Health Share of Oregon
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2015
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METHODOLOGY

Introduction

This banner book report summarizes the results of the 2015 CAHPS© Medicaid survey of Health Share of Oregon members. Health Share of Oregon is one of 17 CCOs that participated in the survey. It was administered over a 10-week period using a mixed-mode (mail and telephone) five-wave protocol. This protocol consisted of a pre-notification letter, an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing and reminder postcard to non-respondents. Phone follow-up was conducted for members who had not responded to the mailings. Respondents were surveyed in English and Spanish. DataStat administered the survey under contract with the State of Oregon Department of Human Services.

Survey Milestones

- Pre-notification letters mailed: February 19, 2015
- 1st mailing of survey packets: February 26, 2015
- 1st mailing of reminder postcards: March 5, 2015
- 2nd mailing of survey packets: March 24, 2015
- 2nd mailing of reminder postcards: April 2, 2015
- Phone follow-up start: April 9, 2015
- Mail and phone field terminated: May 4, 2015

Sampling

The sampling plan for the adult and child surveys called for a random sample of 900 eligible members per CCO in each age group. Adults were defined as members aged 18 years or older and children as 17 years old or younger, both as of December 31, 2014. To be eligible, members had to have been enrolled in Oregon Health Plan for at least six months as of December 31, 2014. The final selected sample consisted of 15,300 adult OHP enrollees and 15,300 child OHP enrollees.

Questionnaires

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

Selection of Cases for Analysis

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

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

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

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

**Composite: Getting Care Quickly**
- Q4/4. Got care for illness/injury/condition as soon as you thought you/child needed
- Q6/6. Got an appt. for routine care as soon as you thought you/child needed

**Composite: How Well Doctors Communicate**
- Q17/32. Personal doctor explained things in a way that was easy to understand
- Q18/33. Personal doctor listened carefully to you
- Q29/34. Personal doctor showed respect for what you had to say
- Q20/37. Personal doctor spent enough time with you

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

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

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

**Composite: Access to Specialized Services (Child only)**
- Q--/20. Getting special medical equipment or devices for your child
- Q--/23. Getting special therapy (physical, occupational, speech) for your child
- Q--/26. Getting treatment or counseling for your child

**Composite: Family Centered Care: Personal Doctor Who Knows Child (Child only)**
- Q--/38. Child's personal doctor talked with you about how child is feeling, growing, behaving
- Q--/43. Child's personal doctor understands how child's health conditions affect child's day-to-day life
- Q--/44. Child's personal doctor understands how child's health conditions affect family's day-to-day life

**Composite: Coordination of Care for Children with Chronic Conditions (Child only)**
- Q--/18. Got help contacting school and daycare from someone at health plan or doctor's office
- Q--/29. Got help coordinating care among providers from someone at health plan or doctor's office
Comparisons, Statistical Testing, Scoring, and Weighting

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

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Adult</th>
<th></th>
<th>Child</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Share of Oregon</td>
<td>Overall</td>
<td>Health Share of Oregon</td>
<td>Overall</td>
</tr>
<tr>
<td><strong>First mailing - sent</strong></td>
<td>900</td>
<td>15300</td>
<td>900</td>
<td>15300</td>
</tr>
<tr>
<td>*First mailing - usable survey returned</td>
<td>152</td>
<td>3240</td>
<td>108</td>
<td>2377</td>
</tr>
<tr>
<td>Second mailing - sent</td>
<td>730</td>
<td>12007</td>
<td>759</td>
<td>12648</td>
</tr>
<tr>
<td>*Second mailing - usable survey returned</td>
<td>64</td>
<td>979</td>
<td>60</td>
<td>987</td>
</tr>
<tr>
<td>*Phone - usable surveys</td>
<td>73</td>
<td>1234</td>
<td>140</td>
<td>1999</td>
</tr>
<tr>
<td>Total - usable surveys</td>
<td>289</td>
<td>5453</td>
<td>308</td>
<td>5363</td>
</tr>
<tr>
<td>†Ineligible: According to population criteria‡</td>
<td>8</td>
<td>261</td>
<td>13</td>
<td>158</td>
</tr>
<tr>
<td>†Ineligible: Deceased</td>
<td>2</td>
<td>39</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>†Ineligible: Mentally or physically unable to complete survey</td>
<td>11</td>
<td>207</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>†Ineligible: Language barrier</td>
<td>20</td>
<td>52</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Incorrect address AND incorrect phone number</td>
<td>70</td>
<td>1173</td>
<td>76</td>
<td>1296</td>
</tr>
<tr>
<td>Refusal/Returned survey blank</td>
<td>39</td>
<td>667</td>
<td>38</td>
<td>729</td>
</tr>
<tr>
<td>Nonresponse - Unavailable by mail or phone</td>
<td>461</td>
<td>7448</td>
<td>445</td>
<td>7713</td>
</tr>
<tr>
<td>Adjusted Response Rate</td>
<td>33.6%</td>
<td>37.0%</td>
<td>35.5%</td>
<td>35.5%</td>
</tr>
</tbody>
</table>

* Included in response rate numerator

† Excluded from adjusted response rate denominator

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

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

Presented below is a comparison, by age and gender within each age category, of respondents and non-respondents, all of whom were part of the random sample for the Oregon CAHPS© 2015 survey.

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

1) Members who passively refused by not returning the questionnaire mailed to their household and/or not answering questions over the phone.

2) Members who actively refused, either by contacting DataStat or by declining to participate when DataStat attempted to reach them by phone.

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

### Adult

<table>
<thead>
<tr>
<th>Gender / Age</th>
<th>Non-Respondents</th>
<th>Respondents</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>211</td>
<td>120</td>
<td>-0.68%</td>
</tr>
<tr>
<td>Female</td>
<td>289</td>
<td>169</td>
<td>0.68%</td>
</tr>
<tr>
<td>18-24</td>
<td>102</td>
<td>32</td>
<td>-9.33%</td>
</tr>
<tr>
<td>25-34</td>
<td>128</td>
<td>40</td>
<td>-11.76%</td>
</tr>
<tr>
<td>35-44</td>
<td>97</td>
<td>46</td>
<td>-3.48%</td>
</tr>
<tr>
<td>45-54</td>
<td>79</td>
<td>63</td>
<td>6.00%</td>
</tr>
<tr>
<td>55-64</td>
<td>65</td>
<td>72</td>
<td>11.91%</td>
</tr>
<tr>
<td>65-74</td>
<td>17</td>
<td>23</td>
<td>4.56%</td>
</tr>
<tr>
<td>75 or Older</td>
<td>12</td>
<td>13</td>
<td>2.10%</td>
</tr>
</tbody>
</table>

### Child

<table>
<thead>
<tr>
<th>Gender / Age</th>
<th>Non-Respondents</th>
<th>Respondents</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>240</td>
<td>158</td>
<td>1.61%</td>
</tr>
<tr>
<td>Female</td>
<td>243</td>
<td>150</td>
<td>-1.61%</td>
</tr>
<tr>
<td>&lt;3</td>
<td>81</td>
<td>58</td>
<td>2.06%</td>
</tr>
<tr>
<td>4-7</td>
<td>124</td>
<td>80</td>
<td>0.30%</td>
</tr>
<tr>
<td>8-12</td>
<td>155</td>
<td>90</td>
<td>-2.87%</td>
</tr>
<tr>
<td>13 or older</td>
<td>123</td>
<td>80</td>
<td>0.51%</td>
</tr>
</tbody>
</table>
Q1. Our records show that you are now in **Health Share of Oregon**. Is that right?

<table>
<thead>
<tr>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Health Status</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q1</th>
<th>Yes</th>
<th>283</th>
<th>5345</th>
<th>28 34 41 51 66 33</th>
<th>184 11 20 3 15 15</th>
<th>32 216 182 75 96 160</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT ANSWERED</td>
<td>6</td>
<td>108</td>
<td>2 3 1 4 1 1</td>
<td>4 1 1 1 1 1</td>
<td>5 3 2 4 2 2</td>
</tr>
<tr>
<td></td>
<td>VALID CASES</td>
<td>283</td>
<td>5345</td>
<td>28 34 41 51 66 33</td>
<td>184 11 20 3 15 15</td>
<td>32 216 182 75 96 160</td>
</tr>
<tr>
<td></td>
<td>NUMBER OF RESPONDENTS</td>
<td>289</td>
<td>5453</td>
<td>28 34 41 51 69 34</td>
<td>188 12 21 3 15 15</td>
<td>32 221 185 77 100 162</td>
</tr>
</tbody>
</table>

June 2015  PAGE 1  DataStat, Inc.
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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BLCK NATV AMER</td>
<td>EX &amp; GOOD FAIR &amp; MALE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR OR HAW/ IND/ &amp;</td>
<td>&amp; &amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>AS- PAC ALSK &amp;</td>
<td>&amp; &amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ML- HAW/ IND/ &amp;</td>
<td>&amp; &amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TI IC IC</td>
<td>&amp; &amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>GOOD POOR &amp;</td>
<td>&amp; &amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MALE MALE</td>
<td>&amp; &amp;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th>YES</th>
<th>NO</th>
<th>NOT ANSWERED</th>
<th>VALID CASES</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>103</td>
<td>171</td>
<td>15</td>
<td>274</td>
<td>289</td>
</tr>
<tr>
<td></td>
<td>2233</td>
<td>2997</td>
<td>223</td>
<td>5230</td>
<td>5453</td>
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<tr>
<td></td>
<td>7 13 18 23 22 13</td>
<td>121 5 10</td>
<td>1</td>
<td>187 11 21</td>
<td>188 12 21</td>
</tr>
<tr>
<td></td>
<td>66 6 11</td>
<td>65</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2 4 5</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>12 80</td>
<td>19</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>61 35</td>
<td>139</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>27 70</td>
<td>123</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>38 43</td>
<td>62</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>38 53</td>
<td>62</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>38 53</td>
<td>62</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>38 53</td>
<td>62</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>38 53</td>
<td>62</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
### Q4 In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HTS</td>
<td>ONP</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>ORP</td>
<td>24</td>
<td>34</td>
<td>44</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>BLCK</td>
<td>NATV AMER</td>
<td>OR</td>
<td>HAM/IND/</td>
<td>APR-</td>
</tr>
<tr>
<td></td>
<td>NOT</td>
<td>EX &amp;</td>
<td>HISP</td>
<td>HISP</td>
<td>GOOD</td>
</tr>
<tr>
<td>NEVER</td>
<td>3</td>
<td>63</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>3%</td>
<td>-</td>
<td>-</td>
<td>- 11%</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>11</td>
<td>205</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>14%</td>
<td>- 31%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>USUALLY</td>
<td>34</td>
<td>563</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>37%</td>
<td>28%</td>
<td>60%</td>
<td>38%</td>
<td>50%</td>
</tr>
<tr>
<td>ALWAYS</td>
<td>45</td>
<td>1115</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>48%</td>
<td>55%</td>
<td>40%</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>#ALWAYS + USUALLY (NET)</td>
<td>79</td>
<td>1678</td>
<td>5</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>85%</td>
<td>83%</td>
<td>100%</td>
<td>69%</td>
<td>88%</td>
</tr>
<tr>
<td>TOP BOX SCORE</td>
<td>45</td>
<td>1115</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>48%</td>
<td>55%</td>
<td>40%</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>10</td>
<td>220</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>VALID CASES</td>
<td>93</td>
<td>2026</td>
<td>5</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>103</td>
<td>2246</td>
<td>7</td>
<td>13</td>
<td>18</td>
</tr>
</tbody>
</table>

[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?

<table>
<thead>
<tr>
<th>Q5</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>198</td>
<td>3616</td>
<td>13 30 25 43 50 25</td>
<td>136 11 16 2 7 9</td>
<td>19 160 129 56 72 114</td>
</tr>
<tr>
<td>NO</td>
<td>73</td>
<td>1586</td>
<td>14 4 17 7 16 8</td>
<td>50 1 3 1 6 6</td>
<td>10 57 53 17 25 44</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>18</td>
<td>251</td>
<td>1 1 1 3 1</td>
<td>2 2 2</td>
<td>3 4 3 4 3 4</td>
</tr>
</tbody>
</table>

**VALID CASES**

**NUMBER OF RESPONDENTS**

<table>
<thead>
<tr>
<th>Q5</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>271</td>
<td>5202</td>
<td>27 34 42 50 66 33</td>
<td>186 12 19 3 13 15</td>
<td>29 217 182 73 97 158</td>
</tr>
<tr>
<td>NO</td>
<td>289</td>
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100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 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?

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[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?

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

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

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<td>OR</td>
<td>HAM/ IND/</td>
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### [ASKED IF Q7 >= 1 TIME]
**Q10** DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE?

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[ASKED IF Q7 >= 1 TIME AND Q9 = YES]
### Q11 Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

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[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?

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[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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
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<tbody>
<tr>
<td>HTS</td>
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<td>18 25 35 45 55 65</td>
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<tr>
<td>ADLT</td>
<td>ADLT</td>
<td>24 34 44 54 64 64 OVER</td>
<td>WHTE AMER IAN ILND NATV OTHR</td>
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#### WORST HEALTH CARE

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#### BEST HEALTH CARE

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### 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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT ADLT</td>
<td>OHF ADLT</td>
<td>TO TO TO TO TO TO TO AND OVER</td>
<td>BLCK NATV AMER OR HAW/ IND/ APR- AS- PAC ALSK</td>
<td>NOT HIS- PAN- PAN- HIC HIC</td>
</tr>
<tr>
<td><strong>9-10 (NET)</strong></td>
<td>101</td>
<td>1712</td>
<td>6 13 14 23 26 16</td>
<td>71 4 8 1 6 4</td>
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<tr>
<td>49%</td>
<td>46%</td>
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<td><strong>NOT ANSWERED</strong></td>
<td>8</td>
<td>106</td>
<td>1 2 4 1</td>
<td>3 2 2</td>
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**VALID CASES**

| NUMBER OF RESPONDENTS | 206 | 3843 | 15 28 28 44 52 26 | 139 7 16 | 3 12 9 | 21 168 | 132 61 | 67 125 |
| **MEAN** | 8.11 | 7.91 | 7.80 8.11 8.57 8.23 7.88 8.35 | 8.27 8.00 8.38 | 5.67 8.50 7.56 | 8.86 8.12 | 8.47 7.59 | 8.28 8.09 |

**p stat (**=Sig @ p<=.05)**

| .092 | - | - | - | .415 | -.141 | - | - | - | - | - | .002* .030* .352 .865 |

[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?

<table>
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<tr>
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<th>HEALTH STATUS</th>
<th>GENDER</th>
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</thead>
<tbody>
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<td>NTB</td>
<td>OHF</td>
<td>18 25 35 45 55 65</td>
<td>OR NATV AMER</td>
<td>NOT EX &amp; GOOD FAIR</td>
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<tr>
<td>ADLT</td>
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<td>TO TO TO TO TO AND</td>
<td>HAM/IND/ MULT-</td>
<td>HISP-HISP- &amp;</td>
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<td></td>
<td></td>
<td>WHITE AMER</td>
<td>PAN-PAN-IC</td>
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<td>6</td>
<td>104</td>
<td>1 1 1 1 2 1</td>
<td>4 1</td>
<td>5</td>
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<td>3%</td>
<td>- 4% 4% 2% 4% 4%</td>
<td>- 33%</td>
<td>3% -</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>24 575</td>
<td>7 3 2 7 3</td>
<td>11 3 5 1 2</td>
<td>2 18 17 7 8 14</td>
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<td>12%</td>
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<td>8% 33% 31%</td>
<td>- 10% 22% 11% 11% 13% 12% 11% 11%</td>
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<tr>
<td>USUALLY</td>
<td>73 1243</td>
<td>7 8 11 21 17 6</td>
<td>53 2 5 1 5 3</td>
<td>3 67 42 27 25 44</td>
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<tr>
<td>35%</td>
<td>33%</td>
<td>47% 29% 39% 48% 32% 23%</td>
<td>38% 22% 31%</td>
<td>- 33% 50% 33% 16% 39% 31% 45% 1% 2% 11% 11% 11%</td>
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<tr>
<td>ALWAYS</td>
<td>104 1797</td>
<td>8 12 13 20 27 16</td>
<td>72 4 6 1 4 4</td>
<td>14 80 71 25 36 60</td>
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<td>35%</td>
<td>48%</td>
<td>53% 43% 46% 45% 51% 62%</td>
<td>51% 44% 38%</td>
<td>- 33% 40% 44% 74% 47% 53% 42% 51% 49%</td>
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<tr>
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<td>177 3040</td>
<td>15 20 24 41 44 22</td>
<td>128 6 11 2 9 7</td>
<td>17 147 113 52 61 104</td>
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<td>82%</td>
<td>100% 71% 86% 93% 83% 85%</td>
<td>89% 67% 69%</td>
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<td>72 4 6 1 4 4</td>
<td>14 80 71 25 36 60</td>
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<td>51% 44% 38%</td>
<td>- 33% 40% 44% 74% 47% 53% 42% 51% 49%</td>
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<td>16 30 28 44 56 27</td>
<td>142 9 18 3 12 10</td>
<td>22 173 138 62 70 130</td>
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[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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
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<tbody>
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<td>TOT ADLT</td>
<td>BLCK</td>
<td>NATV AMER</td>
<td>NOT EX &amp; GOOD FAIR &amp; GOOD POOR</td>
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<tr>
<td>TOT</td>
<td>ADLT</td>
<td>OR HAW/ IND/</td>
<td>PANC ALSK</td>
<td>HIS- HISP &amp; PAM &amp; HIAM &amp; JNAT &amp; OTHER &amp; HEALTH &amp; STATUS</td>
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<td>ADLT</td>
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<td>MUL-PAM-PAM &amp; IC &amp; IC</td>
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<td>IC &amp; IC &amp; IC &amp; IC &amp; IC &amp; IC &amp; IC &amp; IC &amp; IC &amp; IC</td>
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</table>
**Q16 IN THE LAST 6 MONTHS, HOW MANY TIMES DID YOU VISIT YOUR PERSONAL DOCTOR TO GET CARE FOR YOURSELF?**

<table>
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<th>Race</th>
<th>Ethnicity</th>
<th>Health Status</th>
<th>Gender</th>
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**NONE**
- 30 (14%) None
- 60 (28%) One
- 54 (25%) Two
- 29 (13%) Three
- 15 (7%) Four
- 25 (11%) Five to Nine
- 1 (0.5%) Ten or More
- 11 (5%) Not Answered

**Number of Respondents**
- Valid Cases: 214
- Number of Respondents: 225

[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?

<table>
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<th>HEALTH STATUS</th>
<th>GENDER</th>
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<td>ADLT</td>
<td>ADLT</td>
<td>24 34 44 54 64 OVER</td>
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<td>7 1 2 6</td>
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<td>USUALLY</td>
<td>25 2 1</td>
<td>2 2 1</td>
<td>5 32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 1</td>
<td>1 1</td>
<td>2% 2%</td>
</tr>
<tr>
<td></td>
<td>ALWAYS</td>
<td>89 4 9</td>
<td>1 8</td>
<td>15 103</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 5%</td>
<td>1 1</td>
<td>3% 5%</td>
</tr>
<tr>
<td></td>
<td>#ALWAYS + USUALLY (NET)</td>
<td>114 6</td>
<td>15 2</td>
<td>20 135</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td></td>
<td>TOP BOX SCORE</td>
<td>89 4</td>
<td>1 1</td>
<td>15 103</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td></td>
<td>NOT ANSWERED</td>
<td>12</td>
<td>2</td>
<td>1 1</td>
</tr>
<tr>
<td></td>
<td>VALID CASES</td>
<td>183</td>
<td>3206</td>
<td>11 22 26 41 45 24</td>
</tr>
<tr>
<td></td>
<td>NUMBER OF RESPONDENTS</td>
<td>184</td>
<td>3228</td>
<td>11 22 26 41 46 24</td>
</tr>
</tbody>
</table>

[ASKED IF Q15 = YES AND Q16 >= 1 TIME]
Q18  IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PERSONAL DOCTOR LISTEN CAREFULLY TO YOU?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEVER</td>
<td>4</td>
<td>67</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2%</td>
<td>2%</td>
<td>-</td>
<td>-</td>
<td>4%</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>11</td>
<td>251</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>6%</td>
<td>8%</td>
<td>-</td>
<td>9%</td>
<td>-</td>
</tr>
<tr>
<td>USUALLY</td>
<td>36</td>
<td>665</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>20%</td>
<td>21%</td>
<td>45%</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td>ALWAYS</td>
<td>132</td>
<td>2214</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>72%</td>
<td>69%</td>
<td>55%</td>
<td>-</td>
<td>68%</td>
</tr>
<tr>
<td>#ALWAYS + USUALLY (NET)</td>
<td>168</td>
<td>2879</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>92%</td>
<td>90%</td>
<td>100%</td>
<td>91%</td>
<td>-</td>
</tr>
<tr>
<td>TOP BOX SCORE</td>
<td>132</td>
<td>2214</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>72%</td>
<td>69%</td>
<td>55%</td>
<td>-</td>
<td>68%</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>1</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALID CASES</td>
<td>183</td>
<td>3197</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>184</td>
<td>3228</td>
<td>11</td>
<td>22</td>
</tr>
</tbody>
</table>

[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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>TO TO TO TO TO AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 25 35 45 55 65</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>24 34 44 54 64 74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>18 25 35 45 55 65</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HTS</th>
<th>ONP</th>
<th>10 20 30 40 50 60</th>
<th>70</th>
<th>80</th>
<th>90 100</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q19</td>
<td>NEVER</td>
<td>3 85 1 1 1</td>
<td>2 3 1 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SOMETIMES</td>
<td>11 193 1 1 1 2</td>
<td>4 2</td>
<td>8 1 2</td>
<td>11 5 5 4 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>USUALLY</td>
<td>13 37 9 16 19 28 37</td>
<td>18</td>
<td>93 5 8</td>
<td>2 7 8</td>
<td>19 13 109 49 55 100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALWAYS</td>
<td>168 2915 10 21 24 38 40 22</td>
<td>2</td>
<td>112 5 13</td>
<td>2 9 10</td>
<td>109 53 94 100 83</td>
<td></td>
</tr>
</tbody>
</table>

# ALWAYS + USUALLY (NET) 168 2915 10 21 24 38 40 22 | 2 | 112 5 13 | 2 9 10 | 109 53 94 100 83 |        |

| TOP BOX SCORE | 137 2339 9 16 19 28 37 18 | 2 | 93 5 8 | 2 7 8 | 14 107 92 37 49 77 |        |

| NOT ANSWERED | 2 35 | 1 | 1 | 1 | 1 |        |        |

| VALID CASES | 182 3193 | 11 22 26 41 45 24 | 122 6 15 | 2 9 10 | 19 145 115 56 60 109 |        |

| NUMBER OF RESPONDENTS | 184 3228 | 11 22 26 41 46 24 | 122 6 15 | 2 10 10 | 20 145 115 57 60 110 |        |

**[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?

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TO TO TO TO TO TO AND</td>
<td>OR HAM/IND/</td>
<td>NOT H</td>
<td>EX &amp; VERY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ADLT</td>
<td>ADLT</td>
<td>HAM/IND/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 25 35 45 55 65</td>
<td>18 25 35 45 55 65</td>
<td>18 25 35 45 55 65</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 95</td>
<td>1 3 1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3% 3%</td>
<td>~ 5% ~ 7% ~ 2% ~ 10% ~ 3% ~ 2% ~ 5%</td>
<td>6 9 10 17 22 31</td>
<td>13</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>27% 9%</td>
<td>27% 27% 27% 27% 27% 27% 27% 27% 27% 27% 27% 27% 27% 27% 27% 27%</td>
<td>50 60 70 80 90 100 100</td>
<td>110</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>111 1950</td>
<td>5 14 15 23 31 17</td>
<td>77 3 7 2 5 7</td>
<td>13 87</td>
<td>78 28</td>
</tr>
<tr>
<td></td>
<td>#ALWAYS + USUALLY (NET)</td>
<td>161 2806</td>
<td>8 20 22 38 41 22</td>
<td>110 5 13 2 10 7</td>
<td>19 127 108 44 55 96</td>
</tr>
<tr>
<td></td>
<td>88% 88%</td>
<td>73% 91% 85% 93% 89% 92%</td>
<td>90% 83% 87%</td>
<td>100% 100% 70%</td>
<td>95% 88% 94% 77%</td>
</tr>
<tr>
<td></td>
<td>111 1950</td>
<td>5 14 15 23 31 17</td>
<td>77 3 7 2 5 7</td>
<td>13 87</td>
<td>78 28</td>
</tr>
<tr>
<td></td>
<td>61% 61%</td>
<td>45% 64% 58% 56% 67% 71%</td>
<td>63% 50% 47%</td>
<td>100% 100% 70%</td>
<td>65% 60% 68% 49%</td>
</tr>
<tr>
<td></td>
<td>NOT ANSWERED</td>
<td>1 31</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOT ADLT 18 25 35 45 55 65</td>
<td>BLCK NATV AMER APR AS PAC ALSK MUL IC OTHR TI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOT ADLT 24 34 44 54 64 OVER</td>
<td>WHITE AMER IAN ILND NATV OTHR TI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOT ADLT 24 34 44 54 64 OVER</td>
<td>HEALTH STATUS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th>EX &amp; VERY GOOD FAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOOD POOR</td>
</tr>
<tr>
<td></td>
<td>MALE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>107</th>
<th>1943</th>
<th>6 10 16 26 31 12</th>
<th>72 2 11 2 5 6</th>
<th>12 87 64 37 27 73</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60%</td>
<td>61%</td>
<td>55% 48% 64% 63% 72% 50%</td>
<td>61% 33% 73%</td>
<td>-100% -56% 60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>63% 61% 58% 65%</td>
<td>49%* 66%*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO</th>
<th>71</th>
<th>1222</th>
<th>5 11 9 15 12 12</th>
<th>47 4 4 4 4</th>
<th>7 55 46 20 28 37</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>40%</td>
<td>39%</td>
<td>45% 52% 36% 37% 28% 50%</td>
<td>39% 67% 27%</td>
<td>~ 44% 40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>37% 39% 42% 35%</td>
<td>51%* 34%*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOT ANSWERED</th>
<th>6 62</th>
<th>1 1 3</th>
<th>3 1 1 3 5 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALID CASES</td>
<td>178 3166</td>
<td>11 21 25 41 43 24</td>
<td>119 6 15 2 9 10</td>
</tr>
<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>184 3228</td>
<td>11 22 26 41 46 24</td>
<td>122 6 15 2 10 10</td>
</tr>
</tbody>
</table>

[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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BLCK</td>
<td>NATV AMER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
<td>HAW/ IND/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>APR-</td>
<td>AS- PAC ALSK</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MUL-</td>
<td>PAN- IC IC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHTE AMER IAN ILND NATV OTHR TI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EX &amp; HIS-</td>
<td>HIS- Good Fair</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&amp;</td>
<td>&amp; Good Poor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&amp;</td>
<td>MALE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEVER</td>
<td>6</td>
<td>119</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>6%</td>
<td>6%</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>16</td>
<td>265</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>14%</td>
<td>26%</td>
<td>13%</td>
</tr>
<tr>
<td>USUALLY</td>
<td>32</td>
<td>545</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>29%</td>
<td>53%</td>
<td>50%</td>
</tr>
<tr>
<td>ALWAYS</td>
<td>49</td>
<td>927</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>48%</td>
<td>50%</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>#ALWAYS + USUALLY (NET)</td>
<td>81</td>
<td>1472</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>79%</td>
<td>9%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>TOP BOX SCORE</td>
<td>49</td>
<td>927</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>48%</td>
<td>50%</td>
<td>17%</td>
<td>50%</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>4</td>
<td>61</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>VALID CASES</td>
<td>103</td>
<td>1856</td>
<td>6</td>
<td>10</td>
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<td>NUMBER OF RESPONDENTS</td>
<td>107</td>
<td>1917</td>
<td>6</td>
<td>10</td>
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</tbody>
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[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?**

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTS TOT</td>
<td>OHF TOT</td>
<td>18 25 35 45 55 65</td>
<td>BLCK NATV AMER OR HAW/ HAW/ HAW/ IND/ APR AS PAC ALSK MUL- IC IC IC</td>
<td>EX &amp; VERY GOOD FAIR &amp; GOOD POOR MALE</td>
</tr>
<tr>
<td>ADLT</td>
<td>ADLT</td>
<td>24 34 44 54 64 OVER</td>
<td>WHTE AMER IAN ILND NATV OTHR WHTE AMER IAN ILND NATV OTHR WHTE AMER IAN ILND NATV OTHR</td>
<td>WHITE AMERICAN INDIAN OTHER TOT</td>
</tr>
</tbody>
</table>

- **WORST PERSONAL DOCTOR Possible**
  - 60 18 25 35 45 55 65
  - 1 2 1
  - 43% 31%~ 42%~ 35%~ 55%~ 43% 31%~

- **BEST PERSONAL DOCTOR**
  - 93 16 23 30 35 40 45
  - 93 16 23

**NOTES**

- **HTS** TOT ADLT
- **OHP** TOT ADLT
- **NET** 10 (NET)
- **ADLT** TOT ADLT
- **THERE** WHITE AMERICAN INDIAN OTHER TOT

---

**ADULT**

- **HS** OR
- **HAW**/ HAW/ IND/ APR AS PAC ALSK MUL- IC IC IC
- **WHITE AMERICAN INDIAN OTHER TOT**
- **NET** 10 (NET)
- **ADULT** TOT ADULT

---

**POSSIBLE**

- 3% 2% 1% 2% 3%~ 5%~ 2% 3%~ 2%~ 3%~ 5%~ 2%~ 3%~ 3%~

---

**WORST PERSONAL DOCTOR**

- 6% 83%~ 89%~ 100%~ 92%~ 83%~ 88%~ 77%~ 83%~ 70%~ 85%~ 74%~ 70%~ 85%~ 74%~

---

**BEST PERSONAL DOCTOR**

- 6% 83%~ 89%~ 100%~ 92%~ 83%~ 88%~ 77%~ 83%~ 70%~ 85%~ 74%~

---

**ADULT**

- **HS** OR
- **HAW**/ HAW/ IND/ APR AS PAC ALSK MUL- IC IC IC
- **WHITE AMERICAN INDIAN OTHER TOT**
- **NET** 10 (NET)
- **ADULT** TOT ADULT

---

**NOTE**

- **HTS** TOT ADLT
- **OHP** TOT ADLT
- **NET** 10 (NET)
- **ADLT** TOT ADLT
- **THERE** WHITE AMERICAN INDIAN OTHER TOT

---

**DATASTAT, INC.**

***WEIGHTED***
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?

<table>
<thead>
<tr>
<th>NT</th>
<th>OHP</th>
<th>18</th>
<th>25</th>
<th>35</th>
<th>45</th>
<th>55</th>
<th>65</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
<th>MEAN</th>
<th>P stat (*<strong>Sig @ p&lt;=.05)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>ADLT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.907 -.504 -.698</td>
</tr>
<tr>
<td>ADLT</td>
<td></td>
<td>24</td>
<td>34</td>
<td>44</td>
<td>54</td>
<td>64</td>
<td>OVER</td>
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<td>.112 .242</td>
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<td>9-10 (NET)</td>
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<td>2366</td>
<td>8</td>
<td>12</td>
<td>18</td>
<td>28</td>
<td>33</td>
<td>20</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td>59%</td>
<td>50%-50%-58%-64%-62%-67%-59%-67%-61%</td>
<td>85</td>
<td>4</td>
<td>11</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>16</td>
<td>97</td>
<td>88 33 48 71</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td></td>
<td>12</td>
<td>265</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>10</td>
<td>1</td>
<td>9  7 2 3 7</td>
</tr>
<tr>
<td>VALID CASES</td>
<td></td>
<td>213</td>
<td>3999</td>
<td>16</td>
<td>24</td>
<td>31</td>
<td>44</td>
<td>53</td>
<td>30</td>
<td>143</td>
<td>6 18 2 12 12 24 168</td>
</tr>
<tr>
<td>NUMBER OF RESPONDENTS</td>
<td></td>
<td>225</td>
<td>4264</td>
<td>17</td>
<td>25</td>
<td>32</td>
<td>44</td>
<td>59</td>
<td>31</td>
<td>153</td>
<td>6 18 2 12 12 25 177</td>
</tr>
</tbody>
</table>
| 100% | 100% | 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% | 8.33 | 8.32 | 8.19 | 8.58 | 8.32 | 8.57 | 8.13 | 8.67 | 8.34 | 8.83 | 8.72 | 9.50 | 8.92 | 8.50 | 8.92 | 8.27 | 8.53 | 8.11 | 8.65 | 8.18
| p stat (**Sig @ p<=.05)** |     | .907 | - | - | - | -504 | - | .898 | - | - | - | - | - | - | - | .092 | .367 | .112 | .242 |
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?

<table>
<thead>
<tr>
<th>Q24</th>
<th>TOT</th>
<th>18 25 35 45 55 65 OVER</th>
<th>BLCK NATV AMER OR HAW/ IND/ 45% 55% 65% 45% 55% 65% 45% 55% 65%</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>113</td>
<td>5 7 13 30 38 16</td>
<td>77 5 13 2 4 5 10 96 63 48 40 69</td>
</tr>
<tr>
<td>NO</td>
<td>160</td>
<td>22 26 30 21 31 18</td>
<td>111 7 7 1 10 10 21 125 120 29 59 92</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>16</td>
<td>1 1</td>
<td>1 1 1 2 1 1</td>
</tr>
</tbody>
</table>

VALID CASES 273 5193 27 33 43 51 69 34 188 12 20 3 14 15 31 221 183 77 99 161
NUMBER OF RESPONDENTS 289 5453 28 34 43 51 69 34 188 12 21 3 15 15 32 221 185 77 100 162
100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%
### Q25 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT TO SEE A SPECIALIST AS SOON AS YOU NEEDED?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q25</th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>USUALLY</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>9 135</td>
<td>15 292</td>
<td>39 614</td>
<td>46 926</td>
</tr>
<tr>
<td>ADLT</td>
<td>8%</td>
<td>14%</td>
<td>36%</td>
<td>42%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#ALWAYS + USUALLY (NET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>85 1540</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOP BOX SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>46 926</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NOT ANSWERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VALID CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>109 1967</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>113 2045</td>
</tr>
</tbody>
</table>

[ASKED IF Q24 = YES]
Q26 HOW MANY SPECIALISTS HAVE YOU SEEN IN THE LAST 6 MONTHS?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BLCK</td>
<td>OR</td>
<td>NATV AMER</td>
<td>HAM/IND/</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>NATV ASIAN</td>
<td>NATV NATV</td>
<td>NATV HAM/</td>
</tr>
<tr>
<td></td>
<td>AMER</td>
<td>NATV ALASKA</td>
<td>NATV OTHR</td>
<td>NATV OTHR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TOT</td>
<td>TOT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TOT</td>
<td>TOT</td>
</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>TOT</td>
<td>TOT</td>
<td>TOT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>1 SPECIALIST</td>
<td>64</td>
<td>1033</td>
<td>45</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>2 SPECIALISTS</td>
<td>25</td>
<td>522</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>23%</td>
<td>26%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>3 SPECIALISTS</td>
<td>10</td>
<td>217</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>9%</td>
<td>11%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>4 SPECIALISTS</td>
<td>5</td>
<td>74</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>5+ SPECIALISTS</td>
<td>1</td>
<td>41</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0.9%</td>
<td>2%</td>
<td>0.9%</td>
<td>1%</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>2</td>
<td>66</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

VALID CASES 111 1979 75 5 13 2 4 5 9 95 62 47 39 68
NUMBER OF RESPONDENTS 113 2045 75 5 13 2 4 5 10 96 63 48 40 69

[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?

<table>
<thead>
<tr>
<th>HEALTH STATUS</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>GENDER</th>
<th>AGE</th>
<th>ADLT</th>
<th>ADLT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BLCK</td>
<td>NATV AMER</td>
<td>HAW/</td>
<td>OR</td>
<td>APR-</td>
<td>AS-</td>
</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>TOT</td>
<td>TOT</td>
<td>TOT</td>
<td>TO TO</td>
<td>TO TO</td>
</tr>
<tr>
<td>ADLT</td>
<td>24</td>
<td>34</td>
<td>44</td>
<td>54</td>
<td>64 OVER</td>
<td>154</td>
</tr>
<tr>
<td>TOT</td>
<td>19</td>
<td>19</td>
<td>11</td>
<td>13</td>
<td>9</td>
<td>6 2</td>
</tr>
<tr>
<td>TOT</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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?

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?

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th></th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HTS</td>
<td>ADLT</td>
<td>TOTAL</td>
<td>TOT</td>
<td>TOTAL</td>
<td>TOT</td>
</tr>
<tr>
<td>TOT</td>
<td>OHP</td>
<td>ADLT</td>
<td>18 25 35 45 55 65</td>
<td>24 34 44 54 64 OVER</td>
<td>27 32 43 51 69 34</td>
<td>28 34 43 51 69 34</td>
</tr>
<tr>
<td></td>
<td>BLCK</td>
<td>NATV AMER</td>
<td>OR HAW/ IND/</td>
<td>AFR- AS- PAC ALSK</td>
<td>MUL-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BLK</td>
<td>NATV AMER</td>
<td>OR HAW/ IND/</td>
<td>AFR- AS- PAC ALSK</td>
<td>MUL-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WTE AMER IAN ILND NATV OTHR</td>
<td>IC IC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EX &amp; VTK</td>
<td>GOOD FAIR &amp; &amp; POOR</td>
<td>GOOD POOR</td>
<td>MALE MALE</td>
</tr>
<tr>
<td>YES</td>
<td>71</td>
<td>1182</td>
<td>4 13 9 14 19</td>
<td>49 2</td>
<td>2 5 6</td>
<td>8 58</td>
</tr>
<tr>
<td></td>
<td>26%</td>
<td>23%</td>
<td>15% 41% 27% 28% 21%</td>
<td>26% 17%</td>
<td>5% 40%</td>
<td>26% 26% 28% 25% 22% 28%</td>
</tr>
<tr>
<td>NO</td>
<td>200</td>
<td>3968</td>
<td>23 19 33 37 50 27</td>
<td>137 10 20</td>
<td>1 9 9</td>
<td>23 162</td>
</tr>
<tr>
<td></td>
<td>74%</td>
<td>77%</td>
<td>85% 59% 79% 73% 72% 79%</td>
<td>74% 83% 100%</td>
<td>33% 64% 60%</td>
<td>74% 74% 72% 75% 78% 72%</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>18</td>
<td>303</td>
<td>1 2 1</td>
<td>2 1</td>
<td>1 1 4</td>
<td>2 2</td>
</tr>
<tr>
<td>VALID CASES</td>
<td>271</td>
<td>5150</td>
<td>27 32 42 51 69 34</td>
<td>186 12 20</td>
<td>3 14 15</td>
<td>31 220</td>
</tr>
<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>289</td>
<td>5453</td>
<td>28 34 43 51 69 34</td>
<td>188 12 21</td>
<td>3 15 15</td>
<td>32 221</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
<td>100% 100% 100% 100% 100% 100%</td>
<td>100% 100% 100%</td>
<td>100% 100% 100%</td>
<td>100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%</td>
<td></td>
</tr>
</tbody>
</table>
**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?

<table>
<thead>
<tr>
<th>Q29</th>
<th><strong>AGE</strong></th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>SOME TIMES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALWAYS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#ALWAYS + USUALLY (NET) |         |             |           |               |        |

NOT ANSWERED |         |             |           |               |        |

### Valid Cases
- **70** 1003 4 13 9 14 18 7 49 2 2 5 5 8 57 50 18 22 44
- **71** 1022 4 13 9 14 19 7 49 2 2 5 6 8 58 50 19 22 45

[ASKED IF Q28 = YES]
### Q30: In the last 6 months, did you get information or help from your health plan's customer service?

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30%</td>
<td>Male</td>
<td>18-25</td>
<td>6-8</td>
<td>57</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>70%</td>
<td>Male</td>
<td>24-34</td>
<td>21-27</td>
<td>127</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

**NOT ANSWERED**

- Yes: 23
- No: 344

**VALID CASES**

- Yes: 80
- No: 186

**NUMBER OF RESPONDENTS**

- Yes: 266
- No: 5109

---

**Health Share of Oregon 2015 CAHPS Survey - Adult Medicaid**

---

**DataStat, Inc.**

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

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH</th>
<th>STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EX &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>TO TO TO TO TO TO AND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>TO TO TO TO TO TO AND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HTS</td>
<td>ONP</td>
<td>18 25 35 45 55 65</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>ADLT</td>
<td>24 34 44 54 64 OVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>ADLT</td>
<td>18 25 35 45 55 65</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HTS</td>
<td>OHP</td>
<td>18   25   35   45   55   65</td>
<td>BLCK NATV AMER</td>
<td>OR HAM/ IND/ APAR AS PAC ALSK</td>
<td>MUL- FAN- PANT- IC IC</td>
<td>ETHNICITY</td>
</tr>
<tr>
<td>TOT</td>
<td>ADLT</td>
<td>24   34   44   54   64   OVER</td>
<td></td>
<td></td>
<td>EX &amp;</td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>ADLT</td>
<td>18   25   35   45   55   65</td>
<td>BLCK NATV AMER</td>
<td>OR HAM/ IND/ APAR AS PAC ALSK</td>
<td>MUL- FAN- PANT- IC IC</td>
<td>ETHNICITY</td>
</tr>
<tr>
<td>Q31</td>
<td>NEVER</td>
<td>51</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SOMETIMES</td>
<td>10     295</td>
<td>13% 21%</td>
<td>33% 13% 20% 16% - 13%</td>
<td>14% 9%</td>
<td>13% 13%</td>
</tr>
<tr>
<td></td>
<td>USUALLY</td>
<td>28 400</td>
<td>35% 28%</td>
<td>33% 50% 13% 37% 48% 25%</td>
<td>32% 50% 100%</td>
<td>29% 50%</td>
</tr>
<tr>
<td></td>
<td>ALWAYS</td>
<td>42 670</td>
<td>52% 47%</td>
<td>33% 38% 67% 47% 52% 63%</td>
<td>54% 50%</td>
<td>- - 71% 50%</td>
</tr>
<tr>
<td># ALWAYS + USUALLY (NET)</td>
<td>70 1070</td>
<td>88% 76%</td>
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[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?

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<td>TOT</td>
<td>18 25</td>
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<td>OR HAM/ IND/</td>
<td>APR- AS- PAC ALT SK</td>
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[ASKED IF Q30 = YES]
**Q33** IN THE LAST 6 MONTHS, DID YOUR HEALTH PLAN GIVE YOU ANY FORMS TO FILL OUT?

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<td>36%</td>
<td>39%</td>
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**Q33**

| YES | 90 | 1804 | 9 | 13 | 9 | 18 | 26 | 10 |
| NO | 174 | 3261 | 17 | 20 | 31 | 32 | 40 | 23 |

**NOT ANSWERED**

| VALID CASES | 264 | 5065 | 26 | 33 | 40 | 50 | 66 | 33 |
| NUMBER OF RESPONDENTS | 289 | 5453 | 28 | 34 | 43 | 51 | 69 | 34 | 32 | 221 | 185 | 77 | 100 | 162 |

**June 2015**

**DataStat, Inc.**
### PQ34

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

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<td>3 1 1</td>
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<td>23 160 134 55 74 114</td>
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<td>141 9 11</td>
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<td>23 160 134 55 74 114</td>
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<td>68% 73% 88% 75% 76% 82%</td>
<td>79% 75% 65% ~ ~ 33% 69% 83%</td>
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(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?

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### WORST HEALTH PLAN

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<th>Propositions</th>
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**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?

<table>
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<th>GENDER</th>
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<td>BLCK NATV AMER OR HAW/ IND/ AFRA AS- PAC ALSK MUL- PAN- PAN- IC IC</td>
<td>NOT EX &amp; HON- PAN- PAN- IC IC GOOD FAIR &amp; GOOD POOR &amp; MALE MALE</td>
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<td>21 93 89 30 49 68</td>
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<td>.044*</td>
<td>9-10 (NET)</td>
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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?

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

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### Total Cases

- **Valid Cases**: 39
- **Number of Respondents**: 41

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[ASKED IF Q35A = YES]
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### Q35D In the Last 6 Months, How Often Was It Easy to Get the Special Therapy You Needed Through Your Health Plan?

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### Data Summary

- **Valid Cases:** 407
- **Number of Respondents:** 407
- **Percentage:** 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%

**[Asked if Q35C = Yes]**
Q35E  IN THE LAST 6 MONTHS, DID YOU VISIT A PROVIDER FOR A SPECIFIC HEALTH ISSUE?

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June 2015  PAGE 39  DataStat, Inc.
Q35F HOW MUCH EFFORT WAS MADE TO HELP YOU UNDERSTAND YOUR HEALTH ISSUE?

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[ASKED IF Q35E = YES]
### Q35G How Much Effort Was Made to Listen to the Things That Matter Most to You About Your Health Issue?

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

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### Q35H

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<td>June 2015</td>
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[ASKED IF Q35E = YES]
Q35I CHOICES FOR YOUR TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID THIS PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

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June 2015 PAGE 43 DataStat, Inc.
**Q35J**  IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR TREATMENT OR HEALTH CARE?

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[ASKED IF Q35I = YES]
**Q35K** In the last 6 months, when there was more than one choice for your treatment or health care, did your provider ask you which choice was best for you?

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[ASKED IF Q35I = YES]
Q35L  IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR PROVIDER MAKE IT EASY FOR YOU TO ASK QUESTIONS OR RAISE CONCERNS?

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</table>

**Top Box Score**
- 100% of respondents reported that their provider made it easy for them to ask questions or raise concerns.

**Valid Cases**
- 258 respondents provided valid data.
- 100% of respondents reported that their provider made it easy for them to ask questions or raise concerns.

**Number of Respondents**
- 289 respondents responded to the survey.
- 100% of respondents reported that their provider made it easy for them to ask questions or raise concerns.
### Q35M: In the Last 6 Months, How Often Did a Doctor or Other Health Provider Talk Too Fast When Talking to You?

<table>
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**June 2015  PAGE 47  DataStat, Inc.**
Q35N IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER INTERRUPT YOU WHEN YOU WERE TALKING?

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Q350  IN THE LAST 6 MONTHS, HOW OFTEN DID A DOCTOR OR OTHER HEALTH PROVIDER USE A CONDESCENDING, SARCASTIC, OR RUDE TONE OR MANNER WITH YOU?

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

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June 2015  PAGE 50  DataStat, Inc.
Q35Q A REGULAR DENTIST IS ONE YOU WOULD GO TO FOR CHECK-UPS AND CLEANINGS OR WHEN YOU HAVE A CAVITY OR TOOTH PAIN. DO YOU HAVE A REGULAR DENTIST?

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June 2015 PAGE 51 DataStat, Inc.
Q35R IN THE LAST 6 MONTHS, IF YOU NEEDED TO SEE A DENTIST RIGHT AWAY BECAUSE OF A DENTAL EMERGENCY, DID YOU GET TO SEE A DENTIST AS SOON AS YOU WANTED?

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June 2015 PAGE 52 DataStat, Inc.
### Q36  IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?

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**Notes:**
- **EXCELLENT** includes Excellent and Very Good.
- **GOOD** includes Good and Fair.
- **POOR** includes Poor and Not Answered.
- **TOTAL** includes all respondents.
- **NUMBER OF RESPONDENTS** includes all respondents.

---

**June 2015  PAGE 53  DataStat, Inc.**
Q37  IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?

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            33%  33%  7%  16%  18%  16%

Q37  GOOD    30%  25%  22%  22%  33%  33%
         25%  25%  24%  24%  20%  20%

Q37  FAIR    30%  25%  21%  21%  35%  35%
          24%  24%  20%  20%  48%  48%

Q37  POOR    19%  17%  6%  6%  32%  32%
               8%  8%  25%  25%  10%  10%

#EXCELLENT + GOOD (NET)  70%  73%  79%  75%  81%  67%  61%  64%
                   73%  50%  71%  33%  80%  64%  71%  72%  79%  47%  67%  72%

NOT ANSWERED  26%  378  2  1  2  1  1  2  3  3

VALID CASES  263  5075  28  32  43  51  69  33  186  12  21  3  15  14  31  219  182  77  100  159

NUMBER OF RESPONDENTS  289  5453  28  34  43  51  69  34  188  12  21  3  15  15  32  221  185  77  100  162

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

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### Notes
- The table above provides data on the flu shot and flu spray usage among Medicaid recipients in Oregon for the year ending July 1, 2014.
- The data is categorized by age, race, ethnicity, health status, and gender.
- The percentage figures are weighted to reflect the population accurately.
- The survey was conducted by DataStat, Inc., and the data is representative of the Adult Medicaid population in Oregon.

**HEALTH SHARE OF OREGON 2015 CAHPS Survey - Adult Medicaid  ***WEIGHTED***

June 2015  PAGE 55  DataStat, Inc.
Q39  DO YOU NOW SMOKE CIGARETTES OR USE TOBACCO EVERY DAY, SOME DAYS, OR NOT AT ALL?

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### 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?

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[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.

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[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.

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[ASKED IF Q39 = EVERY DAY OR SOME DAYS]
### Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

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### Number of Respondents

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**Results:**

- **Yes:**
  - 25%
  - 22%
  - 46%
  - 44%

- **No:**
  - 75%
  - 77%
  - 93%
  - 97%

- **Don't Know:**
  - 1%

- **Not Answered:**
  - 4%

**Health Share of Oregon 2015 CAHPS Survey - Adult Medicaid**

***Weighted***

June 2015  
DataStat, Inc.
**Q44** DO YOU HAVE A HEALTH PROBLEM OR TAKE MEDICATION THAT MAKES TAKING ASPIRIN UNSAFE FOR YOU?

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<th>10</th>
<th>3</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9%</td>
<td>10%</td>
<td>3% -- 13%</td>
<td>12%</td>
<td>19%</td>
<td>8%</td>
<td>8%</td>
<td>6%</td>
<td>50%</td>
<td>8%</td>
<td>8%</td>
<td>4%</td>
<td>8%</td>
<td>5%</td>
<td>15%</td>
<td>3%</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| NO | 213 | 4154 | 27 | 32 | 37 | 41 | 50 | 22 | 153 | 11 | 17 | 1 | 12 | 11 | 27 | 178 | 153 | 56 | 87 | 125 |
|----|-----|------|----|----|----|----|----|----|-----|----|----|---|---|---|----|----|-----|----|----|----|----|
|    | 91% | 100% -- 97% | 97% | 87% | 88% | 81% | 92% | 92% | 94% | 50% | 92% | 92% | 96% | 92% | 95% | 85% | 97% | 89% |

<table>
<thead>
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<th>DON'T KNOW</th>
<th>30</th>
<th>459</th>
<th>1</th>
<th>2</th>
<th>5</th>
<th>3</th>
<th>12</th>
<th>6</th>
<th>20</th>
<th>3</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>26</th>
<th>19</th>
<th>11</th>
<th>9</th>
<th>21</th>
</tr>
</thead>
</table>

| NOT ANSWERED | 26 | 380 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

| VALID CASES | 233 | 4614 | 27 | 32 | 38 | 47 | 57 | 27 | 167 | 12 | 18 | 2 | 13 | 12 | 28 | 194 | 161 | 66 | 90 | 140 |
|-------------|-----|------|----|----|----|----|----|----|-----|----|----|---|---|---|----|----|-----|----|----|----|----|
| NUMBER OF RESPONDENTS | 289 | 5453 | 28 | 34 | 43 | 51 | 69 | 34 | 188 | 12 | 21 | 3 | 15 | 15 | 32 | 221 | 185 | 77 | 100 | 162 |
|              | 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?

<table>
<thead>
<tr>
<th>Variable</th>
<th>Yes</th>
<th>No</th>
<th>Not Answered</th>
<th>Valid Cases</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td></td>
<td></td>
<td></td>
<td>92</td>
<td>259</td>
</tr>
<tr>
<td>Age (range)</td>
<td>10-20</td>
<td>21-30</td>
<td>31-40</td>
<td>41-50</td>
<td>51-60</td>
</tr>
<tr>
<td>Total</td>
<td>1742</td>
<td>3293</td>
<td>417</td>
<td>5036</td>
<td>5453</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>66</td>
<td>118</td>
<td>4</td>
<td></td>
<td>184</td>
</tr>
<tr>
<td>Native American</td>
<td>5</td>
<td>7</td>
<td>11</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>White</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>36%</td>
<td>64%</td>
<td>4%</td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td>Ex &amp; Very Good Fair</td>
<td>35%</td>
<td>65%</td>
<td>5%</td>
<td></td>
<td>35%</td>
</tr>
<tr>
<td>Health Status</td>
<td>5%</td>
<td>15%</td>
<td>32%</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>Gender</td>
<td>4%</td>
<td>2%</td>
<td>0%</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Male</td>
<td>36%</td>
<td>64%</td>
<td>4%</td>
<td></td>
<td>36%</td>
</tr>
</tbody>
</table>

**Note:** The table above shows the distribution of responses to Q45 across different age groups, races, ethnicities, health statuses, and genders. The data is weighted for accurate representation.
Q46.1  ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: HIGH CHOLESTEROL

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOT</td>
<td>18 25 35 45 55 65</td>
<td>OR  HAW/ IND/ AFR- AS- PAC ASK MUL- PAN- &amp; &amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ADLT</td>
<td>24 34 44 54 64 OVER</td>
<td>AFR- AMER IAN ILND NATV OTHR &amp;</td>
<td>IC IC</td>
</tr>
<tr>
<td></td>
<td>EX &amp;</td>
<td>70 3 6 1 4 4</td>
<td>EX &amp;</td>
<td>7 59 39 29 29 41</td>
</tr>
<tr>
<td></td>
<td>HEALTH</td>
<td>27% 25% 29% - 33%</td>
<td>HEALTH</td>
<td>22% 27% 21% 38% 29% 25%</td>
</tr>
<tr>
<td></td>
<td>STATUS</td>
<td>7% 8% 16% 39%* 39%* 35%*</td>
<td>STATUS</td>
<td>6% 7% 16% 39%* 39%* 35%*</td>
</tr>
<tr>
<td></td>
<td>GENDER</td>
<td>7% 8% 16% 39%* 39%* 35%*</td>
<td>GENDER</td>
<td>8% 9% 16% 39%* 39%* 35%*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOT</td>
<td>26 32 36 42 22</td>
<td>OR  HAW/ IND/ AFR- AS- PAC ASK MUL- PAN- &amp; &amp;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ADLT</td>
<td>24 34 44 54 64 OVER</td>
<td>AFR- AMER IAN ILND NATV OTHR &amp;</td>
<td>IC IC</td>
</tr>
<tr>
<td></td>
<td>EX &amp;</td>
<td>138 9 15 2 11 11</td>
<td>EX &amp;</td>
<td>25 162 146 48 71 121</td>
</tr>
<tr>
<td></td>
<td>HEALTH</td>
<td>73% 75% 71% - 67%</td>
<td>HEALTH</td>
<td>78% 73% 79% 62% 71% 75%</td>
</tr>
<tr>
<td></td>
<td>STATUS</td>
<td>93% 94% 84% 61%* 61%* 65%*</td>
<td>STATUS</td>
<td>78% 73% 79% 62% 71% 75%</td>
</tr>
<tr>
<td></td>
<td>GENDER</td>
<td>93% 94% 84% 61%* 61%* 65%*</td>
<td>GENDER</td>
<td>93% 94% 84% 61%* 61%* 65%*</td>
</tr>
</tbody>
</table>

Q46.1

|          |          |           |               |        |
|          | TOT      | 28 34 43 51 69 34 | OR  HAW/ IND/ AFR- AS- PAC ASK MUL- PAN- & & |        |
|          | ADLT     | 28 34 43 51 69 34 | AFR- AMER IAN ILND NATV OTHR & | IC IC |
|          | EX &     | 188 12 21 3 15 | EX & | 185 77 100 162 |
|          | HEALTH | 100% 100% 100% 100% 100% 100% | HEALTH | 100% 100% 100% 100% 100% 100% |
|          | STATUS | 100% 100% 100% 100% 100% 100% | STATUS | 100% 100% 100% 100% 100% 100% |
|          | GENDER | 100% 100% 100% 100% 100% 100% | GENDER | 100% 100% 100% 100% 100% 100% |

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

|          |          |           |               |        |
|          | TOT      | 28 34 43 51 69 34 | OR  HAW/ IND/ AFR- AS- PAC ASK MUL- PAN- & & |        |
|          | ADLT     | 28 34 43 51 69 34 | AFR- AMER IAN ILND NATV OTHR & | IC IC |
|          | EX &     | 188 12 21 3 15 | EX & | 185 77 100 162 |
|          | HEALTH | 100% 100% 100% 100% 100% 100% | HEALTH | 100% 100% 100% 100% 100% 100% |
|          | STATUS | 100% 100% 100% 100% 100% 100% | STATUS | 100% 100% 100% 100% 100% 100% |
|          | GENDER | 100% 100% 100% 100% 100% 100% | GENDER | 100% 100% 100% 100% 100% 100% |

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

|          |          |           |               |        |
|          | TOT      | 28 34 43 51 69 34 | OR  HAW/ IND/ AFR- AS- PAC ASK MUL- PAN- & & |        |
|          | ADLT     | 28 34 43 51 69 34 | AFR- AMER IAN ILND NATV OTHR & | IC IC |
|          | EX &     | 188 12 21 3 15 | EX & | 185 77 100 162 |
|          | HEALTH | 100% 100% 100% 100% 100% 100% | HEALTH | 100% 100% 100% 100% 100% 100% |
|          | STATUS | 100% 100% 100% 100% 100% 100% | STATUS | 100% 100% 100% 100% 100% 100% |
|          | GENDER | 100% 100% 100% 100% 100% 100% | GENDER | 100% 100% 100% 100% 100% 100% |

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

|          |          |           |               |        |
|          | TOT      | 28 34 43 51 69 34 | OR  HAW/ IND/ AFR- AS- PAC ASK MUL- PAN- & & |        |
|          | ADLT     | 28 34 43 51 69 34 | AFR- AMER IAN ILND NATV OTHR & | IC IC |
|          | EX &     | 188 12 21 3 15 | EX & | 185 77 100 162 |
|          | HEALTH | 100% 100% 100% 100% 100% 100% | HEALTH | 100% 100% 100% 100% 100% 100% |
|          | STATUS | 100% 100% 100% 100% 100% 100% | STATUS | 100% 100% 100% 100% 100% 100% |
|          | GENDER | 100% 100% 100% 100% 100% 100% | GENDER | 100% 100% 100% 100% 100% 100% |
Q46.2 ARE YOU AWARE THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: HIGH BLOOD PRESSURE

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>TOT ADLT 18  25  35  45  55  65 OVER</td>
<td>TOT ADLT 10  20  30  40  50  60  70</td>
<td>TOT ADLT 80  90  100  110  120  130  140</td>
<td>TOT ADLT 200  300  400  500  600  700  800</td>
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Q46.2

<table>
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<th>1635</th>
<th>3 3 5 20 34 16</th>
<th>54 6 11 1 3 4</th>
<th>9 67</th>
<th>46 34</th>
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<tr>
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<td>25 31 38 35 38</td>
<td>134 6 10 2 12</td>
<td>11 23 154</td>
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<tr>
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<td>28 34 43 51 69 34</td>
<td>188 12 21 3 15</td>
<td>15 32 221</td>
<td>185 77</td>
<td>100 162</td>
</tr>
<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>289</td>
<td>5453</td>
<td>28 34 43 51 69 34</td>
<td>188 12 21 3 15</td>
<td>15 32 221</td>
<td>185 77</td>
<td>100 162</td>
</tr>
</tbody>
</table>

28% 30% 11% 9% 12% 39% 49% 47% 29% 50% 52% 33% 20% 27% 28% 30% 50% 44% 35% 29%
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

<table>
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<tr>
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<th>AGE</th>
<th>RACE</th>
<th>ETHNIC-ITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NT TOT ADLT</td>
<td>18 25 35 45 55 65 AND</td>
<td>BLCK NATV AMER OR HAW/ IND/ AFR AS PAC ALSK ML-</td>
<td>NOT HIS- HIS- PAN- PAN-</td>
<td>EX &amp; GOOD FAIR &amp; FAIR &amp; POOR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td>4 2 10 15 5</td>
<td>32 1 1 1 1</td>
<td>3 32 19 16 14 23</td>
<td>13% 16% 14% 20% 22% 15%</td>
</tr>
<tr>
<td></td>
<td>13% 16% 14%</td>
<td>5% 20% 22% 15%</td>
<td>17% 5% 33% 74% 74%</td>
<td>94% 14% 10% 21% 14% 14%</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>24 34 41 54 49</td>
<td>156 20 2 14 14</td>
<td>29 189 166 61 86 139</td>
<td>87% 84% 86% 100% 95% 80% 90% 85%</td>
<td></td>
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<tr>
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<td>87% 84% 86% 95%</td>
<td>90% 85% 93% 91% 86% 90% 90% 86%</td>
<td>100% 100% 98% 98% 98% 100% 100% 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALID CASES</td>
<td>289 5453</td>
<td>28 34 43 51 69 34</td>
<td>188 12 21 3 15 15</td>
<td>32 221 185 77 100 162</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>289 5453</td>
<td>28 34 43 51 69 34</td>
<td>188 12 21 3 15 15</td>
<td>32 221 185 77 100 162</td>
<td></td>
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</table>
Q47.1 HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: A HEART ATTACK

<table>
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<tr>
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<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>TO</td>
<td>TO</td>
<td>BLCK</td>
<td>NOT</td>
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<td>TOT</td>
<td>ADLT</td>
<td>18</td>
<td>25</td>
<td>OR</td>
<td>EX</td>
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<td>ADLT</td>
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<td>45</td>
<td>HAW/IND/</td>
<td>&amp;</td>
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<td></td>
<td>55</td>
<td>65</td>
<td>NATV AMER</td>
<td>GOOD</td>
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<td></td>
<td></td>
<td>TO</td>
<td>TO</td>
<td>APRA</td>
<td>FAIR</td>
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<td>TO</td>
<td>TO</td>
<td>AS-</td>
<td>&amp;</td>
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<tr>
<td></td>
<td></td>
<td>TO</td>
<td>TO</td>
<td>PAC ALSK</td>
<td>&amp;</td>
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<td></td>
<td></td>
<td>TO</td>
<td>TO</td>
<td>MUL-</td>
<td>&amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO</td>
<td>TO</td>
<td>IC</td>
<td>&amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO</td>
<td>TO</td>
<td>IC</td>
<td>&amp;</td>
</tr>
</tbody>
</table>

| Q47.1   | YES | 15   | 281      | 2     | 8     | 5     | 10  | 2    | 1    | 1    | 2    | 13   | 6    | 8    | 6    | 9    |
|         |     | 5%   | 5%       | -    | -    | -12%  | 18% | 5%   | 17%  | -    | -33% | 7%   | 7%   | 6%   | 6%   | 3%   | 10%  |

| NO      | 274 | 5172 | 28     | 34   | 41   | 51   | 61  | 29   | 178  | 10   | 21   | 2    | 14   | 14   | 30   | 208  | 179  | 69   |
|         | 95% | 95%  | 100%    | 100% | 95%  | 100% | 98% | 85%  | 95%  | 83%  | 100% | 67%  | 93%  | 93%  | 94%  | 94%  | 97%  | 90%  |

| VALID CASES | 289 | 5453 | 28   | 34  | 43   | 51   | 69   | 34  | 188  | 12   | 21   | 3    | 15   | 15   | 32   | 221  | 185  | 77   |
|             | 100%| 100% | 100%  | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

| NUMBER OF RESPONDENTS | 289 | 5453 | 28   | 34  | 43   | 51   | 69   | 34  | 188  | 12   | 21   | 3    | 15   | 15   | 32   | 221  | 185  | 77   |
|                       | 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

<table>
<thead>
<tr>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Health Status</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>TOT 18</td>
<td>HTS ADLT</td>
<td>TOT</td>
<td>ADLT</td>
</tr>
<tr>
<td>26-34</td>
<td>284</td>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>35-44</td>
<td>34</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>45-54</td>
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<td>55-64</td>
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</tr>
<tr>
<td>OVER</td>
<td>31</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Valid Cases:**
- **YES:**
  - **5%**
  - **5%**
  - **5%**
  - **5%**
  - **5%**
  - **5%**
  - **5%**
  - **5%**

- **NO:**
  - **95%**
  - **95%**
  - **95%**
  - **95%**
  - **95%**
  - **95%**
  - **95%**
  - **95%**

**Number of Respondents:**
- **YES:**
  - **284**
  - **5543**
- **NO:**
  - **274**
  - **5169**

**Total:**
- **5453**
- **100%**

---

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

<table>
<thead>
<tr>
<th>Q47.3</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>GENDER</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>HTS</td>
<td>TOT</td>
<td>ONP</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>YES</td>
<td>6</td>
<td>221</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>283</td>
<td>5232</td>
<td>28</td>
<td>34</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>98%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
</tr>
</tbody>
</table>

### VALID CASES

|       | HTS | TOT  | ONP | 18 | 25 | 35 | 45 | 55 | 65 | TO | TO | TO | TO | TO | AND | ADLT | ADLT | 24 | 34 | 44 | 54 | 64 | OVER |       |     |
|-------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|-----|-----|-----|-----|-----|-------|------|-----|-----|-----|-----|-----|-----|
| YES   | 289 | 5453 | 28  | 34  | 43  | 51  | 69  | 34  | 188 | 12  | 21  | 3   | 15  | 14  | 30  | 217 | 183 | 73  |
| NO    | 5453 | 28  | 34  | 43  | 51  | 69  | 34  | 188 | 12  | 21  | 3   | 15  | 14  | 30  | 217 | 183 | 73  |
|       | 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%|
Q47.4  HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANY OF THE FOLLOWING CONDITIONS? RESPONSE: ANY KIND OF DIABETES OR HIGH BLOOD SUGAR

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<td>TO TO TO TO TO TO AND</td>
<td>BLCK NATV AMER OR HAW/ IND/ AFR- AS- PAC ALSK ML- HL- IC IC IC</td>
<td>NOT EX &amp; VERY GOOD FAIR &amp; GOOD POOR FE- MALE</td>
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<td>TOT ADLT 24 34 44 54 64 OVER</td>
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<tr>
<td>Q47.4 YES</td>
<td>51 1002</td>
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<td>7 41</td>
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<tr>
<td>Q47.4 NO</td>
<td>238 441</td>
<td>26 32 39 40 49 24</td>
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<td>25 180</td>
<td>156 57</td>
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<td>78% 81% 84% 74% 77% 83%</td>
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<tr>
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<td>289 5453</td>
<td>28 34 43 51 69 34</td>
<td>188 12 21 3 15 15</td>
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<tr>
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<td>28 34 43 51 69 34</td>
<td>188 12 21 3 15 15</td>
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<td>185 77</td>
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**Q48** IN THE LAST 6 MONTHS, DID YOU GET HEALTH CARE 3 OR MORE TIMES FOR THE SAME CONDITION OR PROBLEM?

<table>
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<tr>
<th>AGE</th>
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<th>GENDER</th>
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|     |      |           |               |        |
|     |      |           |               |        |

|     |      |           |               |        |
|     |      |           |               |        |

**Q48**

YES

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<tr>
<th>AGE</th>
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NO

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NOT ANSWERED

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VALID CASES

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<td>28 34 43 51 69 34</td>
<td>188 12 21 3 15 15</td>
<td>32 221 185 77 100 162</td>
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NUMBER OF RESPONDENTS

<table>
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<th>GENDER</th>
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<tbody>
<tr>
<td>289</td>
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<td>188 12 21 3 15 15</td>
<td>32 221 185 77 100 162</td>
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Q49  IS THIS A CONDITION OR PROBLEM THAT HAS LASTED FOR AT LEAST 3 MONTHS? DO NOT INCLUDE PREGNANCY OR MENOPAUSE.

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

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<td>NATV AMER OR HAM/ IND/</td>
<td>HISP-</td>
<td>HISP-</td>
<td>ETHN-</td>
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<td>PAN-</td>
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<td>PE-</td>
<td>&amp;</td>
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<td>28 34 43 51 69 34</td>
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<td>32 221 185 77 100 162</td>
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Q51 IS THIS MEDICINE TO TREAT A CONDITION THAT HAS LASTED FOR AT LEAST 3 MONTHS? DO NOT INCLUDE PREGNANCY OR MENOPAUSE.

<table>
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<th>Q51</th>
<th>AGE</th>
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<td>8%</td>
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</table>
| NOT ANSWERED | 7  | 127  | 1 | 1  | 2  | 1  | 5  | 1  | 4  | 4  | 2  | 2  | 5  | 7  | 127  | 1  | 1  | 2  | 1  | 5  | 1  | 4  | 4  | 2  | 2  | 5  | [ASKED IF Q50 = YES]
### NQ52 WHAT IS YOUR AGE?

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<th>35 - 44</th>
<th>45 - 54</th>
<th>55 - 64</th>
<th>65 - 74</th>
<th>75 or Older</th>
<th>Valid Cases</th>
<th>Number of Respondents</th>
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[BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
### NQ53 ARE YOU MALE OR FEMALE?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
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<th>HEALTH STATUS</th>
<th>GENDER</th>
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<tbody>
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<tr>
<td>HHS</td>
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<td>18 25 35 45 55 65</td>
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<td>TOT</td>
<td>TOT</td>
<td>TO TO TO TO TO AND</td>
<td>OR HAM/ IND/</td>
<td>VERY</td>
</tr>
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<td>ADLT</td>
<td>ADLT</td>
<td>TO TO TO TO TO</td>
<td>APR- AS-</td>
<td>GOOD</td>
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<tr>
<td>TOT</td>
<td>TOT</td>
<td>TO TO TO TO</td>
<td>PAC ALSK</td>
<td>FAIR</td>
</tr>
<tr>
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<td>TOT</td>
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<td>MUL- IC</td>
<td>&amp;</td>
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<td>HISP- HISP- &amp;</td>
<td>PE-</td>
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<td>ADLT</td>
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<td>TO TO TO TO</td>
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</table>

**MALE**

- 116 2159
- 11 12 15 19 33 10
- 73 6 10 5 3
- 13 83 72 30 100

**FEMALE**

- 173 3294
- 17 22 28 32 36 24
- 115 6 11 3 10 12
- 19 138 113 47 162

**VALID CASES**

- 289 5453
- 28 34 43 51 69 34
- 188 12 21 3 15 15
- 32 221 185 77 100 162

**NUMBER OF RESPONDENTS**

- 289 5453
- 28 34 43 51 69 34
- 188 12 21 3 15 15
- 32 221 185 77 100 162

**[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?

<table>
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#### 8th Grade or Less
- **14** out of **312** respondents
- **7%** of the respondents are **4****%
- **6****%
- **5****%
- **6****%
- **6****%
- **6****%
- **6****%
- **6****%
- **6****%
- **6****%

#### Some High School But Did Not Graduate
- **40** out of **755** respondents
- **15****%
- **15****%
- **29****%
- **12****%
- **12****%
- **12****%
- **12****%
- **12****%
- **12****%
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- **12****%
- **12****%

#### High School Graduate or GED
- **77** out of **1615** respondents
- **30****%
- **32****%
- **36****%
- **32****%
- **32****%
- **29****%
- **29****%
- **29****%
- **29****%
- **29****%
- **29****%
- **29****%

#### Some College or 2-Year Degree
- **88** out of **1732** respondents
- **34****%
- **34****%
- **36****%
- **32****%
- **32****%
- **33****%
- **33****%
- **33****%
- **33****%
- **33****%
- **33****%
- **33****%

#### 4-Year College Graduate
- **27** out of **415** respondents
- **10****%
- **8****%
- **18****%
- **14****%
- **14****%
- **9****%
- **9****%
- **9****%
- **9****%
- **9****%
- **9****%
- **9****%

#### More Than 4-Year College Degree
- **14** out of **214** respondents
- **5****%
- **4****%
- **3****%
- **5****%
- **5****%
- **5****%
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- **5****%
- **5****%
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- **5****%

#### Not Answered
- **29** out of **410** respondents
- **7****%
- **1****%
- **1****%
- **1****%
- **1****%
- **1****%
- **1****%
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#### Valid Cases
- **260** out of **5043** respondents
- **100****%
- **100****%
- **100****%
- **100****%
- **100****%
- **100****%
- **100****%
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**Q55  ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?**

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**VALID CASES**

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**100%**
Q56.2 WHAT IS YOUR RACE? RESPONSE: BLACK OR AFRICAN-AMERICAN

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| Q56.2    | 15     | 133    | 1 3 3 2 5 | 12 3 1 3 | 1 13 | 8 6 | 6 9 |
| YES      | 5%     | 2%     | -100% -100% -100% -100% | -20% | 3% | 6% | 4% | 8% | 6% | 6% |
| NO       | 274    | 5320   | 27 31 40 49 64 34 | 188 21 3 15 12 | 31 208 | 177 71 | 94 153 |
| 95%      | 98%    | 96% -91% -93% -96% 93% 100% -100% -100% | 97% | 94% | 96% | 92% | 94% | 94% |
| VALID CASES | 289 5453 | 28 34 43 51 69 34 | 188 12 21 3 15 15 | 32 221 | 185 77 | 100 162 |
| NUMBER OF RESPONDENTS | 289 5453 | 28 34 43 51 69 34 | 188 12 21 3 15 15 | 32 221 | 185 77 | 100 162 |
| 100%     | 100%   | 100% 100% 100% 100% 100% 100% 100% 100% | 100% 100% 100% 100% 100% 100% 100% 100% | 100% 100% 100% 100% 100% 100% 100% 100% | 100% 100% |
### Question 56.3 (Q56.3) What is your race? Response: Asian

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**Valid Cases:** 289  
**Number of Respondents:** 289

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### Notes:
- **Q56.3** refers to the question about race being Asian.
- The table includes age ranges (18-25, 26-35, etc.), race options (Black, Native American, etc.), and gender responses (

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**June 2015**

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

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VALID CASES: 289
NUMBER OF RESPONDENTS: 289

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

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**Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER**

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**Q56.6**

**YES**

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**VALID CASES**

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**NUMBER OF RESPONDENTS**

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Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

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[ASKED IF SURVEY COMPLETED BY MAIL]
Q58.1 HOW DID THAT PERSON HELP YOU? RESPONSE: READ THE QUESTIONS TO ME.

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

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

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

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

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[ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]
### NQ13 Rating of All Health Care

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[ASKED IF Q7 >= 1 TIME]
## NQ23 RATING OF PERSONAL DOCTOR

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[ASKED IF Q15 = YES]
### MQ27: Rating of Specialist Seen Most Often

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DataStat, Inc.
### GETTING NEEDED CARE

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- TOT 
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- AND 
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- NAPGET4 NQ6 2.47 2.32 2.08 2.36 2.59 2.54 2.47 2.57 
- COMPOSITE 2.40 2.35 2.24 2.18 2.42 2.47 2.39 2.46 

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- .003* 
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| NNWXYWHY NQ10 | 2.47 | 2.45 | 2.00 | 2.43 | 2.87 | 2.46 | 2.35 | 2.47 | 2.45 | 3.00 | 2.14 | 2.33 | 2.20 | 2.50 |
| | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 2.60 | 2.50 | 2.50 | 2.60 | 3.00 |
| p stat_(*=Sig @ p<=.05) | .791 | .791 | .791 | .791 | .791 | .791 | .791 | .791 | .791 | .791 | .791 | .791 | .791 | .791 | .791 |

| NNNXWYNT NQ11 | 2.42 | 2.50 | 2.00 | 2.29 | 2.33 | 2.69 | 2.35 | 2.33 | 2.29 | 3.00 | 2.75 | 2.33 | 2.60 | 2.50 |
| | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 |
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| NRXST NQ12 | 2.59 | 2.60 | 2.11 | 2.48 | 2.64 | 2.72 | 2.57 | 2.60 | 2.54 | 3.00 | 2.63 | x | 2.56 | 2.47 | 2.67 |
| | 2.70 | 2.57 | 2.53 | 2.65 | 2.65 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 |
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## GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

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**Note:** Values are weighted.
**GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE**

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**AVERAGE**: 84.80 81.23 83.33 73.90 11.48 92.86 52.80 86.56 89.26 57.78 81.25 75.00 92.86 73.75 76.67 87.10 86.62 85.94 86.13 83.76
### HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

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

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PBCLS4 Q31

- 88% 76%
- 67% 88% 80% 84% 100% 88%
- 86% 100% 100% 0% 100% 100%
- 91% 86% 87% 87% 87% 87%

CSRESP Q32

- 94% 92%
- 50% 100% 93% 95% 100% 100%
- 95% 100% 100% 100% 100% 75%
- 82% 95% 91% 100% 96% 92%

AVERAGE

- 90.63 84.03 58.33 93.75 86.67 89.47 100.0 93.75
- 80.35 100.0 100.0 x 50.00 100.0 87.50 86.36 90.48
- 89.09 93.48 91.67 89.62
## SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

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Q1  OUR RECORDS SHOW THAT YOUR CHILD IS NOW IN "HEALTH SHARE OF OREGON". IS THAT RIGHT?

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HEALTH SHARE OF OREGON 2015 CAHPS Survey - Child Medicaid

***WEIGHTED***

June 2015

DataStat, Inc.
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?

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- **WEIGHTED**

June 2015
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?

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[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?

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| NUMBER OF RESPONDENTS | 308  | 5363 | 2    | 52  | 75  | 94  | 85  |     |     |     |
| 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 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?

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[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?

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<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<td>17</td>
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<td>-21%-24% 33%-36%</td>
<td>28%-20%-40%-50%-50%-20%-20%</td>
<td>29%-29%-30%-24%-35%* 11%*</td>
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<td>28%</td>
<td>-25%-33% 35%-21%</td>
<td>28%-40%-20%-50%-50%-40%-28%</td>
<td>29%-28%-31%-14%-30% 26%</td>
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<td>14</td>
<td>19</td>
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<td>24% 21% 23% 21% 20% 28%</td>
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<td>9%-30%-13%- - -16%-8%-11%</td>
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<td>16</td>
<td>260</td>
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<td>5%</td>
<td>-6%-1%* 3%-11%*</td>
<td>5%-7%- - -16% 4%</td>
<td>5% 6% 5%-14%-4% 9%</td>
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<td>1</td>
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<td>4%*</td>
<td>-2%-1%-1%-4%</td>
<td>1%-7%- - -4%-4%</td>
<td>1%-3% 2%-3%-0.4%* 8%*</td>
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Q8  IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS IN YOUR CHILD?

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<th>CCC SCREENER</th>
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<td></td>
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</tr>
<tr>
<td></td>
<td>CHILD</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12 OVER</td>
<td></td>
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<td>13</td>
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<td>AND</td>
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<td>13%</td>
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<td>45% - 30%</td>
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[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?

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<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<td>RACE</td>
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<tr>
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<td>TOT</td>
<td>AND</td>
<td>WHITE AMER</td>
<td>AS-</td>
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<td>8-12</td>
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<td>-3%</td>
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<td>100%</td>
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<td>63%</td>
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<td>63%</td>
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<td>38</td>
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[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?

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<th>TOT CHLD</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>SCREENER</th>
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<td>4-7</td>
<td>8-12</td>
<td>OVER</td>
<td>WHITE AMERICAN</td>
<td>HAW/IND/OTHER</td>
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<td>CHILD</td>
<td>AND</td>
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VALID CASES: 201
NUMBER OF RESPONDENTS: 205

[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?

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<th>CCC SCREENER</th>
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<tr>
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<td>TOT</td>
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<td>4-7 8-12 OVER</td>
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<th>5</th>
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<td>4</td>
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</tbody>
</table>

[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?

<table>
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<th>HTS</th>
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<th>CHLD</th>
<th>TOT</th>
<th>AGE</th>
<th>13 AND</th>
<th>RACE</th>
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<th>2</th>
<th>2</th>
<th>BLCK OR</th>
<th>NATV AMER</th>
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[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?

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- **YES**
  - 49 (82%) 830
  - 28 (5) 2 3
  - 19 (2) 28 4 2
  - 30 (19)
- **NO**
  - 11 (18%) 241
  - 4 (1) 1 1
  - 7 (3) 3
  - 4 (1)
- **NOT ANSWERED**
  - 5 (3) 39
  - 2 (1)
  - 3 (1)
  - 2 (1)

**VALID CASES**
- 60 (1071)
- 32 (3) 34
- 26 (5) 31
- 50 (7)
- 37 (23)

**NUMBER OF RESPONDENTS**
- 65 (1110)
- 34 (3) 34
- 27 (5)
- 34 (3)
- 33 (9)
- 40 (25)
- 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%

[ASKED IF Q7 >= 1 TIME AND Q10 = YES]
Q14 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD’S HEALTH CARE IN THE LAST 6 MONTHS?

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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?

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| 9-10 (NET) | 114 | 75 | 58 | 3 | 12 | 9 | 57 | 51 | 102 | 7 | 87 | 27 |
| NOT ANSWERED | 5 | 98 | 2 | 1 | 2 | 2 | 1 | 2 | 3 | 5 |
| VALID CASES | 200 | 3470 | 2 | 38 | 51 | 60 | 49 | 102 | 8 | 9 | 1 | 1 | 20 | 20 | 97 | 93 | 169 | 22 | 142 | 58 |
| NUMBER OF RESPONDENTS | 205 | 3568 | 2 | 38 | 53 | 61 | 51 | 104 | 8 | 9 | 1 | 1 | 20 | 20 | 98 | 95 | 172 | 22 | 147 | 58 |

| MEAN | 8.60 | 8.58 | 6.50 | 8.92 | 8.29 | 8.65 | 8.69 | 8.62 | 8.88 | 7.89 | 10.0 | 8.65 | 8.35 | 8.60 | 8.63 | 8.72 | 7.95 | 8.64 | 8.50 |
| p.stat_(*=Sig @ p<=.05) | .810 | -.135 | .750 | -.866 | - | - | - | - | .985 | .765 | - | .544 | .546 |

[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?

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[ASKED IF Q7 >= 1 TIME]
Q16  IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?

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**NOTES:**
- DataStat, Inc.
- June 2015
- Page 15

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Health Share of Oregon 2015 CAHPS Survey - Child Medicaid

***WEIGHTED***
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?

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<td>64%*</td>
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<td>64%*</td>
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<td>15%</td>
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</tbody>
</table>

[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?

<table>
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<tr>
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<th>OHP TH</th>
<th>TOTAL AMOUNT</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>CHILD</td>
<td>&lt;1 1-3 4-7 8-12 OVER</td>
<td>BLCK</td>
<td>NATV AMER</td>
<td>EX &amp; VERY</td>
<td>GOOD FAIR &amp; GOOD POOR</td>
</tr>
<tr>
<td>TOT</td>
<td>CHILD</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>23</td>
<td>371</td>
<td>2 6 11 3</td>
<td>14 1</td>
<td>1 1 13 10</td>
<td>19 4 11 12</td>
<td>100% 100% 100% 100%</td>
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[ASKED IF Q16 = YES AND Q17 = YES]
<table>
<thead>
<tr>
<th>Q19</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>8</td>
</tr>
<tr>
<td>NO</td>
<td>284</td>
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<td>16</td>
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**VALID CASES** 292

**NUMBER OF RESPONDENTS** 308
### Q20: In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOT</td>
<td>TOT 13 AND 1 TO 12</td>
<td>WHITE</td>
<td>BLACK</td>
<td>NATIVE AMERICAN</td>
</tr>
<tr>
<td>NEVER</td>
<td>23</td>
<td>12%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>35</td>
<td>18%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>USUALLY</td>
<td>49</td>
<td>25%</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>ALWAYS</td>
<td>87</td>
<td>63%</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>#ALWAYS + USUALLY (NET)</td>
<td>135</td>
<td>75%</td>
<td>-</td>
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<tr>
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<tr>
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[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?

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<th>OHP</th>
<th>CHILD</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<td>13 AND</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>CHLD</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7 8-12 OVER</td>
<td></td>
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<tr>
<td>Q21</td>
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[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?

<table>
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<tr>
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<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<td>1-3</td>
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<td>AMERICAN</td>
<td>AND</td>
<td>Health</td>
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<tr>
<td>4-7</td>
<td>TOTAL</td>
<td>IND/</td>
<td>Status</td>
<td>Status</td>
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<td>8-12</td>
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<td>NOT EX &amp;</td>
<td>CCC</td>
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<td>OVER</td>
<td>TOTAL</td>
<td>AMER</td>
<td>FAIR</td>
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<td>TOTAL CHILD</td>
<td>ILND/</td>
<td>GOOD</td>
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<tr>
<td></td>
<td>TOTAL</td>
<td>NATV/</td>
<td>POOR</td>
<td></td>
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<td>OTHER/</td>
<td>CCC</td>
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<td>CCC</td>
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<td>AND</td>
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<td>TOT</td>
<td>CCC</td>
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### Q23 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THIS THERAPY FOR YOUR CHILD?

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**[ASKED IF Q22 = YES]**

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<td>CCC</td>
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<table>
<thead>
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</tbody>
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**[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?

<table>
<thead>
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<th>AGE</th>
<th>RACE</th>
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<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<td>BLCK</td>
<td>NATV AMER</td>
<td>NOT</td>
</tr>
<tr>
<td>CHLD</td>
<td>TOT</td>
<td>OR AM/IND/</td>
<td>NATV AM/</td>
<td>HISP-</td>
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<td>NATV OTHR</td>
<td>AM/IC-</td>
</tr>
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<tr>
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<td>6</td>
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<td>4</td>
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</tbody>
</table>

[ASKED IF Q22 = YES]

June 2015  PAGE 23  DataStat, Inc.

***WEIGHTED***
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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OHF</td>
<td>TOT</td>
<td>CHILD</td>
<td>OHP</td>
</tr>
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<td>TOT</td>
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<tr>
<td>YES</td>
<td>34</td>
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<td>12%</td>
<td>13%</td>
<td>2%</td>
<td>6%</td>
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<tr>
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<td>256</td>
<td>4441</td>
<td>2</td>
<td>46</td>
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<td>87%</td>
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<td>98%</td>
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<td>100%</td>
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<td>VALID CASES</td>
<td>290</td>
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</table>

June 2015
Q26 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THIS TREATMENT OR COUNSELING FOR YOUR CHILD?

<table>
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<tr>
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<th>AGE</th>
<th>RACE</th>
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<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
<th>EX &amp; VERY GOOD FAIR &amp; NO</th>
</tr>
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<tbody>
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<td>CHLD</td>
<td>CHLD</td>
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<td>TOT</td>
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<td>14%</td>
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<td>-</td>
<td>=</td>
<td>-</td>
<td>-</td>
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<td>27%</td>
<td>-</td>
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<td>-</td>
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<td>41%</td>
<td>-</td>
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<td>50%</td>
<td>24%</td>
</tr>
<tr>
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<td>#ALWAYS + USUALLY (NET)</td>
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<tr>
<td></td>
<td>65%</td>
<td>67%</td>
<td>-</td>
<td>-100%</td>
<td>75%</td>
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<tr>
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<td>TOP BOX SCORE</td>
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<td>258</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>29%</td>
<td>41%</td>
<td>-</td>
<td>-100%</td>
<td>50%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td>17</td>
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</tr>
<tr>
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<tr>
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<tr>
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<td>34</td>
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</table>

[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?

<table>
<thead>
<tr>
<th>HTS</th>
<th>OHP</th>
<th>TOT</th>
<th>CHLD</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Q27**

- **#YES**: 16 311 1 2 8 5 0 6 8 8 11 4 3 13
  - 47% 49% ~ 130% ~ 50% ~ 134% ~ 134% ~ 134% ~ 134% ~ 134% ~ 134% ~ 134% ~ 134% ~ 134%
- **NO**: 18 326 2 9 7 10 1 2 8 10 14 4 6 12
  - 53% 51% ~ 130% ~ 53% ~ 58% ~ 53% ~ 100% ~ 0% ~ 134% ~ 134% ~ 134% ~ 134% ~ 134%
- **NOT ANSWERED**: 17

**VALID CASES**: 34 636 1 4 17 12 19 1 1 5 16 18 25 8 9 25

**NUMBER OF RESPONDENTS**: 34 653 1 4 17 12 19 1 1 5 16 18 25 8 9 25

(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?

<table>
<thead>
<tr>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>AGE</th>
<th>OHP</th>
<th>TOT CHLD</th>
<th>TOT CHLD</th>
<th>TOT CHLD</th>
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<td>4-7-12</td>
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</tr>
<tr>
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<td>46</td>
<td>978</td>
<td>27</td>
<td>2</td>
<td>11</td>
<td>12</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>19%</td>
<td>50%-26%-14%</td>
<td>13%</td>
<td>15%</td>
<td>18%</td>
<td>-13%-</td>
<td>~</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>NO</td>
<td>241</td>
<td>4103</td>
<td>119</td>
<td>10</td>
<td>14</td>
<td>2</td>
<td>2</td>
<td>19</td>
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<td>84%</td>
<td>81%</td>
<td>50%-74%-86%</td>
<td>87%-85%</td>
<td>82%</td>
<td>100%-87%-100%-83%-81%</td>
<td>82%-85%</td>
<td>87%-61%</td>
</tr>
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<tr>
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<td>281</td>
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<td>1</td>
<td>10</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
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<td>4%</td>
<td>7%</td>
<td>50%-42%-4%</td>
<td>12%-6%-8%</td>
<td>82%</td>
<td>100%-100%-100%-100%-100%</td>
<td>100%-100%</td>
<td>100%-100%</td>
</tr>
<tr>
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<td>287</td>
<td>5082</td>
<td>146</td>
<td>10</td>
<td>16</td>
<td>2</td>
<td>2</td>
<td>23</td>
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<tr>
<td>NUMBER OF RESPONDENTS</td>
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<td>5363</td>
<td>147</td>
<td>11</td>
<td>16</td>
<td>2</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OVER</td>
</tr>
</tbody>
</table>
**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?

<table>
<thead>
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<th>HTS OHP TOT CHLD</th>
<th>OHP TOT CHLD</th>
<th>13 AND</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;1 1-3 4-7 8-12 OVER</td>
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<tr>
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**[ASKED IF Q28 = YES]**

<table>
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<th>Q29</th>
<th>#YES</th>
<th>NO</th>
<th>NOT ANSWERED</th>
<th>VALID CASES</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
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<td>15</td>
<td>1</td>
<td>45</td>
<td>46</td>
</tr>
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<td>594</td>
<td>403</td>
<td>32</td>
<td>998</td>
<td>1030</td>
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<td>1</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>2</td>
<td>5</td>
<td>1</td>
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</tr>
</tbody>
</table>

**[ASKED IF Q28 = YES]**

June 2015 | PAGE 28 | DataStat, Inc.
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?

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
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<td></td>
</tr>
<tr>
<td>HTS</td>
<td>OHP</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>TOT CHLD</td>
<td>13 AND</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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</tr>
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<tr>
<td>Q30 YES</td>
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<tr>
<td>243</td>
<td>4410</td>
<td>2 40 60 77 64</td>
<td>127 9 9 2 1 17 22</td>
<td>127 109 212 25 181 62</td>
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<tr>
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<td>6 9 12 12</td>
<td>17 7 1 3 4</td>
<td>14 20 31 3 3 3</td>
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<tr>
<td>14%</td>
<td>12% - 13% 13% 13% 16%</td>
<td>12% - 44% - 50% - 15% - 15%</td>
<td>10% 16% 13% - 11% - 17% 5%</td>
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</tr>
<tr>
<td>NOT ANSWERED</td>
<td></td>
<td>6 6 5 9</td>
<td>3 2</td>
<td>5</td>
</tr>
<tr>
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<td>282 5032</td>
<td>2 46 69 89 76</td>
<td>144 9 16 2 2 20 26</td>
<td>141 129 243 28 217 65</td>
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<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>308 5363</td>
<td>2 52 75 94 85</td>
<td>147 11 16 2 2 25 26</td>
<td>144 136 252 29 241 67</td>
</tr>
<tr>
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<td>100% 100% 100% 100% 100% 100%</td>
<td>100% 100% 100% 100% 100% 100%</td>
<td>100% 100% 100% 100% 100% 100%</td>
<td>100% 100% 100% 100% 100% 100%</td>
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</table>
Q31 IN THE LAST 6 MONTHS, HOW MANY TIMES DID YOUR CHILD VISIT HIS OR HER PERSONAL DOCTOR FOR CARE?

<table>
<thead>
<tr>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Health Status</th>
<th>Screener</th>
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<td>WHITE AMER</td>
<td>NATV IAN</td>
<td>EX &amp; HTS</td>
<td>OHP</td>
</tr>
<tr>
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<td>TOT</td>
<td>TOT</td>
<td>AGE</td>
<td>RACE</td>
</tr>
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<tr>
<td>24%</td>
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<td>-</td>
<td>17%</td>
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<td>24%</td>
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<td>24%</td>
</tr>
<tr>
<td>24%</td>
<td>27%</td>
<td>-</td>
<td>17%</td>
<td>24%</td>
</tr>
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<td>15</td>
<td>20</td>
</tr>
<tr>
<td>37%</td>
<td>34%</td>
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<td>48%</td>
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<tr>
<td>19%</td>
<td>19%</td>
<td>- 20%</td>
<td>28%</td>
<td>17%</td>
</tr>
<tr>
<td>2</td>
<td>1 TIME</td>
<td>45</td>
<td>817</td>
<td>8</td>
</tr>
<tr>
<td>19%</td>
<td>20%</td>
<td>- 20%</td>
<td>28%</td>
<td>17%</td>
</tr>
<tr>
<td>2</td>
<td>1 TIME</td>
<td>30</td>
<td>450</td>
<td>2</td>
</tr>
<tr>
<td>13%</td>
<td>11%</td>
<td>- 100%</td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
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<td>-</td>
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[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?

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<td>8% 19% 11% 9%</td>
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<td>2 28 37 46 35</td>
<td></td>
<td>73 74 133 15</td>
<td>101 47 83%</td>
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<td>84 79 145 19</td>
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<tr>
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<td>148 2671 83%</td>
<td>2 28 37 46 35</td>
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<td>73 74 133 15</td>
<td>101 47 83%</td>
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<tr>
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<td>95 6 5 2 1 13 19</td>
<td>92 84 155 21</td>
<td>124 55 100%</td>
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[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?

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<th>AGE</th>
<th>RACE</th>
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<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<tbody>
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<td>8-12</td>
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<td>90%</td>
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<td>100%</td>
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[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?

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<td>50% - 76%</td>
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<td>77%</td>
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[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?

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

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<th>CCC SCREENER</th>
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Q35

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<th>EX &amp; GOOD FAIR</th>
<th>CCC SCREENER</th>
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[ASKED IF Q30 = YES AND Q31 >= 1 TIME]
Q36 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR EXPLAIN THINGS IN A WAY THAT WAS EASY FOR YOUR CHILD TO UNDERSTAND?

| AGE STATE | NT | OHP | CHLD TOT | TOT | AGE | RACE | ETHNICITY | HEALTH STATUS | CCC SCREENER | EX & VERY GOOD FAIR & GOOD POOR |
|-----------|----|-----|----------|-----|-----|------|-----------|---------------|-------------|---------------------------------
|           |    |     |          |     |     |      |           |               |             |                                  |
| <1        | 1  | 19  | 1        | 1   | 1   | 1    | 1         | 1             | 1           |                                  |
| 1-3       | 0.8%| 1%  | 3%       | 2%  | -   | -    | -         | -             | -           |                                  |
| 4-7       | 2% | -   | 4%       | 4%  | -   | -    | -         | -             | -           |                                  |
| 8-12 OVER | 24%| -   | 24%      | 34% | 3%  | -    | 3%        | 3%            | 1%         |                                  |
| 13 AND    | 24%| -   | 24%      | 34% | 3%  | -    | 3%        | 3%            | 1%         |                                  |
| 13 AND    | 0.8%| 1%  | 3%       | 2%  | -   | -    | -         | -             | -           |                                  |
| 13 AND    | 2% | -   | 4%       | 4%  | -   | -    | -         | -             | -           |                                  |
| 13 AND    | 24%| -   | 24%      | 34% | 3%  | -    | 3%        | 3%            | 1%         |                                  |
| 13 AND    | 24%| -   | 24%      | 34% | 3%  | -    | 3%        | 3%            | 1%         |                                  |

**NEVER**

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<th>USUALLY</th>
<th>ALWAYS</th>
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<td>24%</td>
<td>73%</td>
<td>97%</td>
<td>73%</td>
<td>7%</td>
<td>100%</td>
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<tr>
<td></td>
<td>1%</td>
<td>6%</td>
<td>23%</td>
<td>44%</td>
<td>97%</td>
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<td>5%</td>
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</tr>
</tbody>
</table>

**TOP BOX SCORE**

| NT | OHP | CHLD TOT | TOT | AGE | RACE | ETHNICITY | HEALTH STATUS | CCC SCREENER | EX & VERY GOOD FAIR & GOOD POOR |
|----|-----|----------|-----|-----|------|-----------|---------------|-------------|---------------------------------
|    |     |          |     |     |      |           |               |             |                                  |
|    |     |          |     |     |      |           |               |             |                                  |
|    |     |          |     |     |      |           |               |             |                                  |
|    |     |          |     |     |      |           |               |             |                                  |

[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?

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Screener</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>0-12</td>
<td>13-18</td>
<td>19-26</td>
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<tr>
<td></td>
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<td>Black</td>
<td>American Indian</td>
<td>Alaska Native</td>
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<tr>
<td>Never</td>
<td>7</td>
<td>89</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>19</td>
<td>318</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Usually</td>
<td>37</td>
<td>708</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Always</td>
<td>110</td>
<td>1876</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>#Always + Usually (Net)</td>
<td>147</td>
<td>2584</td>
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<td>25</td>
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<td>110</td>
<td>1876</td>
<td>1</td>
<td>20</td>
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<tr>
<td>Not Answered</td>
<td>6</td>
<td>70</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Valid Cases</td>
<td>173</td>
<td>2990</td>
<td>2</td>
<td>32</td>
</tr>
<tr>
<td>Number of Respondents</td>
<td>179</td>
<td>3060</td>
<td>2</td>
<td>33</td>
</tr>
</tbody>
</table>

[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?

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12 OVER</td>
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<tr>
<td>TOT</td>
<td>OHP</td>
<td>TOT CHILD</td>
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<td>TOT</td>
<td>CHLD</td>
<td>CHLD</td>
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<td>TOTAL CASES</td>
<td>176</td>
<td>3004</td>
<td>1</td>
<td>33</td>
<td>43</td>
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<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>179</td>
<td>3060</td>
<td>2</td>
<td>33</td>
<td>44</td>
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</tbody>
</table>

[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?

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<thead>
<tr>
<th></th>
<th>AGE</th>
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<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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| Q39 YES | 60  | 1156 | 1 18 11 16 14 | 39 1 1 4 4 | 36 24 49 10 34 26 |
|         | 34% | 39%  | 50% 55% 26% 28% 34% | 41%* 17%* 20%* | 31%* 21%* 40% 29%* 32%* 48%* 28%* 47%* |
| NO      | 116 | 1846 | 1 15 32 41 27 | 56 5 4 2 1 9 15 | 55 60 105 11 87 29 |
|         | 66% | 61%  | 50% 45% 74% 72% 66% | 59%* 83%* 80%* 100%* 69%* 79% | 60% 71% 68% 52% 72%* 53%* |
| NOT ANSWERED | 3  59 | 1  1 1 | 1 1 3 | 1 1 3 |
| VALID CASES | 176 | 3001 | 2 33 43 57 41 | 95 6 5 2 1 13 19 | 91 84 154 21 121 55 |
| NUMBER OF RESPONDENTS | 179 | 3060 | 2 33 44 58 42 | 95 6 5 2 1 13 19 | 92 84 155 21 124 55 |
|          | 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?

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<thead>
<tr>
<th>HTS</th>
<th>OHP</th>
<th>TOT</th>
<th>CHLD</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12</td>
<td>OVER</td>
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NEVER

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<th>CCC SCREENER</th>
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SOMETIMES

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<th>CCC SCREENER</th>
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<tbody>
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USUALLY

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<th>AGE</th>
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<th>ETHNICITY</th>
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<th>CCC SCREENER</th>
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<tbody>
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ALWAYS

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<th>AGE</th>
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<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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</thead>
<tbody>
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<td>TOT</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12</td>
<td>OVER</td>
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<tr>
<td>CHLD</td>
<td>CHLD</td>
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#ALWAYS + USUALLY (NET)

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<th>CHLD</th>
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<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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</thead>
<tbody>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12</td>
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<tr>
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TOP BOX SCORE

<table>
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<th>AGE</th>
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<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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</thead>
<tbody>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12</td>
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NOT ANSWERED

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<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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</thead>
<tbody>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12</td>
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VALID CASES

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<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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</thead>
<tbody>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
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NUMBER OF RESPONDENTS

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<th>CHLD</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
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<th>CCC SCREENER</th>
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<tbody>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>&lt;1</td>
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[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?

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<th>CHLD &lt;1</th>
<th>1-3</th>
<th>4-7</th>
<th>8-12</th>
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<th>AGE</th>
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### WORST PERSONAL DOCTOR POSSIBLE

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### BEST PERSONAL DOCTOR POSSIBLE

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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?

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<th>OHP</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
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<td>60 77</td>
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[ASKED IF Q30 = YES]
Q42  DOES YOUR CHILD HAVE ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITIONS THAT HAVE LASTED FOR MORE THAN 3 MONTHS?

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<td>76%</td>
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[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?**

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
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<tbody>
<tr>
<td>&lt;1</td>
<td>1-3</td>
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<td>8-12 OVER</td>
<td>EX &amp; GOOD FAIR &amp;</td>
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<td>AMR</td>
<td>NATV AMER</td>
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<td>STATUS</td>
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<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12 OVER</td>
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**Valid Cases:**

- **#YES:** 48
- **NO:** 9
- **NOT ANSWERED:** 1

**Number of Respondents:**

- **53**

**[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?**

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<th>RACE</th>
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<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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[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?

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<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
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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?

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[ASKED IF Q45 = YES]
### Q47. How many specialists has your child seen in the last 6 months?

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<th>Health Status</th>
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<tr>
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<td>1 3</td>
<td>4-7 8-12</td>
<td>OVER</td>
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<td>NATV AMER</td>
<td>HISP- HISP-</td>
<td>NOT</td>
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<td>NATV OTHR</td>
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<td>C ( \text{CCC} )</td>
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<td>ALAS- ALASKA</td>
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</tbody>
</table>

- **None**: 12%
  - 1 Specialist: 49%
  - 2 Specialists: 26%
  - 3 Specialists: 7%
  - 4 Specialists: 2%
  - 5 or More Specialists: 5%
- **Not Answered**: 5%

---

**[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?

<table>
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<th>HTS</th>
<th>OHF</th>
<th>OHP</th>
<th>TOTAL</th>
<th>13 AND UNDER</th>
<th>BLCK OR</th>
<th>NATV AMER HAW/ IND/ AS- PAC ALSK</th>
<th>NOT MUL- TI</th>
<th>EX &amp; VERY GOOD FAIR &amp; GOOD POOR</th>
<th>CCC</th>
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<td>TOT</td>
<td>CHILD</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12 OVER</td>
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<td>HISPANIC FAN- PAN</td>
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BEST SPECIALIST

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<th>1-3</th>
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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?

<table>
<thead>
<tr>
<th>Health Status</th>
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<th>Ethnicity</th>
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<tr>
<td>Not Goods Fair &amp; Good Fair</td>
<td>His &amp; Mixed</td>
<td>Multi &amp; Pan &amp; Pan &amp; Pan &amp; Other</td>
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<tr>
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<th>70% - 100%</th>
<th>43% - 50%</th>
<th>70% - 45%</th>
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<tr>
<td>26</td>
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<tr>
<td>70%</td>
<td>67%</td>
<td>64%</td>
<td>68%</td>
<td>69%</td>
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<table>
<thead>
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<th>54% - 72%</th>
<th>33% - 67%</th>
<th>43% - 47%</th>
<th>63%</th>
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<tbody>
<tr>
<td>20</td>
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<td>54%</td>
<td>50%</td>
<td>55%</td>
<td>60%</td>
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</table>

NOT ANSWERED | 1 | 1 | 1 | 1

VALID CASES | 37 | 22 | 3 | 18 |

NUMBER OF RESPONDENTS | 38 | 22 | 3 | 18 |

MEAN | 8.16 | 8.61 | 9.00 | 7.71 | 8.25 | 8.30 | 8.18 | 8.00 | 6.33 | 8.33 | 9.33 | 8.94 | 7.61 | 8.37 | 7.67 | 8.25 | 8.06 |

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?

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Q49                       YES | NO | NOT ANSWERED | VALID CASES | NUMBER OF RESPONDENTS |
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**June 2015  PAGE 49  DataStat, Inc.**
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?

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[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?

<table>
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<th>CCC SCREENER</th>
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<td>TOT</td>
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<td>TOT</td>
</tr>
<tr>
<td>CHLD</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12 OVER</td>
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<tr>
<td>MTN</td>
<td>OHF</td>
<td>13 AND</td>
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<tr>
<td>TOT</td>
<td>CHLD</td>
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**Q51 NEVER**

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**SOMETIMES**

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**USUALLY**

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**ALWAYS**

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**#ALWAYS + USUALLY (NET)**

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**TOP BOX SCORE**

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**NOT ANSWERED**

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**VALID CASES**

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

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[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?

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**Q54** WORST HEALTH PLAN

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**POSSIBLE**

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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?

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<thead>
<tr>
<th>HTS</th>
<th>OHP</th>
<th>TOT</th>
<th>AGE</th>
<th>13 AND</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<td>Chld</td>
<td></td>
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<td>180</td>
<td>2892</td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12</td>
<td>OVER</td>
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<tr>
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<td>65%</td>
<td>59%</td>
<td>-</td>
<td>77%</td>
<td>68%</td>
<td>62%</td>
<td>59%</td>
<td></td>
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<tr>
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<td>29</td>
<td>430</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>10</td>
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VALID CASES | 279 | 4933 | 2 | 44 | 71 | 87 | 75 |            |             |
NUMBER OF RESPONDENTS | 308 | 5363 | 2 | 52 | 75 | 94 | 85 |            |             |

MEAN | 8.68 | 8.49 | 7.00 | 9.16 | 8.62 | 8.64 | 8.59 | 8.73 | 8.67 | 8.13 | 10.0 | 5.00 | 8.88 | 8.00 | 8.99 | 8.40 | 8.78 | 7.79 | 8.87 | 8.07 | .004*.004* |

p stat_(*=Sig @ p<=.05) | .025 | - | -.775 | .831 | .431 | .587 | - | - | - | - | - | .003*.013* | - | .004*.004* |
**Q55 IN THE LAST 6 MONTHS, DID YOU GET OR REFILL ANY PRESCRIPTION MEDICINES FOR YOUR CHILD?**

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<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>&lt;1-3</td>
<td>4-7 8-12 OVER</td>
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<tr>
<td>HTS</td>
<td>CHLD</td>
<td>CHLD</td>
<td></td>
<td></td>
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<tr>
<td>TOT</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>NO</td>
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<td></td>
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<tr>
<td>YES</td>
<td>113</td>
<td>2010</td>
<td>2 18 25 34 34</td>
<td>64 6 5 1 1 9 8 49 64 98 15 66 47</td>
</tr>
<tr>
<td></td>
<td>41%</td>
<td>40%</td>
<td>100% 40% 36% 39% 46%</td>
<td>44% 60% 33% 50% 50% 38% 31% 35%* 48%* 40% 54% 31%* 71%*</td>
</tr>
<tr>
<td>NO</td>
<td>166</td>
<td>2973</td>
<td>27 45 54 40</td>
<td>81 4 10 1 1 15 18 92 69 149 13 147 19</td>
</tr>
<tr>
<td></td>
<td>59%</td>
<td>60%</td>
<td>- 60% 64% 61% 54%</td>
<td>56% 40% 67% 50% 50% 63% 69% 65%* 52%* 60% 46% 69%* 29%*</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>29 380</td>
<td>7 5 6 11</td>
<td>2 1 1</td>
<td>3 3 5 1 28 1</td>
</tr>
</tbody>
</table>

**VALID CASES**

| TOT | TOT  | 279 4983 | 2 45 70 88 74 | 145 10 15 2 2 24 26 141 133 247 28 213 66 |
| TOT | 308 5363 | 2 52 75 94 85 | 147 11 16 2 2 25 26 144 136 252 29 241 67 |

**NUMBER OF RESPONDENTS**

| TOT | TOT  | 100% 100% | 100% 100% 100% 100% 100% | 100% 100% 100% 100% 100% |
| TOT | 100% | 100%      | 100% 100% 100% 100% 100% | 100% 100% 100% 100% 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?

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<thead>
<tr>
<th>HTS CHLD</th>
<th>OHP CHLD</th>
<th>13 AND</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT OT</td>
<td>TOT OT</td>
<td>&lt;1 1-3 4-7 8-12 OVER</td>
<td>BLCK OR HAM/ IND/ PAC ALSK NATV AMER</td>
<td>NATV AMER</td>
<td>NATV AMER</td>
<td>HISP- HISP- FAN- FAN- IC IC</td>
<td>EX &amp; GOOD FAIR NO CCC CCC</td>
</tr>
<tr>
<td>1 30</td>
<td>1</td>
<td>0.9% 1%</td>
<td>6% -</td>
<td>- - -</td>
<td>- - -</td>
<td>- -</td>
<td>2% -</td>
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<tr>
<td>SOMETIMES</td>
<td>11 187</td>
<td>11%</td>
<td>1 1 3 4 2</td>
<td>6</td>
<td>- - -</td>
<td>- -</td>
<td>2</td>
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<tr>
<td>USUALLY</td>
<td>25 459</td>
<td>25%</td>
<td>3 4 10 8</td>
<td>8 2 2</td>
<td>3 3</td>
<td>13 12</td>
<td>20 5</td>
</tr>
<tr>
<td>ALWAYS</td>
<td>75 1338</td>
<td>75%</td>
<td>1 13 18 20 23</td>
<td>50 4 3 1 1 6 2</td>
<td>27 48</td>
<td>68 7</td>
<td>43 32</td>
</tr>
<tr>
<td>#ALWAYS + USUALLY (NET)</td>
<td>100 1797</td>
<td>67%</td>
<td>16 22 30 31</td>
<td>58 6 5 1 1 9 5</td>
<td>40 60</td>
<td>88 12</td>
<td>58 42</td>
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<tr>
<td>TOP BOX SCORE</td>
<td>75 1338</td>
<td>67%</td>
<td>1 13 18 20 23</td>
<td>50 4 3 1 1 6 2</td>
<td>27 48</td>
<td>68 7</td>
<td>43 32</td>
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<tr>
<td>NOT ANSWERED</td>
<td>1 42</td>
<td>1%</td>
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<tr>
<td>VALID CASES</td>
<td>112 2014</td>
<td>100%</td>
<td>2 18 25 34 33</td>
<td>64 6 5 1 1 9 7</td>
<td>49 63</td>
<td>97 15</td>
<td>65 47</td>
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<tr>
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<td>113 2056</td>
<td>100%</td>
<td>2 18 25 34 34</td>
<td>64 6 5 1 1 9 8</td>
<td>49 64</td>
<td>98 15</td>
<td>66 47</td>
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[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?

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<tr>
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<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<td>8-12</td>
<td>OVER</td>
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<td>63</td>
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<td>EHPO</td>
<td>73</td>
<td>1193</td>
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<td>11</td>
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<td>22</td>
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<td>MORPHO</td>
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[ASKED IF Q55 = YES]
Q57A A REGULAR DENTIST IS ONE YOUR CHILD WOULD GO TO FOR CHECK-UPS AND CLEANINGS OR WHEN HE/SHE HAS A CAVITY OR TOOTH PAIN. DOES YOUR CHILD HAVE A REGULAR DENTIST?

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<th>AGE</th>
<th>RACE</th>
<th>ETHNIC-ITY</th>
<th>HEALTH</th>
<th>CCC</th>
<th>SCREENER</th>
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**YES**

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<th>RACE</th>
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<th>SCREENER</th>
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<td>73 95</td>
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<td>79%</td>
<td>100%</td>
<td>47%</td>
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<td>73%</td>
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**NO**

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<th>ETHNIC-ITY</th>
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**NOT ANSWERED**

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**VALID CASES**

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<th>RACE</th>
<th>ETHNIC-ITY</th>
<th>HEALTH</th>
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**NUMBER OF RESPONDENTS**

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<th>AGE</th>
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<td>94 85</td>
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</table>
Q57B IN THE LAST 6 MONTHS, IF YOUR CHILD NEEDED TO SEE A DENTIST RIGHT AWAY BECAUSE OF A DENTAL EMERGENCY, DID HE/SHE GET TO SEE A DENTIST AS SOON AS YOU WANTED?

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<thead>
<tr>
<th></th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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<td>TOT</td>
<td>CHILD</td>
<td>CHILD</td>
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<tr>
<td></td>
<td></td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12 OVER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BLCK</td>
<td>NATV AMER</td>
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<td></td>
<td>OR</td>
<td>AS-</td>
<td>PAC</td>
<td>ALSK</td>
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<td>HAM/</td>
<td>IND/</td>
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### NEVER

|                  |     |     |     |     |     |     |     |     |     |
|                  | 47  | 674 | 1   | 7   | 13  | 11  | 15  | 20  | 1   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 33% | 30% | 100%| 41% | 28% | 26% | 41% | 31% | 20% |
|                  |     |     |     |     |     |     |     |     |     |

### SOMETIMES

|                  |     |     |     |     |     |     |     |     |     |
|                  | 26  | 430 | 1   | 10  | 8   | 7   | 11  | 2   | 1   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 18% | 19% | 6%  | 22% | 19% | 19% | 17% | 33% | 100%|
|                  |     |     |     |     |     |     |     |     |     |

### USUALLY

|                  |     |     |     |     |     |     |     |     |     |
|                  | 32  | 488 | 3   | 11  | 13  | 5   | 15  | 1   | 2   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 22% | 22% | 18% | 24% | 30% | 14% | 23% | 20% | 33% |
|                  |     |     |     |     |     |     |     |     |     |

### ALWAYS

|                  |     |     |     |     |     |     |     |     |     |
|                  | 39  | 667 | 6   | 12  | 11  | 10  | 19  | 3   | 1   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 27% | 30% | 35% | 26% | 26% | 27% | 29% | 60% | 17% |
|                  |     |     |     |     |     |     |     |     |     |

### #ALWAYS + USUALLY (NET)

|                  |     |     |     |     |     |     |     |     |     |
|                  | 71  | 1154| 9   | 23  | 24  | 15  | 34  | 4   | 3   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 49% | 51% | 53% | 50% | 56% | 41% | 52% | 80% | 50% |
|                  |     |     |     |     |     |     |     |     |     |

### TOP BOX SCORE

|                  |     |     |     |     |     |     |     |     |     |
|                  | 39  | 667 | 6   | 12  | 11  | 10  | 19  | 3   | 1   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 27% | 30% | 35% | 26% | 26% | 27% | 29% | 60% | 17% |
|                  |     |     |     |     |     |     |     |     |     |

### I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS

|                  |     |     |     |     |     |     |     |     |     |
|                  | 136 | 2651| 1   | 29  | 22  | 45  | 39  | 80  | 5   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%|

### NOT ANSWERED

|                  |     |     |     |     |     |     |     |     |     |
|                  | 28  | 454 | 6   | 7   | 6   | 9   | 2   | 1   | 1   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%|

### VALID CASES

|                  |     |     |     |     |     |     |     |     |     |
|                  | 144 | 2258| 1   | 17  | 46  | 43  | 37  | 65  | 5   |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%|

### NUMBER OF RESPONDENTS

|                  |     |     |     |     |     |     |     |     |     |
|                  | 308 | 5363| 2   | 52  | 75  | 94  | 85  | 147 | 11  |
|                  |     |     |     |     |     |     |     |     |     |
|                  | 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%|
Q57C CHOICES FOR YOUR CHILD’S TREATMENT OR HEALTH CARE CAN INCLUDE CHOICES ABOUT MEDICINE, SURGERY, OR OTHER TREATMENT. IN THE LAST 6 MONTHS, DID YOUR PROVIDER TELL YOU THERE WAS MORE THAN ONE CHOICE FOR YOUR CHILD’S TREATMENT OR HEALTH CARE?

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>CHILD</td>
<td>&lt;1-3</td>
<td>4-7-8-12 OVER</td>
<td>WHITE AMERICAN</td>
</tr>
<tr>
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<td>64</td>
<td>1026</td>
<td>1</td>
<td>1</td>
<td>8</td>
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<tr>
<td></td>
<td>24%</td>
<td>19%</td>
<td>25%</td>
<td>29%</td>
<td>18%</td>
</tr>
<tr>
<td>Q57C NO</td>
<td>206</td>
<td>3791</td>
<td>1</td>
<td>35</td>
<td>52</td>
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<tr>
<td></td>
<td>79%</td>
<td>81%</td>
<td>75%</td>
<td>71%</td>
<td>82%</td>
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<tr>
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<td>38</td>
<td>546</td>
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<td>270</td>
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<td>69</td>
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<td>52</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Q57D IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR CHILD’S TREATMENT OR HEALTH CARE?

<table>
<thead>
<tr>
<th>HTS</th>
<th>OHP</th>
<th>TOT</th>
<th>CHILD</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12</td>
<td>OVER</td>
</tr>
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<td>12</td>
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<td>88%</td>
<td>87%</td>
<td>100%</td>
<td>94%</td>
<td>90%</td>
<td>92%</td>
<td>86%</td>
<td>67%</td>
<td>-100%</td>
</tr>
<tr>
<td>8%</td>
<td>12%</td>
<td>13%</td>
<td>-13%</td>
<td>6%</td>
<td>20%</td>
<td>8%</td>
<td>14%</td>
<td>33%</td>
</tr>
<tr>
<td>12%</td>
<td>13%</td>
<td></td>
<td>-13%</td>
<td>6%</td>
<td>20%</td>
<td>8%</td>
<td>14%</td>
<td>33%</td>
</tr>
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<tr>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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</thead>
<tbody>
<tr>
<td>TOT CHLD</td>
<td>OHF TOT CHLD</td>
<td>OTS 1</td>
<td>3-7</td>
<td>8-12</td>
</tr>
<tr>
<td>&lt;1</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>68%</td>
<td>87%</td>
<td>100%</td>
<td>82%</td>
<td>84%</td>
</tr>
<tr>
<td>8%</td>
<td>13%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>12%</td>
<td>13%</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</table>

NOT ANSWERED

<table>
<thead>
<tr>
<th>VALID CASES</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
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</tr>
<tr>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
<th>ETHNICITY</th>
<th>RACE</th>
<th>AGE</th>
<th>OHP CHLD TOT</th>
<th>OHT CHLD TOT</th>
<th>TOT 13 AND</th>
<th>&lt;1 1-3 4-7 8-12 OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td>NO</td>
<td>BLCK OR HAM/IND/ ALSK WHITE AMER IAN ILND NATV OTHR</td>
<td>HEALTH &amp; CCC</td>
<td>GOOD FAIR &amp; NO GOOD POOR</td>
<td>CCC CCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td>NO</td>
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<td>1</td>
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<td>4</td>
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<td></td>
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<td>3</td>
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<td>USUALLY</td>
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<td>5</td>
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<td>11</td>
<td>6</td>
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<tr>
<td>ALWAYS</td>
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<td>12</td>
<td>1</td>
<td>22</td>
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<td>19</td>
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<td>#ALWAYS + USUALLY (NET)</td>
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</tr>
<tr>
<td>ALWAYS</td>
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<td>NO</td>
<td>12</td>
<td>1</td>
<td>30</td>
<td></td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>TOP BOX SCORE</td>
<td></td>
<td>NO</td>
<td>12</td>
<td>1</td>
<td>30</td>
<td></td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>NOT ANSWERED</td>
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<td>NO</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td>1</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONF CHLD &lt;1</td>
<td>1-3 4-7</td>
<td>8-12 OVER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHITE AMER</td>
<td>HAW/IND</td>
<td>NATV OTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR/AS/PAC</td>
<td>ALSK</td>
<td>NATV OTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>TOTAL</td>
<td>TOTAL</td>
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</tr>
<tr>
<td>TOT</td>
<td>TOT</td>
<td>TOT</td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>1% 1%</td>
<td>1%</td>
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<td></td>
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<tr>
<td>2% 4%</td>
<td>39% 39%</td>
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<tr>
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<td>4% 8%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4% 4%</td>
<td>2% 2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USUALLY</td>
<td>20% 20%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>31% 25%</td>
<td>10% 10%</td>
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</tr>
<tr>
<td>ALWAYS</td>
<td>39% 39%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61% 62%</td>
<td>23% 23%</td>
<td></td>
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</tr>
<tr>
<td>#ALWAYS + USUALLY (NET)</td>
<td>59 59</td>
<td></td>
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<tr>
<td>92% 92%</td>
<td>23% 23%</td>
<td></td>
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<tr>
<td>TOP BOX SCORE</td>
<td>39 39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61% 62%</td>
<td>23% 23%</td>
<td></td>
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<td></td>
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<td>NOT ANSWERED</td>
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<tr>
<td>VALID CASES</td>
<td>64 64</td>
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</tr>
<tr>
<td>NUMBER OF RESPONDENTS</td>
<td>980 980</td>
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</tbody>
</table>

[ASKED IF Q57C = YES]
**Q57H** In the last 6 months, how often did your child’s provider make it easy for you to ask questions and raise concerns?

<table>
<thead>
<tr>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Health Status</th>
<th>CCC Screener</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>&lt;1</td>
<td>-13%</td>
<td>3%</td>
<td>17%</td>
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<tr>
<td>1-3</td>
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<td>-13%</td>
<td>12%</td>
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<td>4-7</td>
<td>8%</td>
<td>6%</td>
<td>24%</td>
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<tr>
<td>8-12</td>
<td>8%</td>
<td>6%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**# Always + Usually (Net)**

- 58%
- 63%
- 68%
- 77%
- 63%
- 100%
- 63%
- 68%
- 77%
- 63%
- 100%
- 63%
- 68%
- 77%
- 63%
- 100%
- 63%
- 68%
- 77%
- 63%
- 100%
- 63%
- 68%
- 77%
- 63%
- 100%

**Valid Cases**

- 64
- 960
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
### Q58: In general, how would you rate your child’s overall health?

<table>
<thead>
<tr>
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<th>Race</th>
<th>Ethnicity</th>
<th>Ex &amp; OHP</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>#Excellent + Very Good</th>
<th>#Excellent + Good (Net)</th>
<th>Not Answered</th>
<th>Valid Cases</th>
<th>Number of Respondents</th>
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</tbody>
</table>

**HEALTH SHARE OF OREGON 2015 CAHPS Survey - Child Medicaid  ***WEIGHTED***

June 2015  PAGE 66  DataStat, Inc.
Q59  IN GENERAL, HOW WOULD YOU RATE YOUR CHILD’S OVERALL MENTAL OR EMOTIONAL HEALTH?

<table>
<thead>
<tr>
<th>HEALTH STATUS</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>EX &amp; GOOD FAIR</th>
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<tbody>
<tr>
<td></td>
<td>&lt;1</td>
<td>1-3</td>
<td>4-7</td>
<td>8-12 OVER</td>
</tr>
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<td>130</td>
<td>2270</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>46%</td>
<td>46%</td>
<td>50%-64%</td>
<td>53%</td>
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<td>26%</td>
<td>50%-24%</td>
<td>22%</td>
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<td>14</td>
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VALID CASES 282
NUMBER OF RESPONDENTS 308
### Q60  Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

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**Number of Respondents:**
- **Valid Cases:** 280
- **Total:** 308

**Number of Respondents by Category:**
- **Yes:** 65
- **No:** 215
- **Not Answered:** 28

**Percentage of Respondents by Category:**
- **Yes:** 23%
- **No:** 77%
- **Not Answered:** 77%
**Q61** *Is this because of any medical, behavioral, or other health condition?*

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

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<tr>
<td>49</td>
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[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?

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Note: * denotes statistical significance at the 0.05 level.
Q64  **IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION?**

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

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| [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?

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

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*Note: [ASKED IF Q66 = YES]*
### Q68: Is this a condition that has lasted or is expected to last for at least 12 months?

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**[ASKED IF Q66 = YES AND Q67 = YES]**
Q69 DOES YOUR CHILD NEED OR GET SPECIAL THERAPY, SUCH AS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY?

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June 2015  
DataStat, Inc.
Q70  IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL, OR OTHER HEALTH CONDITION?

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

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[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?

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

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[ASKED IF Q72 = YES]
### NQ74 What is your child's age?

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<td>8 to 12 years old</td>
<td>94</td>
<td>1563</td>
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<td>13 or older</td>
<td>85</td>
<td>1489</td>
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<tr>
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<td>308</td>
<td>5363</td>
<td>100%</td>
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**Note:** Data is based on survey response or on sample data if response not given.
NQ75  IS YOUR CHILD MALE OR FEMALE?

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<th>CCC SCREENER</th>
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<td>ONF</td>
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<tr>
<td></td>
<td>TOT</td>
<td>TOT</td>
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<td>76 9 6 2 12 10</td>
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[BASED ON SURVEY RESPONSE OR ON SAMPLE DATA IF RESPONSE NOT GIVEN]
Q76 IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN OR DESCENT?

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VALID CASES 280 4923 2 45 69 89 75 146 11 16 2 2 25 26 144 136 250 28 213 67
NUMBER OF RESPONDENTS 308 5363 2 52 75 94 85 147 11 16 2 2 25 26 144 136 252 29 241 67

100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%
Q77.1 WHAT IS YOUR CHILD’S RACE? RESPONSE: WHITE

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

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

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**DataStat, Inc.**

**June 2015**
### Q77.4 WHAT IS YOUR CHILD’S RACE? RESPONSE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

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</table>
| 100% 100% | 100% 100% 100% 100% 100% | 100% 100% 100% 100% 100% | 100% 100% 100% 100% 100% | 100% 100% 100% 100% 100% | 100% 100%
**Q77.5 WHAT IS YOUR CHILD'S RACE? RESPONSE: AMERICAN INDIAN OR ALASKA NATIVE**

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

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### Q78 WHAT IS YOUR AGE?

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**VALID CASES**
- 277
- 4927
- 2
- 43
- 71
- 87
- 74
- 145
- 11
- 16
- 2
- 2
- 25
- 26
- 139
- 135
- 247
- 28
- 211
- 66

**NUMBER OF RESPONDENTS**
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
- 100%
### Q79 ARE YOU MALE OR FEMALE?

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<td>252</td>
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- **MALE**
  - 42
  - 657
  - 4
  - 12
  - 14
  - 12
  - 21
  - 5
  - 6
  - 5
  - 17
  - 25
  - 40
  - 1
  - 38
  - 4
  - 15%
  - 13%
  - 9%
  - 17%
  - 16%
  - 16%
  - 14%
  - 31%
  - 
  - 24%
  - 19%
  - 12%
  - 18%
  - 16%
  - 4%
  - 18%
  - 6%
  - 

- **FEMALE**
  - 240
  - 4307
  - 2
  - 41
  - 60
  - 75
  - 62
  - 126
  - 11
  - 11
  - 2
  - 2
  - 19
  - 21
  - 126
  - 111
  - 212
  - 27
  - 178
  - 62
  - 85%
  - 87%
  - 100%
  - 91%
  - 83%
  - 84%
  - 84%
  - 86%
  - 100%
  - 69%
  - 100%
  - 100%
  - 76%
  - 81%
  - 88%
  - 82%
  - 84%
  - 96%
  - 82%
  - 94%
  - 84%
  - 96%
  - 82%
  - 94%*
  - 

- **NOT ANSWERED**
  - 26
  - 399
  - 7
  - 3
  - 5
  - 11
  - 1
  - 1
  - 25
  - 1

- **VALID CASES**
  - 282
  - 4964
  - 2
  - 45
  - 72
  - 89
  - 74
  - 147
  - 11
  - 16
  - 2
  - 2
  - 25
  - 26
  - 143
  - 136
  - 252
  - 28
  - 216
  - 66

- **NUMBER OF RESPONDENTS**
  - 308
  - 5363
  - 2
  - 52
  - 72
  - 85
  - 147
  - 11
  - 16
  - 2
  - 2
  - 25
  - 26
  - 144
  - 136
  - 252
  - 29
  - 241
  - 67

- **100%**
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
  - 100%
**Q80** WHAT IS THE HIGHEST GRADE OR LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?

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<th><strong>RACE</strong></th>
<th><strong>ETHNICITY</strong></th>
<th><strong>HEALTH STATUS</strong></th>
<th><strong>CCC SCREENER</strong></th>
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<tr>
<td><strong>HTS</strong></td>
<td><strong>ONF</strong></td>
<td><strong>CHLD</strong></td>
<td><strong>AND</strong></td>
<td><strong>BLCK</strong></td>
<td><strong>NATV</strong></td>
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<td>8-12</td>
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<td><strong>%</strong></td>
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<td>8TH GRADE OR LESS</td>
<td>41 618</td>
<td>6 7 13 15</td>
<td>14 2 6 2</td>
<td>35 5 33 8 34 7</td>
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<td>SOME HIGH SCHOOL BUT DID NOT GRADUATE</td>
<td>41 624</td>
<td>7 10 15 9</td>
<td>18 1 1 5 3</td>
<td>34 7 35 5 32 9</td>
<td>10% 13% 14% 17% 12% 9% 6% 12% 25% 5% 14% 19% 15% 13%</td>
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<td>73 1385</td>
<td>1 10 22 24 16</td>
<td>36 3 6 1 8 5</td>
<td>40 33 67 5 63 10</td>
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<td>67 1555</td>
<td>1 10 18 25 13</td>
<td>39 5 3 1 3 2</td>
<td>18 48 63 4 44 23</td>
<td>24% 32% 50% 23% 26% 29% 18% 27% 45% 19% 50% 12% 46% 13% 35% 26% 15% 21% 34%</td>
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<td>4-YEAR COLLEGE GRADUATE</td>
<td>32 470</td>
<td>7 7 5 13</td>
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<td>8 24 30 2 24 8</td>
<td>12% 10% 16% 10% 6% 18% 16% 9% 13% 8% 12% 6% 18% 12% 7% 11% 12%</td>
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<td>6 5 2 32</td>
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<td>138 136 247 27 209 67</td>
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<td>2 52 75 94 85</td>
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### Q81 HOW ARE YOU RELATED TO THE CHILD?

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<th>HEALTH STATUS</th>
<th>CCC SCREENER</th>
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#### MOTHER OR FATHER
- Mother or Father: 265, 4614
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### GRANDPARENT
- Grandparent: 11, 165
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### AUNT OR UNCLE
- Aunt or Uncle: 19
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### OLDER BROTHER OR SISTER
- Older Brother or Sister: 1
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### OTHER RELATIVE
- Other Relative: 3
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### LEGAL GUARDIAN
- Legal Guardian: 2
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### SOMEONE ELSE
- Someone Else: 1
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### NOT ANSWERED
- Not Answered: 28
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### VALID CASES
- Valid Cases: 280, 4909
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC

#### NUMBER OF RESPONDENTS
- Number of Respondents: 308, 5363
- Age: <1, 1-3, 4-7, 8-12, OVER
- Race: WHITE, AMERICAN (AM), HAWAIIAN/INDIAN (HI), NATIVE AMERICAN (NA), OTHER (OT)
- Ethnicity: BLCK, NATV AMER, APR-ASIAN, HAM/IND, PAC-ALSK, MUL-ITAL, HISPANIC
- Health Status: EX & VERY FAIR, GOOD, FAIR, POOR
- Screener: CCC
Q82  DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

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<th>AGE</th>
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[ASKED IF SURVEY COMPLETED BY MAIL]
Q83.1  HOW DID THAT PERSON HELP YOU? RESPONSE: READ THE QUESTIONS TO ME.

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

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

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

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

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Q83.5

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[ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]
### NQ14  RATING OF ALL CHILD’S HEALTH CARE

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[ASKED IF Q7 >= 1 TIME]
### NQ41 RATING OF CHILD'S PERSONAL DOCTOR

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|     | HTS<br>CHLD | 13 | AND<br>| BLCK OR<br>WHTE | NATV AMER<br>IAN | ETHNIC RACE<br>AM/IND/PAC/ALASKA | NOT<br>HIS-PAN-IC | EX & GOOD<br>FAIR & POOR | NO<br>CCC | CCC | 2.63 | 2.62 | 2.50 | 2.67 | 2.59 | 2.67 | 2.62 | 2.64 | 2.78 | 2.33 | 3.00 | 3.00 | 2.71 | 2.67 | 2.63 | 2.64 | 2.68 | 2.30 | 2.65 | 2.59 | .594 | -.491 | .574 | .869 | .873 | - | - | - | - | .832 | .803 | - | .513 | .513 | [ASKED IF Q30 = YES]
### NQ48 Rating of Specialist Child Saw Most Often

| HTS CHLD | ONP TOT | AGE | 1-3 | 4-7 | 8-12 OVER | TOT | RACE | BLCK OR | NATV AMER | ETHNIC-ITY | NOT EX & | VERY HTS | OHP CHLD TOT | HEALTH STATUS | CCC | SCREENER |
|----------|---------|-----|-----|-----|-----------|-----|------|---------|-----------|------------|----------|----------|-----------|---------------|---------------|-----|----------|
|          |         |     |     |     |           |     |      |         |           |            |          |          |           |               |     |          |
| 0-6      | 6       | 69  | 1   | 2   | 2         | 1   | 5    | 1       | 1-69      | 1          | 1-16%   | 10%~ 14%~ | 25%~ 20%~ 9%~ | 23%~ 33%~    | 5    | 4        | 2          | 3          |
| 7-8      | 11      | 178 | 3   | 2   | 1         | 5   | 2    | 2       | 1          | 1-17%     | 5-26%~100%~ | 43%~ 25%~ 10%~ 45%~ | 23%~ 67%~    | 5-28%~33%~ | 22%~ 44%~ 25%~ | 35%~ 30% |
| 9-10     | 20      | 428 | 1   | 3   | 4         | 7   | 5    | 12      | 1          | 1-20%     | 63%~100%~ 43%~ 50%~ 70%~ 45%~ | 55%~ 33%~    | 72%~ 39%~ | 63%~ 33%~ 60%~ | 47%~ 54% |
| VALID CASES | 37  | 675 | 1   | 7   | 8         | 10  | 11   | 22      | 3          | 1-37%     | 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% | 100% 100%     | 100% 100% | 100% 100% | 100% 100% |
| NUMBER OF RESPONDENTS | 37  | 675 | 1   | 7   | 8         | 10  | 11   | 22      | 3          | 1-37%     | 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% | 100% 100%     | 100% 100% | 100% 100% | 100% 100% |
| MEAN     | 2.38    | 2.53 | 3.00 | 2.29 | 2.25      | 2.50 | 2.36 | 2.32    | 1.67       | 2.33       | 2.67     | 2.72     | 2.11     | 2.48       | 2.11       | 2.45 | 2.29     |
| p stat_(*=Sig @ p<=.05) | -       | -    | -   | -   | -         | -   | -    | -       | -          | -          | -        | -        | -        | -          | -          | -    | -        |

[ASKED IF Q45 = YES AND Q47 >= 1 SPECIALIST]
### NQ54 Rating of Child’s Health Plan

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*HEALTH SHARE OF OREGON 2015 CAHPS Survey - Child Medicaid  ***WEIGHTED***

June 2015  PAGE 104  DataStat, Inc.
### GETTING NEEDED CARE

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NCARNES4 NQ15

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| NNRXWHY NQ11     | 2.86 | 2.88 | 1.00 3.00 2.78 2.89 2.90 | 2.87 3.00 3.00 | 3.00 3.00 | 2.73 2.94 | 2.83 3.00 | 2.82 2.92 |
| p_stat_(*=Sig @ p<=.05) | .771 | -    | -    | -    | -    | -    | -    | -    |
| NNRXWYNT NQ12    | 2.47 | 2.40 | 3.00 2.75 1.67 2.78 2.43 | 2.68 2.33 2.00 | 2.50 2.20 | 2.45 2.44 | 2.49 2.14 | 2.45 2.50 |
| p_stat_(*=Sig @ p<=.05) | .448 | -    | -    | -    | -    | -    | -    | -    |
| NRXBST NQ13      | 2.63 | 2.55 | 3.00 3.00 2.27 2.61 2.70 | 2.75 2.33 2.50 | 2.67 1.80 | 2.46 2.81 | 2.68 1.44 | 2.62 2.65 |
| p_stat_(*=Sig @ p<=.05) | .328 | -    | -    | -    | -    | -    | -    | -    |
| COMPOSITE        | 2.61 | 2.61 | 2.33 2.92 2.24 2.76 2.68 | 2.77 2.56 2.50 | x 2.72 2.33 | 2.55 2.73 | 2.67 2.43 | 2.63 2.69 |
| p_stat_(*=Sig @ p<=.05) | .929 | -    | -    | -    | -    | -    | -    | -    |
## ACCESS TO SPECIALIZED SERVICES

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

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#### PRBSEE4 Q46
- 65% 75%
- 100% 63% 67% 73% 57%
- 64% 75%
- 75% 50%
- 80% 50%
- 59% 80%
- 68% 61%

#### CARNES4 Q15
- 87% 88%
- 100% 92% 85% 90% 83%
- 93% 75% 100% 0% 100%
- 100% 80% 80%
- 82% 92%
- 88% 82%
- 88% 84%

#### AVERAGE
- 76.21 81.22
- 100.0 77.08 75.64 81.45 69.88
- 78.60 75.00 87.50
- 100.0 77.50 65.00
- 81.15 71.24
- 73.74 80.91
- 78.24 72.80
### GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

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|            | 86.41 87.16 | 100.0 93.57 86.63 85.09 82.00 | 87.31 91.67 75.00 | 85.04 88.74 86.57 86.04 84.60 91.60 |

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*HEALTH SHARE OF OREGON 2015 CAHPS Survey - Child Medicaid  ***WEIGHTED***
June 2015  PAGE 112  DataStat, Inc.*
**HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE**

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

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## Shared Decision Making (Yes) -- Global Proportion Composite

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- **NRXWHY Q11**: 93% 94% 0% 100% 89% 94% 95% 94% 100% 100% 100% 100% 86% 97% 91% 100% 91% 96%
- **NRXWYNT Q12**: 74% 70% 100% 87% 33% 89% 71% 84% 67% 50% 75% 60% 73% 72% 74% 57% 73% 75%
- **RXBST Q13**: 82% 78% 100% 100% 64% 80% 85% 87% 67% 75% 83% 40% 73% 90% 84% 57% 81% 83%

- **Average**: 82.8 80.5 66.7 95.8 62.0 87.8 83.9 88.3 77.8 75.0 x x 86.1 66.7 77.4 86.4 83.3 71.4 81.6 84.5
### ACCESS TO SPECIALIZED SERVICES (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE

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AVERAGE 63.7 66.1 x 53.3 75.0 62.3 67.1 69.0 50.0 66.7 65.0 40.0 58.6 69.8 64.7 62.5 63.0 67.1
### PERSONAL DOCTOR WHO KNOWS CHILD (YES) -- GLOBAL PROPORTION COMPOSITE

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### CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

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<tr>
<td>1.</td>
<td>Q1</td>
<td>OUR RECORDS SHOW THAT YOU ARE NOW IN &lt;HEALTH PLAN&gt;. IS THAT RIGHT?</td>
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<td>2.</td>
<td>Q2</td>
<td>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?</td>
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<td>IN THE LAST 6 MONTHS, WHEN YOU NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOU GET CARE AS SOON AS YOU NEEDED? [ASKED IF Q2 = YES]</td>
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<td>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 Q4 = YES]</td>
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<td>Q6</td>
<td>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?</td>
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<tr>
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<td>Q7</td>
<td>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 Q6 &gt;= 1 TIME]</td>
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<td>Q8</td>
<td>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 &gt;= 1 TIME]</td>
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<td>9</td>
<td>Q9</td>
<td>DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE? [ASKED IF Q8 &gt;= 1 TIME AND Q9 = YES]</td>
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<tr>
<td>10</td>
<td>Q10</td>
<td>DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT TO TAKE A MEDICINE? [ASKED IF Q9 &gt;= 1 TIME AND Q10 = YES]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Q11</td>
<td>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 Q10 &gt;= 1 TIME AND Q11 = YES]</td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>Q12</td>
<td>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 Q11 &gt;= 1 TIME]</td>
<td></td>
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<tr>
<td>13</td>
<td>Q13</td>
<td>IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS OR TREATMENT YOU NEEDED? [ASKED IF Q12 &gt;= 1 TIME]</td>
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</table>
### 3. Your Personal Doctor

<table>
<thead>
<tr>
<th>Page</th>
<th>Question</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>14</td>
<td>Q15</td>
<td>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?</td>
</tr>
<tr>
<td>15</td>
<td>Q16</td>
<td>In the last 6 months, how many times did you visit your personal doctor to get care for yourself? [Asked if Q15 = Yes]</td>
</tr>
<tr>
<td>16</td>
<td>Q17</td>
<td>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 &gt;= 1 Time]</td>
</tr>
<tr>
<td>17</td>
<td>Q18</td>
<td>In the last 6 months, how often did your personal doctor listen carefully to you? [Asked if Q15 = Yes and Q16 &gt;= 1 Time]</td>
</tr>
<tr>
<td>18</td>
<td>Q19</td>
<td>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 &gt;= 1 Time]</td>
</tr>
<tr>
<td>19</td>
<td>Q20</td>
<td>In the last 6 months, how often did your personal doctor spend enough time with you? [Asked if Q15 = Yes and Q16 &gt;= 1 Time]</td>
</tr>
<tr>
<td>20</td>
<td>Q21</td>
<td>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 &gt;= 1 Time]</td>
</tr>
<tr>
<td>21</td>
<td>Q22</td>
<td>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 &gt;= 1 Time and Q21 = Yes]</td>
</tr>
<tr>
<td>22</td>
<td>Q23</td>
<td>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]</td>
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</tbody>
</table>

### 4. Getting Health Care From Specialists

<table>
<thead>
<tr>
<th>Page</th>
<th>Question</th>
<th>Title</th>
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<tbody>
<tr>
<td>23</td>
<td>Q24</td>
<td>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?</td>
</tr>
<tr>
<td>24</td>
<td>Q25</td>
<td>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]</td>
</tr>
<tr>
<td>25</td>
<td>Q26</td>
<td>How many specialists have you seen in the last 6 months? [Asked if Q24 = Yes]</td>
</tr>
<tr>
<td>26</td>
<td>Q27</td>
<td>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 &gt;= 1 Specialist]</td>
</tr>
</tbody>
</table>
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 Q34  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]
5. ADDITIONAL QUESTIONS

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

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

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

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

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

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

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

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

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

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

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

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

5. ACCESS TO DENTAL CARE

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

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

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

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

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

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

57 Q40 IN THE LAST 6 MONTHS, HOW OFTEN WERE YOU ADVISED TO QUIT SMOKING OR USING TOBACCO BY A DOCTOR OR OTHER HEALTH PROVIDER IN YOUR PLAN? [ASKED IF Q39 = EVERY DAY OR SOME DAYS]

58 Q41 IN THE LAST 6 MONTHS, HOW OFTEN WAS MEDICATION RECOMMENDED OR DISCUSSED BY A DOCTOR OR HEALTH PROVIDER TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF MEDICATION ARE: NICOTINE GUM, PATCH, NASAL SPRAY, INHALER, OR PRESCRIPTION MEDICATION. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]

59 Q42 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR DOCTOR OR HEALTH PROVIDER DISCUSS OR PROVIDE METHODS AND STRATEGIES OTHER THAN MEDICATION TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF METHODS AND STRATEGIES ARE: TELEPHONE HELPLINE, INDIVIDUAL OR GROUP COUNSELING, OR CESSATION PROGRAM. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]

60 Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

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

62 Q45 HAS A DOCTOR OR HEALTH PROVIDER EVER DISCUSSED WITH YOU THE RISKS AND BENEFITS OF ASPIRIN TO PREVENT HEART ATTACK OR STROKE?
Q46.1 Are you aware that you have any of the following conditions? Response: high cholesterol
Q46.2 Are you aware that you have any of the following conditions? Response: high blood pressure
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
Q47.1 Has a doctor ever told you that you have any of the following conditions? Response: a heart attack
Q47.2 Has a doctor ever told you that you have any of the following conditions? Response: angina or coronary heart disease
Q47.3 Has a doctor ever told you that you have any of the following conditions? Response: a stroke
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
Q48 In the last 6 months, did you get health care 3 or more times for the same condition or problem?
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]
Q50 Do you now need or take medicine prescribed by a doctor? Do not include birth control.
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]
Q52 What is your age? [Based on survey response or on sample data if response not given]
Q53 Are you male or female? [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?
Q55 Are you of Hispanic or Latino origin or descent?
Q56.1 What is your race? Response: white
Q56.2 What is your race? Response: black or African-American
Q56.3 What is your race? Response: Asian
Q56.4 What is your race? Response: Native Hawaiian or other Pacific Islander
Q56.5 What is your race? Response: American Indian or Alaska Native
Q56.6 What is your race? Response: other
Q57 Did someone help you complete this survey? [Asked if survey completed by mail]
Q58.1 How did that person help you? Response: read the questions to me. [Asked if survey completed by mail and Q57 = Yes]
Q58.2  HOW DID THAT PERSON HELP YOU? RESPONSE: WROTE DOWN THE ANSWERS I GAVE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]

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

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

Q58.5  HOW DID THAT PERSON HELP YOU? RESPONSE: HELPED IN SOME OTHER WAY. [ASKED IF SURVEY COMPLETED BY MAIL AND Q57 = YES]
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<tr>
<td>8.</td>
<td>NQ13</td>
<td>RATING OF ALL HEALTH CARE [ASKED IF Q7 &gt;= 1 TIME]</td>
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<td>NQ23</td>
<td>RATING OF PERSONAL DOCTOR [ASKED IF Q15 = YES]</td>
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<td>NQ27</td>
<td>RATING OF SPECIALIST SEEN MOST OFTEN [ASKED IF Q24 = YES AND Q26 &gt;= 1 SPECIALIST]</td>
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<td>RATING OF HEALTH PLAN</td>
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<td>GETTING NEEDED CARE</td>
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<td>GETTING CARE QUICKLY</td>
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<td>HOW WELL DOCTORS COMMUNICATE</td>
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<td>CUSTOMER SERVICE</td>
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<td>SHARED DECISION MAKING</td>
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<td>GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE</td>
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### INDEX OF CHILD TABLES

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<td>Q3</td>
<td>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 Q2 = YES]</td>
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<td>Q6</td>
<td>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?</td>
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<td>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 Q6 &gt;= 1 TIME]</td>
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<td>Q8</td>
<td>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 &gt;= 1 TIME]</td>
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<td>Q9</td>
<td>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 Q8 &gt;= 1 TIME]</td>
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<td>Q10</td>
<td>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 Q9 &gt;= 1 TIME AND Q10 = YES]</td>
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<td>Q11</td>
<td>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 Q9 &gt;= 1 TIME AND Q10 = YES]</td>
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<td>Q12</td>
<td>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 Q9 &gt;= 1 TIME AND Q10 = YES]</td>
</tr>
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<td>13</td>
<td>Q13</td>
<td>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 &gt;= 1]</td>
</tr>
<tr>
<td>14</td>
<td>Q14</td>
<td>IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED? [ASKED IF Q7 &gt;= 1 TIME]</td>
</tr>
<tr>
<td>15</td>
<td>Q15</td>
<td>IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?</td>
</tr>
</tbody>
</table>
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]

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

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?

IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET SPECIAL MEDICAL EQUIPMENT OR DEVICES FOR YOUR CHILD? [ASKED IF Q19 = YES]

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]

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

IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THIS THERAPY FOR YOUR CHILD? [ASKED IF Q22 = YES]

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]

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?

IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THIS TREATMENT OR COUNSELING FOR YOUR CHILD? [ASKED IF Q25 = YES]

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]

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?

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]

4. YOUR CHILD'S PERSONAL DOCTOR

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?

IN THE LAST 6 MONTHS, HOW MANY TIMES DID YOUR CHILD VISIT HIS OR HER PERSONAL DOCTOR FOR CARE? [ASKED IF Q30 = YES]

IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE A HARD TIME SPEAKING WITH OR UNDERSTANDING YOUR CHILD'S PERSONAL DOCTOR BECAUSE YOU SPOKE DIFFERENT LANGUAGES? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]
32 Q32 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD’S PERSONAL DOCTOR EXPLAIN THINGS ABOUT YOUR CHILD’S HEALTH IN A WAY THAT WAS EASY TO UNDERSTAND? [ASKED IF Q30 = YES AND Q31 >= 1 TIME]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

47 Q47 HOW MANY SPECIALISTS HAS YOUR CHILD SEEN IN THE LAST 6 MONTHS? [ASKED IF Q45 = YES]
### 6. Your Child's Health Plan

<table>
<thead>
<tr>
<th>Q49</th>
<th>In the last 6 months, did you get information or help from Customer Service at your child's Health Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q50</td>
<td>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]</td>
</tr>
<tr>
<td>Q51</td>
<td>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]</td>
</tr>
<tr>
<td>Q52</td>
<td>In the last 6 months, did your child's Health Plan give you any forms to fill out?</td>
</tr>
<tr>
<td>PQ53</td>
<td>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]</td>
</tr>
<tr>
<td>Q54</td>
<td>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?</td>
</tr>
</tbody>
</table>

### 7. Prescription Medicines

<table>
<thead>
<tr>
<th>Q55</th>
<th>In the last 6 months, did you get or refill any prescription medicines for your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q56</td>
<td>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]</td>
</tr>
<tr>
<td>Q57</td>
<td>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]</td>
</tr>
</tbody>
</table>

### 7. Access to Dental Care

<table>
<thead>
<tr>
<th>Q57A</th>
<th>A regular dentist is one your child would go to for check-ups and cleanings or when he/she has a cavity or tooth pain. Does your child have a regular dentist?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q57B</td>
<td>In the last 6 months, if your child needed to see a dentist right away because of a dental emergency, did he/she get to see a dentist as soon as you wanted?</td>
</tr>
</tbody>
</table>

### 7. Additional Questions

| Q57C | Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did your provider tell you there was more than one choice for your child's treatment or health care? |
61 Q57D IN THE LAST 6 MONTHS, DID YOUR PROVIDER TALK WITH YOU ABOUT THE PROS AND CONS OF EACH CHOICE FOR YOUR CHILD'S TREATMENT OR HEALTH CARE? [ASKED IF Q57C = YES]

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

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

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

84 Q76 IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN OR DESCENT?
WHAT IS YOUR CHILD'S RACE? RESPONSE: WHITE
WHAT IS YOUR CHILD'S RACE? RESPONSE: BLACK OR AFRICAN-AMERICAN
WHAT IS YOUR CHILD'S RACE? RESPONSE: ASIAN
WHAT IS YOUR CHILD'S RACE? RESPONSE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
WHAT IS YOUR CHILD'S RACE? RESPONSE: AMERICAN INDIAN OR ALASKA NATIVE
WHAT IS YOUR CHILD'S RACE? RESPONSE: OTHER
WHAT IS YOUR AGE?
ARE YOU MALE OR FEMALE?
WHAT IS THE HIGHEST GRADE OR LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?
HOW ARE YOU RELATED TO THE CHILD?
DID SOMEONE HELP YOU COMPLETE THIS SURVEY? [ASKED IF SURVEY COMPLETED BY MAIL]
HOW DID THAT PERSON HELP YOU? RESPONSE: READ THE QUESTIONS TO ME. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]
HOW DID THAT PERSON HELP YOU? RESPONSE: WROTE DOWN THE ANSWERS I GAVE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]
HOW DID THAT PERSON HELP YOU? RESPONSE: ANSWERED THE QUESTIONS FOR ME. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]
HOW DID THAT PERSON HELP YOU? RESPONSE: TRANSLATED THE QUESTIONS INTO MY LANGUAGE. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]
HOW DID THAT PERSON HELP YOU? RESPONSE: HELPED IN SOME OTHER WAY. [ASKED IF SURVEY COMPLETED BY MAIL AND Q82 = YES]
RATING OF ALL CHILD'S HEALTH CARE [ASKED IF Q7 >= 1 TIME]
RATING OF CHILD'S PERSONAL DOCTOR [ASKED IF Q30 = YES]
RATING OF SPECIALIST CHILD SAW MOST OFTEN [ASKED IF Q45 = YES AND Q47 >= 1 SPECIALIST]
RATING OF CHILD'S HEALTH PLAN
GETTING NEEDED CARE
GETTING CARE QUICKLY
HOW WELL DOCTORS COMMUNICATE
CUSTOMER SERVICE
109  SHARED DECISION MAKING  
110  ACCESS TO SPECIALIZED SERVICES  

11. GLOBAL PROPORTION COMPOSITES  
111  GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
112  GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
113  HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
114  CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
115  SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE  
116  ACCESS TO SPECIALIZED SERVICES (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE  
117  PERSONAL DOCTOR WHO KNOWS CHILD (YES) -- GLOBAL PROPORTION COMPOSITE  
118  CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE
Your privacy is protected. All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK.

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

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

SURVEY INSTRUCTIONS

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

Correct Mark [●] Incorrect Marks [✗] [✓] [✗]

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

  ● Yes ➔ Go to Question 1
  ○ No

START HERE

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

  ○ Yes ➔ Go to Question 3
  ○ No

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

__________________________________________
YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
   - Yes
   - No ➔ Go to Question 5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
   - Never
   - Sometimes
   - Usually
   - Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
   - Yes
   - No ➔ Go to Question 7

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
   - Never
   - Sometimes
   - Usually
   - Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor’s office or clinic to get health care for yourself?
   - None ➔ Go to Question 15
   - 1 time
   - 2
   - 3
   - 4
   - 5 to 9
   - 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
   - Yes
   - No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?
   - Yes
   - No ➔ Go to Question 13

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

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
    - Yes
    - No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
    - Yes
    - No
13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- Never
- Sometimes
- Usually
- Always

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

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
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

Go to Question 23

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?

- Never
- Sometimes
- Usually
- Always

0 1 2 3 4 5 6 7 8 9 10
Worst Best
Personal Doctor Personal Doctor
Possible Possible
GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No ➔ Go to Question 28

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

- Never
- Sometimes
- Usually
- Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
- No ➔ Go to Question 30

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No ➔ Go to Question 33

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No ➔ Go to Question 35
34. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

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

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

ADDITIONAL QUESTIONS

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

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

- Yes
- No  Go to Question 35i

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

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

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

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

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

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

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

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

- Yes
- No  Go to Question 35l
35j. In the last 6 months, did your provider talk with you about the pros and cons of each choice for your treatment or health care?

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor
37. In general, how would you rate your overall mental or emotional health?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2014?
   - Yes
   - No
   - Don't know

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
   - Every day
   - Some days
   - Not at all ➔ Go to Question 43
   - Don't know ➔ Go to Question 43

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
   - Never
   - Sometimes
   - Usually
   - Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
   - Never
   - Sometimes
   - Usually
   - Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
   - Never
   - Sometimes
   - Usually
   - Always

43. Do you take aspirin daily or every other day?
   - Yes
   - No
   - Don't know

44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
   - Yes
   - No
   - Don't know

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
   - Yes
   - No

46. Are you aware that you have any of the following conditions? Mark all that apply.
   - High cholesterol
   - High blood pressure
   - Parent or sibling with heart attack before the age of 60

47. Has a doctor ever told you that you have any of the following conditions? Mark all that apply.
   - A heart attack
   - Angina or coronary heart disease
   - A stroke
   - Any kind of diabetes or high blood sugar
48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?
   - Yes
   - No  ➔ Go to Question 50

49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.
   - Yes
   - No

50. Do you now need or take medicine prescribed by a doctor? Do not include birth control.
   - Yes
   - No  ➔ Go to Question 52

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.
   - Yes
   - No

52. What is your age?
   - 18 to 24
   - 25 to 34
   - 35 to 44
   - 45 to 54
   - 55 to 64
   - 65 to 74
   - 75 or older

53. Are you male or female?
   - Male
   - Female

54. What is the highest grade or level of school that you have completed?
   - 8th grade or less
   - Some high school, but did not graduate
   - High school graduate or GED
   - Some college or 2-year degree
   - 4-year college graduate
   - More than 4-year college degree

55. Are you of Hispanic or Latino origin or descent?
   - Yes, Hispanic or Latino
   - No, Not Hispanic or Latino

56. What is your race? Mark one or more.
   - White
   - Black or African-American
   - Asian
   - Native Hawaiian or other Pacific Islander
   - American Indian or Alaska Native
   - Other (Please print)

57. Did someone help you complete this survey?
   - Yes  ➔ Go to Question 58
   - No  ➔ Thank you. Please return the completed survey in the postage-paid envelope.

58. How did that person help you? Mark one or more.
   - Read the questions to me
   - Wrote down the answers I gave
   - Answered the questions for me
   - Translated the questions into my language
   - Helped in some other way (Please print)

THANK YOU

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

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

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108
Your privacy is protected. All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK.

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

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

**SURVEY INSTRUCTIONS**

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

- 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

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

1. **Our records show that your child is now in the Oregon Health Plan. Is that right?**
   - Yes ➔ Go to Question 3
   - No

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

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

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

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
   ○ Yes
   ○ No ➔ Go to Question 5

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
   ○ Yes
   ○ No ➔ Go to Question 7

6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
   ○ None ➔ Go to Question 16
   ○ 1 time
   ○ 2
   ○ 3
   ○ 4
   ○ 5 to 9
   ○ 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
   ○ Yes
   ○ No

9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

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

11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
    ○ Yes
    ○ No
12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- Yes
- No

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

- Yes
- No

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

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Worst Health Care Possible
Best Health Care Possible

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

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

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
23. In the last 6 months, how often was it easy to get this therapy for your child?
   - Never
   - Sometimes
   - Usually
   - Always

24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?
   - Yes
   - No

25. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?
   - Yes
   - No ➔ Go to Question 28

26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?
   - Never
   - Sometimes
   - Usually
   - Always

27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?
   - Yes
   - No

28. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?
   - Yes
   - No ➔ Go to Question 30

29. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?
   - Yes
   - No

YOUR CHILD'S PERSONAL DOCTOR

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?
   - Yes
   - No ➔ Go to Question 45

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?
   - None ➔ Go to Question 41
   - 1 time
   - 2
   - 3
   - 4
   - 5 to 9
   - 10 or more times

31a. In the last 6 months, how often did you have a hard time speaking with or understanding your child's personal doctor because you spoke different languages?
   - Never
   - Sometimes
   - Usually
   - Always
32. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No ➔ Go to Question 37

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

- Never
- Sometimes
- Usually
- Always

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  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 ➔ Best Health
   Plan Possible ➔ Plan Possible

55. In the last 6 months, did you get or refill any prescription medicines for your child?
   - Yes
   - No ➔ Go to Question 57a

56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?
   - Never
   - Sometimes
   - Usually
   - Always

57. Did anyone from your child’s health plan, doctor’s office, or clinic help you get your child’s prescription medicines?
   - Yes
   - No

**ACCESS TO DENTAL CARE**

57a. A regular dentist is one your child would go to for check-ups and cleanings or when he/she has a cavity or tooth pain. Does your child have a regular dentist?
   - Yes
   - No

57b. In the last 6 months, if your child needed to see a dentist right away because of a dental emergency, did he/she get to see a dentist as soon as you wanted?
   - Never
   - Sometimes
   - Usually
   - Always
   - My child did not have a dental emergency in the last 6 months
ADDITIONAL QUESTIONS

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

- Yes
- No ➔ Go to Question 58

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No ➔ Go to Question 63

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

- Yes
- No ➔ Go to Question 63

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

- Yes
- No
63. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?
   ○ Yes
   ○ No  ➔  Go to Question 66

64. Is this because of any medical, behavioral, or other health condition?
   ○ Yes
   ○ No  ➔  Go to Question 66

65. Is this a condition that has lasted or is expected to last for at least 12 months?
   ○ Yes
   ○ No

66. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
   ○ Yes
   ○ No  ➔  Go to Question 69

67. Is this because of any medical, behavioral, or other health condition?
   ○ Yes
   ○ No  ➔  Go to Question 69

68. Is this a condition that has lasted or is expected to last for at least 12 months?
   ○ Yes
   ○ No

69. Does your child need or get special therapy such as physical, occupational, or speech therapy?
   ○ Yes
   ○ No  ➔  Go to Question 72

70. Is this because of any medical, behavioral, or other health condition?
    ○ Yes
    ○ No  ➔  Go to Question 72

71. Is this a condition that has lasted or is expected to last for at least 12 months?
    ○ Yes
    ○ No

72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
    ○ Yes
    ○ No  ➔  Go to Question 74

73. Has this problem lasted or is it expected to last for at least 12 months?
    ○ Yes
    ○ No

74. What is your child's age?
    ○ Less than 1 year old
    □ □ YEARS OLD (write in)

75. Is your child male or female?
    ○ Male
    ○ Female

76. Is your child of Hispanic or Latino origin or descent?
    ○ Yes, Hispanic or Latino
    ○ No, Not Hispanic or Latino
77. What is your child's race? Mark one or more.
- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other (Please print)

78. What is your age?
- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

79. Are you male or female?
- Male
- Female

80. What is the highest grade or level of school that you have completed?
- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

81. How are you related to the child?
- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

82. Did someone help you complete this survey?
- Yes  ➔ Go to Question 83
- No  ➔ Thank you. Please return the completed survey in the postage-paid envelope.

83. How did that person help you? Mark one or more.
- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way (Please print)

THANK YOU

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

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

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108
Sus respuestas a esta encuesta son completamente confidenciales. Toda información que pueda identificarle a usted o a su familia se mantendrá privada. DataStat, Inc. no divulgará su información personal sin su permiso.

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

Si quiere recibir más información acerca de este estudio, llame al 1-888-506-5136.

**INSTRUCCIONES PARA EL CUESTIONARIO**

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

  - Marca Correcta
  - Marca Incorrecta

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

  - Sí ➔ **Pase a la Pregunta 1**
  - No

**COMIENCE AQUÍ**

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, ¿hablaron usted y un doctor u otro profesional médico sobre cosas específicas que usted podría hacer para prevenir enfermedades?

- Sí
- No ➔ Pase a la pregunta 6

8. 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 10

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 12

10. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez quiera tomar una medicina?

- Sí
- No

11. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez no quiera tomar una medicina?

- Sí
- No
12. Cuando hablaron de comenzar o suspender una medicina recetada, ¿le preguntó un doctor u otro profesional médico sobre lo que usted creía que sería lo mejor para usted?

○ Sí  
○ No

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

0 1 2 3 4 5 6 7 8 9 10
La peor atención médica La mejor atención médica posible posible

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

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

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

○ Sí  
○ No ➔ Pase a la pregunta 24

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

○ Ninguna vez ➔ Pase a la pregunta 23  
○ 1 vez  
○ 2  
○ 3  
○ 4  
○ 5 a 9  
○ 10 veces o más

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

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

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

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

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

○ Nunca  
○ A veces  
○ La mayoría de las veces  
○ Siempre
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 ➔ El mejor doctor personal

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

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
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

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

- Sí
- No → Pase a la pregunta 35i

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

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

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

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

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

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

PREGUNTAS ADICIONALES

Un proveedor de salud puede ser un doctor generalista, un doctor especialista, una enfermera prácticante, un asistente médico, una enfermera o cualquiera que usted vería para cuidado de salud.
35i. Opciones para su tratamiento o atención médica pueden ser opciones sobre medicinas, cirugías u otros tratamientos. En los últimos 6 meses, ¿le dijo este profesional médico que había más de una opción para su tratamiento o atención médica?

- Sí
- No ➔ Pase a la pregunta 35l

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

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

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

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

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

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

- Sí, definitivamente
- Sí, algo
- No
ACCESO A CUIDADO DENTAL

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

○ Sí
○ No

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

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

ACERCA DE USTED

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

○ Excelente
○ Muy buena
○ Buena
○ Regular
○ Mala

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

○ Excelente
○ Muy buena
○ Buena
○ Regular
○ Mala

38. Desde el 1 de julio del 2014, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o espray nasal?

○ Sí
○ No
○ No sé

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

○ Todos los días
○ Algunos días
○ No fumo en absoluto ➔ Pase a la pregunta 43
○ No sé ➔ Pase a la pregunta 43

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

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

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

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

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

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

- Sí
- No
- No sé

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

- Sí
- No
- No sé

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

- Sí
- No

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

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

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

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

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

- Sí
- No  ➔ Pase a la pregunta 50

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

- Sí
- No

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

- Sí
- No  ➔ Pase a la pregunta 52
51. ¿Es esta medicina para tratar una enfermedad o problema que ha durado al menos 3 meses? No incluya el embarazo ni la menopausia.
   
   - Sí
   - No

52. ¿Qué edad tiene?

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

53. ¿Es usted hombre o mujer?

   - Hombre
   - Mujer

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

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

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

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

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

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

57. ¿Le ayudó alguien a completar esta encuesta?

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

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

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

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

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

DataStat, 3975 Research Park Dr, Ann Arbor, MI 48108
Sus respuestas a esta encuesta son completamente confidenciales. Toda información que pueda identificarle a usted o a su familia se mantendrá privada. DataStat, Inc. no divulgará su información personal sin su permiso.

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

Si quiere recibir más información acerca de este estudio, llame al 1-888-506-5136.

INSTRUCCIONES PARA EL CUESTIONARIO

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

- 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

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

1. Nuestros registros muestran que su niño está ahora con Oregon Health Plan. ¿Es correcta esta información?
   - Sí ➔  Pase a la pregunta 3
   - No

2. ¿Cómo se llama el plan de salud de su niño? (Por favor escriba en letra de molde)
LA ATENCIÓN MÉDICA QUE RECIBIÓ SU NIÑO EN LOS ÚLTIMOS 6 MESES

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

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

- Sí
- No ➔ Pase a la pregunta 5

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

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

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

- Sí
- No ➔ Pase a la pregunta 7

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

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

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

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

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

- Sí
- No

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

- Nunca
- A veces
- La mayoría de las veces
- Siempre
10. En los últimos 6 meses, ¿hablaron usted y el doctor u otro profesional médico de su niño sobre comenzar o suspender una medicina recetada?
   ○ Sí
   ○ No ➔ Pase a la pregunta 14

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

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

13. Cuando hablaron de comenzar o suspender una medicina recetada para su niño, ¿le preguntó un doctor u otro profesional médico sobre lo que usted creía que sería lo mejor para su niño?
   ○ Sí
   ○ No

14. Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que su niño ha recibido en los últimos 6 meses?
   ○ ○ ○ ○ ○ ○ ○ ○ ○ 0 1 2 3 4 5 6 7 8 9 10
   La peor atención médica La mejor atención médica posible 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 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, tiene un problema de salud o si se enferma o lastima. ¿Tiene su niño un doctor personal?

○ Sí
○ No ➔ *Pase a la pregunta 45*

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

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

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

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

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

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

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

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

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

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

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

○ Sí
○ No ➔ *Pase a la pregunta 37*

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

○ Nunca
○ A veces
○ La mayoría de las veces
○ Siempre
37. En los últimos 6 meses, ¿con qué frecuencia el doctor personal de su niño pasó suficiente tiempo con su niño?
- Nunca
- A veces
- La mayoría de las veces
- Siempre

38. En los últimos 6 meses, ¿habló el doctor personal de su niño con usted sobre cómo su niño se estaba sintiendo, estaba creciendo o se estaba comportando?
- Sí
- No

39. En los últimos 6 meses, ¿atendió a su niño algún doctor u otro profesional médico además de su doctor personal?
- Sí
- No ➔ Pase a la pregunta 41

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

41. Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar al doctor personal de su niño?
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

42. ¿Tiene su niño alguna condición médica, de comportamiento u otra condición de salud que ha durado por más de 3 meses?
- Sí
- No ➔ Pase a la pregunta 45

43. ¿El doctor o enfermera personal de su niño entiende cómo estas condiciones médicas, de comportamiento u otras condiciones de salud afectan la vida cotidiana de su niño?
- Sí
- No

44. ¿El doctor o enfermera personal de su niño entiende cómo estas condiciones médicas, de comportamiento u otras condiciones de salud afectan la vida cotidiana de su familia?
- Sí
- No
LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

45. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. En los últimos 6 meses, ¿hizo alguna cita para su niño con un especialista?
   ○ Sí
   ○ No ➔ Pase a la pregunta 49

46. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista para su niño tan pronto como él o ella la necesitaba?
   ○ Nunca
   ○ A veces
   ○ La mayoría de las veces
   ○ Siempre

47. ¿Cuántos especialistas ha visto su niño en los últimos 6 meses?
   ○ Ninguno ➔ Pase a la pregunta 49
   ○ 1 especialista
   ○ 2
   ○ 3
   ○ 4
   ○ 5 especialistas o más

48. Queremos saber cómo califica al especialista al que su niño fue con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?
   ○ 0 1 2 3 4 5 6 7 8 9 10
   ○ El peor especialista
   ○ El mejor especialista

EL PLAN DE SALUD DE SU NIÑO

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

49. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente del plan de salud de su niño?
   ○ Sí
   ○ No ➔ Pase a la pregunta 52

50. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente del plan de salud de su niño le dio la información o ayuda que usted necesitaba?
   ○ Nunca
   ○ A veces
   ○ La mayoría de las veces
   ○ Siempre
51. En los últimos 6 meses, ¿con qué frecuencia el personal de servicio al cliente del plan de salud de su niño le trató con cortesía y respeto?

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

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

- Sí
- No → Pase a la pregunta 54

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

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

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

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

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

- Sí
- No → Pase a la pregunta 57a

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

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

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

- Sí
- No

**ACCESO A CUIDADO DENTAL**

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

- Sí
- No

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

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

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

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

○ Sí
○ No ➔ Pase a la pregunta 58

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

○ Sí
○ No

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

○ Sí
○ No

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

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

ACERCA DE USTED Y DE SU NIÑO

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

○ Excelente
○ Muy buena
○ Buena
○ Regular
○ Mala

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

○ Excelente
○ Muy buena
○ Buena
○ Regular
○ Mala

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

○ Sí
○ No ➔ Pase a la pregunta 63
61. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
   ○ Sí  ○ No ➔ *Pase a la pregunta 63*

62. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
   ○ Sí  ○ No

63. ¿Necesita o usa su niño más servicios médicos, de salud mental o educativos de lo que es normal para la mayoría de los niños de la misma edad?
   ○ Sí  ○ No ➔ *Pase a la pregunta 66*

64. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
   ○ Sí  ○ No ➔ *Pase a la pregunta 66*

65. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
   ○ Sí  ○ No

66. ¿Está su niño limitado o impedido de alguna manera en su habilidad de hacer lo que pueden hacer la mayoría de los niños de la misma edad?
   ○ Sí  ○ No ➔ *Pase a la pregunta 69*

67. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
   ○ Sí  ○ No ➔ *Pase a la pregunta 69*

68. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
   ○ Sí  ○ No

69. ¿Necesita o recibe su niño terapia especial, tal como terapia física, ocupacional o del habla?
   ○ Sí  ○ No ➔ *Pase a la pregunta 72*

70. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
   ○ Sí  ○ No ➔ *Pase a la pregunta 72*

71. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
   ○ Sí  ○ No

72. ¿Tiene su niño algún problema emocional, de desarrollo o de comportamiento, para el cual necesita o recibe tratamiento o consejería?
   ○ Sí  ○ No ➔ *Pase a la pregunta 74*

73. ¿Ha durado este problema o se espera que dure por lo menos 12 meses?
   ○ Sí  ○ No
74. ¿Qué edad tiene su niño?

○ Menos de un año

□ □ AÑOS (escriba la respuesta)

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

○ Masculino
○ Femenino

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

○ Sí, hispano o latino
○ No, ni hispano ni latino

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

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

78. ¿Qué edad tiene usted?

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

79. ¿Es usted hombre o mujer?

○ Hombre
○ Mujer

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

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

81. ¿Qué relación tiene con el niño?

○ Madre o padre
○ Abuelo o abuela
○ Tía o tío
○ Hermano o hermana mayor
○ Otro familiar
○ Tutor legal del niño
○ Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

○ Sí ➔ Pase a la pregunta 83
○ No ➔ Gracias. Por favor devuelva esta encuesta en el sobre con el porte o franqueo pagado.

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

○ Me leyó las preguntas
○ Anotó las respuestas que le di
○ Contestó las preguntas por mí
○ Tradujo las preguntas a mi idioma
○ Me ayudó de otra forma (Por favor escriba en letra de molde)
Gracias nuevamente por tomar el tiempo de completar el cuestionario! Sus respuestas son sumamente apreciadas.

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

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108
DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH ONLY THE NAMED RESPONDENT.

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

(IWER: THIS IS NOT A PROXY INTERVIEW.)

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

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

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

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

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

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

IF DIAL.SCREEN = 01, GO TO RE.INTRO
IF DIAL.SCREEN = 02, GO TO MAIL.SCREEN
IF DIAL.SCREEN = 03, ENTER NEW NUMBER ON COVERSHEET AND RE-DIAL

RETURN TO COVERSHEET
RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English
MEMBER

Q1. / MEMBER

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[ENTER 5 IF R SAYS: MEDICAID]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

---------

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

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?

1. YES
2. NO ----------------------> APMake4

DK/REFUSAL/NOT ASCERTAINED --> APMake4

Q4. 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)

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?

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4
APGET4
Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4
Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

IF OFCTIM4=0 OR DK/REFUSAL THEN GO TO PRSNLD4
PRVENT5
Q8. / PRVENT5

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP
9. / RXSTP

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

1. YES
2. NO --RTALLCR

DK/REFUSAL/NOT ASCERTAINED --RTALLCR

NRXWHY
10. / NRXWHY

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT
11. / NRXWYNT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST
12. / RXBST

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED
RTALLCR
13. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4
14. / CARNES4

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

(READ LIST)
1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4
15. / PRSNLD4

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

Do you have a personal doctor?

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

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

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

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

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

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

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

DREXPL4 
17. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4 
18. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
DRESPU4
19. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4
20. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR
21. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO
22. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
23. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

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

NDSPDR4

24. / NDSPDR4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> INTRO.PLAN
PRBSEE4
25. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS
26. / SPDRS

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

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

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

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

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

RTSPDR4
27. / RTSPDR4

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

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED
INTRO.PLAN

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

LOOMAT4
28. / LOOMAT4

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

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

DK/REFUSAL/NOT ASCERTAINED --&gt; CLCSRV4

UNDINF4
29. / UNDINF4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4
30. / CLCSRV4

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

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

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

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

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)

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

00         01  02  03  04  05  06  07  08  09    10

DK/REFUSAL/NOT ASCERTAINED
In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

1. YES
2. NO

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

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

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

1. YES
2. NO

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

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

A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else you would see for health care. Please keep this in mind as you answer the following questions.
In the last 6 months, did you visit a provider for a specific health issue?

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

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED
Choices for your treatment or health care can include choices about medicine, surgery, or other treatment.

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED
DTLKTF
35m. / DTLKTF

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DINTER
35n. / DINTER

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE
35o. / DRRUDE

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR
35p. / TRUSTDR

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED
REGDENT
35q. / REGDENT

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

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

DNTASAP
35r.

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4
36. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT
37. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
FLUSHOTQ
38. / FLUSHOTQ

Have you had either a flu shot or flu spray in the nose since July 1, 2014?

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

NOWSMOK
39. / NOWSMOK

Do you now smoke cigarettes or use tobacco...

(READ LIST)

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

ADVQUIT9
40. / ADVQUIT9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PATCH9
41. / PATCH9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
WILLPWR9
42. / WILLPWR9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPDAY
43. / ASPDAY

Do you take aspirin daily or every other day?

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

(IWER: If the R asks about whether a particular medication or Brand name is considered aspirin, you may provide the following clarification: Aspirin: Bayer and Bufferin Not Aspirin: Tylenol, Motrin, Aleve, Advil, ibuprofen and acetaminophen)

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

ASPUSF
44. / ASPUSF

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

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

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

ASPPRV
45. / ASPPRV

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED
INTRO.AWCOND

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

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

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

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.DRCOND

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
I have just a few more questions.

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

1. YES
2. NO --------------------> TKMED

DK/REFUSAL/NOT ASCERTAINED --> TKMED

Is this a condition or problem that has lasted for at least 3 months? [Please do NOT include pregnancy or menopause.]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

Do you now need or take medicine prescribed by a doctor? [Please do NOT include birth control.]

1. YES
2. NO --------------------> QAGE4

DK/REFUSAL/NOT ASCERTAINED --> QAGE4

Is this medicine to treat a condition that has lasted for at least three months? [Please do NOT include pregnancy or menopause.]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED
QAGE4
52.  /  QAGE4

What is your age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ LIST IF NEEDED, "Are you...")

1.  18 TO 24,
2.  25 TO 34,
3.  35 TO 44,
4.  45 TO 54,
5.  55 TO 64,
6.  65 TO 74, OR
7.  75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

QGENDER
53.  /  QGENDER

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

(ASK IF NECESSARY, "Are you male or female?")

1.  MALE
2.  FEMALE

EDUCAT
54.  /  EDUCAT

What is the highest grade or level of school that you have COMPLETED? Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1.  8TH GRADE OR LESS,
2.  SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3.  HIGH SCHOOL GRADUATE OR GED,
4.  SOME COLLEGE OR 2-YEAR DEGREE,
5.  4-YEAR COLLEGE GRADUATE, OR
6.  MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
LATINO
55. / LATINO

Are you of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE
INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)
56.(1-6) / PQRACE3.(1-6)

[(Are you)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY RACE?" SAY "We ask about your race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER").

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

ALL.DONE
THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.

RETURN TO COVERSHEET
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
MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been
lost in the mail. And since the deadline for mailing surveys has passed,
we're now in the telephone phase of this study. May I continue?

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

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

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO
RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS
SEX
SEX. (IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

1. MALE
2. FEMALE

SPAN.VAR
(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER
Q1. / MEMBER

I will be asking you about [NAME OF CHILD]'s health care. Please answer these questions based on the experiences you have had in getting health care for [NAME OF CHILD], and not on any experiences you may have had getting care for yourself or other members of your family.

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME
Q2. / NPLNAME

What is the name of your child’s health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

1. EXACT MATCH -----------------------------------------------> CK.PLMSTCR
2. POSSIBLE MATCH --------------------------------------------> PLNAME
3. NOT A MATCH ----------------------------------------------> PLNAME
4. CHILD NO LONGER INSURED -----------------------------------> NO.INSUR
5. CHILD INSURED BY MEDICAID BUT DOESN'T ----------------------> CK.PLMSTCR
   KNOW PLAN NAME
6. CHILD INSURED BUT NOT BY MEDICAID -------------------------> NO.INSUR
PLNAME
Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSCTR:
---------
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.

INCAR
Q3. / INCAR

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4
Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
APMAKE4
Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4
Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4
Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

IF OFCTIM4=0 OR DK/REFUSAL THEN GO TO CHSCHL
Q8. / PRVENT5

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

9. / OPTQUES

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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 --> RTAL LCR

DK/REFUSAL/NOT ASCERTAINED --> RTAL LCR

11. / NRXWHY

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED
NRXWYNT
12. / NRXWYNT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST
13. / RXBST

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR
14. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4
15. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
CHSCHL
16. / CHSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

CONTSCHL
17. / CONTSCHL

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

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

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

HELPCONT
18. / HELPCONT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MEDEQUIP
19. / MEDEQUIP

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

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

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

EZMDEQ
20. / EZMDEQ

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
HELPMDEQ
21. / HELPMDEQ

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPCTHY
22. / SPCTHY

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

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

DK/REFUSAL/NOT ASCERTAINED --> TCPBLM

EZTHP
23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTHP
24. / HELPTHP

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TCPBLM
25. / TCPBLM

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLUSCARE
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)

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

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

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

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  ----------------------> INTR. SPDR

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

31a. / PBDRLNG

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

32. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
DRLSTN4
33. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4
34. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK
35. / CABLTLK

Is your child able to talk with doctors about [his/her] health care?

1. YES
2. NO ----------------------> DRTMEN4

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL
36. / CDREXPL

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)
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)

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

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 ---------------> RATE DR4

DK/REFUSAL/NOT ASCERTAINED --> RATE DR4

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)
Using ANY NUMBER FROM 0 TO 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child’s personal doctor?

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

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

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

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

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

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

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

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

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

1. YES
2. NO

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

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)

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,
1. 1 SPECIALIST,
2. 2,
3. 3,
4. 4, OR
5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN
We want to know your rating of the specialist your child saw most often in the last 6 months.

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

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

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

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)
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)

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

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)

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

00      01    02  03  04  05  06  07  08  09    10

DK/REFUSAL/NOT ASCERTAINED

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DK/REFUSAL/NOT ASCERTAINED

DK/REFUSAL/NOT ASCERTAINED

DK/REFUSAL/NOT ASCERTAINED

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DK/REFUSAL/NOT ASCERTADED
EZPRES  
56. / EZPRES
In the last 6 months, how often was it easy to get prescription medicines for your child through [his/her] health plan? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

REGDENT  
57a. / REGDENT
A regular dentist is one you would go to for check-ups and cleanings or when [he/she] has a cavity or tooth pain.

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DNTASAP  
57b. / DNTASAP
In the last 6 months, if your child needed to see a dentist right away because of a DENTAL EMERGENCY, did [he/she] get to see a dentist as soon as you wanted? Would you say...?

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

DK/REFUSAL/NOT ASCERTAINED
Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment.

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

In the last 6 months, how often did your child's provider respect what health care and treatment choices you thought work best for your child? Would you say...?

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

DK/REFUSAL/NOT ASCERTAINED

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

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

DK/REFUSAL/NOT ASCERTAINED
In the last 6 months, how often did your child's provider make it easy for you to ask questions and raise concerns? Would you say...?

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

DK/REFUSAL/NOT ASCERTAINED

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)

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)

Other than vitamins, does your child currently need or use medicine prescribed by a doctor?

1. YES
2. NO ----------------------> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED
WHYMEDA
61. / WHYMEDA

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

1. YES
2. NO ----------------------> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDB
62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MOREMED
63. / MOREMED

Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

1. YES
2. NO ----------------------> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREA
64. / WHYMOREA

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

1. YES
2. NO ----------------------> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREB
65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

LIMITED
66. / LIMITED

Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

1. YES
2. NO ----------------------> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP
WHYLIMA
67. / WHYLIMA

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

1. YES
2. NO ----------------------> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB
68. / WHYLIMB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP
69. / SPECTHP

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

1. YES
2. NO ----------------------> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA
70. / WHYSTA

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

1. YES
2. NO ----------------------> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTB
71. / WHYSTB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS
72. / CHCOUNS

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

1. YES
2. NO ----------------------> CAGE

DK/REFUSAL/NOT ASCERTAINED --> CAGE
TIMCOUNA  
73. / TIMCOUNA

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE  
74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

(IWER: IF NEEDED CLARIFY, "Please answer based on your child's age as of their last birthday.")

__ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER  
75. / CGENDER

(IF NEEDED: "Is your child male or female?")

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO  
76. / LATINO

Is your child of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your child’s race. I must ask you about all categories in case more than one applies.
PQRACE3.(1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER").

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE 78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER 79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE
EDUCAT
80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED? Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)
1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT
81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL DONE
THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.