	5 50%~	3 43%~	6 29%~	30 20%~	19 17%	17 29%	24 33%*	12 12%*
NO	140 80%	3221 81%	26 87%~	24 67%~	29 94%~	29 91%~	20 77%~	10 53%~	104 85%*	7 64%~	7 64%~	2 100%~	3 100%~	5 50%~	4 57%~	15 71%~	121 80%~	95 83%	41 71%	49 67%*	88 88%*
NOT ANSWERED	5	98	1		1	1			3						2		4	1	2		
VALID CASES	176	3999	30	36	31	32	26	19	122	11	11	2	3	10	7	21	151	114	58	73	100
NUMBER OF RESPONDENTS	181	4097	31	36	32	33	26	19	125	11	11	2	3	10	7	21	153	114	62	74	102
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLACK OR AFR-AMER	AS-IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE			
Q58.1																						
YES	13 36%	312 49%	1 25%	2 17%	1 50%	3 100%	4 67%	2 22%	8 44%	1 25%	3 75%	~	~	~	33%	1 17%	12 40%	5 26%	8 47%	8 33%	5 42%	
NO	23 64%	325 51%	3 75%	10 83%	1 50%	~	2 33%	7 78%	10 56%	3 75%	1 25%	~	~	~	100%	5 67%	2 83%	5 60%	18 74%	18 53%	7 67%	7 58%
VALID CASES	36	637	4	12	2	3	6	9	18	4	4			5	3	6	30	19	17	24	12	
NUMBER OF RESPONDENTS	36 100%	637 100%	4 100%	12 100%	2 100%	3 100%	6 100%	9 100%	18 100%	4 100%	4 100%			5 100%	3 100%	6 100%	30 100%	19 100%	17 100%	24 100%	12 100%	

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

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
FMCA	OHP	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q58.2																				
YES	14	277	1	3	2	3	2	3	9	1		1	1	3	11	5	9	7	7	
	39%	43%	25%	25%	100%	100%	33%	33%	50%	~ 25%	~	~ 20%	33%	50%	37%	26%	53%	29%	58%	
NO	22	360	3	9		4	6	9	4	3		4	2	3	19	14	8	17	5	
	61%	57%	75%	75%	~	~ 67%	67%	50%	100%	75%	~	~ 80%	67%	50%	63%	74%	47%	71%	42%	
VALID CASES	36	637	4	12	2	3	6	9	18	4	4		5	3	6	30	19	17	24	12
NUMBER OF RESPONDENTS	36	637	4	12	2	3	6	9	18	4	4		5	3	6	30	19	17	24	12
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%

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

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q58.3	FMCA TOT ADLT																			
YES	11 31%	225 35%	2 50%	6 50%	~ ~	1 17%	2 22%	6 33%	2 50%	~ ~	~ ~	2 40%	1 33%	1 17%	10 33%	7 37%	4 24%	10 42%	1 8%	
NO	25 69%	412 65%	2 50%	6 50%	2 100%	3 100%	5 83%	7 78%	12 67%	2 50%	4 100%	~ ~	3 60%	2 67%	5 83%	20 67%	12 63%	13 76%	14 58%	11 92%
VALID CASES	36	637	4 100%	12 100%	2 100%	3 100%	6 100%	9 100%	18 100%	4 100%	4 100%		5 100%	3 100%	6 100%	30 100%	19 100%	17 100%	24 100%	12 100%
NUMBER OF RESPONDENTS	36 100%	637 100%	4 100%	12 100%	2 100%	3 100%	6 100%	9 100%	18 100%	4 100%	4 100%		5 100%	3 100%	6 100%	30 100%	19 100%	17 100%	24 100%	12 100%

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE	
Q58.4																				
YES	9 25%	83 13%	1 ~ 8%	1 ~ 33%	1 ~ 33%	7 ~ 78%	4 22%	1 25%	2 50%			2 40%		9 30%	5 26%	4 24%	6 25%	3 25%		
NO	27 75%	554 87%	4 100%	11 100%	2 100%	2 100%	6 100%	2 22%	14 78%	3 75%	2 50%		3 60%	3 100%	6 100%	21 100%	14 70%	13 74%	18 75%	9 75%
VALID CASES	36	637	4	12	2	3	6	9	18	4	4		5	3	6	30	19	17	24	12
NUMBER OF RESPONDENTS	36 100%	637 100%	4 100%	12 100%	2 100%	3 100%	6 100%	9 100%	18 100%	4 100%	4 100%		5 100%	3 100%	6 100%	30 100%	19 100%	17 100%	24 100%	12 100%

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

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE		
Q58.5 YES	1 3%	59 9%	1 25%	~	~	~	~	~	~	~	~	~	~	~	1 33%	1 17%	1 5%	~	~	1 8%		
NO	35 97%	578 91%	3 75%	12 100%	2 100%	3 100%	6 100%	9 100%	18 100%	4 100%	4 100%	~	~	~	5 100%	2 67%	5 83%	30 100%	18 95%	17 100%	24 100%	11 92%
VALID CASES	36	637	4	12	2	3	6	9	18	4	4				5	3	6	30	19	17	24	12
NUMBER OF RESPONDENTS	36 100%	637 100%	4 100%	12 100%	2 100%	3 100%	6 100%	9 100%	18 100%	4 100%	4 100%				5 100%	3 100%	6 100%	30 100%	19 100%	17 100%	24 100%	12 100%

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

NQ13 RATING OF ALL HEALTH CARE

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
NQ13 0-6	36 22%	821 21%	6 25%	10 29%	7 24%	8 24%	3 13%	1 8%	23 20%	2 20%	1 13%	1 100%	2 ~	4 25%	3 17%	31 22%	20 20%	15 26%	10 18%	25 25%	
7-8	54 33%	1319 34%	7 29%	14 41%	11 38%	11 32%	8 33%	2 15%	39 33%	4 40%	4 50%	~	3 ~	2 38%	6 25%	47 33%	32 34%	22 38%	15 26%	38 38%	
9-10	72 44%	1746 45%	11 46%	10 29%	11 38%	15 44%	13 54%	10 77%	55 47%	4 40%	3 38%	1 ~	3 100%	2 38%	9 50%	60 43%	49 49%	21 36%	32 56%*	38 38%*	
VALID CASES	162	3886	24	34	29	34	24	13	117	10	8	1	1	8	8	18	138	101	58	57	101
NUMBER OF RESPONDENTS	162 100%	3886 100%	24 100%	34 100%	29 100%	34 100%	24 100%	13 100%	117 100%	10 100%	8 100%	1 100%	1 100%	8 100%	8 100%	18 100%	138 100%	101 100%	58 100%	57 100%	101 100%
MEAN	2.22	2.24	2.21	2.00	2.14	2.21	2.42	2.69	2.27	2.20	2.25	1.00	3.00	2.13	1.75	2.33	2.21	2.29	2.10	2.39	2.13
p stat_(*=Sig @ p<=.05)		.789	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.178	.152	.051	.051	

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

	FMCA TOT ADLT	OHP TOT ADLT	AGE							RACE							ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
NQ23 0-6	28 18%	644 16%	7 35%	3 12%	5 17%	6 19%	3 12%	1 7%	17 17%	4 36%	1 11%	1 ~	1 25%	2 ~	22%	4 21%	20 16%	17 18%	9 17%	4 8%*	21 22%	
7-8	40 26%	927 23%	4 20%	11 42%	10 33%	5 16%	6 23%	2 14%	27 26%	1 9%	4 44%	3 ~	3 75%	3 ~	33%	2 11%	36 29%	25 26%	15 29%	13 25%	25 26%	
9-10	86 56%	2413 61%	9 45%	12 46%	15 50%	20 65%	17 65%	11 79%	58 57%	6 55%	4 44%	1 100%	7 ~	4 100%	44%	13 68%	70 56%	55 57%	28 54%	34 67%	50 52%	
VALID CASES	154	3984	20	26	30	31	26	14	102	11	9	1	4	7	9	19	126	97	52	51	96	
NUMBER OF RESPONDENTS	154 100%	3984 100%	20 100%	26 100%	30 100%	31 100%	26 100%	14 100%	102 100%	11 100%	9 100%	1 100%	4 100%	7 100%	9 100%	19 100%	126 100%	97 100%	52 100%	51 100%	96 100%	
MEAN	2.38	2.44	2.10	2.35	2.33	2.45	2.54	2.71	2.40	2.18	2.33	3.00	1.75	3.00	2.22	2.47	2.40	2.39	2.37	2.59	2.30	
p stat_(*=Sig @ p<=.05)		.254	~	~	~	~	~	~	.572	~	~	~	~	~	~	~	~	.753	.898	.010*	.113	

[ASKED IF Q15 = YES]



NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- AMER	IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ27 0-6	11 14%	230 13%	1 13%~	2 15%~	3 20%~	4 20%~	1 9%~	7 12%~	1 25%~	2 50%~		1 50%~				10 15%~	2 4%~	8 28%~	4 13%~	7 15%~	
7-8	14 18%	475 27%*	2 25%~	4 31%~	1 7%~	4 20%~	3 27%~	10 17%~	2 50%~	1 25%~		1 50%~		1 50%~		1 14%~	13 19%~	8 17%~	6 21%~	4 13%~	10 22%~
9-10	52 68%	1078 60%	5 62%~	7 54%~	11 73%~	12 60%~	7 64%~	9 100%~	41 71%~	1 25%~	1 25%~	1 50%~	1 50%~	5 100%~	6 86%~	45 66%~	36 78%~	15 52%~	22 73%~	29 63%~	
VALID CASES	77	1782	8	13	15	20	11	9	58	4	4	2	2	5	7	68	46	29	30	46	
NUMBER OF RESPONDENTS	77 100%	1782 100%	8 100%	13 100%	15 100%	20 100%	11 100%	9 100%	58 100%	4 100%	4 100%	2 100%	2 100%	5 100%	7 100%	68 100%	46 100%	29 100%	30 100%	46 100%	
MEAN	2.53	2.48	2.50	2.38	2.53	2.40	2.55	3.00	2.59	2.00	1.75	2.00	2.50	3.00	2.86	2.51	2.74	2.24	2.60	2.48	
p stat_(*=Sig @ p<=.05)		.486	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ35 RATING OF HEALTH PLAN

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
NQ35	FMCA TOT ADLT																				
0-6	58 26%	1152 23%	9 21%	15 33%	13 34%	11 26%	7 26%	1 5%	41 28%	4 29%	1 9%	3 75%	2 15%	4 27%	4 13%	52 29%	34 23%	23 34%	18 22%	37 28%	
7-8	79 36%	1595 32%	14 33%	19 42%	16 42%	17 40%	6 22%	5 25%	53 36%	4 29%	5 45%	1 50%	5 38%	7 47%	11 37%	64 35%	54 37%	23 34%	26 31%	51 39%	
9-10	84 38%	2187 44%*	20 47%	11 24%	9 24%	14 33%	14 52%	14 70%	52 36%	6 43%	5 45%	1 50%	1 25%	6 46%	4 27%	15 50%	65 36%	58 40%	21 31%	39 47%*	43 33%
VALID CASES	221	4933	43	45	38	42	27	20	146	14	11	2	4	13	15	30	181	146	67	83	131
NUMBER OF RESPONDENTS	221 100%	4933 100%	43 100%	45 100%	38 100%	42 100%	27 100%	20 100%	146 100%	14 100%	11 100%	2 100%	4 100%	13 100%	15 100%	30 100%	181 100%	146 100%	67 100%	83 100%	131 100%
MEAN	2.12	2.21	2.26	1.91	1.89	2.07	2.26	2.65	2.08	2.14	2.36	2.50	1.50	2.31	2.00	2.37	2.07	2.16	1.97	2.25	2.05
p stat_(*=Sig @ p<=.05)		.073	~	~	~	~	~	~	.270	~	~	~	~	~	~	~	.231	.075	.050	.105	

NQ35Z RATING OF INTERPRETER

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER		
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
NQ35Z 0-6		6 8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
7-8	4 27%	26 31%	~	~	33%	67%	50%	20%	~	60%	~	~	~	~	40%	29%	25%	~	40%
9-10	11 73%	52 62%	~	~	67%	33%	50%	80%	100%	40%	~	~	100%	~	100%	60%	71%	75%	100%
VALID CASES	15	85			3	3	2	7	5	1	5		2	4	10	7	8	5	10
NUMBER OF RESPONDENTS	15	85			3	3	2	7	5	1	5		2	4	10	7	8	5	10
	100%	100%			100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%
MEAN	2.73	2.54			2.67	2.33	2.50	3.00	2.80	3.00	2.40		3.00	3.00	2.60	2.71	2.75	3.00	2.60
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND 35W = SOMETIMES OR USUALLY OR ALWAYS]

GETTING NEEDED CARE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE			
NPRBSEE4	NQ25	2.23	2.27	2.75	2.15	2.13	1.95	2.33	2.56	2.31	2.50	1.75	1.50	2.50	1.80	2.57	2.22	2.32	2.14	2.35	2.15	
p stat_(*=Sig @ p<=.05)		.677	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCARNES4	NQ14	2.21	2.31	2.20	1.94	2.11	2.44	2.24	2.46	2.27	2.40	1.63	2.00	1.50	2.38	1.78	2.37	2.18	2.27	2.10	2.32	2.15
p stat_(*=Sig @ p<=.05)		.075	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.216	.184	.194	.186	
COMPOSITE		2.22	2.29	2.48	2.05	2.12	2.20	2.29	2.51	2.29	2.45	1.69	2.00	1.50	2.44	1.79	2.47	2.20	2.29	2.12	2.34	2.15
p stat_(*=Sig @ p<=.05)		.300	~	~	~	~	~	.077	~	~	~	~	~	~	~	~	~	.120	.239	.172	.149	

GETTING CARE QUICKLY

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NCARSN4 NQ4	2.24	2.38	2.08	2.28	2.13	2.33	2.29	2.00	2.30	1.75	2.00		1.67	2.00	2.20	2.10	2.25	2.27	2.22	2.50	2.09
p stat_(*=Sig @ p<=.05)		.097	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.16	2.29	1.87	1.97	2.08	2.37	2.44	2.23	2.23	1.63	1.38		2.00	2.29	2.40	2.28	2.15	2.17	2.17	2.16	2.16
p stat_(*=Sig @ p<=.05)		.033*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.842	.875	.983	.958
COMPOSITE	2.20	2.33	1.98	2.12	2.11	2.35	2.37	2.12	2.26	1.69	1.69	x	1.83	2.14	2.30	2.19	2.20	2.22	2.19	2.33	2.12
p stat_(*=Sig @ p<=.05)		.064	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.747	.944	.157	.109

HOW WELL DOCTORS COMMUNICATE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHER	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NDREXPL4 NQ17	2.57	2.60	2.31	2.62	2.40	2.68	2.67	2.79	2.68	2.43	2.14	3.00	2.50	2.50	2.20	2.40	2.62	2.58	2.60	2.72	2.51
p stat_(*=Sig @ p<=.05)	.630		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.840	.669	~	.168
NDRLSTN4 NQ18	2.61	2.57	2.69	2.62	2.36	2.71	2.71	2.64	2.66	2.57	2.14	3.00	2.00	2.83	2.40	2.73	2.61	2.61	2.64	2.70	2.57
p stat_(*=Sig @ p<=.05)	.495		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.959	.651	~	.401
NDRESPU4 NQ19	2.67	2.65	2.62	2.76	2.44	2.79	2.74	2.86	2.71	2.57	2.29	3.00	2.00	3.00	2.40	2.93	2.67	2.67	2.71	2.80	2.63
p stat_(*=Sig @ p<=.05)	.672		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.941	~	~	.336
NDRTMEN4 NQ20	2.45	2.46	1.91	2.71	2.35	2.41	2.50	2.64	2.48	2.14	2.43	3.00	2.00	2.60	2.20	2.46	2.46	2.45	2.43	2.67	2.32
p stat_(*=Sig @ p<=.05)	.887		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.927	~	~	~
COMPOSITE	2.57	2.57	2.38	2.68	2.39	2.65	2.65	2.73	2.63	2.43	2.25	3.00	2.13	2.73	2.30	2.63	2.59	2.58	2.60	2.72	2.51
p stat_(*=Sig @ p<=.05)	.946		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.977	.844	~	.356

CUSTOMER SERVICE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NPBCLCS4 NQ31	2.25	2.14	2.10	1.93	2.08	2.50	2.36	2.67	2.33	2.40	2.00	1.00	2.25	1.75	2.50	2.19	2.36	2.10	2.39	2.13	
p stat_(*=Sig @ p<=.05)	.215		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ32	2.57	2.59	2.30	2.27	2.38	2.79	2.86	2.89	2.60	2.60	2.00	2.00	2.50	2.75	2.60	2.56	2.53	2.63	2.61	2.54	
p stat_(*=Sig @ p<=.05)	.721		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.41	2.37	2.20	2.10	2.23	2.64	2.61	2.78	2.46	2.50	2.00	x	1.50	2.38	2.25	2.55	2.37	2.44	2.37	2.50	2.33
p stat_(*=Sig @ p<=.05)	.770		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

SHARED DECISION MAKING

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHER TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NRXWHY NQ10	2.15	2.23	1.76	2.47	2.15	2.22	2.21	2.38	2.27	1.60	2.00	1.00	2.00	2.20	2.00	2.22	2.18	2.16	2.13	2.21	
p stat_(*=Sig @ p<=.05)		.250	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXWYNT NQ11	1.79	1.87	1.59	1.81	1.67	1.83	1.85	2.25	1.81	1.80	2.00	1.00	1.83	1.67	1.64	1.82	1.69	1.90	1.93	1.73	
p stat_(*=Sig @ p<=.05)		.278	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ12	2.40	2.44	2.18	2.50	2.22	2.50	2.29	3.00	2.42	2.60	2.00	2.00	2.00	2.33	2.45	2.41	2.45	2.29	2.53	2.34	
p stat_(*=Sig @ p<=.05)		.626	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.11	2.18	1.84	2.26	2.01	2.18	2.12	2.54	2.17	2.00	2.00	x 1.33	1.94	2.07	2.03	2.15	2.11	2.12	2.20	2.09	
p stat_(*=Sig @ p<=.05)		.504	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	



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

	FMCA TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHER	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
PRBSEE4 Q25	76%	78%	100%	69%	73%	60%	83%	89%	78%	75%	50%		50%	100%	60%	100%	74%	79%	72%	77%	74%
CARNES4 Q14	78%	82%	80%	67%	64%	88%	76%	100%	78%	90%	50%	100%	50%	100%	56%	89%	75%	80%	73%	84%	73%
AVERAGE	76.7	79.8	90.0	67.9	68.8	74.1	79.7	94.4	78.1	82.5	50.0	100	50.0	100	57.8	94.7	74.5	79.4	72.6	80.8	73.6

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
CARSN4 Q4	78%	82%	75%	83%	73%	78%	76%	67%	79%	50%	67%		67%	67%	80%	80%	77%	80%	76%	86%	72%
APGET4 Q6	72%	79%	57%	63%	73%	80%	88%	69%	76%	50%	38%		100%	71%	80%	67%	74%	72%	74%	71%	73%
AVERAGE	75.1	80.1	65.8	73.3	73.2	78.9	82.2	67.9	77.2	50.0	52.1	x	83.3	69.0	80.0	73.3	75.6	75.6	74.9	78.2	72.7

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	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
DREXPL4 Q17	92%	92%	77%	95%	88%	93%	96%	100%	96%	71%	86%	100%	100%	83%	80%	80%	94%	93%	90%	93%	91%
DRLSTN4 Q18	92%	89%	92%	95%	84%	93%	92%	100%	93%	86%	86%	100%	50%	100%	80%	100%	92%	93%	90%	93%	91%
DRESPU4 Q19	92%	91%	92%	95%	84%	96%	91%	100%	93%	86%	86%	100%	100%	100%	80%	100%	93%	93%	92%	93%	92%
DRTMEN4 Q20	87%	86%	64%	95%	78%	89%	91%	93%	88%	71%	86%	100%	100%	80%	80%	85%	87%	86%	87%	93%	83%
AVERAGE	90.6	89.3	81.3	95.2	83.6	92.8	92.4	98.2	92.5	78.6	85.7	100	87.5	90.8	80.0	91.2	91.5	91.6	89.7	93.3	89.3

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

	FMCA TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK NATV	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE			
PBCLCS4 Q31	76%	73%	70%	60%	69%	93%	71%	100%	79%	80%	100%	0%	75%	50%	90%	73%	80%	70%	83%	69%	
CSRESP Q32	89%	91%	80%	80%	85%	93%	100%	100%	89%	100%	100%	50%	75%	100%	80%	90%	84%	97%	92%	87%	
AVERAGE	82.9	82.1	75.0	70.0	76.9	92.9	85.7	100	84.2	90.0	100	x	25.0	75.0	75.0	85.0	81.7	82.2	83.3	87.5	78.2

SHARED DECISION MAKING (A LOT/YES + SOME) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
	FMCA TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
RXWHY Q10	73%	80%	53%	94%	80%	70%	79%	75%	78%	40%	80%	0%	67%	80%	64%	77%	73%	75%	72%	76%	
RXWYNT Q11	55%	61%	47%	56%	56%	54%	54%	75%	56%	60%	75%	0%	50%	50%	36%	58%	53%	56%	66%	51%	
FRXBST Q12	70%	72%	59%	75%	61%	75%	64%	100%	71%	80%	50%	50%	67%	73%	71%	73%	64%	77%	67%		
AVERAGE	65.7	70.8	52.9	75.1	65.6	66.2	65.6	83.3	68.6	60.0	68.3	x	16.7	55.6	65.6	57.6	68.6	66.1	65.1	71.4	64.7

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q1 YES	345	5863	2	89	101	90	63	169	16	13	5	5	22	41	129	186	302	15	274	71
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	13	155	1	3	4	3	2	5					1	1	9	1	13		9	4
VALID CASES	345	5863	2	89	101	90	63	169	16	13	5	5	22	41	129	186	302	15	274	71
NUMBER OF RESPONDENTS	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q3 YES	97 28%	1775 30%	1 33%~	34 37%*	30 30%	17 18%*	15 24%	50 29%	2 13%~	3 23%~	1 20%~	1 20%~	8 35%~	9 21%~	41 30%	49 26%	85 27%~	5 33%~	68 25%*	29 39%*
NO	252 72%	4117 70%	2 67%~	57 63%*	71 70%	75 82%*	47 76%	122 71%	14 88%~	10 77%~	4 80%~	4 80%~	15 65%~	33 79%~	94 70%	137 74%	226 73%~	10 67%~	206 75%*	46 61%*
NOT ANSWERED	9	126		1	4	1	3	2							3	1	4		9	
VALID CASES	349	5892	3	91	101	92	62	172	16	13	5	5	23	42	135	186	311	15	274	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q4 NEVER	3 3%	28 2%	~	1 3%~	~	2 13%~	~	~	~	~	~	~	~	1 3%~	~	~	2 40%~	2 3%~	1 3%~	
SOMETIMES	8 9%	167 10%	~	5 15%~	1 4%~	1 6%~	1 7%~	2 4%~	~	1 33%~	~	1 100%~	1 14%~	4 10%~	2 4%~	6 7%~	~	8 12%~	~	
USUALLY	13 14%	270 16%	~	5 15%~	6 21%~	1 6%~	1 7%~	6 12%~	~	~	~	~	1 14%~	1 11%~	7 18%~	6 13%~	11 13%~	2 40%~	8 12%~	5 17%~
ALWAYS	70 74%	1252 73%	100%~	1 68%~	23 75%~	21 75%~	12 87%~	13 84%~	2 100%~	2 67%~	1 100%~	~	5 71%~	8 89%~	27 69%~	40 83%~	65 79%~	1 20%~	47 72%~	23 79%~
#ALWAYS + USUALLY (NET)	83 88%	1522 89%	100%~	1 82%~	28 96%~	27 81%~	13 93%~	14 96%~	2 100%~	2 67%~	1 100%~	~	6 86%~	9 100%~	34 87%~	46 96%~	76 93%~	3 60%~	55 85%~	28 97%~
TOP BOX SCORE	70 74%	1252 73%	100%~	1 68%~	23 75%~	21 75%~	12 87%~	13 84%~	2 100%~	2 67%~	1 100%~	~	5 71%~	8 89%~	27 69%~	40 83%~	65 79%~	1 20%~	47 72%~	23 79%~
NOT ANSWERED	3	136			2	1		1					1	2	1	3		3		
VALID CASES	94	1718	1	34	28	16	15	49	2	3	1	1	7	9	39	48	82	5	65	29
NUMBER OF RESPONDENTS	97	1854	1	34	30	17	15	50	2	3	1	1	8	9	41	49	85	5	68	29
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]



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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q5 YES	237 68%	3764 65%	2 67%	71 79%*	71 70%	50 54%*	43 68%	121 70%	9 56%	9 69%	5 100%	2 40%	15 65%	25 63%	85 62%	132 71%	206 66%	14 93%	181 66%	56 77%
Q5 NO	112 32%	2063 35%	1 33%	19 21%*	30 30%	42 46%*	20 32%	52 30%	7 44%	4 31%	~	3 60%	8 35%	15 38%	52 38%	53 29%	106 34%	1 7%	95 34%	17 23%
NOT ANSWERED	9	192		2	4	1	2	1						2	1	2	3		7	2
VALID CASES	349	5826	3	90	101	92	63	173	16	13	5	5	23	40	137	185	312	15	276	73
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q6 NEVER	5 2%	57 2%	~	~	4%	2%	3%	~	11%	~	~	~	7%	~	4%	0.8%	2%	15%	3%	~
SOMETIMES	22 10%	442 13%	50%~	9%	9%	7%~	16%~	5%*	33%~	44%~	~	~	7%~	4%~	14%	9%	10%~	15%~	10%	10%
USUALLY	49 22%	870 25%	~	24%	25%	13%~	26%~	25%	22%~	11%~	~	~	13%~	20%~	24%	24%	23%~	23%~	22%	24%
ALWAYS	145 66%	2092 60%	50%~	68%	62%	78%~	55%~	70%	33%~	44%~	100%~	100%~	73%~	76%~	59%	67%	65%~	46%~	65%	67%
#ALWAYS + USUALLY (NET)	194 88%	2961 86%	50%~	91%	87%	91%~	82%~	95%*	56%~	56%~	100%~	100%~	87%~	96%~	83%	90%	88%~	69%~	87%	90%
TOP BOX SCORE	145 66%	2092 60%	50%~	68%	62%	78%~	55%~	70%	33%~	44%~	100%~	100%~	73%~	76%~	59%	67%	65%~	46%~	65%	67%
NOT ANSWERED	16	259		3	3	5	5	11							5	9	12	1	11	5
VALID CASES	221	3460	2	68	68	45	38	110	9	9	5	2	15	25	80	123	194	13	170	51
NUMBER OF RESPONDENTS	237 100%	3719 100%	2 100%	71 100%	71 100%	50 100%	43 100%	121 100%	9 100%	9 100%	5 100%	2 100%	15 100%	25 100%	85 100%	132 100%	206 100%	14 100%	181 100%	56 100%

[ASKED IF Q5 = YES]

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	WHT	BLCK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ ALS	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q7 NONE	104 30%	1770 31%	1 33%~	15 17%*	29 29%	37 41%*	22 35%	48 28%	9 56%~	2 17%~	1 25%~	2 40%~	5 23%~	15 37%~	49 36%	48 26%	97 31%~	1 7%~	94 35%*	10 14%*
1 TIME	106 31%	1587 28%	1 33%~	28 32%	32 32%	31 34%	14 23%	54 31%	3 19%~	7 58%~	1 25%~	2 40%~	6 27%~	13 32%~	36 26%	66 36%*	99 32%~	5 33%~	80 30%	26 35%
2	74 22%	1212 21%	~	22 25%	23 23%	15 16%	14 23%	42 24%	2 13%~	1 8%~	1 25%~	1 20%~	6 27%~	7 17%~	29 21%	38 21%	65 21%~	4 27%~	54 20%	20 27%
3	31 9%	601 10%	~	13 15%	8 8%	3 3%*	7 11%	15 9%	~	~	~	~	3 14%~	5 12%~	11 8%	17 9%	26 8%~	2 13%~	19 7%*	12 16%*
4	12 3%	266 5%	~	4 5%	3 3%	3 3%	2 3%	6 3%	~	1 8%~	1 25%~	~	1 5%~	~	6 4%	5 3%	10 3%~	1 7%~	11 4%	1 1%
5 TO 9	12 3%	243 4%	1 33%~	5 6%	2 2%	2 2%	2 3%	5 3%	2 13%~	1 8%~	~	~	1 5%~	~	4 3%	6 3%	10 3%~	1 7%~	9 3%	3 4%
10 OR MORE TIMES	5 1%	84 1%	~	1 1%	3 3%	~	1 2%	2 1%	~	~	~	~	~	1 2%~	1 0.7%	3 2%	3 1%~	1 7%~	3 1%	2 3%
NOT ANSWERED	14	255		4	5	2	3	2		1	1		1	1	2	4	5		13	1
VALID CASES	344	5763	3	88	100	91	62	172	16	12	4	5	22	41	136	183	310	15	270	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

Q8 A HEALTH PROVIDER IS THE PERSON YOU WOULD SEE IF YOUR CHILD NEEDED A CHECK-UP, WANTED ADVICE ABOUT A HEALTH PROBLEM, OR GOT SICK OR HURT. 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?

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER IAN	NATV HAW/ ILND	AMER IND/ NATV	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q8 #YES	158 67%	2722 69%	1 50%	51 71%	42 62%	36 68%	28 70%	84 69%	4 57%	8 80%	3 100%	1 33%	8 47%	18 69%	60 71%	87 65%	141 67%	10 77%	119 69%	39 62%
NO	77 33%	1206 31%	1 50%	21 29%	26 38%	17 32%	12 30%	38 31%	3 43%	2 20%		2 67%	9 53%	8 31%	25 29%	46 35%	69 33%	3 23%	53 31%	24 38%
NOT ANSWERED	5	97		1	3	1		2							2	2	3	1	4	1
VALID CASES	235	3927	2	72	68	53	40	122	7	10	3	3	17	26	85	133	210	13	172	63
NUMBER OF RESPONDENTS	240	4024	2	73	71	54	40	124	7	10	3	3	17	26	87	135	213	14	176	64
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q9 NEVER	9 4%	99 3%	~	~	4 6%	4 8%	1 3%	1 0.8%*	1 14%	~	~	1 33%	3 12%	3 4%	5 4%	8 4%	1 8%	6 4%	3 5%	
SOMETIMES	18 8%	362 9%	2 100%	10 14%*	1 1%*	4 8%	1 3%	7 6%	1 14%	1 10%	~	~	2 12%	1 4%	8 9%	8 6%	14 7%	3 23%	15 9%	3 5%
USUALLY	46 20%	854 22%	~	13 19%	16 24%	7 13%	10 25%	25 21%	2 20%	~	~	1 33%	4 24%	5 20%	20 24%	24 18%	43 21%	2 15%	30 18%	16 25%
ALWAYS	158 68%	2627 67%	~	47 67%	46 69%	37 71%	28 70%	88 73%	5 71%	7 70%	3 100%	1 33%	11 65%	16 64%	54 64%	94 72%	143 69%	7 54%	117 70%	41 65%
#ALWAYS + USUALLY (NET)	204 88%	3480 88%	~	60 86%	62 93%	44 85%	38 95%	113 93%*	5 71%	9 90%	3 100%	2 67%	15 88%	21 84%	74 87%	118 90%	186 89%	9 69%	147 88%	57 90%
TOP BOX SCORE	158 68%	2627 67%	~	47 67%	46 69%	37 71%	28 70%	88 73%	5 71%	7 70%	3 100%	1 33%	11 65%	16 64%	54 64%	94 72%	143 69%	7 54%	117 70%	41 65%
NOT ANSWERED	9	83	3	4	2		3						1	2	4	5	1	8	1	
VALID CASES	231	3941	2	70	67	52	40	121	7	10	3	3	17	25	85	131	208	13	168	63
NUMBER OF RESPONDENTS	240 100%	4024 100%	2 100%	73 100%	71 100%	54 100%	40 100%	124 100%	7 100%	10 100%	3 100%	3 100%	17 100%	26 100%	87 100%	135 100%	213 100%	14 100%	176 100%	64 100%

[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		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q10 YES	74 32%	1194 30%	1 50%~	19 27%	17 25%	20 38%	17 45%~	40 33%	3 43%~	1 10%~	1 33%~	3 ~ 19%~	8 31%~	26 31%	42 32%	63 30%~	7 50%~	44 26%*	30 48%*	
Q10 NO	159 68%	2727 70%	1 50%~	52 73%	52 75%	33 62%	21 55%~	82 67%	4 57%~	9 90%~	2 67%~	3 100%~	13 81%~	18 69%~	59 69%	90 68%	145 70%~	7 50%~	127 74%*	32 52%*
NOT ANSWERED	7	102		2	2	1	2	2				1		2	3	5		5	2	
VALID CASES	233	3922	2	71	69	53	38	122	7	10	3	3	16	26	85	132	208	14	171	62
NUMBER OF RESPONDENTS	240 100%	4024 100%	2 100%	73 100%	71 100%	54 100%	40 100%	124 100%	7 100%	10 100%	3 100%	3 100%	17 100%	26 100%	87 100%	135 100%	213 100%	14 100%	176 100%	64 100%

[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			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q11 NOT AT ALL	2 3%	40 4%	~	~	1 6%	1 5%	~	1 3%	1 33%	~	~	~	~	~	2 5%	2 3%	~	1 2%	1 3%	
A LITTLE	9 12%	110 10%	~	1 5%	2 12%	3 15%	3 18%	4 10%	~	~	~	1 33%	1 13%	8 31%	6 10%	2 29%	~	6 14%	3 10%	
SOME	19 26%	287 26%	~	7 37%	4 24%	6 30%	2 12%	11 28%	1 33%	1 100%	~	~	1 33%	1 13%	6 23%	12 29%	18 29%	1 14%	13 30%	6 20%
#A LOT	44 59%	660 60%	100%	1 58%	11 59%	10 50%	12 71%	24 60%	1 33%	1 100%	1 100%	~	1 33%	6 75%	12 46%	28 67%	37 59%	4 57%	24 55%	20 67%
NOT ANSWERED		40																		
VALID CASES	74	1098	1	19	17	20	17	40	3	1	1	3	8	26	42	63	7	44	30	
NUMBER OF RESPONDENTS	74	1138	1	19	17	20	17	40	3	1	1	3	8	26	42	63	7	44	30	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q7 >= 1 TIME AND 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			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q12 NOT AT ALL	19 26%	204 19%		4 ~ 21%	5 29%	5 25%	5 31%	12 30%	2 67%				2 ~ 25%	6 23%	13 31%	17 27%	2 29%	9 21%	10 33%	
A LITTLE	10 14%	171 16%		3 ~ 16%	2 12%	3 15%	2 13%	6 15%					2 ~ 25%	2 8%	6 14%	8 13%		6 14%	4 13%	
SOME	16 22%	343 31%*		4 ~ 21%	7 41%	3 15%	2 13%	8 20%	1 33%	1 100%	1 100%		1 ~ 13%	6 23%	9 21%	15 24%	1 14%	8 19%	8 27%	
#A LOT	28 38%	374 34%	1 100%	8 42%	3 18%	9 45%	7 44%	14 35%					3 ~ 100%	3 38%	12 46%	14 33%	23 37%	4 57%	20 47%	8 27%
NOT ANSWERED	1	47					1												1	
VALID CASES	73	1091	1	19	17	20	16	40	3	1	1		3	8	26	42	63	7	43	30
NUMBER OF RESPONDENTS	74	1138	1	19	17	20	17	40	3	1	1		3	8	26	42	63	7	44	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%

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



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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q13 #YES	54 74%	872 80%	1 100%~	12 63%~	13 76%~	17 85%~	11 69%~	29 73%~	1 33%~	1 ~100%~	3 ~100%~	6 75%~	20 77%~	31 74%~	46 73%~	6 86%~	30 70%~	24 80%~	
NO	19 26%	225 20%	~	7 37%~	4 24%~	3 15%~	5 31%~	11 28%~	2 67%~	1 100%~	~	~	2 25%~	6 23%~	11 26%~	17 27%~	1 14%~	13 30%~	6 20%~
NOT ANSWERED	1	42					1											1	
VALID CASES	73	1096	1	19	17	20	16	40	3	1	1	3	8	26	42	63	7	43	30
NUMBER OF RESPONDENTS	74	1138	1	19	17	20	17	40	3	1	1	3	8	26	42	63	7	44	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC
Q14 WORST HEALTH CARE POSSIBLE	1	4		1										1		1	1	
	0.4%	0.1%	~	1%	~	~	~	~	~	~	~	~	~	1%	~	7%	0.6%	~
01		5	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		0.1%																
02		15	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		0.4%																
03	1	33	~	~	~	1	1	~	~	~	~	~	~	1	1	~	1	~
	0.4%	0.8%				3%	0.8%	~	~	~	~	~	~	0.8%	0.5%	~	2%	~
04	1	53	50%	~	~	~	~	14%	~	~	~	~	~	1	1	~	1	~
	0.4%	1%						~	~	~	~	~	~	0.8%	0.5%	~	2%	~
05	8	141	~	1	3	2	2	4	1	2	1	1	8	8	~	4	4	
	3%	4%	~	1%	4%	4%	5%	3%	~	10%	~	67%	~	4%	6%	~	2%	6%
06	7	124	~	1	~	3	3	5	~	~	~	~	1	6	6	1	4	3
	3%	3%	~	1%	~	6%	8%	4%	~	~	~	~	4%	5%	3%	7%	2%	5%
07	18	316	~	6	2	5	5	10	1	2	1	6	9	15	1	14	4	
	8%	8%	~	8%	3%	10%	13%	8%	~	10%	~	12%	4%	7%	7%	8%	6%	
08	46	886	~	19	17	6	4	17	2	3	1	3	10	17	27	40	5	38
	20%	23%	~	27%	25%	12%	11%	14%	29%	30%	33%	~	18%	40%	20%	19%	36%	23%
09	59	849	~	14	24	12	9	39	1	1	~	6	2	28	29	53	5	40
	26%	22%	~	20%	35%	23%	24%	32%	14%	10%	~	35%	8%	33%	22%	25%	36%	24%
BEST HEALTH CARE POSSIBLE	90	1476	50%	1	29	22	24	14	46	3	4	2	1	6	10	34	51	85
	39%	38%	50%	41%	32%	46%	37%	38%	43%	40%	67%	33%	35%	40%	40%	39%	41%	7%
#8-10 (NET)	195	3211	50%	1	62	63	42	27	102	6	8	3	1	15	22	79	107	178
	84%	82%	50%	87%	93%	81%	71%	84%	86%	80%	100%	33%	88%	88%	92%	81%	85%	79%

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
9-10 (NET)	149 65%	2325 60%	1 50%	43 61%	46 68%	36 69%	23 61%	85 70%	4 57%	5 50%	2 67%	1 33%	12 71%	12 48%	62 72%	80 61%	138 66%	6 43%	107 64%	42 67%
NOT ANSWERED	9	122		2	3	2	2	2						1	1	3	4		8	1
VALID CASES	231	3902	2	71	68	52	38	122	7	10	3	3	17	25	86	132	209	14	168	63
NUMBER OF RESPONDENTS	240 100%	4024 100%	2 100%	73 100%	71 100%	54 100%	40 100%	124 100%	7 100%	10 100%	3 100%	3 100%	17 100%	26 100%	87 100%	135 100%	213 100%	14 100%	176 100%	64 100%
MEAN	8.72	8.59	7.00	8.75	8.84	8.83	8.39	8.77	8.43	8.50	9.33	6.67	8.94	8.64	8.95	8.58	8.78	7.71	8.79	8.54
p stat_(*=Sig @ p<=.05)		.179		~.856	.377	.547		~.584	~	~	~	~	~	~	~.058	.115	~	~	~.314	.315

[ASKED IF Q7 >= 1]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q15 NEVER	7 3%	70 2%		3 ~ 4%	2 3%	2 4%			1 ~ 14%	1 ~ 10%		1 ~ 33%	2 12%	2 8%	3 4%	4 3%	7 3%		6 4%	1 2%
SOMETIMES	19 8%	378 10%		7 ~ 10%	4 6%	4 8%	4 10%	7 6%		1 ~ 10%		1 ~ 33%	3 18%	2 8%	8 10%	9 7%	13 6%	5 42%	15 9%	4 6%
USUALLY	69 30%	1179 30%	1 50%	21 30%	21 32%	12 24%	14 36%	35 29%	2 29%	3 30%			3 ~ 18%	9 35%	29 35%	36 27%	65 31%	1 8%	48 29%	21 33%
ALWAYS	134 59%	2256 58%	1 50%	40 56%	39 59%	33 65%	21 54%	79 65%*	4 57%	5 50%	3 100%	1 33%	9 53%	13 50%	43 52%	84 63%	124 59%	6 50%	97 58%	37 59%
#ALWAYS + USUALLY (NET)	203 89%	3435 88%	2 100%	61 86%	60 91%	45 88%	35 90%	114 94%*	6 86%	8 80%	3 100%	1 33%	12 71%	22 85%	72 87%	120 90%	189 90%	7 58%	145 87%	58 92%
TOP BOX SCORE	134 59%	2256 58%	1 50%	40 56%	39 59%	33 65%	21 54%	79 65%*	4 57%	5 50%	3 100%	1 33%	9 53%	13 50%	43 52%	84 63%	124 59%	6 50%	97 58%	37 59%
NOT ANSWERED	11	141		2	5	3	1	3							4	2	4	2	10	1
VALID CASES	229	3883	2	71	66	51	39	121	7	10	3	3	17	26	83	133	209	12	166	63
NUMBER OF RESPONDENTS	240	4024	2	73	71	54	40	124	7	10	3	3	17	26	87	135	213	14	176	64
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTH R	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q16 YES	218 64%	4005 69%*	18 ~	74 20%*	78 75%*	48 87%*	114 66%	11 69%~	6 46%~	2 40%~	4 80%~	16 70%~	28 67%~	78 57%*	128 69%*	199 64%~	10 67%~	154 57%*	64 85%*	
NO	125 36%	1827 31%*	3 100%~	71 80%*	25 25%*	12 13%*	14 23%*	58 34%	5 31%~	7 54%~	3 60%~	1 20%~	7 30%~	14 33%~	60 43%*	57 31%*	114 36%~	5 33%~	114 43%*	11 15%*
NOT ANSWERED	15	187	3	6	3	3	2							2		2		15		
VALID CASES	343	5831	3	89	99	90	62	172	16	13	5	5	23	42	138	185	313	15	268	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q17 YES	25 12%	460 12%	~	3 17%	13 19%	5 7%*	4 9%	10 9%	3 27%~	~	~	~	4 25%~	5 20%~	3 4%*	19 16%*	20 11%~	2 25%~	13 9%	12 20%
NO	180 88%	3425 88%	~	15 83%~	55 81%	69 93%*	41 91%~	96 91%	8 73%~	6 100%~	2 100%~	4 100%~	12 75%~	20 80%~	70 96%*	102 84%*	168 89%~	6 75%~	131 91%	49 80%
NOT ANSWERED	13	235			6	4	3	8						3	5	7	11	2	10	3
VALID CASES	205	3885		18	68	74	45	106	11	6	2	4	16	25	73	121	188	8	144	61
NUMBER OF RESPONDENTS	218 100%	4120 100%		18 100%	74 100%	78 100%	48 100%	114 100%	11 100%	6 100%	2 100%	4 100%	16 100%	28 100%	78 100%	128 100%	199 100%	10 100%	154 100%	64 100%

[ASKED IF Q16 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q18 #YES	20 80%	368 88%	~	2 67%	11 85%	4 80%	3 75%	6 60%	3 100%	~	~	~	4 100%	5 100%	3 100%	15 79%	16 80%	2 100%	11 85%	9 75%
NO	5 20%	51 12%	~	1 33%	2 15%	1 20%	1 25%	4 40%	~	~	~	~	~	~	4 21%	4 20%	~	2 15%	3 25%	
NOT ANSWERED		1																		
VALID CASES	25	419		3	13	5	4	10	3				4	5	3	19	20	2	13	12
NUMBER OF RESPONDENTS	25	420		3	13	5	4	10	3				4	5	3	19	20	2	13	12
	100%	100%		100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q16 = YES AND Q17 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q19 YES	11 3%	202 3%	~	4 5%	4 4%	~	3 5%	8 5%	~	~	1 20%~	~	~	~	4 3%	6 3%	8 3%~	1 7%~	4 1%*	7 9%*
NO	332 97%	5625 97%	100%~	95%~	96%~	100%~	95%~	165 95%	16 100%	12 100%	4 80%~	5 100%	23 100%	42 100%	133 97%	180 97%	305 97%~	14 93%~	264 99%*	68 91%*
NOT ANSWERED	15	191		4	5	4	2	1		1				1	1	2		15		
VALID CASES	343	5827	3	88	100	89	63	173	16	12	5	5	23	42	137	186	313	15	268	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%



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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q20 NEVER		22 11%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	1 11%	27 13%	~	~	1 25%	~	~	~	~	~	~	~	~	1 25%	~	1 13%	~	~	1 14%	~
USUALLY	3 33%	51 24%	~	~	2 50%	1 33%	3 38%	~	~	~	~	~	~	1 25%	2 40%	3 38%	~	~	3 43%	~
ALWAYS	5 56%	109 52%	~	2 100%	1 25%	2 67%	5 63%	~	~	~	~	~	~	2 50%	3 60%	4 50%	1 100%	2 100%	3 43%	~
#ALWAYS + USUALLY (NET)	8 89%	160 76%	~	2 100%	3 75%	3 100%	8 100%	~	~	~	~	~	~	3 75%	5 100%	7 88%	1 100%	2 100%	6 86%	~
TOP BOX SCORE	5 56%	109 52%	~	2 100%	1 25%	2 67%	5 63%	~	~	~	~	~	~	2 50%	3 60%	4 50%	1 100%	2 100%	3 43%	~
NOT ANSWERED		2 12		2						1					1				2	
VALID CASES	9	210		2	4	3	8							4	5	8	1	2	7	
NUMBER OF RESPONDENTS	11 100%	222 100%		4 100%	4 100%	3 100%	8 100%			1				4 100%	6 100%	8 100%	1 100%	4 100%	7 100%	

[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		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q21 #YES	7 78%	178 86%	~	2 67%	3 75%	~	2 100%	7 100%	~	~	~	~	~	3 75%	4 80%	7 88%	~	1 50%	6 86%
NO	2 22%	30 14%	~	1 33%	1 25%	~	~	~	~	1 100%	~	~	~	1 25%	1 20%	1 13%	~	1 50%	1 14%
NOT ANSWERED	2	14		1		1	1							1		1		2	
VALID CASES	9	208		3	4	2	7			1				4	5	8		2	7
NUMBER OF RESPONDENTS	11	222		4	4	3	8			1				4	6	8	1	4	7
	100%	100%		100%	100%	100%	100%			100%				100%	100%	100%		100%	100%

[ASKED IF Q19 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q22 YES	32 9%	474 8%	~	6 7%	13 13%	4 5%*	9 15%	18 10%	1 6%~	~	~	~	3 13%~	3 7%~	13 10%	16 9%	26 8%~	2 13%~	11 4%*	21 28%*
NO	307 91%	5319 92%	100%~	3 93%	80 87%	87 84%*	53 85%	154 90%	15 94%~	12 100%~	5 100%~	5 100%~	20 87%~	38 93%~	122 90%	169 91%	284 92%~	13 87%~	253 96%*	54 72%*
NOT ANSWERED	19	225		6	5	5	3	2		1			1	3	2	5		19		
VALID CASES	339	5793	3	86	100	88	62	172	16	12	5	5	23	41	135	185	310	15	264	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q23 NEVER	8 28%	60 14%	~	33%	15%	33%	43%	27%	~	~	~	~	33%	33%	33%	21%	30%	~	20%	32%
SOMETIMES	4 14%	71 17%	~	~	15%	33%	14%	20%	100%	~	~	~	~	~	8%	21%	9%	50%	~	21%
USUALLY	8 28%	110 26%	~	17%	38%	33%	14%	33%	~	~	~	~	33%	33%	29%	35%	~	20%	32%	
ALWAYS	9 31%	179 43%	~	50%	31%	~	29%	20%	~	~	~	~	67%	33%	25%	29%	26%	50%	60%	16%
#ALWAYS + USUALLY (NET)	17 59%	289 69%	~	67%	69%	33%	43%	53%	~	~	~	~	67%	67%	58%	57%	61%	50%	80%	47%
TOP BOX SCORE	9 31%	179 43%	~	50%	31%	~	29%	20%	~	~	~	~	67%	33%	25%	29%	26%	50%	60%	16%
NOT ANSWERED	3	24				1	2	3							1	2	3		1	2
VALID CASES	29	420		6	13	3	7	15	1				3	3	12	14	23	2	10	19
NUMBER OF RESPONDENTS	32 100%	444 100%		6 100%	13 100%	4 100%	9 100%	18 100%	1 100%				3 100%	3 100%	13 100%	16 100%	26 100%	2 100%	11 100%	21 100%

[ASKED IF Q22 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q24 #YES	20 69%	291 69%	~	40%	69%	33%	100%	11 69%	1 100%	~	~	~	3 100%	2 67%	9 69%	11 79%	17 71%	2 100%	5 56%	15 75%
NO	9 31%	132 31%	~	60%	31%	67%	~	5 31%	~	~	~	~	1 33%	4 31%	3 21%	7 29%	~	4 44%	5 25%	
NOT ANSWERED	3	21		1		1	1	2							2	2		2	1	
VALID CASES	29	423		5	13	3	8	16	1				3	3	13	14	24	2	9	20
NUMBER OF RESPONDENTS	32 100%	444 100%		6 100%	13 100%	4 100%	9 100%	18 100%	1 100%				3 100%	3 100%	13 100%	16 100%	26 100%	2 100%	11 100%	21 100%

[ASKED IF Q22 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q25 YES	33 10%	682 12%	1 33%~	2 2%*	10 10%	11 13%	9 15%	18 11%	1 6%~	~	~	1 20%~	2 9%~	6 14%~	9 7%	21 11%	27 9%~	3 20%~	9 3%*	24 32%*
NO	307 90%	5109 88%	2 67%~	85 98%*	90 90%	77 88%	53 85%	153 89%	15 94%~	12 100%~	5 100%~	4 80%~	21 91%~	36 86%~	127 93%	164 89%	284 91%~	12 80%~	256 97%*	51 68%*
NOT ANSWERED	18	227		5	5	5	3	3		1					2	2	4		18	
VALID CASES	340	5791	3	87	100	88	62	171	16	12	5	5	23	42	136	185	311	15	265	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER						
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC				
Q26 NEVER	7 21%	90 14%	~100%	20%	2	1	2	3	~	~	~	~	~	17%	4	2	19%	33%	3	4	17%		
SOMETIMES	6 18%	121 19%	~	~	20%	2	2	2	11%	~	~	~	~	100%	1	1	2	11%	24%	19%	33%	11%	21%
USUALLY	5 15%	156 24%	~	~	10%	3	1	5	28%	~	~	~	~	~	~	~	24%	15%	~	~	~	21%	
ALWAYS	15 45%	284 44%	100%	~	50%	5	4	8	1	~	~	~	~	50%	1	3	44%	43%	48%	33%	56%	42%	
#ALWAYS + USUALLY (NET)	20 61%	440 68%	100%	~	60%	8	5	13	1	~	~	~	~	50%	1	3	44%	67%	63%	33%	56%	63%	
TOP BOX SCORE	15 45%	284 44%	100%	~	50%	5	4	8	1	~	~	~	~	50%	1	3	44%	43%	48%	33%	56%	42%	
NOT ANSWERED		25																					
VALID CASES	33	651	1	2	10	11	9	18	1			1	2	6	9	21	27	3	9	24			
NUMBER OF RESPONDENTS	33	676	1	2	10	11	9	18	1			1	2	6	9	21	27	3	9	24			
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%			

[ASKED IF Q25 = YES]

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC
Q27 #YES	13 41%	347 53%	1 ~100%	3 ~30%	4 36%	5 63%	8 47%	1 100%	~	~	2 ~100%	1 17%	2 25%	10 48%	10 38%	2 67%	2 25%	11 46%
NO	19 59%	304 47%	~100%	2 70%	7 64%	3 38%	9 53%	~	~	1 ~100%	5 83%	6 75%	11 52%	16 62%	1 33%	6 75%	13 54%	
NOT ANSWERED	1	25				1	1					1		1		1		
VALID CASES	32	651	1	2	10	11	8	17	1	1	2	6	8	21	26	3	8	24
NUMBER OF RESPONDENTS	33	676	1	2	10	11	9	18	1	1	2	6	9	21	27	3	9	24
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]



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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q28 YES	63 19%	1072 19%	1 33%~	13 15%	23 23%	13 15%	13 21%	37 22%	1 6%~	1 8%~	1 20%~	1 20%~	5 22%~	8 20%~	18 14%*	41 22%	53 17%~	6 43%~	36 14%*	27 36%*
NO	273 81%	4688 81%	2 67%~	71 85%	77 77%	74 85%	49 79%	135 78%	15 94%~	11 92%~	4 80%~	4 80%~	18 78%~	33 80%~	114 86%*	145 78%	256 83%~	8 57%~	225 86%*	48 64%*
NOT ANSWERED	22	257		8	5	6	3	2		1				1	6	1	6	1	22	
VALID CASES	336	5761	3	84	100	87	62	172	16	12	5	5	23	41	132	186	309	14	261	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q29 #YES	29 50%	609 56%	1 100%	2 18%	12 55%	7 64%	7 54%	19 56%	1 100%	1 100%	1 100%	~ ~	~ ~	4 50%	7 44%	21 54%	26 52%	2 40%	12 36%	17 68%
NO	29 50%	471 44%	~ ~	9 82%	10 45%	4 36%	6 46%	15 44%	~ ~	~ ~	~ ~	1 100%	5 100%	4 50%	9 56%	18 46%	24 48%	3 60%	21 64%	8 32%
NOT ANSWERED	5	35		2	1	2		3						2	2	3	1	3	2	
VALID CASES	58	1080	1	11	22	11	13	34	1	1	1	1	5	8	16	39	50	5	33	25
NUMBER OF RESPONDENTS	63 100%	1115 100%	1 100%	13 100%	23 100%	13 100%	13 100%	37 100%	1 100%	1 100%	1 100%	1 100%	5 100%	8 100%	18 100%	41 100%	53 100%	6 100%	36 100%	27 100%

[ASKED IF Q28 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q30 YES	300 88%	4998 86%	3 100%	80 92%	86 87%	76 84%	55 87%	154 89%	13 81%	12 92%	4 80%	4 80%	20 87%	36 86%	117 85%	168 90%	276 88%	14 93%	228 85%*	72 96%*
Q30 NO	42 12%	790 14%	~	8% 8%	13% 13%	14% 16%	8 13%	20 11%	3 19%	1 8%	1 20%	1 20%	3 13%	6 14%	21 15%	19 10%	39 12%	1 7%	39 15%*	3 4%*
NOT ANSWERED	16	230		5	6	3	2												16	
VALID CASES	342	5788	3	87	99	90	63	174	16	13	5	5	23	42	138	187	315	15	267	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER ALSK	OTH	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q31 NONE	76 26%	1324 27%		13 ~ 17%*	22 27%	25 34%	16 30%	40 27%	4 31%~	3 25%~	1 25%~	1 25%~	3 15%~	10 28%~	33 29%	40 25%	73 27%~	2 15%~	66 30%*	10 14%*
1 TIME	109 38%	1651 34%	2 67%~	25 32%	33 40%	31 42%	18 33%	49 33%	6 46%~	8 67%~	1 25%~	1 25%~	7 35%~	15 42%~	39 34%	64 39%	99 37%~	6 46%~	81 37%	28 39%
2	61 21%	1029 21%		20 ~ 26%	18 22%	13 18%	10 19%	43 29%*				1 ~ 25%~	5 25%~	4 11%~	25 22%	34 21%	58 22%~	1 8%~	42 19%	19 27%
3	22 8%	462 9%	1 33%~	11 14%*	2 2%*	2 3%*	6 11%	10 7%			2 ~ 50%~	1 25%~	3 15%~	2 6%~	10 9%	12 7%	19 7%~	3 23%~	17 8%	5 7%
4	9 3%	201 4%		3 ~ 4%	3 4%	1 1%	2 4%	3 2%	2 15%~				1 ~ 5%~	3 8%~	1 0.9%*	7 4%	9 3%~		5 2%	4 6%
5 TO 9	10 3%	173 4%		5 ~ 6%	3 4%	1 1%	1 2%	3 2%	1 8%~	1 8%~			1 ~ 5%~	2 6%~	5 4%	5 3%	9 3%~	1 8%~	6 3%	4 6%
10 OR MORE TIMES	3 1%	32 0.6%		1 ~ 1%	1 1%		1 ~ 2%	1 0.7%							1 ~ 0.9%	1 0.6%	2 0.7%~		2 ~ 0.9%	1 1%
NOT ANSWERED	10	181		2	4	3	1	5							3	5	7	1	9	1
VALID CASES	290	4872	3	78	82	73	54	149	13	12	4	4	20	36	114	163	269	13	219	71
NUMBER OF RESPONDENTS	300	5053	3	80	86	76	55	154	13	12	4	4	20	36	117	168	276	14	228	72
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC			
Q31A ALWAYS	5 2%	68 2%	~	2 3%	~	~	3 8%	2 2%	1 11%	~	~	~	1 6%	~	4 5%	1 0.8%	4 2%	1 9%	5 3%	~	
USUALLY	2 0.9%	51 1%	~	1 2%	~	~	1 3%	1 0.9%	~	~	~	~	~	~	1 1%	1 0.8%	2 1%	~	1 0.7%	1 2%	
SOMETIMES	20 9%	288 8%	67%	2 15%	4 7%	2 4%	2 5%	4 4%*	2 22%	2 22%	~	~	2 12%	~	13 16%*	6 5%*	17 9%	3 27%	18 12%*	2 3%*	
NEVER	186 87%	3102 88%	33%	1 80%	52 93%	56 96%	45 84%	32 94%*	102 94%*	6 67%	7 78%	3 100%	3 100%	14 82%	26 100%	62 78%*	115 93%*	172 88%	7 64%	128 84%*	58 95%*
#NEVER + SOMETIMES (NET)	206 97%	3390 97%	100%	3 95%	62 100%	60 100%	47 89%	34 89%	106 97%	8 89%	9 100%	3 100%	3 100%	16 94%	26 100%	75 94%	121 98%	189 97%	10 91%	146 96%	60 98%
TOP BOX SCORE	186 87%	3102 88%	33%	1 80%	52 93%	56 96%	45 84%	32 94%*	102 94%*	6 67%	7 78%	3 100%	3 100%	14 82%	26 100%	62 78%*	115 93%*	172 88%	7 64%	128 84%*	58 95%*
NOT ANSWERED	1	31				1								1		1		1			
VALID CASES	213	3509	3	65	60	47	38	109	9	9	3	3	17	26	80	123	195	11	152	61	
NUMBER OF RESPONDENTS	214	3540	3	65	60	48	38	109	9	9	3	3	17	26	81	123	196	11	153	61	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q32 NEVER	4 2%	74 2%	1 ~	2 2%	1 3%	1 ~	1 3%	1 ~	1 11%	1 ~	1 ~	1 6%	1 4%	2 2%	2 2%	2 1%	2 18%	3 2%	1 2%	
SOMETIMES	6 3%	183 5%*	1 33%	3 5%	~	~	2 5%	1 0.9%	1 11%	1 ~	~	2 12%	1 4%	3 4%	2 2%	5 3%	1 9%	5 3%	1 2%	
USUALLY	38 18%	573 16%	1 33%	13 20%	13 22%	5 10%	6 16%	18 17%	1 11%	2 22%	~	1 33%	2 12%	1 4%	19 23%	19 15%	36 18%	2 18%	28 18%	10 16%
ALWAYS	166 78%	2676 76%	1 33%	48 74%	45 75%	43 90%	29 76%	90 83%	7 78%	6 67%	3 100%	2 67%	12 71%	23 88%	57 70%	100 81%	153 78%	6 55%	117 76%	49 80%
#ALWAYS + USUALLY (NET)	204 95%	3249 93%	2 67%	61 94%	58 97%	48 100%	35 92%	108 99%*	8 89%	8 89%	3 100%	3 100%	14 82%	24 92%	76 94%	119 97%	189 96%	8 73%	145 95%	59 97%
TOP BOX SCORE	166 78%	2676 76%	1 33%	48 74%	45 75%	43 90%	29 76%	90 83%	7 78%	6 67%	3 100%	2 67%	12 71%	23 88%	57 70%	100 81%	153 78%	6 55%	117 76%	49 80%
NOT ANSWERED		33																		
VALID CASES	214	3507	3	65	60	48	38	109	9	9	3	3	17	26	81	123	196	11	153	61
NUMBER OF RESPONDENTS	214	3540	3	65	60	48	38	109	9	9	3	3	17	26	81	123	196	11	153	61
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q33 NEVER	1 0.5%	29 0.8%	~	~	2%~	~	~	~	11%~	~	~	~	~	~	~	1 0.8%	1 0.5%	~	1 0.7%	~
SOMETIMES	11 5%	199 6%	2 67%~	4 6%	2 3%	~	3 8%~	2 2%*	2 22%~	~	~	1 33%~	1 6%~	2 8%~	5 6%	5 4%	9 5%~	2 18%~	7 5%	4 7%
USUALLY	28 13%	611 17%*	~	11 17%	9 15%	3 6%~	5 13%~	14 13%	~	2 22%~	~	~	1 6%~	1 4%~	15 19%	13 11%	25 13%~	2 18%~	20 13%	8 13%
ALWAYS	173 81%	2666 76%*	1 33%~	50 77%	47 80%	45 94%~	30 79%~	92 85%	6 67%~	7 78%~	3 100%~	2 67%~	15 88%~	23 88%~	61 75%	103 84%	160 82%~	7 64%~	124 82%	49 80%
#ALWAYS + USUALLY (NET)	201 94%	3277 93%	1 33%~	61 94%	56 95%	48 100%~	35 92%~	106 98%*	6 67%~	9 100%~	3 100%~	2 67%~	16 94%~	24 92%~	76 94%	116 95%	185 95%~	9 82%~	144 95%	57 93%
TOP BOX SCORE	173 81%	2666 76%*	1 33%~	50 77%	47 80%	45 94%~	30 79%~	92 85%	6 67%~	7 78%~	3 100%~	2 67%~	15 88%~	23 88%~	61 75%	103 84%	160 82%~	7 64%~	124 82%	49 80%
NOT ANSWERED	1	34			1			1							1	1			1	
VALID CASES	213	3506	3	65	59	48	38	108	9	9	3	3	17	26	81	122	195	11	152	61
NUMBER OF RESPONDENTS	214 100%	3540 100%	3 100%	65 100%	60 100%	48 100%	38 100%	109 100%	9 100%	9 100%	3 100%	3 100%	17 100%	26 100%	81 100%	123 100%	196 100%	11 100%	153 100%	61 100%

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

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q34 NEVER	2 0.9%	22 0.6%	~	~	2%	~	3%	0.9%	11%	~	~	~	~	~	~	2%	2	1	1	1
SOMETIMES	3 1%	152 4%*	50%	2%	~	~	3%	~	22%	~	~	~	~	~	3%	0.8%	2	1	2	1
USUALLY	22 10%	469 13%	~	14%	8%	8%	11%	11%	~	~	~	33%	12%	4%	13%	10%	20	2	14	8
ALWAYS	185 87%	2859 82%*	50%	85%	90%	92%	84%	88%	67%	100%	100%	67%	88%	96%	85%	88%	171	8	134	51
#ALWAYS + USUALLY (NET)	207 98%	3328 95%*	50%	98%	98%	100%	95%	99%	67%	100%	100%	100%	100%	100%	98%	98%	191	10	148	59
TOP BOX SCORE	185 87%	2859 82%*	50%	85%	90%	92%	84%	88%	67%	100%	100%	67%	88%	96%	85%	88%	171	8	134	51
NOT ANSWERED	2	38	1		1											1	1		2	
VALID CASES	212	3502	2	65	59	48	38	109	9	9	3	3	17	26	80	123	195	11	151	61
NUMBER OF RESPONDENTS	214 100%	3540 100%	3	65	60	48	38	109	9	9	3	3	17	26	81	123	196	11	153	61

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



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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q35 YES	128 60%	2353 68%*	9 ~ 14%*	41 71%*	42 88%~	36 95%~	69 63%	4 50%~	6 67%~	2 67%~	2 67%~	11 65%~	16 62%~	39 48%*	84 69%*	116 59%~	9 90%~	87 57%	41 68%	
NO	84 40%	1128 32%*	3 100%~	56 86%*	17 29%*	6 13%~	2 5%~	40 37%	4 50%~	3 33%~	1 33%~	1 33%~	6 35%~	10 38%~	42 52%*	38 31%*	80 41%~	1 10%~	65 43%	19 32%
NOT ANSWERED	2	60			2			1							1		1	1	1	
VALID CASES	212	3480	3	65	58	48	38	109	8	9	3	3	17	26	81	122	196	10	152	60
NUMBER OF RESPONDENTS	214	3540	3	65	60	48	38	109	9	9	3	3	17	26	81	123	196	11	153	61
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Q35A IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD HAVE A HARD TIME SPEAKING WITH OR UNDERSTANDING HIS OR HER PERSONAL DOCTOR BECAUSE THEY SPOKE DIFFERENT LANGUAGES?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q35A ALWAYS	4 3%	43 2%	~	~	1 3%	1 2%	2 6%	~	~	~	~	~	1 9%	1 7%	4 11%	~	3 3%	1 11%	4 5%	~
USUALLY	1 0.8%	47 2%	~	1 13%	~	~	~	~	~	~	~	~	~	~	1 3%	~	1 0.9%	~	1 1%	~
SOMETIMES	9 7%	152 7%	~	3 38%	3 8%	1 2%	2 6%	5 8%	1 25%	~	~	~	1 9%	~	4 11%	4 5%	7 6%	1 11%	7 8%	2 5%
NEVER	110 89%	2045 89%	~	4 50%	35 90%	39 95%	32 89%	61 92%	3 75%	6 100%	2 100%	2 100%	9 82%	14 93%	29 76%	78 95%	101 90%	7 78%	72 86%	38 95%
#NEVER + SOMETIMES (NET)	119 96%	2197 96%	~	7 88%	38 97%	40 98%	34 94%	66 100%	4 100%	6 100%	2 100%	2 100%	10 91%	14 93%	33 87%	82 100%	108 96%	8 89%	79 94%	40 100%
TOP BOX SCORE	110 89%	2045 89%	~	4 50%	35 90%	39 95%	32 89%	61 92%	3 75%	6 100%	2 100%	2 100%	9 82%	14 93%	29 76%	78 95%	101 90%	7 78%	72 86%	38 95%
NOT ANSWERED	4	49	~	1	2	1	~	3	~	~	~	~	1	1	2	4	~	3	1	
VALID CASES	124	2287	~	8	39	41	36	66	4	6	2	2	11	15	38	82	112	9	84	40
NUMBER OF RESPONDENTS	128	2336	~	9	41	42	36	69	4	6	2	2	11	16	39	84	116	9	87	41
	100%	100%	~	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q36 NEVER	3 2%	72 3%	~	~	3 8%	~	~	1 2%	1 25%	~	~	1 50%	~	~	3 4%	3 3%	~	2 2%	1 3%	
SOMETIMES	5 4%	148 6%	~	3 38%	1 3%	~	1 3%	~	1 17%	~	~	~	~	2 5%	2 2%	3 3%	1 11%	5 6%	~	
USUALLY	20 16%	454 20%	~	1 13%	8 21%	6 15%	5 14%	11 17%	1 25%	~	~	~	2 18%	2 13%	9 24%	11 14%	19 17%	1 11%	15 18%	5 13%
ALWAYS	95 77%	1606 70%	~	4 50%	27 69%	35 85%	29 83%	51 78%	2 50%	5 83%	2 100%	1 50%	9 82%	13 87%	27 71%	65 80%	86 77%	7 78%	62 74%	33 85%
#ALWAYS + USUALLY (NET)	115 93%	2060 90%	~	5 63%	35 90%	41 100%	34 97%	62 95%	3 75%	5 83%	2 100%	1 50%	11 100%	15 100%	36 95%	76 94%	105 95%	8 89%	77 92%	38 97%
TOP BOX SCORE	95 77%	1606 70%	~	4 50%	27 69%	35 85%	29 83%	51 78%	2 50%	5 83%	2 100%	1 50%	9 82%	13 87%	27 71%	65 80%	86 77%	7 78%	62 74%	33 85%
NOT ANSWERED	5	56	1	2	1	1	4						1	1	3	5		3	2	
VALID CASES	123	2280	8	39	41	35	65	4	6	2	2	11	15	38	81	111	9	84	39	
NUMBER OF RESPONDENTS	128	2336	9	41	42	36	69	4	6	2	2	11	16	39	84	116	9	87	41	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q37 NEVER	9 4%	98 3%	1 50%~	3 5%	2 3%	3 6%~		2 ~ 22%~	1 11%~				1 6%~		6 8%	2 2%*	9 5%~		9 6%*	
SOMETIMES	19 9%	385 11%	1 50%~	9 14%	3 5%	1 2%~	5 14%~	6 6%	2 22%~	2 22%~		1 ~ 33%~	1 6%~	1 4%~	10 13%	7 6%	18 9%~		14 9%	5 8%
USUALLY	50 24%	856 25%		16 ~ 25%	18 31%	11 23%~	5 14%~	23 21%	2 22%~	2 22%~		1 ~ 33%~	5 29%~	5 19%~	27 34%*	22 18%*	45 23%~	3 27%~	38 25%	12 20%
ALWAYS	133 63%	2135 61%		37 ~ 57%	36 61%	33 69%~	27 73%~	79 73%*	3 33%~	4 44%~	3 100%~	1 33%~	10 59%~	20 77%~	37 46%*	91 75%*	122 63%~	8 73%~	89 59%	44 72%
#ALWAYS + USUALLY (NET)	183 87%	2991 86%		53 ~ 82%	54 92%	44 92%~	32 86%~	102 94%*	5 56%~	6 67%~	3 100%~	2 67%~	15 88%~	25 96%~	64 80%*	113 93%*	167 86%~	11 100%~	127 85%	56 92%
TOP BOX SCORE	133 63%	2135 61%		37 ~ 57%	36 61%	33 69%~	27 73%~	79 73%*	3 33%~	4 44%~	3 100%~	1 33%~	10 59%~	20 77%~	37 46%*	91 75%*	122 63%~	8 73%~	89 59%	44 72%
NOT ANSWERED	3	67	1		1		1	1							1	1	2		3	
VALID CASES	211	3473	2	65	59	48	37	108	9	9	3	3	17	26	80	122	194	11	150	61
NUMBER OF RESPONDENTS	214 100%	3540 100%	3 100%	65 100%	60 100%	48 100%	38 100%	109 100%	9 100%	9 100%	3 100%	3 100%	17 100%	26 100%	81 100%	123 100%	196 100%	11 100%	153 100%	61 100%

[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			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12 13 AND OVER	BLCK OR AFR-	AMER AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q38 #YES	195 92%	2956 85%*	1 33%~	60 92%	55 93%	44 92%~	35 92%~	103 94%	7 78%~	8 89%~	3 100%~	3 100%~	15 88%~	25 96%~	72 89%	115 93%	179 91%~	10 91%~	143 94%	52 85%
NO	18 8%	518 15%*	2 67%~	5 8%	4 7%	4 8%~	3 8%~	6 6%	2 22%~	1 11%~	~	~	2 ~	1 4%~	9 11%	8 7%	17 9%~	1 9%~	9 6%	9 15%
NOT ANSWERED	1	66			1														1	
VALID CASES	213	3474	3	65	59	48	38	109	9	9	3	3	17	26	81	123	196	11	152	61
NUMBER OF RESPONDENTS	214 100%	3540 100%	3 100%	65 100%	60 100%	48 100%	38 100%	109 100%	9 100%	9 100%	3 100%	3 100%	17 100%	26 100%	81 100%	123 100%	196 100%	11 100%	153 100%	61 100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q39 YES	81 38%	1340 39%		23 ~ 37%	25 42%	18 38%	15 39%	43 39%	3 33%	4 44%	2 67%	1 33%	6 35%	10 38%	31 39%	46 37%	74 38%	4 36%	49 33%*	32 52%*
Q39 NO	130 62%	2127 61%	3 100%	40 63%	34 58%	30 63%	23 61%	66 61%	6 67%	5 56%	1 33%	2 67%	11 65%	16 62%	48 61%	77 63%	120 62%	7 64%	101 67%*	29 48%*
NOT ANSWERED	3	73		2	1									2		2		3		
VALID CASES	211	3467	3	63	59	48	38	109	9	9	3	3	17	26	79	123	194	11	150	61
NUMBER OF RESPONDENTS	214	3540	3	65	60	48	38	109	9	9	3	3	17	26	81	123	196	11	153	61
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC
Q40 NEVER	7 9%	102 8%	3 ~ 14%	1 4%	1 6%	2 13%	4 10%					1 ~ 17%	4 13%	3 7%	6 9%	1 25%	5 11%	2 7%	
SOMETIMES	12 16%	189 15%	5 ~ 24%	2 8%	3 19%	2 13%	6 15%	1 33%	1 25%	1 50%		1 ~ 13%	5 16%	6 14%	10 14%	1 25%	8 17%	4 13%	
USUALLY	22 29%	353 28%	4 ~ 19%	10 40%	5 31%	3 20%	13 32%		1 ~ 25%		1 ~ 100%	1 17%	2 25%	9 29%	13 31%	22 31%	13 28%	9 30%	
ALWAYS	36 47%	630 49%	9 ~ 43%	12 48%	7 44%	8 53%	18 44%	2 67%	2 50%	1 50%		4 ~ 67%	5 63%	13 42%	20 48%	32 46%	2 50%	21 45%	15 50%
#ALWAYS + USUALLY (NET)	58 75%	983 77%	13 ~ 62%	22 88%	12 75%	11 73%	31 76%	2 67%	3 75%	1 50%	1 100%	5 83%	7 88%	22 71%	33 79%	54 77%	2 50%	34 72%	24 80%
TOP BOX SCORE	36 47%	630 49%	9 ~ 43%	12 48%	7 44%	8 53%	18 44%	2 67%	2 50%	1 50%		4 ~ 67%	5 63%	13 42%	20 48%	32 46%	2 50%	21 45%	15 50%
NOT ANSWERED	4	48	2		2		2					2		4	4		2	2	
VALID CASES	77	1274	21	25	16	15	41	3	4	2	1	6	8	31	42	70	4	47	30
NUMBER OF RESPONDENTS	81	1322	23	25	18	15	43	3	4	2	1	6	10	31	46	74	4	49	32
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE	2 0.7%	7 0.1%	1 33%~	1 1%	~	~	~	~	~	~	~	~	~	~	1 0.9%	1 0.4%~	1 7%~	2 0.9%	~	~
01	1 0.3%	17 0.4%	~	~	~	~	1 2%~	1 0.7%	~	~	~	~	~	~	1 0.6%~	1 0.4%~	~	~	1 1%	~
02		17 0.3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03		21 0.4%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
04		41 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05	6 2%	139 3%	~	1 1%	1 1%	2 3%	2 4%	5 3%	~	~	~	~	~	1 3%~	6 4%*	6 2%~	~	2 0.9%	4 6%	~
06	6 2%	111 2%	1 33%~	3 4%	1 1%	1 1%	~	2 1%	1 8%~	~	~	1 25%~	~	1 3%~	1 0.9%	4 2%	6 2%~	~	5 2%	1 1%
07	16 6%	320 7%	~	6 8%	4 5%	5 7%	1 2%	10 7%	2 15%~	~	~	~	~	1 3%~	7 6%	9 6%	16 6%~	~	11 5%	5 7%
08	57 20%	785 16%	~	20 26%	16 20%	8 11%*	13 25%	24 16%	2 15%~	5 42%~	~	1 25%~	2 10%~	7 20%~	33 29%*	22 14%*	52 19%~	4 29%~	45 21%	12 17%
09	59 21%	988 21%	~	13 17%	20 25%	19 26%	7 13%	35 24%	1 8%~	2 17%~	1 25%~	~	6 30%~	7 20%~	21 18%	37 23%	54 20%~	4 29%~	44 20%	15 21%
BEST PERSONAL DOCTOR POSSIBLE	140 49%	2358 49%	1 33%~	34 44%	39 48%	37 51%	29 55%	71 48%	7 54%~	5 42%~	3 75%~	2 50%~	12 60%~	18 51%~	52 45%	82 51%	131 49%~	5 36%~	108 50%	32 46%
#8-10 (NET)	256 89%	4130 86%	1 33%~	67 86%	75 93%	64 89%	49 92%	130 88%	10 77%~	12 100%~	4 100%~	3 75%~	20 100%~	32 91%~	106 92%	141 88%	237 89%~	13 93%~	197 91%	59 84%

Continued



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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR POOR	NO CCC	CCC		
9-10 (NET)	199 69%	3346 70%	1 33%	47 60%	59 73%	56 78%	36 68%	106 72%	8 62%	7 58%	4 100%	2 50%	18 90%	25 71%	73 63%	119 74%	185 69%	9 64%	152 70%	47 67%
NOT ANSWERED	13	249		2	5	4	2	6					1	2	7	9		11	2	
VALID CASES	287	4804	3	78	81	72	53	148	13	12	4	4	20	35	115	161	267	14	217	70
NUMBER OF RESPONDENTS	300 100%	5053 100%	3 100%	80 100%	86 100%	76 100%	55 100%	154 100%	13 100%	12 100%	4 100%	4 100%	20 100%	36 100%	117 100%	168 100%	276 100%	14 100%	228 100%	72 100%
MEAN	8.94	8.87	5.33	8.74	9.10	9.11	8.96	8.95	8.85	9.00	9.75	8.50	9.50	9.06	8.94	8.99	8.96	8.43	9.00	8.76
p stat_(*=Sig @ p<=.05)		.442	~.171	.185	.206	.915	.890	~	~	~	~	~	~	.988	.549	~	~	.237	.237	

[ASKED IF Q30 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q42 YES	62 21%	1181 24%	1 33%~	8 10%*	17 21%	18 24%	18 34%*	38 26%	1 ~	1 8%~	2 25%~	3 50%~	10 15%~	20 17%	39 24%	55 20%~	5 36%~	16 7%*	46 65%*	
NO	228 79%	3655 76%	2 67%~	70 90%*	65 79%	56 76%	35 66%*	110 74%	13 100%~	11 92%~	3 75%~	2 50%~	17 85%~	26 72%~	96 83%	123 76%	214 80%~	9 64%~	203 93%*	25 35%*
NOT ANSWERED	10	217		2	4	2	2	6						1	6	7		9	1	
VALID CASES	290	4836	3	78	82	74	53	148	13	12	4	4	20	36	116	162	269	14	219	71
NUMBER OF RESPONDENTS	300 100%	5053 100%	3 100%	80 100%	86 100%	76 100%	55 100%	154 100%	13 100%	12 100%	4 100%	4 100%	20 100%	36 100%	117 100%	168 100%	276 100%	14 100%	228 100%	72 100%

[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			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q43 #YES	53 90%	1018 86%		7 ~ 88%	15 88%	15 88%	16 100%	34 94%		1 ~100%	1 100%		3 ~100%	9 90%	18 90%	34 92%	47 89%	5 100%	15 94%	38 88%
NO	6 10%	160 14%	1 100%	1 13%	2 12%	2 12%	2 6%				2 ~100%		1 ~ 10%	2 10%	3 8%	6 11%		1 6%	5 12%	
NOT ANSWERED	3	36				1 2	2								2	2			3	
VALID CASES	59	1178	1	8	17	17	16	36	1	1	2	3	10	20	37	53	5	16	43	
NUMBER OF RESPONDENTS	62 100%	1214 100%	1 100%	8 100%	17 100%	18 100%	18 100%	38 100%	1 100%	1 100%	2 100%	3 100%	10 100%	20 100%	39 100%	55 100%	5 100%	16 100%	46 100%	

[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			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q44 #YES	49 83%	992 85%		7 ~ 88%	15 94%	13 81%	14 78%	32 86%		1 ~100%	1 100%		2 ~ 67%	9 90%	16 84%	32 84%	45 83%	3 75%	13 87%	36 82%
NO	10 17%	179 15%	1 100%	1 13%	1 6%	3 19%	4 22%	5 14%				2 ~100%	1 33%	1 10%	3 16%	6 16%	9 17%	1 25%	2 13%	8 18%
NOT ANSWERED	3	43			1	2		1							1	1	1	1	1	2
VALID CASES	59	1171	1	8	16	16	18	37	1	1	2	3	10	19	38	54	4	15	44	
NUMBER OF RESPONDENTS	62	1214	1	8	17	18	18	38	1	1	2	3	10	20	39	55	5	16	46	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q45																				
YES	43 13%	817 14%	1 33%~	7 8%	18 19%	8 9%	9 14%	26 15%	2 ~ 15%~	~	2 ~	5 ~ 9%~	12%~	17 12%	24 13%	36 11%~	5 33%~	20 8%*	23 31%*	
NO	294 87%	4882 86%	2 67%~	78 92%	78 81%	82 91%	54 86%	148 85%	16 100%~	11 85%~	5 100%~	5 100%~	21 91%~	36 88%~	121 88%	162 87%	278 89%~	10 67%~	243 92%*	51 69%*
NOT ANSWERED	21	319		7	9	3	2					1		1	1		20	1		
VALID CASES	337	5699	3	85	96	90	63	174	16	13	5	5	23	41	138	186	314	15	263	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER						
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC			
Q46 NEVER	2 5%	42 5%	~	~	~	13%~	13%~	4%~	~	~	~	~	100%~	~	~	9%~	3%~	20%~	1	1	1	1	
SOMETIMES	9 23%	149 19%~	100%~	~	24%~	38%~	13%~	16%~	~	~	~	~	40%~	2	3	19%~	23%~	21%~	40%~	7	2	3	6
USUALLY	12 30%	195 25%~	~	~	41%~	25%~	38%~	32%~	~	50%~	~	~	20%~	1	4	25%~	32%~	30%~	20%~	10	1	2	10
ALWAYS	17 43%	401 51%~	~	100%~	6	35%~	25%~	38%~	12	48%~	~	~	40%~	2	9	56%~	36%~	45%~	20%~	15	1	11	6
#ALWAYS + USUALLY (NET)	29 73%	596 76%~	~	100%~	6	76%~	50%~	75%~	20	80%~	~	~	60%~	3	13	81%~	68%~	76%~	40%~	25	2	13	16
TOP BOX SCORE	17 43%	401 51%~	~	100%~	6	35%~	25%~	38%~	12	48%~	~	~	40%~	2	9	56%~	36%~	45%~	20%~	15	1	11	6
NOT ANSWERED	3	26		1	1		1	1	1				1	1	2			3				3	
VALID CASES	40	787	1	6	17	8	8	25	2				1	5	16	22	33	5	17	23			
NUMBER OF RESPONDENTS	43	813	1	7	18	8	9	26	2				2	5	17	24	36	5	20	23			
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q47 NONE	2 5%	60 8%	~	~	1 6%	1 13%	~	~	~	~	~	~	~	2 13%	~	~	2 40%	~	2 11%	~
1 SPECIALIST	25 61%	510 64%	~	5 83%	9 53%	6 75%	5 56%	17 68%	~	~	~	~	2 100%	3 60%	9 56%	15 65%	22 65%	1 20%	13 72%	12 52%
2	8 20%	153 19%	1 100%	1 17%	2 12%	1 13%	3 33%	5 20%	~	2 100%	~	~	~	~	4 25%	3 13%	7 21%	1 20%	2 11%	6 26%
3	2 5%	36 5%	~	~	2 12%	~	~	2 8%	~	~	~	~	~	~	2 9%	~	2 6%	~	~	2 9%
4	3 7%	16 2%	~	~	2 12%	~	1 11%	1 4%	~	~	~	~	~	1 20%	1 6%	2 9%	2 6%	1 20%	1 6%	2 9%
5 OR MORE SPECIALISTS	1 2%	17 2%	~	~	1 6%	~	~	~	~	~	~	~	~	1 20%	1 4%	1 3%	~	~	1 4%	~
NOT ANSWERED	2	21	~	1	1	~	~	1	~	~	~	~	~	1	1	2	~	~	2	~
VALID CASES	41	792	1	6	17	8	9	25	2	~	~	~	2	5	16	23	34	5	18	23
NUMBER OF RESPONDENTS	43	813	1	7	18	8	9	26	2	~	~	~	2	5	17	24	36	5	20	23
	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ NATV	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q48 WORST SPECIALIST POSSIBLE		3 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		2 0.3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		1 0.1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	1 3%	2 0.3%	~	~	~	11%	~	~	~	~	50%	~	1 4%	~	1 33%	1 7%	~	~	
04		5 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05		22 3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
06	3 8%	34 5%	~	1 17%	~	2 33%	3 12%	~	~	~	~	~	3 13%	3 9%	~	1 7%	2 9%	~	
07	2 5%	53 8%	~	~	1 6%	1 17%	1 4%	~	~	~	~	1 20%	~	2 9%	2 6%	~	~	2 9%	
08	7 18%	121 17%	~	1 17%	4 25%	~	2 22%	3 12%	~	1 50%	~	~	3 60%	3 21%	4 17%	6 18%	1 33%	1 7%	6 26%
09	7 18%	144 20%	~	1 17%	4 25%	~	2 22%	7 28%	~	~	~	~	~	2 14%	5 22%	7 21%	~	1 7%	6 26%
BEST SPECIALIST POSSIBLE	18 47%	324 45%	1 100%	3 50%	7 44%	3 50%	4 44%	11 44%	1 50%	~	~	1 50%	1 20%	9 64%	8 35%	16 47%	1 33%	11 73%	7 30%

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?

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ NATV	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
#8-10 (NET)	32 84%	589 83%	1 100%	5 83%	15 94%	3 50%	8 89%	21 84%	2 100%			1 50%	4 80%	14 100%	17 74%	29 85%	2 67%	13 87%	19 83%
9-10 (NET)	25 66%	468 66%	1 100%	4 67%	11 69%	3 50%	6 67%	18 72%	1 50%			1 50%	1 20%	11 79%	13 57%	23 68%	1 33%	12 80%	13 57%
NOT ANSWERED	1	9				1												1	
VALID CASES	38	712	1	6	16	6	9	25	2			2	5	14	23	34	3	15	23
NUMBER OF RESPONDENTS	39	721	1	6	16	7	9	25	2			2	5	14	23	34	3	16	23
	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%
MEAN	8.79	8.75	10.0	8.83	9.06	8.17	8.56	8.88	9.00			6.50	8.20	9.43	8.35	8.91	7.00	9.07	8.61
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q49 YES	96 29%	1474 26%	1 33%	30 36%	27 29%	23 26%	15 25%	51 29%	3 19%	5 42%	2 50%	2 40%	10 48%	11 26%	47 35%	46 25%	89 29%	6 40%	73 29%	23 31%
NO	233 71%	4149 74%	2 67%	54 64%	66 71%	66 74%	45 75%	122 71%	13 81%	7 58%	2 50%	3 60%	11 52%	31 74%	88 65%	137 75%	220 71%	9 60%	182 71%	51 69%
NOT ANSWERED	29	395		8	12	4	5	1		1	1		2		3	4	6		28	1
VALID CASES	329	5623	3	84	93	89	60	173	16	12	4	5	21	42	135	183	309	15	255	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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?

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q50 NEVER	3 3%	37 3%	~	~	4%~	4%~	7%~	4%~	~	~	~	~	~	9%~	2%~	5%~	3%~	~	4%~	~
SOMETIMES	16 17%	224 17%	~	18%~	16%~	13%~	27%~	25%~	~	20%~	50%~	~	~	~	16%~	20%~	17%~	20%~	16%~	23%~
USUALLY	23 25%	391 30%	~	21%~	32%~	22%~	27%~	15%~	~	60%~	~	50%~	30%~	45%~	24%~	27%~	23%~	60%~	26%~	23%~
ALWAYS	50 54%	645 50%	100%~	61%~	48%~	61%~	40%~	56%~	100%~	20%~	50%~	50%~	70%~	45%~	58%~	48%~	56%~	20%~	54%~	55%~
#ALWAYS + USUALLY (NET)	73 79%	1037 80%	100%~	82%~	80%~	83%~	67%~	71%~	100%~	80%~	50%~	100%~	100%~	91%~	82%~	75%~	79%~	80%~	80%~	77%~
TOP BOX SCORE	50 54%	645 50%	100%~	61%~	48%~	61%~	40%~	56%~	100%~	20%~	50%~	50%~	70%~	45%~	58%~	48%~	56%~	20%~	54%~	55%~
NOT ANSWERED	4	44		2	2			3							2	2	3	1	3	1
VALID CASES	92	1297	1	28	25	23	15	48	3	5	2	2	10	11	45	44	86	5	70	22
NUMBER OF RESPONDENTS	96	1341	1	30	27	23	15	51	3	5	2	2	10	11	47	46	89	6	73	23
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC	
Q51 NEVER	1 1%	31 2%	~	~	4%~	~	~	~	~	~	~	~	~	1 9%~	1 2%~	1 1%~	~	1 1%~	~	
SOMETIMES	9 10%	120 9%	~	2 7%~	4 16%~	2 9%~	1 7%~	5 10%~	1 20%~	~	~	1 10%~	~	6 13%~	3 7%~	9 10%~	~	6 9%~	3 14%~	
USUALLY	12 13%	278 21%*	~	5 18%~	3 12%~	1 4%~	3 20%~	9 18%~	2 40%~	~	~	~	~	4 9%~	7 16%~	11 13%~	1 20%~	10 14%~	2 9%~	
ALWAYS	70 76%	871 67%*	1 100%~	21 75%~	17 68%~	20 87%~	11 73%~	35 71%~	3 100%~	2 40%~	2 100%~	2 100%~	9 90%~	10 91%~	35 78%~	33 75%~	65 76%~	4 80%~	53 76%~	17 77%~
#ALWAYS + USUALLY (NET)	82 89%	1149 88%	1 100%~	26 93%~	20 80%~	21 91%~	14 93%~	44 90%~	3 100%~	4 80%~	2 100%~	2 100%~	9 90%~	10 91%~	39 87%~	40 91%~	76 88%~	5 100%~	63 90%~	19 86%~
TOP BOX SCORE	70 76%	871 67%*	1 100%~	21 75%~	17 68%~	20 87%~	11 73%~	35 71%~	3 100%~	2 40%~	2 100%~	2 100%~	9 90%~	10 91%~	35 78%~	33 75%~	65 76%~	4 80%~	53 76%~	17 77%~
NOT ANSWERED	4	41		2	2			2						2	2	3	1	3	1	
VALID CASES	92	1300	1	28	25	23	15	49	3	5	2	2	10	11	45	44	86	5	70	22
NUMBER OF RESPONDENTS	96	1341	1	30	27	23	15	51	3	5	2	2	10	11	47	46	89	6	73	23
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q52 YES	98 30%	1596 29%		34 ~ 41%*	25 26%	21 24%	18 30%	51 30%	1 6%~	4 31%~	3 60%~	2 40%~	8 38%~	9 21%~	47 35%	48 26%	90 29%~	7 47%~	77 30%	21 28%
NO	231 70%	3983 71%	3 100%~	49 59%*	70 74%	67 76%	42 70%	119 70%	15 94%~	9 69%~	2 40%~	3 60%~	13 62%~	33 79%~	89 65%	134 74%	218 71%~	8 53%~	178 70%	53 72%
NOT ANSWERED	29	439		9	10	5	5	4					2		2	5	7		28	1
VALID CASES	329	5579	3	83	95	88	60	170	16	13	5	5	21	42	136	182	308	15	255	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
PQ53 NEVER	3 0.9%	65 1%	~	~	1% 2%	2%	~	~	~	~	20%~	~	~	2%~	~	2%	2	1	2	1
SOMETIMES	19 6%	282 5%	~	7%	9%	5%	2%*	6%	6%~	8%~	20%~	~	5%~	7%~	6%	5%	19	~	15	4
USUALLY	31 10%	520 9%	~	16%	7%	6%	10%	11%	~	8%~	~	~	14%~	~	12%	8%	28	3	24	7
ALWAYS	273 84%	4656 84%	100%~	77%	83%	88%	88%	83%	94%~	85%~	60%~	100%~	81%~	90%~	82%	85%	258	10	211	62
#ALWAYS + USUALLY (NET)	304 93%	5175 94%	100%~	93%	90%	93%	98%*	94%	94%~	92%~	60%~	100%~	95%~	90%~	94%	93%	286	13	235	69
TOP BOX SCORE	273 84%	4656 84%	100%~	77%	83%	88%	88%	83%	94%~	85%~	60%~	100%~	81%~	90%~	82%	85%	258	10	211	62
NOT ANSWERED	3	67		1	1	1									2		1	1	3	
VALID CASES	326	5523	3	82	94	88	59	170	16	13	5	5	21	42	134	182	307	14	252	74
NUMBER OF RESPONDENTS	329 100%	5590 100%	3 100%	83 100%	95 100%	88 100%	60 100%	170 100%	16 100%	13 100%	5 100%	5 100%	21 100%	42 100%	136 100%	182 100%	308 100%	15 100%	255 100%	74 100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q54 WORST HEALTH PLAN POSSIBLE	2 0.6%	18 0.3%	~	1% ~	~	1% ~	~	~	~	~	~	~	~	1 0.7%	~	1 7%	1 0.4%	1 1%		
01		11 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
02		27 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
03	1 0.3%	40 0.7%	~	~	~	2% ~	1 0.6%	~	~	~	~	~	1 0.6%	~	1 0.3%	~	1 0.4%	~		
04	5 2%	53 0.9%	~	2% ~	~	3% 5%	2 1%	~	~	~	2 9%	1 3%	2 1%	3 2%	4 1%	1 7%	4 2%	1 1%		
05	18 5%	288 5%	~	2% ~	5% ~	4% 5%	7 11%	10 6%	1 6%	1 8%	~	1 20%	1 4%	3 8%	1 0.7%*	16 9%*	17 6%	1 7%	8 3%*	10 14%*
06	15 5%	265 5%	1 33%	2 2%	5 5%	5 6%	2 3%	11 6%	1 6%	~	~	~	1 3%	5 4%	10 6%	14 5%	~	7 3%*	8 11%*	
07	29 9%	565 10%	~	5% 6%	12% 13%	8% 9%	4% 6%	16 9%	2 13%	~	~	1 20%	2 9%	5 13%	8 6%	20 11%	27 9%	2 13%	21 8%	8 11%
08	61 18%	980 18%	~	16% 19%	15% 16%	18% 21%	12% 19%	39 23%*	1 6%	3 23%	1 20%	~	2 9%	9 23%	18 13%*	41 23%*	55 18%	4 27%	49 19%	12 16%
09	60 18%	1008 18%	~	20% 24%	19% 20%	14% 16%	7% 11%	27 16%	2 13%	4 31%	2 40%	~	4 17%	6 15%	31 22%	29 16%	57 18%	3 20%	50 20%	10 14%
BEST HEALTH PLAN POSSIBLE	139 42%	2334 42%	2 67%	35 42%	39 41%	37 43%	26 42%	64 38%	9 56%	5 38%	2 40%	3 60%	12 52%	15 38%	72 52%*	61 34%*	134 43%	3 20%	115 45%*	24 32%*
#8-10 (NET)	260 79%	4322 77%	2 67%	71 86%	73 77%	69 79%	45 73%	130 76%	12 75%	12 92%	5 100%	3 60%	18 78%	30 75%	121 88%*	131 72%*	246 80%	10 67%	214 84%*	46 62%*

Continued

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR POOR	NO CCC	CCC		
9-10 (NET)	199 60%	3342 60%	2 67%~	55 66%	58 61%	51 59%	33 53%	91 54%*	11 69%~	9 69%~	4 80%~	3 60%~	16 70%~	21 53%~	103 75%*	90 50%*	191 62%~	6 40%~	165 64%*	34 46%*
NOT ANSWERED	28	430		9	10	6	3	4					2		6	6		27	1	
VALID CASES	330	5588	3	83	95	87	62	170	16	13	5	5	23	40	138	181	309	15	256	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%
MEAN	8.56	8.52	8.67	8.71	8.63	8.57	8.21	8.44	8.81	8.85	9.20	8.40	8.65	8.40	9.00	8.25	8.64	7.47	8.75	7.89
p stat_(*=Sig @ p<=.05)		.710	~.353	.596	.915	.129	.190	~	~	~	~	~	~	~.000*.000*	~	~	~.001*.001*			



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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q55 YES	142 43%	2224 39%	2 67%~	41 49%	41 44%	32 36%	26 41%	82 47%	6 38%~	2 15%~	2 40%~	2 40%~	10 43%~	17 40%~	50 36%	88 47%	133 42%~	7 47%~	85 33%*	57 77%*
NO	190 57%	3434 61%	1 33%~	43 51%	53 56%	56 64%	37 59%	91 53%	10 63%~	11 85%~	3 60%~	3 60%~	13 57%~	25 60%~	87 64%	99 53%	180 58%~	8 53%~	173 67%*	17 23%*
NOT ANSWERED	26	359		8	11	5	2	1							1		2		25	1
VALID CASES	332	5659	3	84	94	88	63	173	16	13	5	5	23	42	137	187	313	15	258	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q56 NEVER	2 1%	36 2%	~	~	3%~	3%~	2%~	~	~	~	~	~	~	~	2 4%~	2 2%~	~	~	2 4%~	
SOMETIMES	12 9%	208 9%	~	5%~	15%~	3%~	12%~	6%	~	~	~	30%~	18%~	10%~	8%~	9 7%~	3 50%~	8 10%	4 7%	
USUALLY	25 18%	522 24%	~	20%~	26%~	6%~	19%~	15% 18%	1 17%~	~	~	10%~	12%~	21%~	15% 17%	23 17%~	2 33%~	14 17%	11 19%	
ALWAYS	100 72%	1443 65%	100%~	75%~	56%~	88%~	69%~	60 73%	5 83%~	2 100%~	1 100%~	2 100%~	6 60%~	12 71%~	31 65%~	65 75%	98 74%~	1 17%~	60 73%	40 70%
#ALWAYS + USUALLY (NET)	125 90%	1964 89%	100%~	95%~	82%~	94%~	88%~	75 91%	6 100%~	2 100%~	1 100%~	2 100%~	7 70%~	14 82%~	41 85%~	80 92%	121 92%~	3 50%~	74 90%	51 89%
TOP BOX SCORE	100 72%	1443 65%	100%~	75%~	56%~	88%~	69%~	60 73%	5 83%~	2 100%~	1 100%~	2 100%~	6 60%~	12 71%~	31 65%~	65 75%	98 74%~	1 17%~	60 73%	40 70%
NOT ANSWERED	3	47		1	2						1				2	1	1	1	3	
VALID CASES	139	2208	2	40	39	32	26	82	6	2	1	2	10	17	48	87	132	6	82	57
NUMBER OF RESPONDENTS	142	2255	2	41	41	32	26	82	6	2	2	2	10	17	50	88	133	7	85	57
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q57 #YES	78 56%	1308 61%	1 50%	24 59%	22 56%	13 41%	18 72%	45 55%	3 50%	2 100%	2 100%	2 100%	6 60%	9 56%	28 58%	47 54%	75 57%	2 33%	45 55%	33 58%
NO	61 44%	853 39%	1 50%	17 41%	17 44%	19 59%	7 28%	37 45%	3 50%	~	~	~	4 40%	7 44%	20 42%	40 46%	56 43%	4 67%	37 45%	24 42%
NOT ANSWERED	3	94			2	1								1	2	1	2	1	3	
VALID CASES	139	2161	2	41	39	32	25	82	6	2	2	2	10	16	48	87	131	6	82	57
NUMBER OF RESPONDENTS	142	2255	2	41	41	32	26	82	6	2	2	2	10	17	50	88	133	7	85	57
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q58																				
EXCELLENT	133 40%	2291 40%	1 33%~	42 51%*	36 38%	34 39%	20 32%	69 40%	7 44%~	6 46%~	2 50%~	1 20%~	8 35%~	20 49%~	48 35%	80 43%	133 42%~	~	122 47%*	11 15%*
VERY GOOD	125 38%	2006 35%	2 67%~	26 31%	36 38%	37 43%	24 38%	72 42%	6 38%~	5 38%~	1 25%~	3 60%~	8 35%~	11 27%~	46 34%	76 41%	125 40%~	~	92 36%	33 46%
GOOD	57 17%	1106 20%	~	14 17%	17 18%	12 14%	14 22%	30 17%	2 13%~	1 8%~	1 25%~	1 20%~	4 17%~	10 24%~	32 24%*	25 14%*	57 18%~	~	31 12%*	26 36%*
FAIR	13 4%	239 4%	~	~	5 5%	3 3%	5 8%	1 0.6%*	1 6%~	1 8%~	~	~	3 13%~	~	8 6%	4 2%	13 ~	87%~	11 4%	2 3%
POOR	2 0.6%	17 0.3%	~	1 1%	~	1 1%	~	1 0.6%	~	~	~	~	~	~	2 1%	~	2 ~	13%~	0.8%	~
#EXCELLENT + VERY GOOD + GOOD (NET)	315 95%	5403 95%	3 100%~	82 99%*	89 95%	83 95%	58 92%	171 99%*	15 94%~	12 92%~	4 100%~	5 100%~	20 87%~	41 100%~	126 93%	181 98%*	315 100%~	~	245 95%	70 97%
NOT ANSWERED	28	359		9	11	6	2	1			1			1	2	2			25	3
VALID CASES	330	5659	3	83	94	87	63	173	16	13	4	5	23	41	136	185	315	15	258	72
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q59 EXCELLENT	150 45%	2506 44%	2 67%~	53 62%*	44 46%	33 38%	18 29%*	81 47%	7 44%~	6 46%~	3 60%~	2 40%~	13 57%~	14 33%~	60 43%	82 44%	147 47%~	2 13%~	136 53%*	14 19%*
VERY GOOD	115 35%	1630 29%*	1 33%~	21 25%*	35 37%	33 38%	25 40%	57 33%	6 38%~	5 38%~	2 40%~	2 40%~	7 30%~	15 36%~	48 35%	67 36%	110 35%~	4 27%~	93 36%	22 30%
GOOD	49 15%	1044 18%*	~	8 9%	12 13%	14 16%	15 24%	24 14%	2 13%~	2 15%~	~	1 20%~	2 9%	9 21%~	25 18%	24 13%	43 14%~	5 33%~	24 9%*	25 34%*
FAIR	16 5%	420 7%*	~	3 4%	2 2%	6 7%	5 8%	10 6%	1 6%~	~	~	~	1 4%~	2 5%~	4 3%	11 6%	11 4%~	4 27%~	6 2%*	10 14%*
POOR	3 0.9%	74 1%	~	~	2 2%	1 1%	1 0.6%	1 ~	~	~	~	~	~	2 5%~	1 0.7%	2 1%	3 1%~	~	~	3 4%~
#EXCELLENT + VERY GOOD + GOOD (NET)	314 94%	5181 91%*	3 100%~	82 96%	91 96%	80 92%	58 92%	162 94%	15 94%~	13 100%~	5 100%~	5 100%~	22 96%~	38 90%~	133 96%	173 93%	300 96%~	11 73%~	253 98%*	61 82%*
NOT ANSWERED	25	344		7	10	6	2	1								1	1	24	1	
VALID CASES	333	5674	3	85	95	87	63	173	16	13	5	5	23	42	138	186	314	15	259	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q60 YES	71 21%	1197 21%	1 33%~	10 12%*	19 20%	20 22%	21 33%*	43 25%	2 13%~	2 15%~	1 20%~	1 20%~	5 22%~	11 26%~	22 16%*	49 26%*	65 21%~	6 40%~	20 8%*	51 68%*
NO	263 79%	4478 79%	2 67%~	74 88%*	76 80%	69 78%	42 67%*	130 75%	14 88%~	11 85%~	4 80%~	4 80%~	18 78%~	31 74%~	116 84%*	137 74%*	249 79%~	9 60%~	239 92%*	24 32%*
NOT ANSWERED	24	343		8	10	4	2	1							1	1			24	
VALID CASES	334	5675	3	84	95	89	63	173	16	13	5	5	23	42	138	186	314	15	259	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- AMER	IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q61 YES	48 70%	945 79%	1 100%~	4 40%~	13 68%~	16 84%~	14 70%~	30 73%~	1 50%~	1 50%~		1 100%~	1 20%~	9 82%~	11 52%~	37 77%~	46 72%~	2 40%~	1 6%~	47 92%~
NO	21 30%	248 21%		6 ~ 60%~	6 32%~	3 16%~	6 30%~	11 27%~	1 50%~	1 50%~	1 100%~		4 ~ 80%~	2 18%~	10 48%~	11 23%~	18 28%~	3 60%~	17 94%~	4 8%~
NOT ANSWERED	2	41				1 1	2								1 1	1 1	1 1		2	
VALID CASES	69	1192	1	10	19	19	20	41	2	2	1	1	5	11	21	48	64	5	18	51
NUMBER OF RESPONDENTS	71	1233	1	10	19	20	21	43	2	2	1	1	5	11	22	49	65	6	20	51
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES]

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q62 YES	47	867	1	4	13	16	13	29	1	1	1	1	9	11	36	46	1	47	
	98%	92%	~100%	~100%	~100%	~100%	93%	97%	~100%	~100%	~100%	~100%	~100%	~100%	97%	~100%	50%	~100%	~100%
NO	1	75					1	1						1		1	1	1	
	2%	8%	~	~	~	~	7%	3%	~	~	~	~	~	~	3%	~	50%	~100%	~
NOT ANSWERED		13																	
VALID CASES	48	942	1	4	13	16	14	30	1	1	1	1	9	11	37	46	2	1	47
NUMBER OF RESPONDENTS	48	955	1	4	13	16	14	30	1	1	1	1	9	11	37	46	2	1	47
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES AND Q61 = YES]



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

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q63 YES	45 13%	872 15%	1 33%~	4 5%*	13 14%	17 19%	10 16%	27 16%	1 6%~	2 15%~	1 ~	2 20%~	9 9%~	22%~	10 7%*	33 18%*	39 12%~	4 27%~	9 3%*	36 49%*
NO	289 87%	4772 85%	2 67%~	80 95%*	82 86%	72 81%	53 84%	147 84%	15 94%~	11 85%~	5 100%~	4 80%~	21 91%~	32 78%~	128 93%*	153 82%*	275 88%~	11 73%~	251 97%*	38 51%*
NOT ANSWERED	24	374		8	10	4	2						1		1		1		23	1
VALID CASES	334	5644	3	84	95	89	63	174	16	13	5	5	23	41	138	186	314	15	260	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q64 YES	35 80%	716 83%		4 ~100%	12 ~92%	12 ~75%	7 ~70%	23 88%	1 100%	1 50%		1 ~100%	1 50%	6 67%	6 60%	28 88%	31 82%	3 75%	3 33%	32 91%
NO	9 20%	150 17%	1 ~100%		1 ~8%	4 25%	3 30%	3 12%		1 ~50%			1 ~50%	3 33%	4 40%	4 13%	7 18%	1 25%	6 67%	3 9%
NOT ANSWERED	1	15				1		1							1	1				1
VALID CASES	44	866	1	4	13	16	10	26	1	2		1	2	9	10	32	38	4	9	35
NUMBER OF RESPONDENTS	45	881	1	4	13	17	10	27	1	2		1	2	9	10	33	39	4	9	36
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q65 YES	31 94%	679 96%	~	2 67%	11 100%	12 100%	6 86%	20 95%	1 100%	1 100%	1 100%	6 100%	6 100%	5 83%	25 96%	28 97%	2 67%	31 100%	
NO	2 6%	29 4%	~	1 33%	~	~	1 14%	1 5%	~	~	~	1 100%	~	1 17%	1 4%	1 3%	1 33%	2 100%	~
NOT ANSWERED	2	17		1	1		2							2	2			1	1
VALID CASES	33	708		3	11	12	7	21	1	1	1	1	6	6	26	29	3	2	31
NUMBER OF RESPONDENTS	35	725		4	12	12	7	23	1	1	1	1	6	6	28	31	3	3	32
	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q66 YES	38 11%	674 12%	~	4 5%*	13 14%	12 13%	9 14%	24 14%	2 13%~	~	~	~	2 9%~	4 10%~	13 9%	24 13%	34 11%~	3 20%~	14 5%*	24 32%*	
NO	296 89%	4980 88%	100%~	3 95%*	81 86%	81 87%	77 86%	54 86%	150 86%	14 88%~	12 100%~	5 100%~	5 100%~	21 91%~	38 90%~	125 91%	162 87%	280 89%~	12 80%~	245 95%*	51 68%*
NOT ANSWERED	24	364		7	11	4	2			1					1		1		24		
VALID CASES	334	5654	3	85	94	89	63	174	16	12	5	5	23	42	138	186	314	15	259	75	
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%	

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q67 YES	24	505		1	8	8	7	19					3	5	18	22	1	1	23
	67%	79%	~	25%	67%	73%	78%	86%	~	~	~	~	75%	38%	82%	69%	33%	8%	100%
NO	12	133		3	4	3	2	3	2			2	1	8	4	10	2	12	
	33%	21%	~	75%	33%	27%	22%	14%	100%	~	~	100%	25%	62%	18%	31%	67%	92%	~
NOT ANSWERED	2	30			1	1		2							2	2		1	1
VALID CASES	36	638		4	12	11	9	22	2			2	4	13	22	32	3	13	23
NUMBER OF RESPONDENTS	38	668		4	13	12	9	24	2			2	4	13	24	34	3	14	24
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q68 YES	23 96%	510 96%	1 ~100%	8 ~100%	8 ~100%	6 86%	18 95%	~	~	~	~	~	3 ~100%	5 100%	17 94%	22 100%	~	23 ~100%	
NO	1 4%	19 4%	~	~	~	1 14%	1 5%	~	~	~	~	~	~	1 6%	~	1 ~100%	1 100%	~	
NOT ANSWERED		5																	
VALID CASES	24	529	1	8	8	7	19					3	5	18	22	1	1	23	
NUMBER OF RESPONDENTS	24	534	1	8	8	7	19					3	5	18	22	1	1	23	
	100%	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?

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC			
Q69 YES	37 11%	583 10%		4 ~ 5%*	13 14%	10 11%	10 16%	21 12%	2 13%~					2 9%~	6 14%~	12 9%	24 13%	31 10%~	3 20%~	10 4%*	27 36%*
NO	297 89%	5081 90%	3 100%~	81 95%*	81 86%	79 89%	53 84%	152 88%	14 88%~	13 100%~	5 100%~	5 100%~	21 91%~	36 86%~	126 91%	162 87%	283 90%~	12 80%~	250 96%*	47 64%*	
NOT ANSWERED	24	354		7	11	4	2	1								1	1		23	1	
VALID CASES	334	5664	3	85	94	89	63	173	16	13	5	5	23	42	138	186	314	15	260	74	
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%	

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q70 YES	25 71%	317 61%	~	~	9 69%	8 80%	8 89%	15 75%	2 100%	~	~	~	1 50%	4 80%	6 50%	18 82%	20 69%	2 67%	1 10%	24 96%
NO	10 29%	205 39%	~	3 100%	4 31%	2 20%	1 11%	5 25%	~	~	~	~	1 50%	1 20%	6 50%	4 18%	9 31%	1 33%	9 90%	1 4%
NOT ANSWERED	2	42		1		1	1					1			2	2			2	
VALID CASES	35	522		3	13	10	9	20	2			2	5	12	22	29	3	10	25	
NUMBER OF RESPONDENTS	37	564		4	13	10	10	21	2			2	6	12	24	31	3	10	27	
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES]



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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q71 YES	23	315			9	7	7	14	1			1	4	6	16	19	1		23
	96%	96%	~	~	~100%	~100%	~88%	~93%	~100%	~	~	~100%	~100%	~100%	~94%	~100%	~50%	~	~100%
NO	1	14					1	1							1		1	1	
	4%	4%	~	~	~	~	~13%	~7%	~	~	~	~	~	~	~6%	~	~50%	~100%	~
NOT ANSWERED	1	6				1		1							1	1			1
VALID CASES	24	330			9	7	8	15	1			1	4	6	17	19	2	1	23
NUMBER OF RESPONDENTS	25	336			9	8	8	15	2			1	4	6	18	20	2	1	24
	100%	100%			100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES AND Q70 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q72 YES	44 13%	799 14%	~	1%*	13%	19%	23%*	29% 17%*	2% 13%~	1% 8%~	1% ~	2% 20%~	7% 9%~	17% 17%~	11% 8%*	32% 17%*	41% 13%~	1% 7%~	2% 0.8%*	42% 56%*
NO	288 87%	4843 86%	100%~	99%*	87%	81%	77%*	143% 83%*	14% 88%~	12% 92%~	5% 100%~	4% 80%~	21% 91%~	35% 83%~	126% 92%*	155% 83%*	271% 87%~	14% 93%~	255% 99%*	33% 44%*
NOT ANSWERED	26	376	1	7	11	4	3	2						1		3		26		
VALID CASES	332	5642	2	85	94	89	62	172	16	13	5	5	23	42	137	187	312	15	257	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q73 YES	41	744			12	15	14	29	2	1		1	2	4	10	30	38	1	41
	95%	94%	~	~	~100%	~88%	~100%	~100%	~100%	~100%	~	~100%	~100%	67%	91%	97%	95%	~100%	~
NO	2	48				2								2	1	1	2		2
	5%	6%	~	~	~	~12%	~	~	~	~	~	~	~	~33%	9%	3%	5%	~100%	~
NOT ANSWERED	1	31		1										1	1	1			1
VALID CASES	43	793			12	17	14	29	2	1		1	2	6	11	31	40	1	2
NUMBER OF RESPONDENTS	44	824		1	12	17	14	29	2	1		1	2	7	11	32	41	1	2
	100%	100%			100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																				
LESS THAN 1 YEAR OLD	3 0.8%	27 0.4%	3 100%	~	~	~	~	~	1 6%	~	~	~	~	~	1 0.7%	1 0.5%	3 1%	~	2 0.7%	1 1%
1 TO 3 YEARS OLD	92 26%	1125 19%*	~	92 ~100%	~	~	~	47 27%	3 19%	2 15%	3 60%	1 20%	6 26%	9 21%	43 31%	40 21%	82 26%	1 7%	87 31%*	5 7%*
4 TO 7 YEARS OLD	105 29%	1651 27%	~	~	105 ~100%	~	~	43 25%	5 31%	6 46%	~	1 20%	6 26%	14 33%	39 28%	52 28%	89 28%	5 33%	82 29%	23 31%
8 TO 12 YEARS OLD	93 26%	1813 30%	~	~	~	93 ~100%	~	50 29%	4 25%	~	2 40%	2 40%	1 4%	16 38%	33 24%	53 28%	83 26%	4 27%	67 24%	26 35%
13 OR OLDER	65 18%	1402 23%*	~	~	~	65 ~100%	~	34 20%	3 19%	5 38%	~	1 20%	10 43%	3 7%	22 16%	41 22%	58 18%	5 33%	45 16%	20 27%
VALID CASES	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

NQ75 IS YOUR CHILD MALE OR FEMALE?

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ75 MALE	182 51%	3120 52%	2 67%	45 49%	48 46%	53 57%	34 52%	93 53%	10 63%	6 46%	3 60%	1 20%	12 52%	19 45%	69 50%	99 53%	167 53%	3 20%	140 49%	42 56%
FEMALE	176 49%	2898 48%	1 33%	47 51%	57 54%	40 43%	31 48%	81 47%	6 38%	7 54%	2 40%	4 80%	11 48%	23 55%	69 50%	88 47%	148 47%	12 80%	143 51%	33 44%
VALID CASES	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

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

			AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q76																				
HISPANIC OR LATINO	138 42%	2443 43%	1 50%~	43 52%*	39 43%	33 38%	22 35%	46 27%*	3 20%~	1 8%~	1 20%~	3 60%~	17 74%~	17 40%~	138 100%~	126 41%~	10 71%~	118 47%*	20 27%*	
NOT HISPANIC OR LATINO	187 58%	3183 57%	1 50%~	40 48%*	52 57%	53 62%	41 65%	124 73%*	12 80%~	12 92%~	4 80%~	2 40%~	6 26%~	25 60%~	187 ~100%~	181 59%~	4 29%~	133 53%*	54 73%*	
NOT ANSWERED	33	391	1	9	14	7	2	4	1							8	1	32	1	
VALID CASES	325	5627	2	83	91	86	63	170	15	13	5	5	23	42	138	187	307	14	251	74
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q77.1	FMCA TOT CHLD																			
YES	212 59%	3921 65%*	55 ~ 60%	56 53%	64 69%*	37 57%	174 100%~	~	~	~	~	38 ~ 90%~	60 43%*	148 79%*	208 66%~	2 13%~	154 54%*	58 77%*		
NO	146 41%	2097 35%*	3 100%~	37 40%	49 47%	29 31%*	28 43%	16 ~100%~	13 ~100%~	5 ~100%~	5 ~100%~	23 ~100%~	4 10%~	78 57%*	39 21%*	107 34%~	13 87%~	129 46%*	17 23%*	
VALID CASES	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q77.2	FMCA TOT CHLD																			
YES	30 8%	320 5%*	1 33%~	6 7%	10 10%	9 10%	4 6%	16 ~100%~				14 ~ 33%~	7 5%	22 12%*	28 9%~	1 7%~	23 8%	7 9%		
NO	328 92%	5698 95%*	2 67%~	86 93%	95 90%	84 90%	61 94%	174 100%~	13 ~100%~	5 100%~	5 100%~	23 100%~	28 67%~	131 95%	165 88%*	287 91%~	14 93%~	260 92%	68 91%	
VALID CASES	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%



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

		AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q77.3	FMCA TOT CHLD																			
YES	20 6%	238 4%	3 ~	8 3%	4 8%	5 8%	~	13 ~100%	~	~	7 ~ 17%	2 1%	18 10%	19 6%	1 7%	15 5%	5 7%			
NO	338 94%	5780 96%	3 100%	89 97%	97 92%	89 96%	60 92%	174 100%	16 100%	5 ~100%	5 ~100%	23 ~100%	35 83%	136 99%	169 90%	296 94%	14 93%	268 95%	70 93%	
VALID CASES	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC			
Q77.4	FMCA TOT CHLD																			
YES	7 2%	104 2%	4 ~	4 4%	3 ~	3 3%	~	~	5 ~100%	~	2 ~	5 5%	2 1%	5 3%	6 2%	15 ~	7 2%			
NO	351 98%	5914 98%	3 100%	88 96%	105 100%	90 97%	65 100%	174 100%	16 100%	13 100%	5 100%	23 100%	40 95%	136 99%	182 97%	309 98%	15 100%	276 98%	75 100%	
VALID CASES	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AMER IAN	NATV ILND	AMER PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.5	FMCA TOT CHLD																			
YES	21 6%	339 6%	4 ~	7 4%	8 7%	2 3%				5 ~100%		16 ~ 38%	9 7%	12 6%	21 7%			14 5%	7 9%	
NO	337 94%	5679 94%	3 100%	88 96%	98 93%	85 91%	63 97%	174 100%	16 100%	13 100%	5 100%		23 ~100%	26 62%	129 93%	175 94%	294 93%	15 100%	269 95%	68 91%
VALID CASES	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	HIS- PAN- IC	NOT GOOD & POOR	VERY FAIR & POOR	NO CCC	CCC		
Q77.6	FMCA TOT CHLD																			
YES	37 10%	629 10%	9 ~ 10%	10 10%	7 8%	11 17%	~	~	~	~	23 ~100%	14 33%	29 21%*	8 4%*	33 10%	3 20%	33 12%	4 5%		
NO	321 90%	5389 90%	3 100%	83 90%	95 90%	86 92%	54 83%	174 100%	16 100%	13 100%	5 100%	5 100%	28 ~ 67%	109 79%*	179 96%*	282 90%	12 80%	250 88%	71 95%	
VALID CASES	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

Q78 WHAT IS YOUR AGE?

	FMCA TOT CHLD	OHP TOT CHLD	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q78 UNDER 18	11 3%	209 4%	~	2% 4%	4% 2%	2% 5%	5% 3%	1% 6%~	1% 8%~	~	~	~	1% 2%~	4% 3%	6% 3%	10% 3%~	1% 7%~	8% 3%	3% 4%	
18 TO 24	23 7%	307 5%	50%~	18% 21%*	4% 4%	~	10% 6%	2% 13%~	~	~	20%~	1% 9%~	2% 7%~	3% 10%	9% 5%	22% 7%~	~	23% 9%*	~	
25 TO 34	130 39%	2087 37%	50%~	1% 52%*	44% 49%*	47% 33%	29% 15%*	9% 39%	4% 25%~	5% 42%~	1% 20%~	2% 40%~	8% 36%~	17% 40%~	66% 48%*	60% 32%*	122% 39%~	7% 47%~	104% 41%	26% 35%
35 TO 44	119 36%	2042 36%	~	17% 20%*	34% 36%	42% 47%*	26% 43%	62% 36%	7% 44%~	5% 42%~	3% 60%~	2% 40%~	9% 41%~	17% 40%~	44% 32%	72% 39%	113% 36%~	4% 27%~	92% 36%	27% 36%
45 TO 54	38 11%	708 13%	~	3% 4%*	5% 5%*	11% 12%	19% 31%*	25% 14%	1% 6%~	1% 8%~	1% 20%~	~	2% 9%~	3% 7%~	7% 5%*	30% 16%*	34% 11%~	3% 20%~	24% 9%	14% 19%
55 TO 64	10 3%	233 4%	~	~	1% 1%	5% 6%	4% 7%	5% 3%	1% 6%~	~	~	~	1% 5%~	1% 2%~	2% 1%	8% 4%	10% 3%~	~	5% 2%	5% 7%
65 TO 74		39 0.7%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
75 OR OLDER		12 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	27	382	1	8	10	4	4			1			1		2		4		27	
VALID CASES	331	5636	2	84	95	89	61	174	16	12	5	5	22	42	137	185	311	15	256	75
NUMBER OF RESPONDENTS	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Q79 ARE YOU MALE OR FEMALE?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q79																				
MALE	49 15%	691 12%		8 ~ 9%	14 15%	15 17%	12 19%	19 11%*	2 13%~	4 31%~	1 20%~	1 20%~	4 17%~	8 19%~	17 12%	30 16%	45 14%~	2 13%~	39 15%	10 13%
FEMALE	285 85%	4976 88%	2 100%~	77 91%	81 85%	74 83%	51 81%	155 89%*	14 88%~	9 69%~	4 80%~	4 80%~	19 83%~	34 81%~	121 88%	157 84%	269 86%~	13 87%~	220 85%	65 87%
NOT ANSWERED	24	352	1	7	10	4	2										1		24	
VALID CASES	334	5666	2	85	95	89	63	174	16	13	5	5	23	42	138	187	314	15	259	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12 AND OVER	BLCK OR WHITE	AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q80																				
8TH GRADE OR LESS	29 9%	729 13%*		9 ~ 11%	5 5%	5 6%	10 16%	8 5%*	2 13%~	3 23%~		1 ~ 20%~	3 14%~	2 5%~	24 18%*	4 2%*	25 8%~	4 29%~	27 11%*	2 3%*
SOME HIGH SCHOOL BUT DID NOT GRADUATE	41 12%	659 12%		15 ~ 18%	8 9%	12 13%	6 10%	14 8%*			1 ~ 20%~	2 40%~	1 5%~	5 12%~	33 24%*	7 4%*	39 13%~	2 14%~	37 15%*	4 5%*
HIGH SCHOOL GRADUATE OR GED	90 27%	1741 31%	1 50%~	19 22%	36 39%*	19 21%	15 25%	42 24%	7 44%~	4 31%~	1 20%~	1 20%~	7 33%~	9 21%~	50 37%*	40 22%*	83 27%~	5 36%~	74 29%	16 21%
SOME COLLEGE OR 2-YEAR DEGREE	114 35%	1785 32%	1 50%~	26 31%	28 30%	35 39%	24 39%	69 40%*	5 31%~	4 31%~	1 20%~	1 20%~	7 33%~	21 50%~	24 18%*	88 47%*	110 35%~	2 14%~	72 28%*	42 56%*
4-YEAR COLLEGE GRADUATE	34 10%	395 7%*		9 ~ 11%	11 12%	10 11%	4 7%	26 15%*	1 6%~	2 15%~			2 ~ 10%~	2 5%~	3 2%*	29 16%*	33 11%~	1 7%~	28 11%	6 8%
MORE THAN 4-YEAR COLLEGE DEGREE	22 7%	239 4%		7 ~ 8%	5 5%	8 9%	2 3%	14 8%	1 6%~		2 ~ 40%~		1 ~ 5%~	3 7%~	1 0.7%*	18 10%*	21 7%~		17 7%	5 7%
NOT ANSWERED	28	471	1	7	12	4	4	1					2		3	1	4	1	28	
VALID CASES	330	5547	2	85	93	89	61	173	16	13	5	5	21	42	135	186	311	14	255	75
NUMBER OF RESPONDENTS	358 100%	6018 100%	3 100%	92 100%	105 100%	93 100%	65 100%	174 100%	16 100%	13 100%	5 100%	5 100%	23 100%	42 100%	138 100%	187 100%	315 100%	15 100%	283 100%	75 100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV ILND	AMER ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q81																				
MOTHER OR FATHER	321	5300	2	84	91	84	60	167	14	12	5	5	22	40	135	177	301	15	252	69
	97%	95%*	100%~	99%	96%	97%	97%	98%	88%~	92%~	100%~	100%~	96%~	95%~	99%*	95%*	97%~	100%~	98%	95%
GRANDPARENT	3	137	~	~	2	~	2	1	~	1	~	~	~	~	1	2	3	~	3	~
	0.9%	2%*			2%		2%	0.6%	~	8%~					2%~	0.7%	1%	1%~	~	1%
AUNT OR UNCLE	2	36	~	~	1	1	~	~	1	~	~	~	~	~	1	2	2	~	1	1
	0.6%	0.6%			1%	1%			6%~						2%~	~	1%	0.6%~	~	0.4%
OLDER BROTHER OR SISTER	1	4	~	~	~	~	1	~	~	~	~	~	1	~	~	1	1	~	1	~
	0.3%	0.1%					2%						4%~			~	0.5%	0.3%~	~	0.4%
OTHER RELATIVE		6	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		0.1%~																		
LEGAL GUARDIAN	1	77	~	~	~	1	~	~	1	~	~	~	~	~	~	1	1	~	~	1
	0.3%	1%*				1%~			6%~							~	0.5%	0.3%~	~	1%
SOMEONE ELSE	3	44	~	1	1	1	~	3	~	~	~	~	~	~	~	3	3	~	1	2
	0.9%	0.8%		1%	1%	1%		2%								~	2%	1%~	~	0.4%
NOT ANSWERED	27	415	1	7	10	6	3	3							2	1	4		25	2
VALID CASES	331	5603	2	85	95	87	62	171	16	13	5	5	23	42	136	186	311	15	258	73
NUMBER OF RESPONDENTS	358	6018	3	92	105	93	65	174	16	13	5	5	23	42	138	187	315	15	283	75
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q82 YES	10 5%	157 5%	~	1 2%	1 2%	5 10%	3 8%	5 4%	1 13%	1 13%	~	~	2 18%	1 9%	4 6%	6 5%	10 5%	~	9 6%	1 2%
NO	183 95%	3319 95%	~	47 98%	54 98%	47 90%	35 92%	115 96%	7 88%	7 88%	2 100%	3 100%	9 82%	10 91%	67 94%	110 95%	172 95%	8 100%	133 94%	50 98%
NOT ANSWERED	4	40	1	1	1	1	1	1							1	1	3		4	
VALID CASES	193	3476		48	55	52	38	120	8	8	2	3	11	11	71	116	182	8	142	51
NUMBER OF RESPONDENTS	197	3516	1	49	56	53	38	121	9	8	2	3	11	11	72	117	185	8	146	51
	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

		AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q83.1	FMCA TOT CHLD																
YES	4 40%	68 57%	~	~	~	40%~67%	2 40%	~	~	~	1 50%	1 100%	3 75%	1 17%	4 40%	~	4 44%
NO	6 60%	51 43%	~	100%~	100%~	60%~33%	3 60%	1 100%	1 100%	~	1 50%	~	1 25%	5 83%	6 60%	~	5 56%
VALID CASES	10	119	1	1	5	3	5	1	1		2	1	4	6	10		9
NUMBER OF RESPONDENTS	10 100%	119 100%	1 100%	1 100%	5 100%	3 100%	5 100%	1 100%	1 100%		2 100%	1 100%	4 100%	6 100%	10 100%		9 100%

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

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

		AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q83.2	FMCA TOT CHLD																
YES	5 50%	52 44%	~	~	~	2 40%	2 40%	1 100%	1 100%	~	1 50%	~	2 50%	3 50%	5 50%	~	5 56%
NO	5 50%	67 56%	~	1 100%	1 100%	3 60%	3 60%	~	~	~	1 50%	1 100%	2 50%	3 50%	5 50%	~	4 44%
VALID CASES	10	119	1	1	5	3	5	1	1	2	1	4	6	10	9	1	
NUMBER OF RESPONDENTS	10 100%	119 100%	1 100%	1 100%	5 100%	3 100%	5 100%	1 100%	1 100%	2 100%	1 100%	4 100%	6 100%	10 100%	9 100%	1 100%	

[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			
		<1	1-3	4-7	8-12	13 AND OVER	WHITE	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	GOOD & POOR	NO CCC	CCC
Q83.3	FMCA TOT CHLD																		
YES	OHP TOT CHLD	9																	
		7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	FMCA TOT CHLD	10	1	1	5	3	5	1	1			2	1	4	6	10		9	1
		100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~	~	~100%	~100%	~100%	~100%	~100%	~	~100%	~100%
VALID CASES	OHP TOT CHLD	10	1	1	5	3	5	1	1			2	1	4	6	10		9	1
NUMBER OF RESPONDENTS	FMCA TOT CHLD	10	1	1	5	3	5	1	1			2	1	4	6	10		9	1
		100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%		100%	100%

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

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

		AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.4	FMCA TOT CHLD	OHP TOT CHLD															
YES	3 30%	31 26%	1 ~100%	1 ~20%	1 33%	1 20%	~	~	~	2 ~100%	~	2 50%	1 17%	3 30%	3 33%	~	
NO	7 70%	88 74%	~	1 ~100%	4 80%	2 67%	4 80%	1 100%	1 100%	~	~	1 ~100%	2 50%	5 83%	7 70%	6 67%	1 100%
VALID CASES	10	119	1	1	5	3	5	1	1	2	1	4	6	10	9	1	
NUMBER OF RESPONDENTS	10	119	1	1	5	3	5	1	1	2	1	4	6	10	9	1	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

		AGE					RACE					ETHNICITY	HEALTH STATUS	CCC SCREENER		
		<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	NO CCC
Q83.5	FMCA TOT CHLD															
YES	2 20%	11 9%	~	1 ~100%	1 20%	2 40%	~	~	~	~	~	~	2 33%	2 20%	1 11%	1 100%
NO	8 80%	108 91%	1 ~100%	4 ~80%	3 100%	3 60%	1 100%	1 100%	~	2 100%	1 100%	4 100%	4 67%	8 80%	8 89%	~
VALID CASES	10	119	1	1	5	3	5	1	1	2	1	4	6	10	9	1
NUMBER OF RESPONDENTS	10 100%	119 100%	1 100%	1 100%	5 100%	3 100%	5 100%	1 100%	1 100%	2 100%	1 100%	4 100%	6 100%	10 100%	9 100%	1 100%

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- AMER IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ14 0-6	188	375	1	3	3	5	6	10	1	1	2	2	1	16	16	2	9	9		
	8%	10%	50%~	4%	4%	10%	16%~	8%	14%~	10%~	~ 67%~	~ 8%~	1%*	12%*	8%~	14%~	5%	14%		
7-8	64	1202		25	19	11	9	27	2	4	1	5	11	23	36	55	6	52	12	
	28%	31%	~ 35%	28%	21%	24%~	22%*	29%~	40%~	33%~	~ 29%~	44%~	27%	27%	26%~	43%~	31%	19%		
9-10	149	2325	1	43	46	36	23	85	4	5	2	1	12	12	62	80	138	6	107	42
	65%	60%	50%~	61%	68%	69%	61%~	70%	57%~	50%~	67%~	33%~	71%~	48%~	72%	61%	66%~	43%~	64%	67%
VALID CASES	231	3902	2	71	68	52	38	122	7	10	3	3	17	25	86	132	209	14	168	63
NUMBER OF RESPONDENTS	231	3902	2	71	68	52	38	122	7	10	3	3	17	25	86	132	209	14	168	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MEAN	2.57	2.50	2.00	2.56	2.63	2.60	2.45	2.61	2.43	2.40	2.67	1.67	2.71	2.40	2.71	2.48	2.58	2.29	2.58	2.52
p stat_(*=Sig @ p<=.05)		.100	~.953	.286	.708		~.228	~	~	~	~	~	~.004*	.017*	~	~	~.566	.567		

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ41 0-6	15 5%	353 7%	2 67%~	5 6%	2 2%	3 4%	3 6%	8 5%	1 8%~	~	1 ~	2 25%~	~	2 6%~	2 2%*	11 7%	14 5%~	1 7%~	9 4%	6 9%
7-8	73 25%	1106 23%	~	26 33%	20 25%	13 18%	14 26%	34 23%	4 31%~	5 42%~	~	1 25%~	2 10%~	8 23%~	40 35%*	31 19%*	68 25%~	4 29%~	56 26%	17 24%
9-10	199 69%	3349 70%	1 33%~	47 60%	59 73%	56 78%	36 68%	106 72%	8 62%~	7 58%~	4 100%~	2 50%~	18 90%~	25 71%~	73 63%	119 74%	185 69%~	9 64%~	152 70%	47 67%
VALID CASES	287	4809	3	78	81	72	53	148	13	12	4	4	20	35	115	161	267	14	217	70
NUMBER OF RESPONDENTS	287 100%	4809 100%	3 100%	78 100%	81 100%	72 100%	53 100%	148 100%	13 100%	12 100%	4 100%	4 100%	20 100%	35 100%	115 100%	161 100%	267 100%	14 100%	217 100%	70 100%
MEAN	2.64	2.62	1.67	2.54	2.70	2.74	2.62	2.66	2.54	2.58	3.00	2.25	2.90	2.66	2.62	2.67	2.64	2.57	2.66	2.59
p stat_(*=Sig @ p<=.05)		.594	~	.066	.252	.091	.797	.526	~	~	~	~	~	~	.571	.322	~	~	.358	.358

[ASKED IF Q30 = YES]



NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
NQ48 0-6	4 11%	69 10%	~	17%~	~	33%~	11%~	12%~	~	~	~	50%~	~	~	17%~	9%~	33%~	13%~	9%~
7-8	9 24%	173 25%	~	17%~	31%~	17%~	22%~	16%~	~	50%~	~	~	80%~	21%~	26%~	24%~	33%~	7%~	35%~
9-10	25 66%	464 66%	100%~	67%~	69%~	50%~	67%~	72%~	~	50%~	~	50%~	20%~	79%~	57%~	68%~	33%~	80%~	57%~
VALID CASES	38	706	1	6	16	6	9	25	2			2	5	14	23	34	3	15	23
NUMBER OF RESPONDENTS	38 100%	706 100%	100%	6	16	6	9	25	2			2	5	14	23	34	3	15	23
MEAN	2.55	2.56	3.00	2.50	2.69	2.17	2.56	2.60	2.50			2.00	2.20	2.79	2.39	2.59	2.00	2.67	2.48
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ54 0-6	41 12%	702 13%	1 33%~	7 8%	10 11%	10 11%	13 21%	24 14%	2 13%~	1 8%~	1 ~	3 20%~	5 13%~	9 7%*	30 17%*	36 12%~	3 20%~	21 8%*	20 27%*	
7-8	90 27%	1548 28%	~	21 25%	27 28%	26 30%	16 26%	55 32%*	3 19%~	3 23%~	1 20%~	1 20%~	4 17%~	14 35%~	26 19%*	61 34%*	82 27%~	6 40%~	70 27%	20 27%
9-10	199 60%	3348 60%	2 67%~	55 66%	58 61%	51 59%	33 53%	91 54%*	11 69%~	9 69%~	4 80%~	3 60%~	16 70%~	21 53%~	103 75%*	90 50%*	191 62%~	6 40%~	165 64%*	34 46%*
VALID CASES	330	5598	3	83	95	87	62	170	16	13	5	5	23	40	138	181	309	15	256	74
NUMBER OF RESPONDENTS	330 100%	5598 100%	3 100%	83 100%	95 100%	87 100%	62 100%	170 100%	16 100%	13 100%	5 100%	5 100%	23 100%	40 100%	138 100%	181 100%	309 100%	15 100%	256 100%	74 100%
MEAN	2.48	2.47	2.33	2.58	2.51	2.47	2.32	2.39	2.56	2.62	2.80	2.40	2.57	2.40	2.68	2.33	2.50	2.20	2.56	2.19
p stat_(*=Sig @ p<=.05)		.864	~.118	.659	.907	.085		.024*	~	~	~	~	~	~	.000*.000*		~		.001*.001*	

GETTING NEEDED CARE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	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	NO CCC	CCC
NPRBSEE4 NQ46	2.15	2.27	1.00	3.00	2.12	1.75	2.13	2.28	2.50			1.00	2.00	2.38	2.05	2.21	1.60	2.41	1.96	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCARNES4 NQ15	2.47	2.47	2.50	2.42	2.50	2.53	2.44	2.60	2.43	2.30	3.00	1.67	2.24	2.35	2.39	2.53	2.50	2.08	2.46	2.51
p stat_(*=Sig @ p<=.05)	.889		~.486	.686	.499		~.004*	~	~	~	~	~	~	~.162	.109	~	~	~.625	.625	
COMPOSITE	2.31	2.37	1.75	2.71	2.31	2.14	2.28	2.44	2.43	2.40	3.00	1.67	1.62	2.17	2.38	2.29	2.35	1.84	2.43	2.23
p stat_(*=Sig @ p<=.05)	.356		~.000*	.984	.113		~.023*	~	~	~	~	~	~	~.362	.675	~	~	~.001*	.410	

GETTING CARE QUICKLY

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NCARSN4 NQ4	2.63	2.61	3.00	2.50	2.71	2.56	2.80	2.80	3.00	2.33	3.00	1.00	2.57	2.89	2.56	2.79	2.72	1.80	2.57	2.76
p stat_(*=Sig @ p<=.05)		.847	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.53	2.46	2.00	2.59	2.49	2.69	2.37	2.65	1.89	2.00	3.00	3.00	2.60	2.72	2.41	2.57	2.54	2.15	2.52	2.57
p stat_(*=Sig @ p<=.05)		.108	~	.427	.494	~	~	.018*	~	~	~	~	~	~	.053	.406	~	~	.689	.689
COMPOSITE	2.58	2.54	2.50	2.54	2.60	2.63	2.58	2.72	2.44	2.17	3.00	2.00	2.59	2.80	2.49	2.68	2.63	1.98	2.55	2.66
p stat_(*=Sig @ p<=.05)		.526	~	.728	.848	.721	~	.031*	~	~	~	~	~	~	.273	.106	~	~	.360	.477

HOW WELL DOCTORS COMMUNICATE

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC	ALSK NATV	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NDREXPL4 NQ32	2.73	2.69	2.00	2.68	2.72	2.90	2.68	2.82	2.67	2.56	3.00	2.67	2.53	2.81	2.64	2.78	2.74	2.27	2.71	2.77
p stat_(*=Sig @ p<=.05)		.257	~.378	.833	~	~	.016*	~	~	~	~	~	~	~	.079	.116	~	~	.456	.458
NDRLSTN4 NQ33	2.76	2.70	1.67	2.71	2.75	2.94	2.71	2.83	2.33	2.78	3.00	2.33	2.82	2.81	2.69	2.80	2.77	2.45	2.76	2.74
p stat_(*=Sig @ p<=.05)		.105	~.411	.868	~	~	.037*	~	~	~	~	~	~	~	.190	.235	~	~	.766	.766
NDRESPU4 NQ34	2.85	2.77	2.00	2.83	2.88	2.92	2.79	2.87	2.33	3.00	3.00	2.67	2.88	2.96	2.82	2.85	2.86	2.64	2.87	2.80
p stat_(*=Sig @ p<=.05)		.003*	~.673	.459	~	~	.426	~	~	~	~	~	~	~	.526	.852	~	~	.353	.354
NDRTMEN4 NQ37	2.50	2.48	1.00	2.38	2.53	2.60	2.59	2.68	1.89	2.11	3.00	2.00	2.47	2.73	2.26	2.67	2.49	2.73	2.44	2.64
p stat_(*=Sig @ p<=.05)		.642	~.150	.727	~	~	.000*	~	~	~	~	~	~	~	.000*	.000*	~	~	.068	.068
COMPOSITE	2.71	2.66	1.67	2.65	2.72	2.84	2.69	2.80	2.31	2.61	3.00	2.42	2.68	2.83	2.61	2.78	2.72	2.52	2.70	2.74
p stat_(*=Sig @ p<=.05)		.602	~.682	.950	~	~	.322	~	~	~	~	~	~	~	.387	.400	~	~	.839	.841

CUSTOMER SERVICE

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
NPBCLCS4 NQ50	2.34	2.30	3.00	2.43	2.28	2.43	2.07	2.27	3.00	2.00	2.00	2.50	2.70	2.36	2.40	2.23	2.35	2.00	2.34	2.32
p stat_(*=Sig @ p<=.05)		.605	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.65	2.55	3.00	2.68	2.48	2.78	2.67	2.61	3.00	2.20	3.00	3.00	2.80	2.82	2.64	2.66	2.64	2.80	2.66	2.64
p stat_(*=Sig @ p<=.05)		.142	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.49	2.43	3.00	2.55	2.38	2.61	2.37	2.44	3.00	2.10	2.50	2.75	2.75	2.59	2.52	2.44	2.49	2.40	2.50	2.48
p stat_(*=Sig @ p<=.05)		.667	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NRXWHY NQ11	2.45	2.46	3.00	2.53	2.41	2.30	2.53	2.47	2.00	2.00	3.00		2.00	2.63	2.15	2.62	2.46	2.29	2.39	2.53
p stat_(*=Sig @ p<=.05)		.815	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXWYNT NQ12	1.99	2.00	3.00	2.05	1.76	2.05	2.00	1.90	1.33	2.00	2.00		3.00	1.88	2.15	1.88	1.97	2.29	2.12	1.80
p stat_(*=Sig @ p<=.05)		.889	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ13	2.48	2.59	3.00	2.26	2.53	2.70	2.38	2.45	1.67	1.00	3.00		3.00	2.50	2.54	2.48	2.46	2.71	2.40	2.60
p stat_(*=Sig @ p<=.05)		.250	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.30	2.35	3.00	2.28	2.24	2.35	2.30	2.27	1.67	1.67	2.67	x	2.67	2.33	2.28	2.33	2.30	2.43	2.30	2.31
p stat_(*=Sig @ p<=.05)		.759	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

ACCESS TO SPECIALIZED SERVICES

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR POOR	NO CCC	CCC		
NEZMDEQ NQ20	2.44	2.28		3.00	2.00		2.67	2.63						2.25	2.60	2.38	3.00	3.00	2.29	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTHP NQ23	1.90	2.11		2.17	2.00	1.33	1.71	1.73	1.00				2.33	2.00	1.83	1.86	1.87	2.00	2.40	1.63
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTC NQ26	2.06	2.11	3.00	1.00	2.10	2.18	2.00	2.17	3.00		1.00	2.00	2.00	1.89	2.10	2.11	1.67	2.11	2.04	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.13	2.17	3.00	2.06	2.03	1.76	2.13	2.18	2.00	x	x	1.00	2.17	2.00	1.99	2.18	2.12	2.22	2.50	1.99
p stat_(*=Sig @ p<=.05)		.744	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~



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

		AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
PRBSEE4 Q46	73%	76%	0%	100%	76%	50%	75%	80%	100%			0%	60%	81%	68%	76%	40%	76%	70%	
CARNES4 Q15	89%	88%	100%	86%	91%	88%	90%	94%	86%	80%	100%	33%	71%	85%	87%	90%	90%	58%	87%	92%
AVERAGE	80.6	82.1	50.0	93.0	83.7	69.1	82.4	87.1	85.7	90.0	100	33.3	35.3	72.3	84.0	79.2	83.1	49.2	81.9	80.8

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
CARSN4 Q4	88%	89%	100%	82%	96%	81%	93%	96%	100%	67%	100%	0%	86%	100%	87%	96%	93%	60%	85%	97%
APGET4 Q6	88%	86%	50%	91%	87%	91%	82%	95%	56%	56%	100%	100%	87%	96%	83%	90%	88%	69%	87%	90%
AVERAGE	88.0	87.1	75.0	86.8	91.6	86.2	87.5	95.2	77.8	61.1	100	50.0	86.2	98.0	84.8	93.0	90.4	64.6	85.8	93.4

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DREXPL4 Q32	95%	93%	67%	94%	97%	100%	92%	99%	89%	89%	100%	100%	82%	92%	94%	97%	96%	73%	95%	97%
DRLSTN4 Q33	94%	93%	33%	94%	95%	100%	92%	98%	67%	100%	100%	67%	94%	92%	94%	95%	95%	82%	95%	93%
DRESPU4 Q34	98%	95%	50%	98%	98%	100%	95%	99%	67%	100%	100%	100%	100%	100%	98%	98%	98%	91%	98%	97%
DRTMEN4 Q37	87%	86%	0%	82%	92%	92%	86%	94%	56%	67%	100%	67%	88%	96%	80%	93%	86%	100%	85%	92%
AVERAGE	93.5	91.8	37.5	91.9	95.4	97.9	91.4	97.7	69.4	88.9	100	83.3	91.2	95.2	91.3	95.5	93.8	86.4	93.0	94.7

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC		
PBCLCS4 Q50	79%	80%	100%	82%	80%	83%	67%	71%	100%	80%	50%	100%	100%	91%	82%	75%	79%	80%	80%	77%
CSRESP Q51	89%	88%	100%	93%	80%	91%	93%	90%	100%	80%	100%	100%	90%	91%	87%	91%	88%	100%	90%	86%
AVERAGE	84.2	84.1	100	87.5	80.0	87.0	80.0	80.3	100	80.0	75.0	100	95.0	90.9	84.4	83.0	83.7	90.0	85.0	81.8

SHARED DECISION MAKING (A LOT/YES + SOME) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
RXWHY Q11	85%	86%	100%	95%	82%	80%	82%	88%	67%	100%	100%	67%	88%	69%	95%	87%	71%	84%	87%
RXWYNT Q12	60%	66%	100%	63%	59%	60%	56%	55%	33%	100%	100%	100%	50%	69%	55%	60%	71%	65%	53%
FRXBST Q13	74%	80%	100%	63%	76%	85%	69%	73%	33%	0%	100%	100%	75%	77%	74%	73%	86%	70%	80%
AVERAGE	73.1	77.2	100	73.7	72.5	75.0	69.1	71.7	44.4	66.7	100	x 88.9	70.8	71.8	74.6	73.5	76.2	73.0	73.3

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
EZMDEQ Q20	89%	76%	100%	75%		100%	100%						75%	100%	88%	100%	100%	86%	
EZTHP Q23	59%	69%	67%	69%	33%	43%	53%	0%			67%	67%	58%	57%	61%	50%	80%	47%	
EZTC Q26	61%	68%	100%	0%	60%	73%	56%	72%	100%	0%	50%	50%	44%	67%	63%	33%	56%	63%	
AVERAGE	69.4	70.9	100	55.6	68.1	53.0	66.1	75.2	50.0	x	x	58.3	58.3	59.3	74.6	70.4	61.1	78.5	65.2

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	92%	85%	33%	92%	93%	92%	92%	94%	78%	89%	100%	100%	88%	96%	89%	93%	91%	91%	94%	85%
DRUNCON Q43	90%	86%	0%	88%	88%	88%	100%	94%		100%	100%	0%	100%	90%	90%	92%	89%	100%	94%	88%
DRUNFAM Q44	83%	85%	0%	88%	94%	81%	78%	86%		100%	100%	0%	67%	90%	84%	84%	83%	75%	87%	82%
AVERAGE	88.1	85.4	11.1	89.1	91.7	87.1	90.0	91.8	77.8	96.3	100	33.3	85.0	92.1	87.7	89.9	87.8	88.6	91.5	85.1

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	FMCA TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
HELPCONT Q18	80%	88%	67%	85%	80%	75%	60%	100%				100%	100%	100%	79%	80%	100%	85%	75%	
HLPCOORD Q29	50%	56%	100%	18%	55%	64%	54%	56%	100%	100%	100%	0%	0%	50%	44%	54%	52%	40%	36%	68%
AVERAGE	65.0	72.1	100	42.4	69.6	71.8	64.4	57.9	100	100	100	50.0	75.0	71.9	66.4	66.0	70.0	60.5	71.5	



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	A HEALTH PROVIDER IS THE PERSON YOU WOULD SEE IF YOU NEED A CHECK-UP, WANT ADVICE ABOUT A HEALTH PROBLEM, OR GET SICK OR HURT. 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	WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID 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	WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID 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]

39 Q35E 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. IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER TALK TOO FAST WHEN TALKING TO YOU?

40 Q35F IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER INTERRUPT YOU WHEN YOU WERE TALKING?

41 Q35G 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?

PAGE	QUESTION	TITLE
42	Q35H	IN THE LAST 6 MONTHS, DID YOU FEEL YOU COULD TELL A DOCTOR OR OTHER HEALTH PROVIDER ANYTHING, EVEN THINGS THAT YOU MIGHT NOT TELL ANYONE ELSE?
43	Q35I	IN THE LAST 6 MONTHS, DID YOU FEEL YOU COULD TRUST A DOCTOR OR OTHER HEALTH PROVIDER WITH YOUR MEDICAL CARE?
44	Q35J	IN THE LAST 6 MONTHS, DID YOU FEEL A DOCTOR OR OTHER HEALTH PROVIDER ALWAYS TOLD YOU THE TRUTH ABOUT YOUR HEALTH, EVEN IF THERE WAS BAD NEWS?
45	Q35K	IN THE LAST 6 MONTHS, DID YOU FEEL THIS PROVIDER CARED AS MUCH AS YOU DO ABOUT YOUR HEALTH?
46	Q35L	IN THE LAST 6 MONTHS, DID YOU FEEL THIS PROVIDER REALLY CARED ABOUT YOU AS A PERSON?
47	Q35M	IN THE LAST 6 MONTHS, HOW OFTEN HAVE YOU BEEN TREATED UNFAIRLY AT A DOCTOR OR OTHER HEALTH PROVIDER'S OFFICE BECAUSE OF YOUR RACE OR ETHNICITY?
48	Q35N	IN THE LAST 6 MONTHS, HOW OFTEN HAVE YOU BEEN TREATED UNFAIRLY AT A DOCTOR OR OTHER HEALTH PROVIDER'S OFFICE BECAUSE OF THE TYPE OF HEALTH INSURANCE YOU HAVE OR BECAUSE YOU DO NOT HAVE HEALTH INSURANCE?
49	Q35O	IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER GIVE YOU ALL THE INFORMATION YOU WANTED ABOUT YOUR HEALTH?
50	Q35P	IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER ENCOURAGE YOU TO TALK ABOUT ALL YOUR HEALTH QUESTIONS OR CONCERNS?
51	Q35Q	IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER USE MEDICAL WORDS YOU DID NOT UNDERSTAND?
52	Q35R	WHAT IS YOUR PREFERRED LANGUAGE?
53	Q35S	HOW WELL DO YOU SPEAK ENGLISH? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE]
54	Q35T	IN THE LAST 6 MONTHS, WHEN YOU CALLED OR SPOKE TO SOMEONE FROM YOUR HEALTH PLAN, HOW OFTEN DID THEY SPEAK TO YOU IN YOUR PREFERRED LANGUAGE? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE]
55	Q35U	AN INTERPRETER IS SOMEONE WHO HELPS YOU TALK WITH OTHERS WHO DO NOT SPEAK YOUR LANGUAGE. INTERPRETERS CAN INCLUDE STAFF FROM THE HEALTH PLAN OR TELEPHONE INTERPRETERS. IN THE LAST 6 MONTHS, WAS THERE ANY TIME WHEN YOU NEEDED AN INTERPRETER TO TALK WITH SOMEONE FROM YOUR HEALTH PLAN? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE]
56	Q35V	IN THE LAST 6 MONTHS, DID ANYONE FROM THE HEALTH PLAN LET YOU KNOW THAT AN INTERPRETER WAS AVAILABLE FREE OF CHARGE? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES]
57	Q35W	IN THE LAST 6 MONTHS, HOW OFTEN DID YOU USE AN INTERPRETER PROVIDED BY YOUR HEALTH PLAN TO HELP YOU TALK WITH SOMEONE FROM THE PLAN? ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES]
58	Q35X	IN THE LAST 6 MONTHS, WHEN YOU USED AN INTERPRETER PROVIDED BY YOUR HEALTH PLAN, WHO WAS THE INTERPRETER YOU USED MOST OFTEN? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND 35W = SOMETIMES OR USUALLY OR ALWAYS]
59	Q35Y	IN THE LAST 6 MONTHS, HOW OFTEN DID THIS INTERPRETER TREAT YOU WITH COURTESY AND RESPECT? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND Q35W = SOMETIMES OR USUALLY OR ALWAYS]
60	Q35Z	USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST INTERPRETER POSSIBLE AND 10 IS THE BEST INTERPRETER POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE THIS INTERPRETER? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND 35W = SOMETIMES OR USUALLY OR ALWAYS]

PAGE	QUESTION	TITLE
61	Q35AA	IN THE LAST 6 MONTHS, HOW OFTEN DID YOU USE A FRIEND OR FAMILY MEMBER AS AN INTERPRETER WHEN YOU TALKED WITH SOMEONE FROM YOUR HEALTH PLAN? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES]
62	Q35AB	IN THE LAST 6 MONTHS, DID YOU USE FRIENDS OR FAMILY MEMBERS AS INTERPRETERS BECAUSE THAT WAS WHAT YOU PREFERRED? [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND Q35AA = SOMETIMES OR USUALLY OR ALWAYS]
6. ABOUT YOU		
63	Q36	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?
64	Q37	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?
65	Q38	HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2013?
66	Q39	DO YOU NOW SMOKE CIGARETTES OR USE TOBACCO EVERY DAY, SOME DAYS, OR NOT AT ALL?
67	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]
68	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]
69	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]
70	Q43	DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?
71	Q44	DO YOU HAVE A HEALTH PROBLEM OR TAKE MEDICATION THAT MAKES TAKING ASPIRIN UNSAFE FOR YOU?
72	Q45	HAS A DOCTOR OR HEALTH PROVIDER EVER DISCUSSED WITH YOU THE RISKS AND BENEFITS OF ASPIRIN TO PREVENT HEART ATTACK OR STROKE?
73	Q46.1	ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: HIGH CHOLESTEROL
74	Q46.2	ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: HIGH BLOOD PRESSURE
75	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
76	Q47.1	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: A HEART ATTACK
77	Q47.2	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: ANGINA OR CORONARY HEART DISEASE
78	Q47.3	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: A STROKE
79	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

PAGE	QUESTION	TITLE
80	Q48	IN THE LAST 6 MONTHS, DID YOU GET HEALTH CARE 3 OR MORE TIMES FOR THE SAME CONDITION OR PROBLEM?
81	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]
82	Q50	DO YOU NOW NEED OR TAKE MEDICINE PRESCRIBED BY A DOCTOR? DO NOT INCLUDE BIRTH CONTROL.
83	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]
84	NQ52	WHAT IS YOUR AGE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
85	NQ53	ARE YOU MALE OR FEMALE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
86	Q54	WHAT IS THE HIGHEST GRADE OR LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?
87	Q55	ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?
88	Q56.1	WHAT IS YOUR RACE? RESPONSE: WHITE
89	Q56.2	WHAT IS YOUR RACE? RESPONSE: BLACK OR AFRICAN-AMERICAN
90	Q56.3	WHAT IS YOUR RACE? RESPONSE: ASIAN
91	Q56.4	WHAT IS YOUR RACE? RESPONSE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
92	Q56.5	WHAT IS YOUR RACE? RESPONSE: AMERICAN INDIAN OR ALASKA NATIVE
93	Q56.6	WHAT IS YOUR RACE? RESPONSE: OTHER
94	Q57	DID SOMEONE HELP YOU COMPLETE THIS SURVEY? [ASKED IF SURVEY COMPLETED BY MAIL]
95	Q58.1	HOW DID THAT PERSON HELP YOU? RESPONSE: READ THE QUESTIONS TO ME. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]
96	Q58.2	HOW DID THAT PERSON HELP YOU? RESPONSE: WROTE DOWN THE ANSWERS I GAVE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]
97	Q58.3	HOW DID THAT PERSON HELP YOU? RESPONSE: ANSWERED THE QUESTIONS FOR ME. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]
98	Q58.4	HOW DID THAT PERSON HELP YOU? RESPONSE: TRANSLATED THE QUESTIONS INTO MY LANGUAGE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]
99	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

100 NQ13 RATING OF ALL HEALTH CARE [ASKED IF Q7 >= 1 TIME]  
101 NQ23 RATING OF PERSONAL DOCTOR [ASKED IF Q15 = YES]  
102 NQ27 RATING OF SPECIALIST SEEN MOST OFTEN [ASKED IF Q24 = YES AND Q26 >= 1 SPECIALIST]  
103 NQ35 RATING OF HEALTH PLAN  
104 NQ35Z RATING OF INTERPRETER [ASKED IF Q35R = SPANISH OR SOME OTHER LANGUAGE AND Q35U = YES AND 35W = SOMETIMES OR USUALLY OR ALWAYS]

9. COMPOSITES

105 GETTING NEEDED CARE  
106 GETTING CARE QUICKLY  
107 HOW WELL DOCTORS COMMUNICATE  
108 CUSTOMER SERVICE  
109 SHARED DECISION MAKING

10. GLOBAL PROPORTION COMPOSITES

110 GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
111 GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
112 HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
113 CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
114 SHARED DECISION MAKING (A LOT/YES + SOME) -- GLOBAL PROPORTION COMPOSITE

INDEX OF CHILD TABLES

PAGE	QUESTION	TITLE
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	A HEALTH PROVIDER IS THE PERSON YOU WOULD SEE IF YOUR CHILD NEEDED A CHECK-UP, WANTED ADVICE ABOUT A HEALTH PROBLEM, OR GOT SICK OR HURT. 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	Q35A	IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD HAVE A HARD TIME SPEAKING WITH OR UNDERSTANDING HIS OR HER PERSONAL DOCTOR BECAUSE THEY SPOKE DIFFERENT LANGUAGES? [ASKED IF Q30 = YES AND Q31 >= 1 TIME AND Q35 = YES]
37	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]
38	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]
39	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]
40	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]
41	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]
42	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]
43	Q42	DOES YOUR CHILD HAVE ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS THAT HAVE LASTED FOR MORE THAN 3 MONTHS? [ASKED IF Q30 = YES]
44	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]
45	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

46 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?

47 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]

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

49 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

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

51 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]

52 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]

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

54 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]

55 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

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

57 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]

58 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]

8. ABOUT YOUR CHILD AND YOU

- 59 Q58 IN GENERAL, HOW WOULD YOU RATE YOUR CHILD'S OVERALL HEALTH?
- 60 Q59 IN GENERAL, HOW WOULD YOU RATE YOUR CHILD'S OVERALL MENTAL OR EMOTIONAL HEALTH?
- 61 Q60 DOES YOUR CHILD CURRENTLY NEED OR USE MEDICINE PRESCRIBED BY A DOCTOR (OTHER THAN VITAMINS)?
- 62 Q61 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q60 = YES]
- 63 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]
- 64 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?
- 65 Q64 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q63 = YES]
- 66 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]
- 67 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?
- 68 Q67 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q66 = YES]
- 69 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]
- 70 Q69 DOES YOUR CHILD NEED OR GET SPECIAL THERAPY, SUCH AS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY?
- 71 Q70 IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION? [ASKED IF Q69 = YES]
- 72 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]
- 73 Q72 DOES YOUR CHILD HAVE ANY KIND OF EMOTIONAL, DEVELOPMENTAL, OR BEHAVIORAL PROBLEMS FOR WHICH HE OR SHE NEEDS OR GETS TREATMENT OR COUNSELING?
- 74 Q73 HAS THIS PROBLEM LASTED OR IS IT EXPECTED TO LAST FOR AT LEAST 12 MONTHS? [ASKED IF Q72 = YES]
- 75 NQ74 WHAT IS YOUR CHILD'S AGE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
- 76 NQ75 IS YOUR CHILD MALE OR FEMALE? [BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
- 77 Q76 IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN OR DESCENT?
- 78 Q77.1 WHAT IS YOUR CHILD'S RACE? RESPONSE: WHITE
- 79 Q77.2 WHAT IS YOUR CHILD'S RACE? RESPONSE: BLACK OR AFRICAN-AMERICAN
- 80 Q77.3 WHAT IS YOUR CHILD'S RACE? RESPONSE: ASIAN
- 81 Q77.4 WHAT IS YOUR CHILD'S RACE? RESPONSE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 82 Q77.5 WHAT IS YOUR CHILD'S RACE? RESPONSE: AMERICAN INDIAN OR ALASKA NATIVE
- 83 Q77.6 WHAT IS YOUR CHILD'S RACE? RESPONSE: OTHER
- 84 Q78 WHAT IS YOUR AGE?
- 85 Q79 ARE YOU MALE OR FEMALE?

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

87 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

93 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

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

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

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

97 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

98 GETTING NEEDED CARE

99 GETTING CARE QUICKLY

100 HOW WELL DOCTORS COMMUNICATE

101 CUSTOMER SERVICE

102 SHARED DECISION MAKING

103 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

108 SHARED DECISION MAKING (A LOT/YES + SOME) -- GLOBAL PROPORTION COMPOSITE  
109 ACCESS TO SPECIALIZED SERVICES (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
110 PERSONAL DOCTOR WHO KNOWS CHILD (YES) -- GLOBAL PROPORTION COMPOSITE  
111 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. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?

Not at all  
 A little  
 Some  
 A lot



11. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?

- Not at all
- A little
- Some
- A lot

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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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                 |                       |                       |                       |                       |                       |                       |                       | Best                  |                       |                       |
| Health Care           |                       |                       |                       |                       |                       |                       |                       | Health Care           |                       |                       |
| Possible              |                       |                       |                       |                       |                       |                       |                       | Possible              |                       |                       |

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

- Never
- Sometimes
- Usually
- Always

## YOUR PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 24*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 23*

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

- Never
- Sometimes
- Usually
- Always

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

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

## GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

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

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

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



## YOUR HEALTH PLAN

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

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

- Yes
- No → *Go to Question 30*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 33*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 35*

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

- Never
- Sometimes
- Usually
- Always

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

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Health Plan           |                       |                       |                       |                       | Health Plan           |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

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

- Yes
- No → *Go to Question 35c*

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

- Never
- Sometimes
- Usually
- Always



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

- Yes
- No → *Go to Question 35e*

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

- Never
- Sometimes
- Usually
- Always

### CULTURAL COMPETENCY

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

**35g. 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

**35h. In the last 6 months, did you feel you could tell a doctor or other health provider anything, even things that you might not tell anyone else?**

- Yes, definitely
- Yes, somewhat
- No

**35i. 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

**35j. In the last 6 months, did you feel a doctor or other health provider always told you the truth about your health, even if there was bad news?**

- Yes, definitely
- Yes, somewhat
- No

**35k. In the last 6 months, did you feel this provider cared as much as you do about your health?**

- Yes, definitely
- Yes, somewhat
- No

35l. In the last 6 months, did you feel this provider really cared about you as a person?

- Never
- Sometimes
- Usually
- Always

35m. In the last 6 months, how often have you been treated unfairly at a doctor or other health provider's office because of your race or ethnicity?

- Never
- Sometimes
- Usually
- Always

35n. In the last 6 months, how often have you been treated unfairly at a doctor or other health provider's office because of the type of health insurance you have or because you do not have health insurance?

- Never
- Sometimes
- Usually
- Always

**HEALTH LITERACY**

The following questions ask about how much you think your doctor or other health provider helps you understand the information and services you need to make decisions about your health.

35o. In the last 6 months, how often did a doctor or other health provider give you all the information you wanted about your health?

- Never
- Sometimes
- Usually
- Always

35p. In the last 6 months, how often did a doctor or other health provider encourage you to talk about all your health questions or concerns?

- Never
- Sometimes
- Usually
- Always

35q. In the last 6 months, how often did a doctor or other health provider use medical words you did not understand?

- Never
- Sometimes
- Usually
- Always

**INTERPRETER SERVICES**

35r. What is your preferred language?

- English → *Go to Question 36*
- Spanish
- Some other language

35s. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

35t. In the last 6 months, when you called or spoke to someone from your health plan, how often did they speak to you in your preferred language?

- Never
- Sometimes
- Usually
- Always



**35u. An interpreter is someone who helps you talk with others who do not speak your language. Interpreters can include staff from the health plan or telephone interpreters.**

**In the last 6 months, was there any time when you needed an interpreter to talk with someone from your health plan?**

- Yes
- No → **Go to Question 36**

**35v. In the last 6 months, did anyone from the health plan let you know that an interpreter was available free of charge?**

- Never
- Sometimes
- Usually
- Always

**35w. In the last 6 months, how often did you use an interpreter provided by your health plan to help you talk with someone from the plan?**

- Never → **Go to Question 35aa**
- Sometimes
- Usually
- Always

**35x. In the last 6 months, when you used an interpreter provided by your health plan, who was the interpreter you used most often?**

- A staff member from the health plan
- An interpreter provided in-person by the health plan
- A telephone interpreter provided by the health plan
- Someone else provided by the health plan
- Don't know or unsure

**35y. In the last 6 months, how often did this interpreter treat you with courtesy and respect?**

- Never
- Sometimes
- Usually
- Always

**35z. Using any number from 0 to 10, where 0 is the worst interpreter possible and 10 is the best interpreter possible, what number would you use to rate this interpreter?**

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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                 |                       |                       |                       |                       |                       |                       |                       | Best                  |                       |                       |
| Interpreter           |                       |                       |                       |                       |                       |                       |                       | Interpreter           |                       |                       |
| Possible              |                       |                       |                       |                       |                       |                       |                       | Possible              |                       |                       |

**35aa. In the last 6 months, how often did you use a friend or family member as an interpreter when you talked with someone from your health plan?**

- Never → **Go to Question 36**
- Sometimes
- Usually
- Always

**35ab. In the last 6 months, did you use friends or family members as interpreters because that was what you preferred?**

- Never
- Sometimes
- Usually
- Always

## 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, 2013?

- 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**





448-12



12

CTYAD

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 provider?  
 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. 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?  
 Not at all  
 A little  
 Some  
 A lot



12. 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?
- Not at all
  - A little
  - Some
  - A lot
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 Best Health  
Care Possible 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**

35a. In the last 6 months, how often did your child have a hard time speaking with or understanding his or her personal doctor because they spoke different languages?

- Never
- Sometimes
- Usually
- Always

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?

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 58*

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

**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 investigación 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 (o, para personas con problemas de audición, llame al 1-888-631-2097).

**INSTRUCCIONES PARA EL CUESTIONARIO**

- ▶ Por favor llene el círculo de su respuesta completamente. Use solamente tinta NEGRA o AZUL 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. Cuando hablaron de comenzar o suspender una medicina recetada, ¿qué tanto habló un doctor u otro profesional médico sobre las razones por las que tal vez quiera tomar una medicina?
- Para nada  
 Un poco  
 Algo  
 Mucho





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

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

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

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

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

- Sí
- No → *Pase a la pregunta 23*

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

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

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

- 
- 0 1 2 3 4 5 6 7 8 9 10
- El peor doctor personal posible                      El mejor doctor personal posible

## LA ATENCIÓN MÉDICA QUE RECIBÍ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

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

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

0 1 2 3 4 5 6 7 8 9 10

El peor especialista posible El mejor especialista posible

### SU PLAN DE SALUD

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

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

- Sí
- No → *Pase a la pregunta 30*

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

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

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

- Sí
- No → *Pase a la pregunta 33*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 35*

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

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

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

0 1 2 3 4 5 6 7 8 9 10

El peor plan de salud posible El mejor plan de salud posible



## CAPACIDAD CULTURAL

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

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

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

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

**35f. 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

**35g. 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

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

- Sí
- No → *Pase a la pregunta 35c*

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

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

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

- Sí
- No → *Pase a la pregunta 35e*

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

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

35h. En los últimos 6 meses, ¿sintió usted que le podía decir a su doctor u otro proveedor de salud cualquier cosa, hasta cosas que tal vez no le diría a otra persona?

- Sí, definitivamente
- Sí, algo
- No

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

- Sí, definitivamente
- Sí, algo
- No

35j. En los últimos 6 meses, ¿sintió usted que un doctor u otro proveedor de salud siempre le decía la verdad sobre su salud, aun si fueran malas noticias?

- Sí, definitivamente
- Sí, algo
- No

35k. En los últimos 6 meses, ¿sintió usted que este proveedor se preocupó tanto por usted como se preocupa usted de su propia salud?

- Sí, definitivamente
- Sí, algo
- No

35l. En los últimos 6 meses, ¿sintió usted que a este proveedor realmente le preocupaba usted como persona?

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

35m. En los últimos 6 meses, ¿con qué frecuencia le trataron injustamente en el consultorio de un doctor u otro proveedor de salud por su raza o etnicidad?

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

35n. En los últimos 6 meses, ¿con qué frecuencia le trataron injustamente en el consultorio de un doctor u otro proveedor de salud por el tipo de seguro de salud que tiene o porque no tiene seguro de salud?

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

### COMPRESIÓN DE INFORMACIÓN DE SALUD

Las siguientes preguntas son sobre cuanto piensa usted que su doctor u otro proveedores de salud le ayudan a entender la información y servicios que usted necesita para tomar decisiones sobre su salud.

35o. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud le dieron toda la información que usted quería sobre su salud?

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



35p. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud le animó a usted a hablar sobre todas sus preguntas o inquietudes de su salud?

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

35q. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud uso palabras médicas que usted no entendió?

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

### SERVICIOS DE INTÉRPRETE

35r. ¿Qué idioma prefiere hablar usted?

- Inglés → *Pase a la Pregunta 36*
- Español
- Otro idioma

35s. ¿Qué tan bien habla inglés?

- Muy bien
- Bien
- No muy bien
- Para nada

35t. En los últimos 6 meses, cuando llamó o habló con alguien de su plan de salud, ¿con qué frecuencia hablaban con usted en su idioma de preferencia?

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

35u. Un intérprete es una persona que le ayuda a hablar con otras personas que no hablan su idioma. Los intérpretes pueden ser empleados del plan de salud o intérpretes por teléfono.

Durante los últimos 6 meses, ¿necesitó alguna vez a un intérprete para hablar con alguien de su plan de salud?

- Sí
- No → *Pase a la Pregunta 36*

35v. En los últimos 6 meses, ¿le dijo alguna persona de su plan de salud que un intérprete estaba disponible de forma gratuita?

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

35w. En los últimos 6 meses, ¿con qué frecuencia usó un intérprete del plan de salud para que le ayudara a hablar con alguien del plan?

- Nunca → *Pase a la Pregunta 35aa*
- A veces
- La mayoría de las veces
- Siempre

35x. En los últimos 6 meses, cuando usó un intérprete que le ofreció su plan de salud, ¿quién fue el intérprete que usó con más frecuencia?

- Un empleado o personal del plan de salud
- Un intérprete que me ofreció el plan de salud que me ayudó en persona
- Un intérprete que me ofreció el plan de salud que me ayudó por teléfono
- Otra persona que me ofreció el plan de salud
- No sé o no estoy seguro



35y. En los últimos 6 meses, ¿con qué frecuencia le trataba con cortesía y respeto este intérprete?

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

35z. Usando cualquier número del 0 al 10, donde 0 siendo el peor intérprete posible y el 10 el mejor intérprete posible, ¿qué número usaría para calificar a este intérprete?

- |                            |                       |                       |                       |                       |                             |                       |                       |                       |                       |                       |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 intérprete posible |                       |                       |                       |                       | El mejor intérprete posible |                       |                       |                       |                       |                       |

35aa. En los últimos 6 meses, ¿con qué frecuencia usó a un amigo o familiar como intérprete cuando habló con alguien de su plan de salud?

- Nunca → *Pase a la Pregunta 36*
- A veces
- La mayoría de las veces
- Siempre

35ab. En los últimos 6 meses, ¿usó a amigos o familiares como intérpretes porque usted lo prefería así?

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

### 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 2013, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o spray nasal?

- Sí
- No
- No sé

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

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

40. En los últimos 6 meses, ¿qué tan seguido le aconsejó un médico u otro proveedor de cuidado 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 con, un médico o proveedor de cuidado 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 médico o proveedor de cuidado 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 médico o proveedor de cuidado 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 todas las que aplican.

- 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 médico que usted tiene alguna de las siguientes enfermedades? Marque todas las que aplican.

- 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, ¿ha ido a ver a un doctor o a otro profesional médico 3 veces o más por 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. ¿Esta medicina es 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 use 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 use 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 investigación 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 (o, para personas con problemas de audición, llame al 1-888-631-2097).

**INSTRUCCIONES PARA EL CUESTIONARIO**

- Por favor llene el círculo de su respuesta completamente. Use solamente tinta NEGRA o AZUL 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

↓ **COMIENZE AQUI** ↓

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

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

○ Sí → *Pase a la pregunta 3*  
○ No

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

\_\_\_\_\_

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

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

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

7. En los últimos 6 meses, **sin** contar las veces en que su niño fue a una sala de emergencia, ¿cuántas veces fue su niño a un consultorio médico o a una clínica para que lo atendieran?
- Ninguna vez → **Pase a la pregunta 16**  
 1 vez  
 2  
 3  
 4  
 5 a 9  
 10 veces o más
8. En los últimos 6 meses, ¿hablaron usted y el doctor u otro profesional médico de su niño sobre cosas específicas que usted podría hacer para prevenir que su niño se enferme?
- Sí  
 No
9. En los últimos 6 meses, ¿con qué frecuencia le contestaron sus preguntas los doctores u otros profesionales médicos de su niño?
- Nunca  
 A veces  
 La mayoría de las veces  
 Siempre
10. En los últimos 6 meses, ¿hablaron usted y el doctor u otro profesional médico de su niño sobre comenzar o suspender una medicina recetada?
- Sí  
 No → **Pase a la pregunta 14**

11. Cuando hablaron de comenzar o suspender una medicina recetada para su niño, ¿qué tanto habló un doctor u otro profesional médico sobre las razones por las que tal vez usted quiera que su niño tome una medicina?

- Para nada
- Un poco
- Algo
- Mucho

12. Cuando hablaron de comenzar o suspender una medicina recetada para su niño, ¿qué tanto habló un doctor u otro profesional médico sobre las razones por las que tal vez usted no quiera que su niño tome una medicina?

- Para nada
- Un poco
- Algo
- Mucho

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

- Sí
- No

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 19*

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

- Sí
- No → *Pase a la pregunta 19*

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

- Sí
- No

**SERVICIOS ESPECIALIZADOS**

19. En el equipo o dispositivo médico especial se incluye un andador, silla de ruedas, nebulizador, tubos de alimentación o equipo de oxígeno.

En los últimos 6 meses, ¿consiguió o intentó conseguir algún equipo o dispositivo médico especial para su niño?

- Sí
- No → *Pase a la pregunta 22*



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

### **EL DOCTOR PERSONAL DE SU NIÑO**

30. El doctor personal es aquel a quien su niño va si necesita un chequeo, quiere pedir consejo sobre un problema de salud, está enfermo o lastimado. ¿Tiene su niño un doctor personal?

- Sí
- No → *Pase a la pregunta 45*

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

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

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

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

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

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

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

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

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

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

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

- Sí
- No → **Pase a la pregunta 37**

35a. En los últimos 6 meses, ¿con qué frecuencia se le hizo difícil a su niño hablar o entender a su doctor personal porque ellos hablaban idiomas diferentes?

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

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

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

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

- 
- 0 1 2 3 4 5 6 7 8 9 10
- El peor doctor personal posible                      El mejor doctor personal posible

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

- Sí
- No → *Pase a la pregunta 45*

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

- Sí
- No

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

- Sí
- No

### LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 49*

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

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





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

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

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

- Sí
- No

### 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 use 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 use 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**

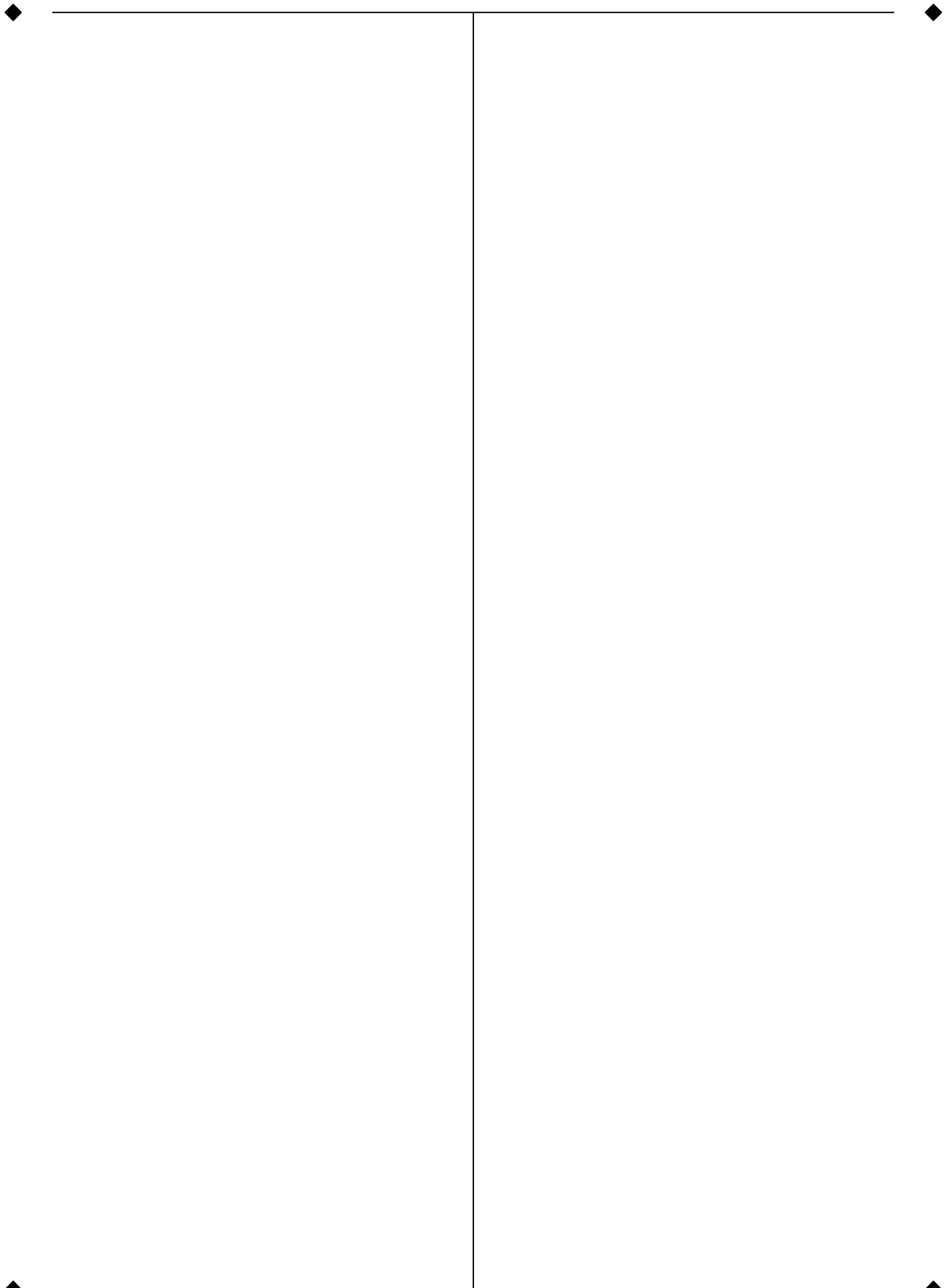


451-11



11

CTYSCCCC



DIAL.SCREEN

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

PHONE NUMBER ---> (###) ### - ####

(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

## 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 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 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

1. / MEMBER

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

("DK" NOT ALLOWED)

(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

NPLNAME

2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

(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

2a. / 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

3. / 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

4. / 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

5. / 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

6. / APGET4

In the last 6 months, when you made an appointment for a CHECK-UP OR ROUTINE CARE at a doctor's office or clinic, how often did you get an appointment 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

7. / 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 AND QNAIRE <05 THEN GO TO PRSNLD4  
IF OFCTIM4=0 OR DK/REFUSAL AND QNAIRE >05 THEN GO TO CHSCHL

PRVENT5

8. / PRVENT5

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

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

RXWHY

10. / RXWHY

When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine? Would you say...

(READ LIST)

- 1. NOT AT ALL,
- 2. A LITTLE,
- 3. SOME, OR
- 4. A LOT?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RXWYNT

11. / RXWYNT

When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might NOT want to take a medicine? Would you say...

(READ LIST)

- 1. NOT AT ALL,
- 2. A LITTLE,
- 3. SOME, OR
- 4. A LOT?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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
WORST										BEST
HEALTH CARE										HEALTH CARE
POSSIBLE										POSSIBLE

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 (DO NOT READ) --> 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
WORST										BEST
PERSONAL										PERSONAL
DOCTOR POSSIBLE										DOCTOR POSSIBLE

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 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, "Does my (type of specialist) count?", 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         |
| WORST      |    |    |    |    |    |    |    |    |    | BEST       |
| SPECIALIST |    |    |    |    |    |    |    |    |    | SPECIALIST |
| POSSIBLE   |    |    |    |    |    |    |    |    |    | POSSIBLE   |

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

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 -----> CLCSR4

DK/REFUSAL/NOT ASCERTAINED --> CLCSR4

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)

CLCSR4

30. / CLCSR4

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

- 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
WORST										BEST
HEALTH PLAN										HEALTH PLAN
POSSIBLE										POSSIBLE

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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?

(READ LIST)

- 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?

(READ LIST)

- 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?

(READ LIST)

- 1. YES
- 2. NO -----> INTRO.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? Would you say...

- 1. NEVER
- 2. SOMETIMES
- 3. USUALLY
- 4. ALWAYS

DK/REFUSAL/NOT ASCERTAINED

INTRO.DTLKTF

INTRO.DTLKTF

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

DTLKTF

35e. / DTLKTF

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.

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,
4. ALWAYS

DK/REFUSAL/NOT ASCERTAINED

DINTER

35f. / DINTER

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35g. / 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?

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DRTELL

35h. / DRTELL

In the last 6 months, did you feel you could tell a doctor or other health provider anything, even things that you might not tell anyone else? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTRUST

35i. / DTRUST

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTRUTH

35j. / DTRUTH

In the last 6 months, did you feel a doctor or other health provider always told you the truth about your health, even if there was bad news? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DCAREH

35k. / DCAREH

In the last 6 months, did you feel this provider cared as much as you do about your health? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DCAREP

35l. / DCAREP

In the last 6 months, did you feel this provider cared about you as a person? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

UNFETH

35m. / UNFETH

In the last 6 months, how often have you been treated unfairly at a doctor or other health provider's office because of your race or ethnicity? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

UNFINS

35n. / UNFINS

In the last 6 months, how often have you been treated unfairly at a doctor or other health provider's office because of the type of health insurance you have or because you do not have health insurance? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

INTRO.ALLINF

INTRO.ALLINF

The following questions ask about how much you think your doctor or other health provider helps you understand the information and services you need to make decisions about your health.

ALLINF

35o. / ALLINF

In the last 6 months, how often did a doctor or other health provider give you all the information you wanted about your health? Would you say..

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

TLKQS

35p. / TLKQS

In the last 6 months, how often did a doctor or other health provider encourage you to talk about all your health questions or concerns? Would you say..

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DMEDW

35q. / DMEDW

In the last 6 months, how often did a doctor or other health provider use medical words you did not understand? Would you say..

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

PRFLANG

35r. / PRFLANG

What is your preferred language? Would you say..

(READ LIST)

1. ENGLISH, -----> HLTSTA4
2. SPANISH, or
3. SOME OTHER LANGUAGE

DK/REFUSAL/NOT ASCERTAINED



SPKENG

35s. / SPKENG

How well do you speak English? Would you say...

(READ LIST)

- 1. VERY WELL,
- 2. WELL,
- 3. NOT WELL, or
- 4. NOT AT ALL

DK/REFUSAL/NOT ASCERTAINED

DSPKPRF

35t. / DSPKPRF

In the last 6 months, when you called or spoke to someone from your health plan, how often did they speak your preferred language? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

NDINTRP

35u. / NDIRTRP

An interpreter is someone who helps you talk with others who do not speak your language. Interpreters can include staff from the health plan or telephone interpreters.

In the last 6 months, was there any time when you needed an interpreter to talk with someone from your health plan?

- 1. YES
- 2. NO -----> HLTSTA4

DK/REFUSAL/NOT ASCERTAINED

FRTRAN

35v. / FRTRAN

In the last 6 months, did anyone from the health plan let you know that an interpreter was available free of charge? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

INTROFC

35w. / INTROFC

In the last 6 months, how often did you use an interpreter provided by your health plan to help you talk with someone from the plan? Would you say..

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

MOTRAN

35x. / MOTRAN

In the last 6 months, when you used an interpreter provided by your health plan, who was it? Was it..

(READ LIST)

- 1. A STAFF MEMBER FROM THE HEALTH PLAN
- 2. AN INTERPRETER PROVIDED IN-PERSON BY THE HEALTH PLAN
- 3. A TELEPHONE INTERPRETER PROVIDED BY THE HEALTH PLAN
- 4. SOMEONE ELSE PROVIDED BY THE HEALTH PLAN
- 5. DON'T KNOW OR UNSURE

REFUSAL/NOT ASCERTAINED

CRTRAN

35y. / CRTRAN

In the last 6 months, how often did this interpreter treat you with courtesy and respect? Would you say..

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

RATEINT

35z. / RATEINT

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

00	01	02	03	04	05	06	07	08	09	10
WORST										BEST
INTERPRETER										INTERPRETER
POSSIBLE										POSSIBLE

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## INTRFRD

35aa. / INTRFRD

In the last 6 months, how often did you use a friend or family member as an interpreter when you talked with someone from your health plan? Would you say...

(READ LIST)

1. NEVER, -----> HLTSTA4
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS

DK/REFUSAL/NOT ASCERTAINED

## FRDPREF

35ab. / FRDPREF

In the last 6 months, did you use friends or family members as interpreters because that was what you preferred? Would you say...

(READ LIST)

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

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, 2013?

- 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 that 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

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

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

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

QRACE3.OTH / QRACE3.OTH  
(What is your race?)

---

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

EDIT.FLG  
(IWER: DO YOU NEED TO TYPE AN EDIT?)

1. YES
2. NO

IF EDIT.FLG = 2 THEN GO TO CK.END.EDIT

EDIT.OTH  
EDIT.OTH. (IWER: PLEASE TYPE YOUR EDIT-BE SPECIFIC-INCLUDE:

- 1) QUESTION NUMBER(S)
  - 2) WHAT WAS ENTERED
  - 3) WHAT NEEDS TO BE CHANGED
- 

CK.END.EDIT  
LANG.DID

LANG.DID. IWER: DID YOU DO THIS INTERVIEW IN...

1. ENGLISH,
2. SPANISH OR
3. BOTH?

END.SCREEN

COVERSHEET NOT NEEDED

I may need to contact you again later, but today we are only interviewing members of Oregon Health Plan, so those are all the questions I have. Thank you very much for your help.

( RC = [RC%] )

RETURN TO COVERSHEET

TRANS.SCRN

INTERVIEWER: YOU HAVE INDICATED THAT YOU HAVE A SPANISH SPEAKER OR A HOUSEHOLD WITH A LANGUAGE PROBLEM.

1. IF THIS COVERSHEET SHOULD BE MOVED TO THE SPANISH PROJECT ENTER "1"
2. IF THIS WAS AN ERROR, TYPE "2" TO GO BACK

WHAT.LANG

INTERVIEWER: WHAT LANGUAGE DO YOU THINK THEY SPEAK IN THIS HOUSEHOLD?

---

DK

GOOD.BYE

INTERVIEWER: [THIS ID HAS BEEN TRANSFERRED TO THE SPANISH PROJECT/THIS ID IS NOT ELIGIBLE FOR TRANSFER TO THE SPANISH PROJECT. THIS ID WILL BE CODED AS A LANGUAGE PROBLEM]

[( RC = 80 )/( RC = 63 )]

## DIAL.SCREEN

DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH ONLY THE PARENT OR GUARDIAN WHO KNOWS MOST ABOUT [MEMBER NAME]'S HEALTH CARE]

PHONE NUMBER ---> (###) ### - ####

(IWER: THIS IS A PROXY INTERVIEW.)

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

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

## MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN  
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been lost in the mail. And since the deadline for mailing surveys has passed, we're now in the telephone phase of this study. May I continue?

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

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

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO  
RETURN TO COVERSHEET

## RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

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

SEX

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

- 1. MALE
- 2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

- 1. Spanish
- 2. English

MEMBER

1. / 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?

("DK" NOT ALLOWED)

(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

NPLNAME

2. / NPLNAME

What is the name of your child's health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS OREGON HEALTH PLAN]

(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

2a. / 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

3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

4. / 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

5. / 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

6. / 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

7. / 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 AND QNAIRE <05 THEN GO TO PRSNLD4  
IF OFCTIM4=0 OR DK/REFUSAL AND QNAIRE >05 THEN GO TO CHSCHL



PRVENT5

8. / 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 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)

RXSTP

10. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

RXWHY

11. / RXWHY

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? Would you say...

(READ LIST)

- 1. NOT AT ALL,
- 2. A LITTLE,
- 3. SOME, OR
- 4. A LOT?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RXWYNT

12. / RXWYNT

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? Would you say...

(READ LIST)

- 1. NOT AT ALL,
- 2. A LITTLE,
- 3. SOME, OR
- 4. A LOT?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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
WORST										BEST
HEALTH CARE										HEALTH CARE
POSSIBLE										POSSIBLE

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHSCHL

16. / CHSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

CONTSCHL

17. / CONTSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

HELPCONT

18. / HELPCONT

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

MEDEQUIP

19. / MEDEQUIP

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

EZMDEQ

20. / EZMDEQ

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPMDEQ

21. / HELPMDEQ

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

SPCTHY

22. / SPCTHY

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

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

DK/REFUSAL/NOT ASCERTAINED --> TCPBLM

EZTHP

23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTH

24. / HELPTH

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

TCPBLM

25. / TCPBLM

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLUSCARE

EZTC

26. / EZTC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLUSCARE

28. / PLUSCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> PRSNLD4

HLPCOORD

29. / HLPCOORD

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

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

Does your child have a personal doctor?

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

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

DRTMS

31. / DRTMS

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

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

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

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

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

PBDRNG

31a. /PBDRNG

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

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?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

DRLSTN4

33. / DRLSTN4

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

DRESPU4

34. / DRESPU4

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

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

CPBDRLN

35a. / CPBDRLN

In the last 6 months, how often did your child have a hard time speaking with or understanding his or her personal doctor because they spoke different languages? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

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 (DO NOT READ)



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 (DO NOT READ) --> 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
WORST										BEST
PERSONAL										PERSONAL
DOCTOR POSSIBLE										DOCTOR POSSIBLE

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, "Does a (type of specialist) count?", 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         |
| WORST      |    |    |    |    |    |    |    |    |    | BEST       |
| SPECIALIST |    |    |    |    |    |    |    |    |    | SPECIALIST |
| POSSIBLE   |    |    |    |    |    |    |    |    |    | POSSIBLE   |

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN  
INTRO.PLAN

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

CLCSR4  
49. / CLCSR4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4  
50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP  
51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4  
52. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

53. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

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

00	01	02	03	04	05	06	07	08	09	10
WORST										BEST
HEALTH PLAN										HEALTH PLAN
POSSIBLE										POSSIBLE

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHPRES

55. / CHPRES

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

- 1. YES
- 2. NO -----> HLTSTA4

DK/REFUSAL/NOT ASCERTAINED --> HLTSTA4

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

HLTSTA4

58. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

Other than vitamins, does your child currently need or use medicine prescribed by a doctor?

- 1. YES
- 2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDA

61. / WHYMEDA

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

- 1. YES
- 2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDB

62. / WHYMEDB

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

MOREMED

63. / MOREMED

Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- 1. YES
- 2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREA

64. / WHYMOREA

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

- 1. YES
- 2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREB

65. / WHYMOREB

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

LIMITED

66. / LIMITED

Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

- 1. YES
- 2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMA

67. / WHYLIMA

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

- 1. YES
- 2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB

68. / WHYLIMB

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

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

- 1. YES
- 2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA

70. / WHYSTA

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

- 1. YES
- 2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS



WHYSTB

71. / WHYSTB

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

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

- 1. YES
- 2. NO -----> CAGE

DK/REFUSAL/NOT ASCERTAINED --> CAGE

TIMCOUNA

73. / TIMCOUNA

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

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

\_\_\_ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

IF CAGE<19 THEN GO TO CGENDER

CAGE.CK

74a. / CAGE.CK

I have entered that [NAME OF CHILD] is [CAGE]. Is that correct?

("DK" NOT ALLOWED)

- 1. YES-AGE ENTERED CORRECTLY
- 2. NO-CORRECT AGE -----> CAGE

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

QRACE3.OTH / QRACE3.OTH  
(What is your child's race?)

---

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.

RETURN TO COVERSHEET

EDIT.FLG

(IWER: DO YOU NEED TO TYPE AN EDIT?)

1. YES
2. NO

IF EDIT.FLG = 2 THEN GO TO CK.END.EDIT

EDIT.OTH

EDIT.OTH. (IWER: PLEASE TYPE YOUR EDIT-BE SPECIFIC-INCLUDE:

- 1) QUESTION NUMBER(S)
  - 2) WHAT WAS ENTERED
  - 3) WHAT NEEDS TO BE CHANGED
- 

CK.END.EDIT

LANG.DID

LANG.DID. IWER: DID YOU DO THIS INTERVIEW IN...

1. ENGLISH,
2. SPANISH OR
3. BOTH?

END.SCREEN

COVERSHEET NOT NEEDED

I may need to contact you again later, but today we are only interviewing members of Oregon Health Plan, so those are all the questions I have. Thank you very much for your help.

( RC = [RC%] )

RETURN TO COVERSHEET

TRANS.SCRN

INTERVIEWER: YOU HAVE INDICATED THAT YOU HAVE A SPANISH SPEAKER OR  
A HOUSEHOLD WITH A LANGUAGE PROBLEM.

1. IF THIS COVERSHEET SHOULD BE MOVED TO THE SPANISH PROJECT  
ENTER "1"
2. IF THIS WAS AN ERROR, TYPE "2" TO GO BACK

WHAT.LANG

INTERVIEWER: WHAT LANGUAGE DO YOU THINK THEY SPEAK IN THIS HOUSEHOLD?

---

DK

GOOD.BYE

INTERVIEWER: [THIS ID HAS BEEN TRANSFERRED TO THE SPANISH PROJECT/THIS ID IS  
NOT ELIGIBLE FOR TRANSFER TO THE SPANISH PROJECT. THIS ID WILL BE CODED AS  
A LANGUAGE PROBLEM]

[( RC = 80 )/( RC = 63 )]

