



Eastern Oregon CCO  
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2016



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## METHODOLOGY

### Introduction

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

### Survey Milestones

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

### Sampling

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

### Questionnaires

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

### Selection of Cases for Analysis

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

## Composites, Overall Ratings, and Measures for Reporting

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

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

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

Q14/15. Got care, tests or treatment you thought you needed

Q25/46. Getting appointments with specialists

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

Q4/4. Got care for illness/injury/condition as soon as you thought you/child needed

Q6/6. Got an appt. for routine care as soon as you thought you/child needed

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

Q17/32. Personal doctor explained things in a way that was easy to understand

Q18/33. Personal doctor listened carefully to you

Q19/34. Personal doctor showed respect for what you had to say

Q20/37. Personal doctor spent enough time with you/your child

### **Composite: Customer Service**

Q31/50. Health plan's customer service gave needed information or help

Q32/51. Treated with courtesy and respect by health plan's customer service staff

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

Q10/11. Doctor talked about reasons you might want to take a medicine

Q11/12. Doctor talked about reasons you might not want to take a medicine

Q12/13. Doctor talked about what you thought was best for you when discussing a medication

### **Rating Questions**

Q13/14. Rating of all health care

Q23/41. Rating of personal doctor

Q27/47. Rating of specialist doctor

Q35/54. Rating of health plan

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

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

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

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

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

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

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

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

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

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

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

## Comparisons, Statistical Testing, Scoring, and Weighting

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

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

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

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

## Sample Disposition

Category	Adult		Child	
	Eastern Oregon CCO	Overall	Eastern Oregon CCO	Overall
<b>**First mailing - sent</b>	900	17100	900	17100
<b>*First mailing - usable survey returned</b>	167	3058	118	2302
<b>Second mailing - sent</b>	679	13527	723	14026
<b>*Second mailing - usable survey returned</b>	59	1118	64	1027
<b>*Phone - usable surveys</b>	73	1495	137	2309
<b>Total - usable surveys</b>	299	5671	319	5638
<b>†Ineligible: According to population criteria‡</b>	23	431	14	323
<b>†Ineligible: Deceased</b>	2	38	0	2
<b>†Ineligible: Mentally or physically unable to complete survey</b>	5	166	0	0
<b>†Ineligible: Language barrier</b>	0	78	0	81
<b>Incorrect address AND incorrect phone number</b>	53	915	57	878
<b>Refusal/Returned survey blank</b>	51	871	37	905
<b>Nonresponse - Unavailable by mail or phone</b>	467	8930	473	9273
<b>Adjusted Response Rate</b>	<b>34.4%</b>	<b>34.6%</b>	<b>36.0%</b>	<b>33.8%</b>

\*Included in response rate numerator

†Excluded from adjusted response rate denominator

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

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

## Response/Non-Response Comparison

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

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

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

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

### Adult

Gender / Age	Non-Respondents	Respondents	Difference
Male	208 42.7%	124 41.5%	-1.24%
Female	279 57.3%	175 58.5%	1.24%
18-24	111 22.8%	37 12.4%	-10.42%
25-34	139 28.5%	45 15.1%	-13.49%
35-44	105 21.6%	43 14.4%	-7.18%
45-54	66 13.6%	70 23.4%	9.86%
55-64	49 10.1%	91 30.4%	20.37%
65-74	9 1.8%	11 3.7%	1.83%
75 or Older	8 1.6%	2 0.7%	-0.97%

### Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	248 52.3%	170 53.3%	0.97%
Female	226 47.7%	149 46.7%	-0.97%
<3	95 20.0%	65 20.4%	0.33%
4-7	126 26.6%	80 25.1%	-1.50%
8-12	131 27.6%	105 32.9%	5.28%
13 or older	122 25.7%	69 21.6%	-4.11%

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q1 YES	292	5577	34	43	38	61	91	15	160						11	54	219	184	95	118	163
	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	7	94	1	1	1		3		5							2	4	5	2	1	5
VALID CASES	292	5577	34	43	38	61	91	15	160						11	54	219	184	95	118	163
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%



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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE			
Q3 YES	112 38%	2267 41%	11 31%~	16 36%~	12 31%~	32 53%*	35 38%	3 20%~	66 40%	~	~	~	~	~	45%~	5 30%	16 40%	90 33%*	62 47%*	45 33%	39 41%	69 41%
NO	181 62%	3221 59%	24 69%~	28 64%~	27 69%~	28 47%*	57 62%	12 80%~	98 60%	~	~	~	~	~	55%~	6 70%	38 60%	133 67%*	127 53%*	50 67%*	79 67%	98 59%
NOT ANSWERED	6	183				1	2		1									2		2	1	1
VALID CASES	293	5488	35	44	39	60	92	15	164					11	54	223	189	95	118	167		
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168		
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%	100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q4 NEVER	1	61					1								1		1		1	
	1%	3%	~	~	~	~	3%~	~	~	~	~	~	~	~	1%	~	2%~	~	2%~	
SOMETIMES	18	267	1	3	2	7	2	1	13						1	14	6	10	5	11
	18%	13%	11%~	19%~	17%~	25%~	6%~	50%~	21%~	~	~	~	~	~	7%~	17%~	11%~	24%~	14%~	17%~
USUALLY	26	526	4	4	4	6	7	1	11					3	8	18	14	11	8	18
	25%	26%	44%~	25%~	33%~	21%~	21%~	50%~	18%~	~	~	~	~	60%~	57%~	22%~	25%~	27%~	22%~	29%~
ALWAYS	57	1196	4	9	6	15	23		37					2	5	50	37	19	23	33
	56%	58%	44%~	56%~	50%~	54%~	70%~	~	61%~	~	~	~	~	40%~	36%~	60%~	65%~	46%~	64%~	52%~
#ALWAYS + USUALLY (NET)	83	1723	8	13	10	21	30	1	48					5	13	68	51	30	31	51
	81%	84%	89%~	81%~	83%~	75%~	91%~	50%~	79%~	~	~	~	~	100%~	93%~	82%~	89%~	73%~	86%~	81%~
TOP BOX SCORE	57	1196	4	9	6	15	23		37					2	5	50	37	19	23	33
	56%	58%	44%~	56%~	50%~	54%~	70%~	~	61%~	~	~	~	~	40%~	36%~	60%~	65%~	46%~	64%~	52%~
NOT ANSWERED	10	187	2			4	2	1	5						2	7	5	4	3	6
VALID CASES	102	2050	9	16	12	28	33	2	61					5	14	83	57	41	36	63
NUMBER OF RESPONDENTS	112	2237	11	16	12	32	35	3	66					5	16	90	62	45	39	69
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q5																					
YES	182 62%	3682 67%	14 40%~	24 55%~	18 46%~	38 64%	73 78%*	9 60%~	109 66%	~	~	~	~	~	5 50%~	27 49%*	142 64%	99 52%*	75 79%*	61 51%*	115 69%*
NO	110 38%	1794 33%	21 60%~	20 45%~	21 54%~	21 36%	20 22%*	6 40%~	55 34%	~	~	~	~	~	5 50%~	28 51%*	80 36%	90 48%*	20 21%*	58 49%*	51 31%*
NOT ANSWERED	7	196				2	1		1						1	1			2		2
VALID CASES	292	5475	35	44	39	59	93	15	164						10	55	222	189	95	119	166
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	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?

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE	FE- MALE			
Q6 NEVER	3 2%	120 4%	1 ~	5%~	1 ~	3%~	1 2%	1 ~	1%	~	~	~	~	~	~	~	3 ~	2 2%	1 2%	2 4%	1 0.9%	
SOMETIMES	28 17%	637 19%	3 23%~	5 23%~	2 12%~	6 17%~	7 11%	2 33%~	17 17%	~	~	~	~	~	~	~	4 ~	19 17%	17 15%	9 14%	7 13%	19 18%
USUALLY	49 30%	905 27%	4 31%~	7 32%~	8 47%~	10 28%~	17 26%	2 33%~	29 30%	~	~	~	~	~	2 50%~	7 29%~	41 32%~	24 26%	23 36%	14 26%	34 32%	
ALWAYS	85 52%	1691 50%	6 46%~	9 41%~	7 41%~	19 53%~	40 62%*	2 33%~	51 52%	~	~	~	~	~	2 50%~	13 54%~	65 51%~	51 54%	31 48%	30 57%	52 49%	
#ALWAYS + USUALLY (NET)	134 81%	2596 77%	10 77%~	16 73%~	15 88%~	29 81%~	57 88%	4 67%~	80 82%	~	~	~	~	~	4 ~100%~	20 83%~	106 83%~	75 80%	54 84%	44 83%	86 81%	
TOP BOX SCORE	85 52%	1691 50%	6 46%~	9 41%~	7 41%~	19 53%~	40 62%*	2 33%~	51 52%	~	~	~	~	~	2 50%~	13 54%~	65 51%~	51 54%	31 48%	30 57%	52 49%	
NOT ANSWERED	17	330	1	2	1	2	8	3	11						1	3	14	5	11	8	9	
VALID CASES	165	3353	13	22	17	36	65	6	98						4	24	128	94	64	53	106	
NUMBER OF RESPONDENTS	182	3683	14	24	18	38	73	9	109						5	27	142	99	75	61	115	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q5 = YES]

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q7 NONE	76 27%	1469 27%	14 41%~	16 37%~	16 41%~	13 22%	12 13%*	5 33%~	38 23%	~	~	~	~	~	5 45%~	20 40%*	55 25%	63 34%*	13 14%*	42 36%*	34 21%*
1 TIME	54 19%	947 17%	5 15%~	8 19%~	8 21%~	7 12%	19 21%	5 33%~	27 16%	~	~	~	~	~	~	14 28%	36 16%	41 22%*	13 14%	21 18%	31 19%
2	39 14%	900 17%	4 12%~	7 16%~	2 5%~	10 17%	15 17%	1 7%~	25 15%	~	~	~	~	~	~	3 6%*	35 16%*	31 17%*	8 9%	18 16%	21 13%
3	40 14%	659 12%	5 15%~	4 9%~	4 10%~	6 10%	18 20%	2 13%~	21 13%	~	~	~	~	~	2 18%~	7 14%	31 14%	22 12%	17 18%	13 11%	26 16%
4	29 10%	465 9%	2 6%~	3 7%~	2 5%~	7 12%	12 13%	1 7%~	22 13%*	~	~	~	~	~	1 9%~	2 4%*	26 12%*	8 4%*	18 19%*	8 7%	20 12%
5 TO 9	37 13%	673 12%	2 6%~	3 7%~	5 13%~	10 17%	14 16%	1 7%~	23 14%	~	~	~	~	~	3 27%~	3 6%*	29 13%	17 9%*	16 17%	12 10%	22 13%
10 OR MORE TIMES	11 4%	305 6%	2 6%~	2 5%~	2 5%~	5 9%	~	~	8 5%	~	~	~	~	~	~	1 2%	10 5%	3 2%*	8 9%*	2 2%	9 6%
NOT ANSWERED	13	254	1	1		3	4		1							6	1	4	4	3	5
VALID CASES	286	5417	34	43	39	58	90	15	164						11	50	222	185	93	116	163
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q8 #YES	149 73%	2759 72%	15 79%~	17 65%~	15 65%~	29 66%~	58 76%	9 100%~	92 75%	~	~	~	~	~	5 83%~	19 66%~	119 73%~	82 68%	60 79%	51 71%	92 74%
NO	55 27%	1087 28%	4 21%~	9 35%~	8 35%~	15 34%~	18 24%	~	30 25%	~	~	~	~	~	1 17%~	10 34%~	43 27%~	38 32%	16 21%	21 29%	33 26%
NOT ANSWERED	6	93	1	1		1	2	1	4							1	5	2	4	2	4
VALID CASES	204	3846	19	26	23	44	76	9	122						6	29	162	120	76	72	125
NUMBER OF RESPONDENTS	210 100%	3939 100%	20 100%	27 100%	23 100%	45 100%	78 100%	10 100%	126 100%						6 100%	30 100%	167 100%	122 100%	80 100%	74 100%	129 100%

[ASKED IF Q7 >= 1 TIME]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
		EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q9																						
YES	112 55%	2168 56%	8 42%~	10 38%~	14 61%~	30 67%~	42 56%~	5 56%~	72 59%	~	~	~	~	~	83%~	43%~	58%~	48%* 63%	58 48	40 55%	68 55%	
NO	91 45%	1687 44%	11 58%~	16 62%~	9 39%~	15 33%~	33 44%~	4 44%~	50 41%	~	~	~	~	~	17%~	57%~	42%~	52%* 37%	62 52%*	28 37%	33 45%	56 45%
NOT ANSWERED	7	84	1	1			3	1	4								6	2	4	1	5	
VALID CASES	203	3855	19	26	23	45	75	9	122					6	30	161	120	76	73	124		
NUMBER OF RESPONDENTS	210 100%	3939 100%	20 100%	27 100%	23 100%	45 100%	78 100%	10 100%	126 100%					6 100%	30 100%	167 100%	122 100%	80 100%	74 100%	129 100%		

[ASKED IF Q7 >= 1 TIME]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
		EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q10 #YES	102 92%	1919 93%	7 88%	9 90%	14 100%	27 93%	39 93%	3 60%	67 94%	~	~	~	~	~	4 80%	10 77%	86 93%	52 91%	44 92%	36 92%	62 91%	
NO	9 8%	152 7%	1 13%	1 10%	~	2 7%	3 7%	2 40%	4 6%	~	~	~	~	~	1 20%	3 23%	6 7%	5 9%	4 8%	3 8%	6 9%	
NOT ANSWERED	21	379	2	2		4	7	1	6								6	8	7	8	5	10
VALID CASES	111	2072	8	10	14	29	42	5	71						5	13	92	57	48	39	68	
NUMBER OF RESPONDENTS	132 100%	2451 100%	10 100%	12 100%	14 100%	33 100%	49 100%	6 100%	77 100%						5 100%	19 100%	100 100%	64 100%	56 100%	44 100%	78 100%	

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



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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q11 #YES	85 77%	1506 73%	6 75%~	6 60%~	11 79%~	24 83%~	32 76%~	3 60%~	58 82%~	~	~	~	~	~	20%~	8 62%~	73 79%~	47 82%	35 73%~	29 74%~	52 76%~
NO	26 23%	555 27%	2 25%~	4 40%~	3 21%~	5 17%~	10 24%~	2 40%~	13 18%~	~	~	~	~	~	80%~	5 38%~	19 21%~	10 18%	13 27%~	10 26%~	16 24%~
NOT ANSWERED	1	53				1			1								1	1		1	
VALID CASES	111	2061	8	10	14	29	42	5	71					5	13	92	57	48	39	68	
NUMBER OF RESPONDENTS	112 100%	2114 100%	8 100%	10 100%	14 100%	30 100%	42 100%	5 100%	72 100%					5 100%	13 100%	93 100%	58 100%	48 100%	40 100%	68 100%	

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

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

	EAST TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q12 #YES	87 79%	1561 76%	8 100%~	8 80%~	10 71%~	23 79%~	33 80%~	3 60%~	55 79%~	~	~	~	~	~	4 ~ 80%~	9 69%~	74 80%~	48 84%	34 72%~	29 74%~	55 82%~
NO	23 21%	492 24%	~	2 20%~	4 29%~	6 21%~	8 20%~	2 40%~	15 21%~	~	~	~	~	~	1 ~ 20%~	4 31%~	18 20%~	9 16%	13 28%~	10 26%~	12 18%~
NOT ANSWERED	2	61				1	1		2								1	1	1	1	1
VALID CASES	110	2053	8	10	14	29	41	5	70						5	13	92	57	47	39	67
NUMBER OF RESPONDENTS	112 100%	2114 100%	8 100%	10 100%	14 100%	30 100%	42 100%	5 100%	72 100%						5 100%	13 100%	93 100%	58 100%	48 100%	40 100%	68 100%

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

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER ALSK ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE		
Q13 WORST HEALTH CARE POSSIBLE	1	27	~	~	~	~	1%	~	~	~	~	~	~	~	~	1	1	~	1%	~	0.8%	
01	1	7	~	~	~	~	1%	~	~	~	~	~	~	~	~	1	1	~	1%	~	0.8%	
02	3	49	~	1	1	~	1%	~	~	~	~	~	~	~	1	1	~	3%	~	4%	~	2%
03	3	78	~	~	~	4%	1%	~	~	~	~	~	17%	~	3	3	~	4%	~	3%	0.8%	
04	5	87	1	~	~	2%	3%	~	~	~	~	~	~	~	3	3	3%	1%	~	5%	~	
05	12	281	~	1	~	5	2	2	~	~	~	~	~	~	1	9	6	5	4	6	5	5
06	15	233	11%	2	6	2	4	1	~	~	~	~	~	~	3	12	11	4	3	12	4	10
07	40	502	37%	7	6	4	12	9	2	~	~	~	~	17%	1	32	20	20	17	23	23%	19%
08	41	866	21%	4	1	6	7	20	2	~	~	~	~	50%	3	37	21	18	13	26	18%	21%
09	25	651	16%	3	6	5	3	6	1	~	~	~	~	~	4	20	19	6	8	16	11%	13%
BEST HEALTH CARE POSSIBLE	56	1054	11%	2	5	4	11	31	2	~	~	~	~	17%	1	42	39	14	22	34	30%	28%
#8-10 (NET)	122	2571	47%	9	12	15	21	57	5	~	~	~	~	67%	4	99	79	38	43	76	59%	62%

Continued

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV HAW/LLND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
9-10 (NET)	81 40%	1705 44%	5 26%	11 42%	9 41%	14 31%	37 49%*	3 33%	46 38%	~	~	~	~	~	17%~	15%~	62%~	58%* 49%*	20%* 26%*	41% 41%	50% 41%
NOT ANSWERED	8	105	1	1	1		3	1	5								6	3	4	1	6
VALID CASES	202	3834	19	26	22	45	75	9	121					6	30	161	119	76	73	123	
NUMBER OF RESPONDENTS	210 100%	3939 100%	20 100%	27 100%	23 100%	45 100%	78 100%	10 100%	126 100%					6 100%	30 100%	167 100%	122 100%	80 100%	74 100%	129 100%	
MEAN	7.82	7.91	7.58	7.58	7.95	7.47	8.23	7.67	7.87					7.33	8.13	7.83	8.21	7.20	7.88	7.85	
p stat_(*=Sig @ p<=.05)	.511		~	~	~	~	.035*		~.669	~	~	~	~	~	~	~	~	~.002*	.002*	.749	.801

[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?

	EAST TOT ADULT	OHP TOT ADULT	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q14 NEVER	2	112				1			1								1	1			1
	1%	3%*	~	~	~	2%~	~	~0.8%	~	~	~	~	~	~	~	~0.6%	~0.8%	~	~	~0.8%	
SOMETIMES	36	652	4	7	2	10	10	2	21							8	25	14	21	10	25
	18%	17%	21%~	27%~	9%~	22%~	13%	22%~	17%	~	~	~	~	~	~	27%~	16%~	12%*	27%*	14%	20%
USUALLY	81	1292	9	10	12	19	26	3	50						4	13	65	47	31	27	53
	40%	34%	47%~	38%~	55%~	42%~	34%	33%~	41%	~	~	~	~	~	67%~	43%~	40%~	39%	40%	37%	43%
ALWAYS	83	1764	6	9	8	15	40	4	50						2	9	70	57	25	36	45
	41%	46%	32%~	35%~	36%~	33%~	53%*	44%~	41%	~	~	~	~	~	33%~	30%~	43%~	48%*	32%*	49%	36%
#ALWAYS + USUALLY (NET)	164	3056	15	19	20	34	66	7	100						6	22	135	104	56	63	98
	81%	80%	79%~	73%~	91%~	76%~	87%	78%~	82%	~	~	~	~	~	100%~	73%~	84%~	87%*	73%*	86%	79%
TOP BOX SCORE	83	1764	6	9	8	15	40	4	50						2	9	70	57	25	36	45
	41%	46%	32%~	35%~	36%~	33%~	53%*	44%~	41%	~	~	~	~	~	33%~	30%~	43%~	48%*	32%*	49%	36%
NOT ANSWERED	8	119	1	1	1		2	1	4								6	3	3	1	5
VALID CASES	202	3820	19	26	22	45	76	9	122						6	30	161	119	77	73	124
NUMBER OF RESPONDENTS	210	3939	20	27	23	45	78	10	126						6	30	167	122	80	74	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR AMER ##	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE			
Q15 YES	223 78%	4350 80%	26 76%	27 64%	30 77%	42 70%	84 90%*	10 67%	135 82%*	~	~	~	~	~	~	11 100%	31 57%*	181 82%*	138 75%	80 83%	89 76%	130 78%
NO	64 22%	1094 20%	8 24%	15 36%	9 23%	18 30%	9 10%*	5 33%	29 18%*	~	~	~	~	~	~	23 43%*	40 18%*	47 25%	16 17%	28 24%	36 22%	
NOT ANSWERED	12	228	1	2		1	1		1							2	2	4	1	2	2	
VALID CASES	287	5443	34	42	39	60	93	15	164				11	54	221	185	96	117	166			
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%				11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%			

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
			24	34	44	54	64	OVER	WHTE	##	##	##	##	##	##	##	##	GOOD	POOR	MALE	MALE
Q16 NONE	50	890	10	6	11	10	10	3	29						3	12	37	41	9	27	23
	24%	22%	42%~	24%~	38%~	24%~	13%*	38%~	24%	~	~	~	~	~	30%~	39%~	22%~	32%*	12%*	33%*	19%*
1 TIME	45	1017	7	7	6	2	20	2	23						1	7	35	30	13	16	28
	22%	25%	29%~	28%~	21%~	5%~	26%~	25%~	19%	~	~	~	~	~	10%~	23%~	21%~	24%	17%	20%	23%
2	36	826	2	6	3	7	16		22							5	30	23	13	15	20
	17%	20%	8%~	24%~	10%~	17%~	21%	~	18%	~	~	~	~	~	~	16%~	18%~	18%	17%	19%	16%
3	26	578		3	3	3	16	1	12						2	3	21	13	13	10	16
	13%	14%	~	12%~	10%~	7%~	21%*	13%~	10%	~	~	~	~	~	20%~	10%~	13%~	10%	17%	12%	13%
4	21	309	4	1	2	7	5	2	16						1	2	19	8	13	6	15
	10%	7%	17%~	4%~	7%~	17%~	6%	25%~	13%	~	~	~	~	~	10%~	6%~	11%~	6%*	17%*	7%	12%
5 TO 9	28	401	1	2	3	11	10		19						3	2	23	12	13	7	19
	13%	10%	4%~	8%~	10%~	27%~	13%	~	15%	~	~	~	~	~	30%~	6%~	14%~	9%*	17%	9%	15%
10 OR MORE TIMES	2	98			1	1			2								2		2		2
	1%	2%*	~	~	3%~	2%~	~	~	2%	~	~	~	~	~	~	~	1%~	~	3%	~	2%
NOT ANSWERED	15	232	2	2	1	1	7	2	12						1		14	11	4	8	7
VALID CASES	208	4118	24	25	29	41	77	8	123						10	31	167	127	76	81	123
NUMBER OF RESPONDENTS	223	4350	26	27	30	42	84	10	135						11	31	181	138	80	89	130
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- TI ##	HIS- IC ##	NOT HIS- IC ##	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
																				2
Q17 NEVER	3 2%	58 2%	~	~	1 6%	~	2 3%	1 1%	~	~	~	~	~	1 5%	2 2%	1 1%	2 3%	~	3 3%	
SOMETIMES	9 6%	230 7%	~	1 5%	2 11%	3 10%	3 4%	6 6%	~	~	~	~	1 14%	9 7%	3 3%	6 9%	5 9%	4 4%		
USUALLY	43 27%	675 21%	4 29%	8 42%	5 28%	10 32%	14 21%	26 28%	~	~	~	~	2 29%	7 37%	34 26%	21 24%	22 33%	14 26%	29 29%	
ALWAYS	103 65%	2229 70%	10 71%	10 53%	10 56%	18 58%	48 72%	4 80%	61 65%	~	~	~	~	4 57%	11 58%	85 65%	61 71%	37 55%	35 65%	64 64%
#ALWAYS + USUALLY (NET)	146 92%	2905 91%	14 100%	18 95%	15 83%	28 90%	62 93%	5 100%	87 93%	~	~	~	~	6 86%	18 95%	119 92%	82 95%	59 88%	49 91%	93 93%
TOP BOX SCORE	103 65%	2229 70%	10 71%	10 53%	10 56%	18 58%	48 72%	4 80%	61 65%	~	~	~	~	4 57%	11 58%	85 65%	61 71%	37 55%	35 65%	64 64%
NOT ANSWERED		27																		
VALID CASES	158	3193	14	19	18	31	67	5	94					7	19	130	86	67	54	100
NUMBER OF RESPONDENTS	158	3220	14	19	18	31	67	5	94					7	19	130	86	67	54	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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



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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q18 NEVER	2	63				1	1	1								2		2	1	1
	1%	2%	~	~	~	3%	1%	~	~	~	~	~	~	~	~	2%	~	3%	2%	1%
SOMETIMES	14	266	1		4	3	6	13						1		14	3	11	5	9
	9%	8%	7%	~	22%	10%	9%	~	~	~	~	~	~	14%	~	11%	3%*	16%*	9%	9%
USUALLY	37	675	4	8	5	6	12	21						2	6	29	22	15	12	25
	23%	21%	29%	42%	28%	19%	18%	40%	~	~	~	~	~	29%	32%	22%	26%	22%	22%	25%
ALWAYS	105	2196	9	11	9	21	48	59						4	13	85	61	39	36	65
	66%	69%	64%	58%	50%	68%	72%	60%	~	~	~	~	~	57%	68%	65%	71%	58%	67%	65%
#ALWAYS + USUALLY (NET)	142	2872	13	19	14	27	60	80						6	19	114	83	54	48	90
	90%	90%	93%	100%	78%	87%	90%	100%	~	~	~	~	~	86%	100%	88%	97%*	81%*	89%	90%
TOP BOX SCORE	105	2196	9	11	9	21	48	59						4	13	85	61	39	36	65
	66%	69%	64%	58%	50%	68%	72%	60%	~	~	~	~	~	57%	68%	65%	71%	58%	67%	65%
NOT ANSWERED		19																		
VALID CASES	158	3201	14	19	18	31	67	5						7	19	130	86	67	54	100
NUMBER OF RESPONDENTS	158	3220	14	19	18	31	67	5						7	19	130	86	67	54	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q19 NEVER	3 2%	78 2%	~	~	1 6%	~	2 3%	~	1 1%	~	~	~	~	~	1 14%	~	3 2%	~	3 5%	1 2%	2 2%
SOMETIMES	15 10%	205 6%	1 7%	1 5%	3 17%	3 10%	7 10%	~	12 13%	~	~	~	~	~	~	2 11%	13 10%	6 7%	9 14%	5 9%	10 10%
USUALLY	29 18%	539 17%	4 29%	4 21%	4 22%	7 23%	8 12%	1 20%	17 18%	~	~	~	~	~	1 14%	4 21%	23 18%	13 15%	15 23%	12 22%	16 16%
ALWAYS	110 70%	2374 74%	9 64%	14 74%	10 56%	20 67%	50 75%	4 80%	63 68%	~	~	~	~	~	5 71%	13 68%	90 70%	67 78%*	39 59%*	36 67%	71 72%
#ALWAYS + USUALLY (NET)	139 89%	2913 91%	13 93%	18 95%	14 78%	27 90%	58 87%	5 100%	80 86%	~	~	~	~	~	6 86%	17 89%	113 88%	80 93%	54 82%*	48 89%	87 88%
TOP BOX SCORE	110 70%	2374 74%	9 64%	14 74%	10 56%	20 67%	50 75%	4 80%	63 68%	~	~	~	~	~	5 71%	13 68%	90 70%	67 78%*	39 59%*	36 67%	71 72%
NOT ANSWERED	1	24				1			1							1		1		1	
VALID CASES	157	3196	14	19	18	30	67	5	93					7	19	129	86	66	54	99	
NUMBER OF RESPONDENTS	158 100%	3220 100%	14 100%	19 100%	18 100%	31 100%	67 100%	5 100%	94 100%					7 100%	19 100%	130 100%	86 100%	67 100%	54 100%	100 100%	

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
		OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE
Q20 NEVER	89 3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	19 12%	317 10%	2 14%	4 21%	3 17%	2 6%	7 10%	1 20%	12 13%	~	~	~	~	~	4 21%	15 12%	8 9%	11 16%	7 13%	12 12%
USUALLY	42 27%	782 24%	5 36%	5 26%	6 33%	10 32%	15 22%	1 20%	26 28%	~	~	~	~	5 71%	4 21%	36 28%	23 27%	19 28%	14 26%	28 28%
ALWAYS	97 61%	2009 63%	7 50%	10 53%	9 50%	19 61%	45 67%	3 60%	56 60%	~	~	~	~	2 29%	11 58%	79 61%	55 64%	37 55%	33 61%	60 60%
#ALWAYS + USUALLY (NET)	139 88%	2790 87%	12 86%	15 79%	15 83%	29 94%	60 90%	4 80%	82 87%	~	~	~	~	7 100%	15 79%	115 88%	78 91%	56 84%	47 87%	88 88%
TOP BOX SCORE	97 61%	2009 63%	7 50%	10 53%	9 50%	19 61%	45 67%	3 60%	56 60%	~	~	~	~	2 29%	11 58%	79 61%	55 64%	37 55%	33 61%	60 60%
NOT ANSWERED	24																			
VALID CASES	158	3196	14	19	18	31	67	5	94					7	19	130	86	67	54	100
NUMBER OF RESPONDENTS	158 100%	3220 100%	14 100%	19 100%	18 100%	31 100%	67 100%	5 100%	94 100%					7 100%	19 100%	130 100%	86 100%	67 100%	54 100%	100 100%

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q21																					
YES	97 62%	2002 63%	9 64%~	12 63%~	7 39%~	22 71%~	41 62%	3 60%~	64 69%*	~	~	~	~	~	4 57%~	7 37%~	84 65%~	47 55%	46 69%	31 58%	63 63%
NO	60 38%	1173 37%	5 36%~	7 37%~	11 61%~	9 29%~	25 38%	2 40%~	29 31%*	~	~	~	~	~	3 43%~	12 63%~	45 35%~	38 45%	21 31%	22 42%	37 37%
NOT ANSWERED	1	45						1	1							1	1			1	
VALID CASES	157	3175	14	19	18	31	66	5	93						7	19	129	85	67	53	100
NUMBER OF RESPONDENTS	158	3220	14	19	18	31	67	5	94						7	19	130	86	67	54	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q22 NEVER	11 12%	115 6%	1 11%	3 25%	1 14%	1 5%	4 10%	1 33%	8 13%	~	~	~	~	~	1 14%	9 11%	5 11%	6 14%	2 7%	9 15%	
SOMETIMES	12 13%	272 14%	1 11%	3 25%	1 14%	5 25%	2 5%	8 13%	~	~	~	~	~	1 14%	11 14%	6 13%	6 14%	5 17%	7 12%		
USUALLY	23 25%	568 30%	3 33%	3 25%	3 43%	3 15%	11 28%	14 23%	~	~	~	~	2 50%	2 29%	20 25%	10 22%	13 30%	7 23%	16 27%		
ALWAYS	47 51%	925 49%	4 44%	3 25%	2 29%	11 55%	22 56%	2 67%	31 51%	~	~	~	~	2 50%	3 43%	40 50%	25 54%	19 43%	16 53%	28 47%	
#ALWAYS + USUALLY (NET)	70 75%	1493 79%	7 78%	6 50%	5 71%	14 70%	33 85%	2 67%	45 74%	~	~	~	~	4 100%	5 71%	60 75%	35 76%	32 73%	23 77%	44 73%	
TOP BOX SCORE	47 51%	925 49%	4 44%	3 25%	2 29%	11 55%	22 56%	2 67%	31 51%	~	~	~	~	2 50%	3 43%	40 50%	25 54%	19 43%	16 53%	28 47%	
NOT ANSWERED	4	69				2	2		3						4	1	2	1	3		
VALID CASES	93	1881	9	12	7	20	39	3	61				4	7	80	46	44	30	60		
NUMBER OF RESPONDENTS	97	1950	9	12	7	22	41	3	64				4	7	84	47	46	31	63		
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%		

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

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

	EAST TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER ALSK OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE-MALE	MALE	
Q23 WORST PERSONAL DOCTOR POSSIBLE		21 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	2 1%	38 0.9%	~	~	~	~	2 3%	1 0.8%	~	~	~	~	~	~	2 1%	2 3%	2 3%	2 2%		
02	2 1%	42 1%	1 4%	~	1 3%	~	~	2 2%	~	~	~	~	~	2 1%	1 0.8%	1 1%	1 1%	1 0.8%		
03	3 1%	61 2%	~	~	1 3%	1 2%	1 1%	2 2%	~	~	~	~	1 10%	3 2%	3 4%	3 4%	2 2%	1 0.8%		
04	1 0.5%	88 2%*	~	~	~	1 2%	~	~	~	~	~	~	~	1 3%	~	1 1%	~	1 0.8%		
05	10 5%	212 5%	1 4%	1 4%	3 10%	2 5%	3 4%	6 5%	~	~	~	~	~	2 6%	8 5%	6 5%	4 5%	2 2%	8 6%	
06	10 5%	181 4%	1 4%	1 4%	1 3%	3 7%	4 5%	8 7%	~	~	~	~	~	1 3%	9 5%	5 4%	5 7%	5 6%	5 4%	
07	21 10%	352 9%	4 17%	6 23%	2 7%	3 7%	4 5%*	2 25%	12 10%	~	~	~	~	6 19%	15 9%	11 9%	10 13%	4 5%*	17 14%*	
08	40 19%	703 17%	5 21%	5 19%	3 10%	9 22%	14 18%	4 50%	22 18%	~	~	~	~	2 20%	5 16%	32 19%	25 20%	15 20%	22 27%*	18 15%*
09	33 16%	736 18%	4 17%	4 15%	9 31%	5 12%	11 14%	~	19 15%	~	~	~	~	2 20%	3 10%	30 18%	23 18%	9 12%	13 16%	20 16%
BEST PERSONAL DOCTOR POSSIBLE	87 42%	1648 40%	8 33%	9 35%	9 31%	16 40%	39 50%	2 25%	51 41%	~	~	~	~	5 50%	13 42%	67 40%	57 45%	26 34%	32 40%	51 41%
#8-10 (NET)	160 77%	3087 76%	17 71%	18 69%	21 72%	30 75%	64 82%	6 75%	92 75%	~	~	~	~	9 90%	21 68%	129 77%	105 82%*	50 66%*	67 83%	89 72%*

Continued

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER ALSK NATV OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & FAIR POOR	EX & FAIR & POOR	FE-MALE	MALE		
9-10 (NET)	120 57%	2384 58%	12 50%~	13 50%~	18 62%~	21 53%~	50 64%	2 25%~	70 57%	~	~	~	~	~	70%~	16 52%~	97 58%~	80 62%	35 46%*	45 56%	71 57%
NOT ANSWERED	14	266	2	1	1	2	6	2	12					1		13	10	4	8	6	
VALID CASES	209	4084	24	26	29	40	78	8	123					10	31	168	128	76	81	124	
NUMBER OF RESPONDENTS	223 100%	4350 100%	26 100%	27 100%	30 100%	42 100%	84 100%	10 100%	135 100%					11 100%	31 100%	181 100%	138 100%	80 100%	89 100%	130 100%	
MEAN	8.44	8.33	8.21	8.42	8.10	8.32	8.63	8.25	8.37					8.70	8.35	8.39	8.72	7.87	8.51	8.34	
p stat_(*=Sig @ p<=.05)		.444	~	~	~	~	.260	~	.573	~	~	~	~	~	~	~	~	.013*	.003*	.670	.377

[ASKED IF Q15 = YES]

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE
Q24																					
YES	102 35%	2150 40%	6 17%~	13 30%~	9 24%~	28 46%	40 43%	4 27%~	68 42%*	~	~	~	~	~	4 36%~	10 18%*	86 39%*	47 25%*	51 54%*	28 24%*	73 44%*
NO	188 65%	3272 60%	29 83%~	31 70%~	29 76%~	33 54%	53 57%	11 73%~	95 58%*	~	~	~	~	~	7 64%~	46 82%*	136 61%*	142 75%*	44 46%*	91 76%*	94 56%*
NOT ANSWERED	9	249			1		1		2								1		2		1
VALID CASES	290	5422	35	44	38	61	93	15	163						11	56	222	189	95	119	167
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%						11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%



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

	EAST TOT ADULT	OHP TOT ADULT	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q25 NEVER	5	123			1	2	2		4							3	1	4	2	3	
	5%	6%	~	~	11%~	7%~	5%~	~	6%~	~	~	~	~	~	~	4%~	2%~	8%~	8%~	4%~	
SOMETIMES	24	379	1	5	2	10	6		13					1	4	19	10	13	6	18	
	24%	19%	17%~	42%~	22%~	37%~	15%~	~	20%~	~	~	~	~	25%~	44%~	23%~	22%~	26%~	23%~	25%~	
USUALLY	23	576	1	3	2	6	9		15					1	1	21	9	12	5	17	
	23%	29%	17%~	25%~	22%~	22%~	23%~	~	23%~	~	~	~	~	25%~	11%~	25%~	20%~	24%~	19%~	24%~	
ALWAYS	47	938	4	4	4	9	22	4	34					2	4	41	25	21	13	34	
	47%	46%	67%~	33%~	44%~	33%~	56%~	100%~	52%~	~	~	~	~	50%~	44%~	49%~	56%~	42%~	50%~	47%~	
#ALWAYS + USUALLY (NET)	70	1514	5	7	6	15	31	4	49					3	5	62	34	33	18	51	
	71%	75%	83%~	58%~	67%~	56%~	79%~	100%~	74%~	~	~	~	~	75%~	56%~	74%~	76%~	66%~	69%~	71%~	
TOP BOX SCORE	47	938	4	4	4	9	22	4	34					2	4	41	25	21	13	34	
	47%	46%	67%~	33%~	44%~	33%~	56%~	100%~	52%~	~	~	~	~	50%~	44%~	49%~	56%~	42%~	50%~	47%~	
NOT ANSWERED	3	70		1		1	1		2						1	2	2	1	2	1	
VALID CASES	99	2016	6	12	9	27	39	4	66					4	9	84	45	50	26	72	
NUMBER OF RESPONDENTS	102	2086	6	13	9	28	40	4	68					4	10	86	47	51	28	73	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q24 = YES]

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
			WHTE	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q26 NONE	7	110		3		2	2		1							2	5	5	1	1	6
	7%	5%		~ 25%		~ 7%	5%		2%							22%	6%	11%	2%	4%	8%
1 SPECIALIST	53	1016	4	8	2	16	21	1	36					2	5	45	26	26	13	40	
	54%	50%	67%	67%	22%	59%	54%	25%	55%					50%	56%	54%	58%	52%	50%	56%	
2	25	508		1	4	4	13	3	20					2	1	23	9	15	8	17	
	25%	25%		~ 8%	44%	15%	33%	75%	30%					50%	11%	27%	20%	30%	31%	24%	
3	7	258	2		1	2	2		4						1	6	4	3	4	3	
	7%	13%	33%		~ 11%	7%	5%		6%						11%	7%	9%	6%	15%	4%	
4	5	69			1	2	1		4							3	1	3		4	
	5%	3%			~ 11%	7%	3%		6%							4%	2%	6%		6%	
5 OR MORE SPECIALISTS	2	55			1	1			1							2		2		2	
	2%	3%			~ 11%	4%			2%							2%		4%		3%	
NOT ANSWERED	3	71		1		1	1		2						1	2	2	1	2	1	
VALID CASES	99	2015	6	12	9	27	39	4	66					4	9	84	45	50	26	72	
NUMBER OF RESPONDENTS	102	2086	6	13	9	28	40	4	68					4	10	86	47	51	28	73	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q24 = YES]

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

	EAST TOT ADULT	OHP TOT ADULT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER ALSK NATV ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE
Q27 WORST SPECIALIST POSSIBLE	1	19			1			1							1		1		1
	1%	1%	~	~	13%~	~	~	2%~	~	~	~	~	~	~	1%	~	2%~	~	2%~
01		7	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		0.4%																	
02		19	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		1%																	
03	3	32			2	1		2						1		1	2	1	2
	3%	2%	~	~	8%~	3%~	~	3%~	~	~	~	~	~	1%	3%~	4%~	4%~	3%~	
04	1	32			1			1						1		1		1	
	1%	2%	~	~	4%~	~	~	2%~	~	~	~	~	~	1%	~	2%~	4%~	~	
05	5	67		1	1	3		3						5	1	4		5	
	5%	4%	~	11%~	4%~	8%~	~	5%~	~	~	~	~	~	6%~	3%~	8%~	~	8%~	
06	3	73			1	2		1				1		3	1	2	2	1	
	3%	4%	~	~	4%~	5%~	~	2%~	~	~	~	25%~	~	4%~	3%~	4%~	8%~	2%~	
07	10	158	2		5	3		8				1	1	9	3	7	2	8	
	11%	8%	33%~	~	20%~	8%~	~	12%~	~	~	~	25%~	14%~	12%~	8%~	14%~	8%~	12%~	
08	19	318	1	3	2	4	9	11					3	15	8	11	6	13	
	21%	17%	17%~	33%~	25%~	16%~	24%~	17%~	~	~	~	~	43%~	19%~	21%~	22%~	24%~	20%~	
09	10	355			4	1	4	10						10	2	7	2	8	
	11%	19%*	~	~	50%~	4%~	11%~	15%~	~	~	~	~	~	13%~	5%~	14%~	8%~	12%~	
BEST SPECIALIST POSSIBLE	39	797	3	5	1	10	15	3	28				2	3	33	23	14	11	27
	43%	42%	50%~	56%~	13%~	40%~	41%~	75%~	43%~	~	~	~	50%~	43%~	42%~	59%~	29%~	44%~	42%~
#8-10 (NET)	68	1470	4	8	7	15	28	4	49				2	6	58	33	32	19	48
	75%	78%	67%~	89%~	88%~	60%~	76%~	100%~	75%~	~	~	~	50%~	86%~	74%~	85%~	65%~	76%~	74%~

Continued

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLK OR AFR AMER	ASIAN	NATV HAW/ ILND	AMER PAC ALSK	OTHER	MULTI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE		
9-10 (NET)	EAST TOT ADULT	49	1152	3	5	5	11	19	4	38			2	3	43	25	21	13	35		
	TOT ADULT	54%	61%	50%~	56%~	63%~	44%~	51%~	100%~	58%~	~	~	~	50%~	43%~	55%~	64%~	43%~	52%~	54%~	
NOT ANSWERED		1	16			1									1	1			1		
VALID CASES		91	1878	6	9	8	25	37	4	65			4	7	78	39	49	25	65		
NUMBER OF RESPONDENTS		92	1894	6	9	9	25	37	4	65			4	7	79	40	49	25	66		
		100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	
MEAN		8.33	8.45	8.67	8.78	7.75	7.88	8.35	9.75	8.38			8.25	8.71	8.37	8.90	7.80	8.36	8.29		
p stat_(*=Sig @ p<=.05)		.588		~	~	~	~	~	~	~			~	~	~	~	~	~	~		

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

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q28 YES	42 15%	1069 20%*	7 20%~	3 7%~	6 16%~	5 8%	17 19%	4 27%~	23 14%	~	~	~	~	~	3 30%~	8 14%	33 15%	27 14%	12 13%	12 10%	29 18%
NO	243 85%	4323 80%*	28 80%~	41 93%~	31 84%~	55 92%	73 81%	11 73%~	137 86%	~	~	~	~	~	7 70%~	48 86%	184 85%	160 86%	81 87%	105 90%	135 82%
NOT ANSWERED	14	279			2	1	4		5						1		6	2	4	2	4
VALID CASES	285	5392	35	44	37	60	90	15	160						10	56	217	187	93	117	164
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%						11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q29 NEVER	2 5%	102 11%	~	~	~	~	1 6%	1 33%	2 9%	~	~	~	~	~	~	2 6%	2 8%	1 9%	1 4%	
SOMETIMES	13 33%	354 37%	2 29%	2 67%	3 50%	1 20%	5 31%	7 32%	~	~	~	~	1 33%	3 38%	10 32%	8 31%	4 36%	2 18%	11 39%	
USUALLY	16 40%	333 35%	4 57%	~	3 50%	1 20%	6 38%	2 67%	10 45%	~	~	~	~	1 33%	3 38%	12 39%	10 38%	5 45%	6 55%	9 32%
ALWAYS	9 22%	171 18%	1 14%	1 33%	~	3 60%	4 25%	3 14%	~	~	~	~	1 33%	2 25%	7 23%	6 23%	2 18%	2 18%	7 25%	
#ALWAYS + USUALLY (NET)	25 63%	504 52%	5 71%	1 33%	3 50%	4 80%	10 63%	2 67%	13 59%	~	~	~	~	2 67%	5 63%	19 61%	16 62%	7 64%	8 73%	16 57%
TOP BOX SCORE	9 22%	171 18%	1 14%	1 33%	~	3 60%	4 25%	3 14%	~	~	~	~	1 33%	2 25%	7 23%	6 23%	2 18%	2 18%	7 25%	
NOT ANSWERED	2	35					1	1	1						2	1	1	1	1	
VALID CASES	40	961	7	3	6	5	16	3	22				3	8	31	26	11	11	28	
NUMBER OF RESPONDENTS	42	996	7	3	6	5	17	4	23				3	8	33	27	12	12	29	
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q28 = YES]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
		OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE		
Q30																						
YES	59 20%	1502 28%*	10 29%~	5 11%~	7 18%~	13 21%	16 17%	4 29%~	32 20%	~	~	~	~	~	27%~	3 20%	11 20%	45 20%	34 18%	21 22%	16 14%*	39 23%
NO	229 80%	3866 72%*	25 71%~	39 89%~	31 82%~	48 79%	76 83%	10 71%~	130 80%	~	~	~	~	~	73%~	8 80%	45 80%	175 80%	154 82%	73 78%	102 86%*	127 77%
NOT ANSWERED	11	303			1		2	1	3									3	1	3	1	2
VALID CASES	288	5368	35	44	38	61	92	14	162						11	56	220	188	94	118	166	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE
Q31 NEVER	3	56				2		2								2	2	1	1	1
	5%	4%	~	~	~	15%~	~	6%~	~	~	~	~	~	~	~	5%~	6%~	5%~	6%~	3%~
SOMETIMES	10	267		1	1	1	3	2	4					1	1	8	5	4	1	8
	17%	20%	~	20%~	14%~	8%~	19%~	67%~	13%~	~	~	~	~	33%~	9%~	18%~	15%~	19%~	6%~	21%~
USUALLY	19	405	7	1	2	5	4		10					1	5	14	9	10	6	13
	33%	30%	70%~	20%~	29%~	38%~	25%~	~	32%~	~	~	~	~	33%~	45%~	32%~	27%~	48%~	38%~	34%~
ALWAYS	26	624	3	3	4	5	9	1	15					1	5	20	17	6	8	16
	45%	46%	30%~	60%~	57%~	38%~	56%~	33%~	48%~	~	~	~	~	33%~	45%~	45%~	52%~	29%~	50%~	42%~
#ALWAYS + USUALLY (NET)	45	1029	10	4	6	10	13	1	25					2	10	34	26	16	14	29
	78%	76%	100%~	80%~	86%~	77%~	81%~	33%~	81%~	~	~	~	~	67%~	91%~	77%~	79%~	76%~	88%~	76%~
TOP BOX SCORE	26	624	3	3	4	5	9	1	15					1	5	20	17	6	8	16
	45%	46%	30%~	60%~	57%~	38%~	56%~	33%~	48%~	~	~	~	~	33%~	45%~	45%~	52%~	29%~	50%~	42%~
NOT ANSWERED	1	48						1	1							1	1			1
VALID CASES	58	1351	10	5	7	13	16	3	31					3	11	44	33	21	16	38
NUMBER OF RESPONDENTS	59	1399	10	5	7	13	16	4	32					3	11	45	34	21	16	39
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]



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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE
Q32 NEVER	1 2%	18 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	1 3%	~	~	
SOMETIMES	1 2%	102 8%*	~	~	~	1 8%	~	1 3%	~	~	~	~	~	~	1 2%	1 5%	~	1 3%		
USUALLY	15 26%	291 21%	3 30%	2 40%	1 14%	4 31%	3 19%	1 33%	7 23%	~	~	~	~	1 33%	2 18%	12 27%	11 33%	3 14%	4 25%	10 26%
ALWAYS	41 71%	946 70%	7 70%	3 60%	6 86%	8 62%	13 81%	2 67%	23 74%	~	~	~	~	2 67%	9 82%	31 70%	21 64%	17 81%	12 75%	27 71%
#ALWAYS + USUALLY (NET)	56 97%	1237 91%*	10 100%	5 100%	7 100%	12 92%	16 100%	3 100%	30 97%	~	~	~	~	3 100%	11 100%	43 98%	32 97%	20 95%	16 100%	37 97%
TOP BOX SCORE	41 71%	946 70%	7 70%	3 60%	6 86%	8 62%	13 81%	2 67%	23 74%	~	~	~	~	2 67%	9 82%	31 70%	21 64%	17 81%	12 75%	27 71%
NOT ANSWERED	1	41						1	1							1	1			1
VALID CASES	58	1358	10	5	7	13	16	3	31					3	11	44	33	21	16	38
NUMBER OF RESPONDENTS	59	1399	10	5	7	13	16	4	32					3	11	45	34	21	16	39
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q33 YES	76 27%	1713 32%*	11 32%~	9 21%~	15 39%~	17 29%	20 22%	3 21%~	34 21%*	~	~	~	~	~	55%~	6 30%	16 26%	56 26%	51 28%	22 23%	31 27%	44 27%
NO	209 73%	3590 68%*	23 68%~	34 79%~	23 61%~	42 71%	73 78%	11 79%~	128 79%*	~	~	~	~	~	45%~	5 70%	38 74%	163 74%	134 72%	72 77%	84 73%	122 73%
NOT ANSWERED	14	368	1	1	1	2	1	1	3							2	4	4	3	4	2	
VALID CASES	285	5303	34	43	38	59	93	14	162						11	54	219	185	94	115	166	
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%						11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
PQ34 NEVER	3 1%	82 2%	~	1 2%	~	1 2%	1 1%	~	~	~	~	~	~	~	1 2%	2 0.9%	3 2%	~	1 0.9%	2 1%
SOMETIMES	19 7%	286 5%	4 12%	2 5%	2 5%	6 10%	3 3%	1 7%	7 4%	~	~	~	~	~	5 9%	13 6%	10 6%	8 9%	6 5%	12 7%
USUALLY	31 11%	671 13%	3 9%	4 9%	9 24%	5 9%	8 9%	2 14%	15 9%	~	~	~	~	4 40%	4 8%	25 12%	23 13%	6 6%*	13 12%	18 11%
ALWAYS	228 81%	4198 80%	27 79%	36 84%	26 70%	46 79%	79 87%	11 79%	138 86%*	~	~	~	~	6 60%	43 81%	176 81%	145 80%	80 85%	93 82%	132 80%
#ALWAYS + USUALLY (NET)	259 92%	4868 93%	30 88%	40 93%	35 95%	51 88%	87 96%	13 93%	153 96%*	~	~	~	~	10 ~100%	47 89%	201 93%	168 93%	86 91%	106 94%	150 91%
TOP BOX SCORE	228 81%	4198 80%	27 79%	36 84%	26 70%	46 79%	79 87%	11 79%	138 86%*	~	~	~	~	6 60%	43 81%	176 81%	145 80%	80 85%	93 82%	132 80%
NOT ANSWERED	4	86			1	1	2		2					1	1	3	4		2	2
VALID CASES	281	5236	34	43	37	58	91	14	160					10	53	216	181	94	113	164
NUMBER OF RESPONDENTS	285 100%	5322 100%	34 100%	43 100%	38 100%	59 100%	93 100%	14 100%	162 100%					11 100%	54 100%	219 100%	185 100%	94 100%	115 100%	166 100%

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

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER ALSK OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE		
Q35 WORST HEALTH PLAN POSSIBLE	1	41	~	~	1	~	~	~	~	~	~	~	~	~	~	1	1	~	1		
	0.4%	0.8%			3%											~0.7%	~0.5%	~	1%	~0.7%	
01		47	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
		0.9%																			
02	1	52	~	~	~	~	1	~	~	~	~	~	~	~	~	1	1	~	1		
	0.4%	1%					1%									~0.7%	~	1%	~0.7%		
03	9	102	2	2	2	1	1	1	5	~	~	~	~	~	~	8	7	2	3	6	
	3%	2%	6%	5%	6%	2%	1%	7%	3%							4%	4%	2%	3%	4%	
04	8	122	~	2	~	2	3	1	6	~	~	~	~	2	~	8	4	4	3	5	
	3%	2%		5%		4%	4%	7%	4%					22%		4%*	2%	5%	3%	3%	
05	25	466	2	4	3	9	6	1	14	~	~	~	~	~	~	3	21	10	15	9	16
	10%	9%	6%	10%	8%	17%	7%	7%	10%							6%	11%	6%*	17%*	8%	11%
06	16	327	3	4	2	3	3	~	8	~	~	~	~	1	2	13	12	4	8	7	
	6%	6%	10%	10%	6%	6%	4%	~	6%					11%	4%	6%	7%	5%	7%	5%	
07	41	646	8	7	7	4	12	2	22	~	~	~	~	1	10	29	26	13	18	22	
	16%	13%	26%	18%	19%	8%*	14%	14%	15%					11%	20%	15%	15%	15%	16%	15%	
08	53	1048	8	9	5	10	18	3	34	~	~	~	~	2	7	45	36	17	20	33	
	20%	21%	26%	23%	14%	19%	21%	21%	23%					22%	14%	23%	21%	19%	18%	22%	
09	39	797	2	4	9	8	14	1	21	~	~	~	~	1	9	27	29	10	15	23	
	15%	16%	6%	10%	25%	15%	16%	7%	14%					11%	18%	14%	17%	11%	14%	16%	
BEST HEALTH PLAN POSSIBLE	69	1383	6	7	7	16	27	5	33	~	~	~	~	2	20	48	46	21	35	33	
	26%	27%	19%	18%	19%	30%	32%	36%	23%					22%	39%*	24%	27%	24%	32%	22%	
#8-10 (NET)	161	3229	16	20	21	34	59	9	88	~	~	~	~	5	36	120	111	48	70	89	
	61%	64%	52%	51%	58%	64%	69%	64%	61%					56%	71%	60%	65%	55%	63%	61%	

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?

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ LLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	108 41%	2180 43%	8 26%	11 28%	16 44%	24 45%	41 48%	6 43%	54 37%	~	~	~	~	~	3 33%	29 57%*	75 38%*	75 44%	31 35%	50 45%	56 38%
NOT ANSWERED	37	640	4	5	3	8	9	1	20						2	5	23	19	9	8	21
VALID CASES	262	5031	31	39	36	53	85	14	145						9	51	200	170	88	111	147
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%						11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%
MEAN	7.76	7.78	7.48	7.31	7.58	7.81	8.11	7.79	7.61						7.33	8.51	7.62	7.94	7.39	7.97	7.60
p stat_(*=Sig @ p<=.05)		.889	~	~	~.848	.053	~	.184	~	~	~	~	~	~	~.001*	.039*	.067	.044*	.148	.135	

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?

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35A YES	36 13%	663 12%	3 9%~	1 2%~	2 5%~	10 18%	18 20%*	1 7%~	26 16%*	~	~	~	~	~	3 30%~	1 2%*	33 15%*	12 7%*	21 23%*	9 8%*	26 16%*
NO	246 87%	4665 88%	31 91%~	41 98%~	36 95%~	47 82%	74 80%*	14 93%~	134 84%*	~	~	~	~	~	7 70%~	52 98%*	185 85%*	172 93%*	71 77%*	107 92%*	136 84%*
NOT ANSWERED	17	342	1	2	1	4	2		5					1	3	5	5	5	3	6	
VALID CASES	282	5329	34	42	38	57	92	15	160						10	53	218	184	92	116	162
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%						11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q35B NEVER	13 38%	127 21%	2 67%	~	~	5 56%	6 35%	9 36%	~	~	~	~	~	2 100%	13 42%	3 25%	9 45%	4 50%	9 36%	
SOMETIMES	5 15%	93 16%	1 ~100%	~	~	3 18%	4 16%	~	~	~	~	~	~	~	3 10%	2 17%	2 10%	1 13%	3 12%	
USUALLY	4 12%	141 24%	~	~100%	~	2 12%	2 12%	3 12%	~	~	~	~	~	~	4 13%	3 25%	1 5%	1 13%	3 12%	
ALWAYS	12 35%	234 39%	1 33%	~	~	4 44%	6 35%	1 100%	9 36%	~	~	~	~	~	1 100%	11 35%	4 33%	8 40%	2 25%	10 40%
#ALWAYS + USUALLY (NET)	16 47%	375 63%	1 33%	~100%	~	2 44%	4 47%	8 100%	12 48%	~	~	~	~	~	1 100%	15 48%	7 58%	9 45%	3 38%	13 52%
TOP BOX SCORE	12 35%	234 39%	1 33%	~	~	4 44%	6 35%	1 100%	9 36%	~	~	~	~	~	1 100%	11 35%	4 33%	8 40%	2 25%	10 40%
NOT ANSWERED	2	32			1	1	1							1	2		1	1	1	
VALID CASES	34	595	3	1	2	9	17	1	25					2	1	31	12	20	8	25
NUMBER OF RESPONDENTS	36	627	3	1	2	10	18	1	26					3	1	33	12	21	9	26
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35A = YES]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILLND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35C YES	29 10%	814 15%*	1 3%	3 7%	3 8%	7 13%	12 13%	2 13%	22 14%*	~	~	~	~	~	~	2 4%*	26 12%*	13 7%*	15 16%*	10 9%	17 11%
NO	252 90%	4498 85%*	34 97%	41 93%	35 92%	48 87%	78 87%	13 87%	137 86%*	~	~	~	~	~	10 ~100%	51 96%*	191 88%*	172 93%*	76 84%*	106 91%	144 89%
NOT ANSWERED	18	359			1	6	4		6					1	3	6	4	6	3	7	
VALID CASES	281	5312	35	44	38	55	90	15	159					10	53	217	185	91	116	161	
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%					11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%	



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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTH R	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE
			24	34	44	54	64	OVER	WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR	MALE
Q35D NEVER	6 22%	169 23%	2 ~ 67%	2 ~ 29%	2 18%	4 ~ 20%	~	~	~	~	~	~	~	6 ~ 25%	3 27%	3 20%	1 11%	4 25%		
SOMETIMES	4 15%	128 17%	1 100%	1 33%	1 ~ 9%	1 ~ 5%	~	~	~	~	~	~	~	1 50%	2 8%	2 18%	1 7%	2 22%	1 6%	
USUALLY	4 15%	197 26%	~	1 33%	1 14%	2 18%	4 20%	~	~	~	~	~	~	4 17%	2 18%	2 13%	2 22%	2 13%		
ALWAYS	13 48%	251 34%	~	2 67%	4 57%	6 55%	1 100%	11 55%	~	~	~	~	~	1 50%	12 50%	4 36%	9 60%	4 44%	9 56%	
#ALWAYS + USUALLY (NET)	17 63%	448 60%	~	3 100%	5 71%	8 73%	1 100%	15 75%	~	~	~	~	~	1 50%	16 67%	6 55%	11 73%	6 67%	11 69%	
TOP BOX SCORE	13 48%	251 34%	~	2 67%	4 57%	6 55%	1 100%	11 55%	~	~	~	~	~	1 50%	12 50%	4 36%	9 60%	4 44%	9 56%	
NOT ANSWERED	2	29			1	1	2							2	2		1	1		
VALID CASES	27	745	1	3	3	7	11	1	20					2	24	11	15	9	16	
NUMBER OF RESPONDENTS	29	774	1	3	3	7	12	2	22					2	26	13	15	10	17	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q35C = YES]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q35E																					
YES	141 49%	2942 55%*	10 29%~	22 50%~	15 38%~	33 55%	56 60%*	4 27%~	96 59%*	~	~	~	~	~	3 27%~	10 18%*	124 56%*	78 41%*	57 60%*	46 39%*	93 56%*
NO	149 51%	2408 45%*	25 71%~	22 50%~	24 62%~	27 45%	37 40%*	11 73%~	68 41%*	~	~	~	~	~	8 73%~	45 82%*	99 44%*	111 59%*	38 40%*	73 61%*	74 44%*
NOT ANSWERED	9	321				1	1		1							1			2		1
VALID CASES	290	5350	35	44	39	60	93	15	164						11	55	223	189	95	119	167
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE		
Q35F																						
NO EFFORT AT ALL	8 6%	101 4%	1 ~ 5%	1 7%	2 6%	4 7%	5 5%	~	~	~	~	~	~	~	10%	5 4%	2 3%	6 11%	2 4%	6 7%		
A LITTLE EFFORT WAS MADE	7 5%	195 7%	2 ~ 10%	~	2 6%	3 6%	3 3%	~	~	~	~	~	~	~	10%	6 5%	4 5%	3 5%	3 7%	4 4%		
SOME EFFORT WAS MADE	44 32%	696 25%	5 50%	7 33%	4 27%	11 33%	14 26%	3 75%	35 38%	~	~	~	~	~	30%	39 32%	22 29%	20 36%	16 36%	27 30%		
A LOT OF EFFORT WAS MADE	79 57%	1801 64%	5 50%	11 52%	10 67%	18 55%	33 61%	1 25%	50 54%	~	~	~	~	~	100%	3 50%	5 59%	71 63%	48 48%	27 48%	24 53%	54 59%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	123 89%	2497 89%	10 100%	18 86%	14 93%	29 88%	47 87%	4 100%	85 91%	~	~	~	~	~	100%	3 80%	8 91%	110 92%	70 84%	47 84%	40 89%	81 89%
TOP BOX SCORE	79 57%	1801 64%	5 50%	11 52%	10 67%	18 55%	33 61%	1 25%	50 54%	~	~	~	~	~	100%	3 50%	5 59%	71 63%	48 48%	27 48%	24 53%	54 59%
NOT ANSWERED	3	82	1			2		3								3	2	1	1	2		
VALID CASES	138	2794	10	21	15	33	54	4	93						3	10	121	76	56	45	91	
NUMBER OF RESPONDENTS	141	2876	10	22	15	33	56	4	96						3	10	124	78	57	46	93	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35E = YES]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35G																					
NO EFFORT AT ALL	5 4%	101 4%	18 ~	25 5%~	35 7%~	45 3%~	55 4%	65 ~	3 3%~	~	~	~	~	~	~	1 10%~	3 2%~	2 3%	3 5%	2 4%~	3 3%~
A LITTLE EFFORT WAS MADE	9 7%	226 8%	2 ~	10%~	2 ~	3 9%~	4 7%	5 ~	5 5%~	~	~	~	~	~	~	1 10%~	7 6%~	4 5%	5 9%	3 7%~	6 7%~
SOME EFFORT WAS MADE	39 28%	717 26%	4 40%~	8 38%~	6 40%~	11 33%~	8 15%*	2 50%~	28 30%~	~	~	~	~	~	~	1 10%~	37 31%~	22 29%	17 30%	13 29%~	26 29%~
A LOT OF EFFORT WAS MADE	85 62%	1741 63%	6 60%~	10 48%~	8 53%~	18 55%~	40 74%*	2 50%~	57 61%~	~	~	~	~	~	3 ~100%~	7 70%~	74 61%~	48 63%	31 55%	27 60%~	56 62%~
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	124 90%	2458 88%	10 100%~	18 86%~	14 93%~	29 88%~	48 89%	4 100%~	85 91%~	~	~	~	~	~	3 ~100%~	8 80%~	111 92%~	70 92%	48 86%	40 89%~	82 90%~
TOP BOX SCORE	85 62%	1741 63%	6 60%~	10 48%~	8 53%~	18 55%~	40 74%*	2 50%~	57 61%~	~	~	~	~	~	3 ~100%~	7 70%~	74 61%~	48 63%	31 55%	27 60%~	56 62%~
NOT ANSWERED	3	91		1				2	3								3	2	1	1	2
VALID CASES	138	2785	10	21	15	33	54	4	93						3	10	121	76	56	45	91
NUMBER OF RESPONDENTS	141	2876	10	22	15	33	56	4	96						3	10	124	78	57	46	93
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q35H NO EFFORT AT ALL	6 4%	190 7%	1 ~ 5%	2 13%	1 3%	2 4%	3 3%	~	~	~	~	~	~	1 10%	4 3%	2 3%	4 7%	2 4%	4 4%	
A LITTLE EFFORT WAS MADE	14 10%	238 9%	3 ~ 14%	6 ~ 19%	5 9%	10 9%	10 11%	~	~	~	~	~	~	1 10%	12 10%	5 7%	9 16%	3 7%	11 12%	
SOME EFFORT WAS MADE	46 34%	749 27%	6 60%	8 38%	7 47%	10 31%	12 22%*	2 50%	32 34%	~	~	~	~	3 30%	41 34%	26 34%	17 30%	18 40%	27 30%	
A LOT OF EFFORT WAS MADE	71 52%	1596 58%	4 40%	9 43%	6 40%	15 47%	35 65%*	2 50%	48 52%	~	~	~	~	2 ~100%	5 50%	63 52%	43 57%	26 46%	22 49%	48 53%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	117 85%	2345 85%	10 100%	17 81%	13 87%	25 78%	47 87%	4 100%	80 86%	~	~	~	~	2 ~100%	8 80%	104 87%	69 91%	43 77%*	40 89%	75 83%
TOP BOX SCORE	71 52%	1596 58%	4 40%	9 43%	6 40%	15 47%	35 65%*	2 50%	48 52%	~	~	~	~	2 ~100%	5 50%	63 52%	43 57%	26 46%	22 49%	48 53%
NOT ANSWERED	4	103	1	1	2	3	3	1	4	2	1	3	1	4	2	1	1	3		
VALID CASES	137	2773	10	21	15	32	54	4	93	2	10	120	76	56	45	90				
NUMBER OF RESPONDENTS	141	2876	10	22	15	33	56	4	96	3	10	124	78	57	46	93				
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q35E = YES]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35I YES	83 29%	1870 35%*	10 29%~	10 23%~	9 23%~	17 29%	33 36%	1 7%~	55 34%*	~	~	~	~	~	30%~	3 20%	11 31%	68 26%	49 31%	29 31%	26 22%*	54 33%
NO	205 71%	3406 65%*	25 71%~	34 77%~	30 77%~	42 71%	59 64%	14 93%~	108 66%*	~	~	~	~	~	70%~	7 80%	44 69%	153 74%	139 69%	65 69%	92 78%*	112 67%
NOT ANSWERED	11	394				2	2		2						1	1	2	1	3	1	2	
VALID CASES	288	5277	35	44	39	59	92	15	163						10	55	221	188	94	118	166	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	100%

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35J #YES	72 87%	1588 89%	9 90%	10 100%	8 89%	14 82%	29 88%	1 100%	48 87%	~	~	~	~	~	2 67%	11 100%	59 87%	45 92%	23 79%	22 85%	49 91%
NO	11 13%	204 11%	1 10%	~	1 11%	3 18%	4 12%	~	7 13%	~	~	~	~	~	1 33%	~	9 13%	4 8%	6 21%	4 15%	5 9%
NOT ANSWERED		60																			
VALID CASES	83	1792	10	10	9	17	33	1	55					3	11	68	49	29	26	54	
NUMBER OF RESPONDENTS	83	1852	10	10	9	17	33	1	55					3	11	68	49	29	26	54	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35I = YES]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE	
Q35K #YES	66 81%	1484 84%	10 100%	9 90%	8 89%	12 71%	26 79%	1 100%	42 76%	~	~	~	~	~	3 ~100%	9 90%	56 82%	43 90%	21 72%	21 81%	44 83%
NO	15 19%	292 16%	~	1 10%	1 11%	5 29%	7 21%	~	13 24%	~	~	~	~	~	~	1 10%	12 18%	5 10%	8 28%	5 19%	9 17%
NOT ANSWERED	2	76														1		1			1
VALID CASES	81	1776	10	10	9	17	33	1	55						3	10	68	48	29	26	53
NUMBER OF RESPONDENTS	83	1852	10	10	9	17	33	1	55						3	11	68	49	29	26	54
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35I = YES]



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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q35L NEVER	27 10%	692 13%*	4 11%~	3 7%~	5 14%~	6 11%	6 7%	2 13%~	8 5%*	~	~	~	~	~	1 9%~	11 20%*	14 6%*	18 10%	9 10%	14 12%	12 7%
SOMETIMES	34 12%	623 12%	~	10 23%~	5 14%~	9 16%	8 9%	2 13%~	22 14%	~	~	~	~	~	1 9%~	6 11%	28 13%	18 10%	15 16%	13 11%	21 13%
USUALLY	76 27%	1195 23%	13 37%~	13 30%~	10 27%~	15 27%	20 22%	3 20%~	38 23%	~	~	~	~	~	4 36%~	18 33%	55 25%	51 28%	25 27%	34 30%	41 25%
ALWAYS	144 51%	2698 52%	18 51%~	18 41%~	17 46%~	26 46%	57 63%*	8 53%~	94 58%*	~	~	~	~	~	5 45%~	19 35%*	119 55%*	96 52%	44 47%	54 47%	89 55%
#ALWAYS + USUALLY (NET)	220 78%	3894 75%	31 89%~	31 70%~	27 73%~	41 73%	77 85%	11 73%~	132 81%	~	~	~	~	~	9 82%~	37 69%	174 81%	147 80%	69 74%	88 77%	130 80%
TOP BOX SCORE	144 51%	2698 52%	18 51%~	18 41%~	17 46%~	26 46%	57 63%*	8 53%~	94 58%*	~	~	~	~	~	5 45%~	19 35%*	119 55%*	96 52%	44 47%	54 47%	89 55%
NOT ANSWERED	18	462			2	5	3		3							2	7	6	4	4	5
VALID CASES	281	5209	35	44	37	56	91	15	162						11	54	216	183	93	115	163
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%						11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q35M ALWAYS	197%	3106%	39%~	37%~	410%~	610%	33%	85%	~	~	~	~	~	110%~	59%	125%	116%	77%	119%	85%
USUALLY	145%	2705%	13%~	~	~	47%	67%	213%~	106%	~	~	~	~	~	2%	5%	74%	77%	33%	106%
SOMETIMES	5419%	95218%	1029%~	614%~	923%~	1526%	1112%*	320%~	320%	~	~	~	~	220%~	1222%	3918%	2614%*	2829%*	2017%	3421%
NEVER	19869%	369771%	2160%~	3580%~	2667%~	3357%*	7178%*	1067%~	11369%	~	~	~	~	770%~	3767%	15671%	14276%*	5356%*	8471%	11268%
#NEVER + SOMETIMES (NET)	25288%	464989%	3189%~	4193%~	3590%~	4883%	8290%	1387%~	14589%	~	~	~	~	990%~	4989%	19589%	16890%	8185%	10488%	14689%
TOP BOX SCORE	19869%	369771%	2160%~	3580%~	2667%~	3357%*	7178%*	1067%~	11369%	~	~	~	~	770%~	3767%	15671%	14276%*	5356%*	8471%	11268%
NOT ANSWERED	14	442				3	3		2					1	1	4	3	2	1	4
VALID CASES	285	5229	35	44	39	58	91	15	163					10	55	219	186	95	118	164
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
	EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
																					24	34
Q35N ALWAYS	6	79	1		1	1	2	1	3						1		1	4	2	4	3	3
	2%	2%	3%~	~	3%~	2%	2%	7%~	2%	~	~	~	~	~	9%~	~	2%	2%	1%	4%	3%	2%
USUALLY	7	129	1			1	5		6							7		2	5	3	4	
	2%	2%	3%~	~	~	2%	5%	~	4%	~	~	~	~	~	~	~	3%*	1%	5%	3%	2%	
SOMETIMES	45	739	6	5	6	12	12	4	24					4	4	38	24	19	17	28		
	16%	14%	17%~	11%~	15%~	20%	13%	27%~	15%	~	~	~	~	~	36%~	7%*	17%	13%	20%	14%	17%	
NEVER	229	4276	27	39	32	45	73	10	130					6	51	171	159	67	96	130		
	80%	82%	77%~	89%~	82%~	76%	79%	67%~	80%	~	~	~	~	~	55%~	91%*	78%	85%*	71%*	81%	79%	
#NEVER + SOMETIMES (NET)	274	5015	33	44	38	57	85	14	154					10	55	209	183	86	113	158		
	95%	96%	94%~	100%~	97%~	97%	92%	93%~	94%	~	~	~	~	~	91%~	98%	95%	98%*	91%*	95%	96%	
TOP BOX SCORE	229	4276	27	39	32	45	73	10	130					6	51	171	159	67	96	130		
	80%	82%	77%~	89%~	82%~	76%	79%	67%~	80%	~	~	~	~	~	55%~	91%*	78%	85%*	71%*	81%	79%	
NOT ANSWERED	12	448				2	2		2							3	2	2		3		
VALID CASES	287	5223	35	44	39	59	92	15	163					11	56	220	187	95	119	165		
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168		
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%	

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER ALSK ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE		
Q350 ALWAYS	4 1%	62 1%	1 3%	~	~	~	3 3%	~	~	~	~	~	~	~	1 9%	1 2%	2 0.9%	1 0.5%	3 3%	2 2%	2 1%	
USUALLY	4 1%	77 1%	1 3%	~	1 3%	~	2 2%	4 2%	~	~	~	~	~	~	~	~	4 2%	2 1%	2 2%	1 0.8%	3 2%	
SOMETIMES	27 9%	505 10%	3 9%	2 5%	1 3%	11 19%*	8 9%	2 13%	18 11%	~	~	~	~	~	~	10 4%*	23 11%	13 7%	14 15%*	10 8%	17 10%	
NEVER	250 88%	4589 88%	29 85%	42 95%	37 95%	48 81%	78 86%	13 87%	140 86%	~	~	~	~	~	10 91%	52 95%*	190 87%	170 91%*	75 80%*	105 89%	142 87%	
#NEVER + SOMETIMES (NET)	277 97%	5094 97%	32 94%	44 100%	38 97%	59 100%	86 95%	15 100%	158 98%	~	~	~	~	~	10 91%	54 98%	213 97%	183 98%	89 95%	115 97%	159 97%	
TOP BOX SCORE	250 88%	4589 88%	29 85%	42 95%	37 95%	48 81%	78 86%	13 87%	140 86%	~	~	~	~	~	10 91%	52 95%*	190 87%	170 91%*	75 80%*	105 89%	142 87%	
NOT ANSWERED	14	438	1			2	3		3								1	4	3	3	1	4
VALID CASES	285	5233	34	44	39	59	91	15	162						11	55	219	186	94	118	164	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q35P #YES DEFINITELY	193 69%	3547 69%	25 71%~	33 77%~	29 74%~	33 59%	62 68%	9 64%~	112 70%	~	~	~	~	~	7 70%~	37 67%	151 70%	130 71%	58 63%	74 66%	117 70%
YES SOMEWHAT	74 26%	1203 23%	9 26%~	9 21%~	7 18%~	22 39%*	24 26%	3 21%~	44 28%	~	~	~	~	~	2 20%~	13 24%	57 27%	48 26%	26 28%	31 28%	43 26%
NO	14 5%	417 8%*	1 3%~	1 2%~	3 8%~	1 2%	5 5%	2 14%~	3 2%*	~	~	~	~	~	1 10%~	5 9%	7 3%	6 3%	8 9%	7 6%	6 4%
NOT ANSWERED	18	503		1		5	3	1	6						1	1	8	5	5	7	2
VALID CASES	281	5168	35	43	39	56	91	14	159						10	55	215	184	92	112	166
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%						11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q35Q YES	172 60%	2983 57%	21 62%	27 61%	26 67%	39 64%	51 55%	5 33%	92 56%	~	~	~	~	~	50%	37 66%	126 57%	119 63%	52 55%	64 55%	105 63%
NO	116 40%	2289 43%	13 38%	17 39%	13 33%	22 36%	41 45%	10 67%	71 44%	~	~	~	~	~	50%	19 34%	94 43%	70 37%	43 45%	53 45%	62 37%
NOT ANSWERED	11	399	1				2		2				1			3		2		2	1
VALID CASES	288	5272	34	44	39	61	92	15	163				10		56	220		189	95	117	167
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%				11 100%		56 100%	223 100%		189 100%	97 100%	119 100%	168 100%

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35R NEVER	52 38%	917 37%	6 32%~	6 32%~	7 44%~	9 28%~	21 48%~	2 40%~	20 36%	~	~	~	~	~	1 25%~	12 32%~	38 41%~	34 38%~	17 36%~	20 38%	31 38%
SOMETIMES	27 20%	468 19%	8 42%~	1 5%~	4 25%~	7 22%~	5 11%~	1 20%~	8 15%	~	~	~	~	~	1 25%~	10 27%~	15 16%~	18 20%~	9 19%~	10 19%	16 20%
USUALLY	32 23%	470 19%	3 16%~	5 26%~	3 19%~	10 31%~	9 20%~	2 40%~	15 27%	~	~	~	~	~	2 50%~	7 19%~	23 25%~	19 21%~	13 28%~	11 21%	21 26%
ALWAYS	26 19%	619 25%	2 11%~	7 37%~	2 13%~	6 19%~	9 20%~	~	12 22%	~	~	~	~	~	~	8 22%~	16 17%~	18 20%~	8 17%~	12 23%	13 16%
#ALWAYS + USUALLY (NET)	58 42%	1089 44%	5 26%~	12 63%~	5 31%~	16 50%~	18 41%~	2 40%~	27 49%	~	~	~	~	~	2 50%~	15 41%~	39 42%~	37 42%~	21 45%~	23 43%	34 42%
TOP BOX SCORE	26 19%	619 25%	2 11%~	7 37%~	2 13%~	6 19%~	9 20%~	~	12 22%	~	~	~	~	~	~	8 22%~	16 17%~	18 20%~	8 17%~	12 23%	13 16%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	146	2730	15	25	22	28	45	10	105						6	17	126	97	46	61	85
NOT ANSWERED	16	467	1		1	1	5		5						1	2	5	3	4	5	2
VALID CASES	137	2474	19	19	16	32	44	5	55						4	37	92	89	47	53	81
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	EAST TOT ADULT	OHP TOT ADULT	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE		
			24	34	44	54	64	OVER	WHTE	##	##	##	##	##	TI	IC	IC	GOOD	POOR	MALE	MALE	
Q36 EXCELLENT	27 9%	556 10%	7 21%	7 16%	5 13%	5 9%	2 2%*	1 7%	17 10%	~	~	~	~	~	1 10%	7 13%	20 9%	27 14%	~	15 13%	12 7%	
VERY GOOD	61 21%	1282 24%	10 29%	13 30%	11 28%	7 12%*	20 21%	~	29 18%	~	~	~	~	~	1 10%	11 20%	49 22%	61 32%*	~	25 21%	36 22%	
GOOD	101 35%	1849 35%	14 41%	15 35%	12 31%	19 33%	33 35%	5 33%	58 36%	~	~	~	~	~	5 50%	19 35%	77 35%	101 53%*	~	44 37%	54 33%	
FAIR	80 28%	1201 23%*	3 9%	7 16%	9 23%	20 34%	32 34%	9 60%	46 28%	~	~	~	~	~	1 10%	18 33%	57 26%	80 ~	82%*	30 25%	49 30%	
POOR	17 6%	406 8%	~	1 2%	2 5%	7 12%	7 7%	~	12 7%	~	~	~	~	~	2 20%	~	16 7%*	~	17 18%*	4 3%	13 8%	
#EXCELLENT + VERY GOOD + GOOD (NET)	189 66%	3686 70%	31 91%	35 81%	28 72%	31 53%*	55 59%	6 40%	104 64%	~	~	~	~	~	7 70%	37 67%	146 67%	189 100%	~	84 71%	102 62%	
NOT ANSWERED	13	377	1	1		3			3						1	1	4			1	4	
VALID CASES	286	5294	34	43	39	58	94	15	162						10	55	219	189	97	118	164	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	



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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q37 EXCELLENT	53 18%	956 18%	11 32%~	12 27%~	9 23%~	10 17%	9 10%*	2 13%~	32 20%	~	~	~	~	~	2 18%~	11 20%	42 19%	47 25%*	5 5%*	28 24%	25 15%
VERY GOOD	82 29%	1444 27%	11 32%~	12 27%~	13 33%~	18 31%	24 26%	2 13%~	44 27%	~	~	~	~	~	2 18%~	17 31%	64 29%	68 36%*	13 14%*	34 29%	47 29%
GOOD	92 32%	1591 30%	10 29%~	12 27%~	11 28%~	18 31%	36 39%	5 33%~	50 30%	~	~	~	~	~	5 45%~	18 33%	70 32%	59 31%	32 34%	37 31%	54 33%
FAIR	45 16%	1030 19%	2 6%~	7 16%~	5 13%~	9 15%	16 17%	5 33%~	28 17%	~	~	~	~	~	2 18%~	7 13%	32 14%	11 6%*	34 36%*	16 13%	27 16%
POOR	15 5%	303 6%	~	1 2%~	1 3%~	4 7%	8 9%	1 7%~	10 6%	~	~	~	~	~	~	1 2%	13 6%	4 2%*	11 12%*	4 3%	11 7%
#EXCELLENT + VERY GOOD + GOOD (NET)	227 79%	3991 75%	32 94%~	36 82%~	33 85%~	46 78%	69 74%	9 60%~	126 77%	~	~	~	~	~	9 82%~	46 85%	176 80%	174 92%*	50 53%*	99 83%	126 77%
NOT ANSWERED	12	348	1			2	1		1							2	2		2		4
VALID CASES	287	5323	34	44	39	59	93	15	164						11	54	221	189	95	119	164
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q38																					
#YES	97 34%	1949 37%	11 34%~	7 16%~	8 21%~	25 42%	38 41%	7 47%~	60 37%	~	~	~	~	~	3 27%~	18 33%	74 34%	55 30%*	40 42%	37 32%	59 36%
NO	186 66%	3261 63%	21 66%~	37 84%~	30 79%~	34 58%	54 59%	8 53%~	102 63%	~	~	~	~	~	8 73%~	37 67%	144 66%	129 70%*	56 58%	79 68%	105 64%
DON'T KNOW	6	134	2		1	1	2		2								4	5	1	3	2
NOT ANSWERED	10	327	1			1			1							1	1				2
VALID CASES	283	5210	32	44	38	59	92	15	162						11	55	218	184	96	116	164
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR		FE- MALE		
Q39 EVERY DAY	68 24%	1034 20%	7 21%~	9 20%~	7 18%~	18 30%	23 25%	4 29%~	46 28%*	~	~	~	~	~	10%~	1 2%*	64 29%*	45 24%	22 23%	36 31%*	32 19%*
SOME DAYS	21 7%	461 9%	2 6%~	1 2%~	4 10%~	7 12%	6 7%	~	12 7%	~	~	~	~	~	10%~	1 4%	16 7%	9 5%*	10 10%	4 3%*	16 10%
NOT AT ALL	197 69%	3773 72%	25 74%~	34 77%~	28 72%~	35 58%	63 68%	10 71%~	105 64%	~	~	~	~	~	80%~	8 94%*	141 64%*	132 71%	64 67%	77 66%	118 71%
DON'T KNOW	1	42					1							1		1		1		1	
NOT ANSWERED	12	360	1			1	1	1	2							2	1	2	1	1	2
VALID CASES	286	5269	34	44	39	60	92	14	163						10	54	221	186	96	117	166
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q40 NEVER	31 35%	477 30%	2 22%	5 50%	6 55%	13 52%	5 18%	19 33%	~	~	~	~	~	1 50%	3 100%	28 35%	19 35%	10 32%	17 44%	14 29%
SOMETIMES	20 23%	309 20%	2 22%	2 20%	3 27%	4 16%	6 21%	2 50%	11 19%	~	~	~	~	~	~	18 23%	13 24%	7 23%	10 26%	9 19%
USUALLY	12 14%	270 17%	4 44%	~	1 9%	1 4%	6 21%	~	12 21%	~	~	~	~	~	~	11 14%	9 17%	3 10%	5 13%	7 15%
ALWAYS	25 28%	513 33%	1 11%	3 30%	1 9%	7 28%	11 39%	2 50%	15 26%	~	~	~	~	1 50%	22 28%	13 24%	11 35%	7 18%	18 38%	
#ALWAYS + USUALLY (NET)	37 42%	782 50%	5 56%	3 30%	2 18%	8 32%	17 61%	2 50%	27 47%	~	~	~	~	1 50%	33 42%	22 41%	14 45%	12 31%	25 52%	
TOP BOX SCORE	25 28%	513 33%	1 11%	3 30%	1 9%	7 28%	11 39%	2 50%	15 26%	~	~	~	~	1 50%	22 28%	13 24%	11 35%	7 18%	18 38%	
NOT ANSWERED	1	25					1		1								1		1	
VALID CASES	88	1569	9	10	11	25	28	4	57					2	3	79	54	31	39	48
NUMBER OF RESPONDENTS	89	1594	9	10	11	25	29	4	58					2	3	80	54	32	40	48
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	OTHR ##	MUL- TI TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q41 NEVER	48 55%	796 51%	5 56%~	7 70%~	7 64%~	16 67%~	12 43%~	1 25%~	30 54%~	~	~	~	~	~	1 50%~	3 100%~	44 56%~	27 51%~	19 61%~	23 61%~	25 52%~
SOMETIMES	16 18%	318 20%	3 33%~	2 20%~	2 18%~	2 8%~	5 18%~	1 25%~	10 18%~	~	~	~	~	~	1 50%~	12 ~	15%~	10 19%~	5 16%~	5 13%~	10 21%~
USUALLY	14 16%	179 11%	1 11%~	~	1 9%~	2 8%~	8 29%~	2 50%~	10 18%~	~	~	~	~	~	~	14 ~	18%~	12 23%~	2 6%~	8 21%~	6 12%~
ALWAYS	9 10%	266 17%*	~	1 10%~	1 9%~	4 17%~	3 11%~	~	6 11%~	~	~	~	~	~	~	8 ~	10%~	4 8%~	5 16%~	2 5%~	7 15%~
#ALWAYS + USUALLY (NET)	23 26%	445 29%	1 11%~	1 10%~	2 18%~	6 25%~	11 39%~	2 50%~	16 29%~	~	~	~	~	~	~	22 ~	28%~	16 30%~	7 23%~	10 26%~	13 27%~
TOP BOX SCORE	9 10%	266 17%*	~	1 10%~	1 9%~	4 17%~	3 11%~	~	6 11%~	~	~	~	~	~	~	8 ~	10%~	4 8%~	5 16%~	2 5%~	7 15%~
NOT ANSWERED	2	34				1	1		2							2		1	1	2	
VALID CASES	87	1560	9	10	11	24	28	4	56						2	3	78	53	31	38	48
NUMBER OF RESPONDENTS	89	1594	9	10	11	25	29	4	58						2	3	80	54	32	40	48
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	NATV AS- IAN ##	AMER HAW/ IND/ PAC ALSK ##	ILND NATV ##	OTHR ##	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q42																					
NEVER	49 56%	888 57%	3 33%~	7 70%~	6 55%~	15 60%~	15 54%~	3 75%~	32 56%~	~	~	~	~	~	1 50%~	2 67%~	44 56%~	31 58%~	16 52%~	22 56%~	27 56%~
SOMETIMES	22 25%	301 19%	4 44%~	2 20%~	4 36%~	3 12%~	8 29%~	1 25%~	14 25%~	~	~	~	~	~	1 50%~	1 33%~	20 25%~	12 23%~	9 29%~	10 26%~	12 25%~
USUALLY	9 10%	175 11%	2 22%~	~	1 9%~	2 8%~	4 14%~	~	6 11%~	~	~	~	~	~	~	~	9 11%~	8 15%~	1 3%~	6 15%~	3 6%~
ALWAYS	7 8%	191 12%	~	1 10%~	~	5 20%~	1 4%~	~	5 9%~	~	~	~	~	~	~	~	6 8%~	2 4%~	5 16%~	1 3%~	6 12%~
#ALWAYS + USUALLY (NET)	16 18%	367 24%	2 22%~	1 10%~	1 9%~	7 28%~	5 18%~	~	11 19%~	~	~	~	~	~	~	~	15 19%~	10 19%~	6 19%~	7 18%~	9 19%~
TOP BOX SCORE	7 8%	191 12%	~	1 10%~	~	5 20%~	1 4%~	~	5 9%~	~	~	~	~	~	~	~	6 8%~	2 4%~	5 16%~	1 3%~	6 12%~
NOT ANSWERED	2	39						1	1								1	1	1	1	
VALID CASES	87	1555	9	10	11	25	28	4	57						2	3	79	53	31	39	48
NUMBER OF RESPONDENTS	89	1594	9	10	11	25	29	4	58						2	3	80	54	32	40	48
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q43																					
YES	60 21%	1073 20%	4 12%~	4 9%~	3 8%~	13 22%	28 30%*	6 40%~	38 23%	~	~	~	~	~	2 18%~	8 15%	45 20%	37 20%	22 23%	25 21%	33 20%
NO	226 79%	4210 80%	29 88%~	40 91%~	36 92%~	47 78%	65 70%*	9 60%~	125 77%	~	~	~	~	~	9 82%~	46 85%	177 80%	149 80%	74 77%	94 79%	132 80%
DON'T KNOW		36																			
NOT ANSWERED	13	352	2			1	1		2							2	1	3	1		3
VALID CASES	286	5283	33	44	39	60	93	15	163					11	54	222	186	96	119	165	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
Q44 YES	32 12%	481 10%	2 6%~	4 9%~	2 6%~	8 15%	15 19%	1 7%~	20 14%	~	~	~	~	~	~	5 10%	25 13%	12 7%*	20 24%*	12 11%	20 13%
NO	227 88%	4399 90%	32 94%~	39 91%~	33 94%~	44 85%	64 81%	14 93%~	125 86%	~	~	~	~	8 ~100%~	45 90%	175 87%	162 93%*	62 76%*	96 89%	129 87%	
DON'T KNOW	27	432			4	8	14		18				3		5	21	12	14	11	16	
NOT ANSWERED	13	359	1	1		1	1		2						1	2	3	1		3	
VALID CASES	259	4880	34	43	35	52	79	15	145				8		50	200	174	82	108	149	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165				11		56	223	189	97	119	168	
	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?

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE			
Q45																						
YES	100 35%	1760 33%	6 18%~	9 20%~	9 23%~	25 42%	43 47%*	8 57%~	66 40%*	~	~	~	~	~	4 36%~	13 25%	82 37%	54 29%*	44 47%*	37 31%	62 38%	
NO	184 65%	3528 67%	28 82%~	35 80%~	30 77%~	35 58%	48 53%*	6 43%~	97 60%*	~	~	~	~	~	7 64%~	40 75%	139 63%	133 71%*	49 53%*	81 69%	102 62%	
NOT ANSWERED	15	383	1			1	3	1	2								3	2	2	4	1	4
VALID CASES	284	5288	34	44	39	60	91	14	163						11	53	221	187	93	118	164	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE		
Q46.1																					
YES	69 23%	1193 21%	2 6%	6 14%	6 15%	13 21%	38 40%*	4 27%	49 30%*	~	~	~	~	~	18%~	8 14%*	58 26%*	30 16%*	36 37%*	25 21%	43 26%
NO	230 77%	4478 79%	33 94%~	38 86%~	33 85%~	48 79%	56 60%*	11 73%~	116 70%*	~	~	~	~	~	82%~	48 86%*	165 74%*	159 84%*	61 63%*	94 79%	125 74%
VALID CASES	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168	
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%					11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%	

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE			
Q46.2	YES	94 31%	1634 29%	6 17%	7 16%	13 33%	15 25%	47 50%*	6 40%	63 38%*	~	~	~	~	~	64%~	16%*	36%*	28%	41%*	38%	29%
	NO	205 69%	4037 71%	29 83%~	37 84%~	26 67%~	46 75%	47 50%*	9 60%~	102 62%*	~	~	~	~	~	36%~	84%*	64%*	72%	59%*	62%	71%
VALID CASES		299	5671	35	44	39	61	94	15	165			11	56	223	189	97	119	168			
NUMBER OF RESPONDENTS		299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%			11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%			

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE		
Q46.3																					
YES	45 15%	883 16%	2 6%	5 13%	10 16%	27 29%*	1 7%	29 18%	~	~	~	~	~	9%	11%	17%	21 11%*	23 24%*	19 16%	26 15%	
NO	254 85%	4788 84%	33 94%~	44 100%~	34 87%~	51 84%	67 71%*	14 93%~	136 82%	~	~	~	~	91%~	89%	83%	168 89%*	74 76%*	100 84%	142 85%	
VALID CASES	299	5671	35	44	39	61	94	15	165				11	56	223	189	97	119	168		
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165				11	56	223	189	97	119	168		
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q47.1																					
YES	17 6%	231 4%	1 ~	1 2%	2 3%	12 13%*	1 7%	11 7%	~	~	~	~	~	~	~	15 7%	6 3%*	11 11%*	10 8%	7 4%	
NO	282 94%	5440 96%	35 100%~	43 98%~	38 97%~	59 97%	82 87%*	14 93%~	154 93%	~	~	~	~	11 ~100%	56 ~100%	208 93%	183 97%*	86 89%*	109 92%	161 96%	
VALID CASES	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168	
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%					11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%	

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
Q47.2																					
YES	EAST TOT ADULT	14	220	1	3	1	8	1	7				1		1	11	6	8	6	8	
		5%	4%	3%~	7%~	~	2%	9%	7%~	4%	~	~	~	~	9%~	2%	5%	3%	8%	5%	5%
NO		285	5451	34	41	39	60	86	14	158			10	55	212	183	89	113	160		
		95%	96%	97%~	93%~	100%~	98%	91%	93%~	96%	~	~	~	91%~	98%	95%	97%	92%	95%	95%	
VALID CASES		299	5671	35	44	39	61	94	15	165			11	56	223	189	97	119	168		
NUMBER OF RESPONDENTS		299	5671	35	44	39	61	94	15	165			11	56	223	189	97	119	168		
		100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	

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

	EAST TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE	
Q47.3 YES	16 5%	243 4%	2 ~	3 5%	9 ~	2 10%	11 13%	7%	~	~	~	~	~	~	1 2%	15 7%*	5 3%*	11 11%*	9 8%	7 4%
NO	283 95%	5428 96%	35 100%	42 95%	39 100%	58 95%	85 90%	13 87%	154 93%	~	~	~	~	11 ~100%	55 98%	208 93%*	184 97%*	86 89%*	110 92%	161 96%
VALID CASES	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%					11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND ##	AMER IND/PAC/ALSK ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE		
Q47.4																					
YES	44 15%	955 17%	3 ~	6 7%	7 15%	25 11%	2 13%	27 16%	~	~	~	~	~	2 18%	10 18%	29 13%	19 10%*	24 25%*	18 15%	25 15%	
NO	255 85%	4716 83%	35 100%	41 93%	33 85%	54 89%	69 73%*	13 87%	~	~	~	~	~	9 82%	46 82%	194 87%	170 90%*	73 75%*	101 85%	143 85%	
VALID CASES	299	5671	35	44	39	61	94	15						11	56	223	189	97	119	168	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15						11	56	223	189	97	119	168	
	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	



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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q48																					
YES	91 32%	1695 32%	4 11%	12 28%	9 23%	25 42%	35 39%	6 40%	59 36%	~	~	~	~	~	6 60%	11 20%*	77 35%*	35 19%*	53 57%*	29 25%*	61 37%*
NO	192 68%	3585 68%	31 89%	31 72%	30 77%	35 58%	55 61%	9 60%	105 64%	~	~	~	~	~	4 40%	44 80%*	143 65%*	150 81%*	40 43%*	89 75%*	103 63%*
NOT ANSWERED	16	392		1		1	4		1					1	1	3	4	4	1	4	
VALID CASES	283	5279	35	43	39	60	90	15	164						10	55	220	185	93	118	164
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q49 YES	73 86%	1392 87%	3 75%~	7 58%~	6 75%~	21 91%~	32 97%~	4 80%~	51 91%~	~	~	~	~	~	5 83%~	5 56%~	65 89%~	24 77%~	47 90%~	21 81%~	51 88%~
NO	12 14%	208 13%	1 25%~	5 42%~	2 25%~	2 9%~	1 3%~	1 20%~	5 9%~	~	~	~	~	~	1 17%~	4 44%~	8 11%~	7 23%~	5 10%~	5 19%~	7 12%~
NOT ANSWERED	6	69			1	2	2	1	3							2	4	4	1	3	3
VALID CASES	85	1600	4	12	8	23	33	5	56						6	9	73	31	52	26	58
NUMBER OF RESPONDENTS	91	1669	4	12	9	25	35	6	59						6	11	77	35	53	29	61
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q48 = YES]

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE-MALE	
Q50																				
YES	EAST TOT ADULT	179	3271	10	17	22	41	77	11	117			8	20	151	99	76	65	113	
		63%	62%	29%~	39%~	56%~	68%	85%*	79%~	72%*	~	~	~	73%~	38%*	68%*	54%*	80%*	56%*	68%
NO		105	2030	25	27	17	19	14	3	46			3	33	71	85	19	51	54	
		37%	38%	71%~	61%~	44%~	32%	15%*	21%~	28%*	~	~	~	27%~	62%*	32%*	46%*	20%*	44%*	32%
NOT ANSWERED		15	369				1	3	1	2				3	1	5	2	3	1	
VALID CASES		284	5302	35	44	39	60	91	14	163			11	53	222	184	95	116	167	
NUMBER OF RESPONDENTS		299	5671	35	44	39	61	94	15	165			11	56	223	189	97	119	168	
		100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	ASIAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE		
Q51																					
YES	159 94%	2939 94%	9 90%	15 94%	20 91%	37 95%	66 94%	11 100%	106 95%	~	~	~	~	~	7 ~100%	17 94%	135 94%	86 92%	69 96%	55 95%	103 94%
NO	10 6%	176 6%	1 10%	1 6%	2 9%	2 5%	4 6%	~	5 5%	~	~	~	~	~	~	1 6%	8 6%	7 8%	3 4%	3 5%	7 6%
NOT ANSWERED	10	111		1		2	7		6					1	2	8	6	4	7	3	
VALID CASES	169	3115	10	16	22	39	70	11	111					7	18	143	93	72	58	110	
NUMBER OF RESPONDENTS	179 100%	3226 100%	10 100%	17 100%	22 100%	41 100%	77 100%	11 100%	117 100%					8 100%	20 100%	151 100%	99 100%	76 100%	65 100%	113 100%	

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
NQ52																				
18 TO 24	37	544	35	~	~	~	~	14	~	~	~	~	~	1	12	23	31	3	17	18
	12%	10%	100%	~	~	~	~	8%*	~	~	~	~	~	9%	21%	10%	16%*	3%*	14%	11%
25 TO 34	45	1042	~	44	~	~	~	20	~	~	~	~	~	2	9	35	35	8	14	30
	15%	18%	~	100%	~	~	~	12%	~	~	~	~	~	18%	16%	16%	19%*	8%*	12%	18%
35 TO 44	40	924	~	~	39	~	~	22	~	~	~	~	~	1	10	28	28	11	16	23
	13%	16%	~	~	100%	~	~	13%	~	~	~	~	~	9%	18%	13%	15%	11%	13%	14%
45 TO 54	67	1138	~	~	~	61	~	34	~	~	~	~	~	3	14	46	34	27	26	36
	22%	20%	~	~	~	100%	~	21%	~	~	~	~	~	27%	25%	21%	18%*	28%	22%	21%
55 TO 64	94	1472	~	~	~	~	94	65	~	~	~	~	~	4	7	80	55	39	38	54
	31%	26%*	~	~	~	~	100%	39%*	~	~	~	~	~	36%	12%*	36%*	29%	40%*	32%	32%
65 TO 74	14	326	~	~	~	~	13	9	~	~	~	~	~	~	3	10	6	7	6	7
	5%	6%	~	~	~	~	87%	5%	~	~	~	~	~	~	5%	4%	3%	7%	5%	4%
75 OR OLDER	2	225	~	~	~	~	2	1	~	~	~	~	~	~	1	1	~	2	2	~
	0.7%	4%*	~	~	~	~	13%	0.6%	~	~	~	~	~	2%	0.4%	~	~	2%	2%	~
VALID CASES	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

NQ53 ARE YOU MALE OR FEMALE?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		EAST TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
NQ53																					
MALE	123 41%	2300 41%	17 49%~	14 32%~	16 41%~	26 43%	40 43%	8 53%~	71 43%	~	~	~	~	~	45%~	39%	43%	86 46%*	35 36%	119 100%~	~
FEMALE	176 59%	3371 59%	18 51%~	30 68%~	23 59%~	35 57%	54 57%	7 47%~	94 57%	~	~	~	~	~	55%~	61%	57%	103 54%*	62 64%	168 ~100%~	
VALID CASES	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168	
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%					11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%	

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

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

	EAST TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q54																					
8TH GRADE OR LESS	22 8%	328 6%	~	~	16%~	11%~	4% 36%~	6 4%*	~	~	~	~	~	~	16 31%*	6 3%*	10 5%	12 13%	13 11%	9 5%	
SOME HIGH SCHOOL BUT DID NOT GRADUATE	37 13%	614 12%	8 23%~	6 14%~	4 11%~	4 7%*	13 14%~	2 10%	17 10%	~	~	~	~	~	4 40%~	6 12%	28 13%	26 14%	10 11%	16 14%	21 13%
HIGH SCHOOL GRADUATE OR GED	117 41%	1659 31%*	18 51%~	17 39%~	15 39%~	25 41%	37 41%	5 36%~	71 43%	~	~	~	~	~	4 40%~	18 35%	94 43%	76 42%	39 41%	46 40%	71 43%
SOME COLLEGE OR 2-YEAR DEGREE	94 33%	1998 38%	8 23%~	18 41%~	11 29%~	24 39%	32 36%	1 7%~	61 37%	~	~	~	~	~	2 20%~	12 23%	81 37%*	63 34%	29 31%	35 30%	59 36%
4-YEAR COLLEGE GRADUATE	10 4%	437 8%*	1 3%~	3 7%~	2 5%~	1 2%	3 3%	~	7 4%	~	~	~	~	~	~	9 4%	6 3%	4 4%	4 3%	5 3%	
MORE THAN 4-YEAR COLLEGE DEGREE	2 0.7%	242 5%*	~	~	~	~	1 1%	1 7%~	2 1%	~	~	~	~	~	~	2 0.9%~	2 1%	~	2 2%	~	
NOT ANSWERED	17	392			1		4 1	1 1						1	4	3	6	3	3	3	
VALID CASES	282	5279	35	44	38	61	90 14	164						10	52	220	183	94	116	165	
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94 15	165						11	56	223	189	97	119	168	
	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%	

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q55																					
YES HISPANIC OR LATINO	56 20%	668 13%*	12 34%~	9 20%~	10 26%~	13 22%	7 8%*	4 27%~	~	~	~	~	~	~	~	~	~	~	~	~	
NO NOT HISPANIC OR LATINO	223 80%	4589 87%*	23 66%~	35 80%~	28 74%~	46 78%	80 92%*	11 73%~	160 100%~	~	~	~	~	~	11 ~100%~	223 ~100%~	146 80%	73 80%	94 81%	128 79%	
NOT ANSWERED	20	413			1	2	7		5								6	6	3	6	
VALID CASES	279	5258	35	44	38	59	87	15	160					11	56	223	183	91	116	162	
NUMBER OF RESPONDENTS	299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%					11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%	



Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMR	ASIAN	NATV HAW/ILND	AMR IND/ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE			
Q56.1	YES	186 62%	3500 62%	17 49%	24 55%	26 67%	37 61%	71 76%*	11 73%~	165 100%~	~	~	~	~	~	11 100%~	10 18%*	171 77%*	118 62%	64 66%	77 65%	107 64%
	NO	113 38%	2171 38%	18 51%	20 45%	13 33%	24 39%	23 24%*	4 27%~	~	~	~	~	~	~	46 82%*	52 23%*	71 38%	33 34%	42 35%	61 36%	
VALID CASES		299	5671	35	44	39	61	94	15	165				11	56	223	189	97	119	168		
NUMBER OF RESPONDENTS		299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%				11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV ILND	AMER PAC ALSK	OTH	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q56.2	YES	2	1	1	1	1	1	~	~	~	~	~	~	1	1	1	1	2	2		
	0.7%	117	3%	~	~	2%	~	~	~	~	~	~	~	2%	0.4%	~	1%	~	1%		
	NO	297	34	44	39	60	94	15	165	~	~	~	~	11	55	222	189	96	119	166	
	99%	5554	97%	100%	100%	98%	100%	100%	100%	~	~	~	~	100%	98%	100%	100%	99%	100%	99%	
	VALID CASES	299	35	44	39	61	94	15	165	~	~	~	~	11	56	223	189	97	119	168	
	NUMBER OF RESPONDENTS	299	35	44	39	61	94	15	165	~	~	~	~	11	56	223	189	97	119	168	
	100%	5671	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	100%	100%	100%	100%	100%	100%	100%	

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q56.3 YES	1	212					1								1	1			1		
	0.3%	4%*	~	~	~	~	1%	~	~	~	~	~	~	~	~	~0.4%	~0.5%	~	~	~0.8%	~
NO	298	5459	35	44	39	61	93	15	165						11	56	222	188	97	118	168
	100%	96%*	100%	100%	100%	100%	99%	100%	100%	~	~	~	~	~	~100%	~100%	~100%	~99%	~100%	~99%	100%~
VALID CASES	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165						11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE		
Q56.4																					
YES	EAST TOT ADULT	1	34	1											1	1		1			
		0.3%	0.6%	~	2%	~	~	~	~	~	~	~	~	~	~0.4%	~0.5%	~	~0.6%	~		
NO		298	5637	35	43	39	61	94	15	165			11	56	222	188	97	119	167		
		100%	99%	100%	~98%	~100%	~100%	~100%	~100%	~100%	~	~	~100%	~100%	~100%	~99%	~100%	~100%	~99%		
VALID CASES		299	5671	35	44	39	61	94	15	165			11	56	223	189	97	119	168		
NUMBER OF RESPONDENTS		299	5671	35	44	39	61	94	15	165			11	56	223	189	97	119	168		
		100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%		

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/IND/PAC ILND NATV OTHR ##	AMER ALSK ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE			
Q56.5	YES	12 4%	211 4%	4 ~	1 9%~	2 3%~	5 5%	~	~	~	~	~	~	5 45%~	2 4%	9 4%	8 4%	4 4%	2 2%	10 6%*	
	NO	287 96%	5460 96%	35 100%~	40 91%~	38 97%~	59 97%	89 95%	15 100%~	165 100%~	~	~	~	~	6 55%~	54 96%	214 96%	181 96%	93 96%	117 98%	158 94%*
VALID CASES		299	5671	35	44	39	61	94	15	165				11	56	223	189	97	119	168	
NUMBER OF RESPONDENTS		299 100%	5671 100%	35 100%	44 100%	39 100%	61 100%	94 100%	15 100%	165 100%				11 100%	56 100%	223 100%	189 100%	97 100%	119 100%	168 100%	

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q56.6	EAST TOT ADLT	18	25	35	45	55	65													
	OHP TOT ADLT	24	34	44	54	64	OVER	WHTE	##	##	##	##	##	TI	IC	IC				
YES	21	307	3	2	2	7	6	1						6	14	7	11	9	13	8
	7%	5%	9%~	5%~	5%~	11%	6%	7%~	~	~	~	~	~	55%~	25%*	3%*	6%	9%	11%*	5%
NO	278	5364	32	42	37	54	88	14	165					5	42	216	178	88	106	160
	93%	95%	91%~	95%~	95%~	89%	94%	93%~	100%~	~	~	~	~	45%~	75%*	97%*	94%	91%	89%*	95%
VALID CASES	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168
NUMBER OF RESPONDENTS	299	5671	35	44	39	61	94	15	165					11	56	223	189	97	119	168
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q57																					
YES	31 14%	630 15%	2 10%~	5 15%~	4 13%~	7 14%~	9 12%	4 33%~	17 10%*	~	~	~	~	1 ~ 14%~	10 25%~	21 12%~	17 12%	13 17%	16 18%	15 11%	
NO	194 86%	3507 85%	19 90%~	29 85%~	26 87%~	42 86%~	69 88%	8 67%~	147 90%*	~	~	~	~	6 ~ 86%~	30 75%~	157 88%~	126 88%	64 83%	74 82%	119 89%	
NOT ANSWERED	1	39					1	1										1			
VALID CASES	225	4137	21	34	30	49	78	12	164				7	40	178	143	77	90	134		
NUMBER OF RESPONDENTS	226	4176	21	34	30	49	79	12	165				7	40	178	143	78	90	134		
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%		

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.1 YES	10 32%	257 48%	1 50%	2 ~	1 50%	3 14%	3 33%	5 29%	~	~	~	~	~	~	4 40%	6 29%	5 29%	5 38%	6 38%	4 27%
NO	21 68%	281 52%	1 50%	5 100%	2 50%	6 86%	6 67%	1 25%	12 71%	~	~	~	~	1 100%	6 60%	15 71%	12 71%	8 62%	10 63%	11 73%
VALID CASES	31	538	2	5	4	7	9	4	17					1	10	21	17	13	16	15
NUMBER OF RESPONDENTS	31 100%	538 100%	2 100%	5 100%	4 100%	7 100%	9 100%	4 100%	17 100%					1 100%	10 100%	21 100%	17 100%	13 100%	16 100%	15 100%

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



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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q58.2 YES	12 39%	220 41%	1 50%	1 20%	1 25%	2 29%	4 44%	3 75%	7 41%	~	~	~	~	~	1 100%	4 40%	8 38%	7 41%	4 31%	7 44%	5 33%
NO	19 61%	318 59%	1 50%	4 80%	3 75%	5 71%	5 56%	1 25%	10 59%	~	~	~	~	~	~	6 60%	13 62%	10 59%	9 69%	9 56%	10 67%
VALID CASES	31	538	2	5	4	7	9	4	17						1	10	21	17	13	16	15
NUMBER OF RESPONDENTS	31 100%	538 100%	2 100%	5 100%	4 100%	7 100%	9 100%	4 100%	17 100%						1 100%	10 100%	21 100%	17 100%	13 100%	16 100%	15 100%

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q58.3 YES	11 35%	203 38%	1 50%	3 60%	1 25%	3 43%	2 22%	1 25%	6 35%	~	~	~	~	~	~	3 30%	8 38%	7 41%	4 31%	6 38%	5 33%
NO	20 65%	335 62%	1 50%	2 40%	3 75%	4 57%	7 78%	3 75%	11 65%	~	~	~	~	1 100%	7 70%	13 62%	10 59%	9 69%	10 63%	10 67%	
VALID CASES	31	538	2	5	4	7	9	4	17					1	10	21	17	13	16	15	
NUMBER OF RESPONDENTS	31 100%	538 100%	2 100%	5 100%	4 100%	7 100%	9 100%	4 100%	17 100%					1 100%	10 100%	21 100%	17 100%	13 100%	16 100%	15 100%	

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q58.4																			
YES	3 10%	79 15%	~	~	50%	~	11%	~	~	~	~	~	~	30%	~	12%	8%	6%	13%
NO	28 90%	459 85%	100%	100%	50%	100%	89%	100%	100%	~	~	~	100%	70%	100%	88%	92%	94%	87%
VALID CASES	31	538	2	5	4	7	9	4	17				1	10	21	17	13	16	15
NUMBER OF RESPONDENTS	31 100%	538 100%	2 100%	5 100%	4 100%	7 100%	9 100%	4 100%	17 100%				1 100%	10 100%	21 100%	17 100%	13 100%	16 100%	15 100%

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE	FE-MALE		
Q58.5	YES	5 16%	32 6%	1 ~ 20%	1 ~ 14%	3 33%	3 18%	~	~	~	~	~	~	2 20%	3 14%	1 6%	4 31%	1 6%	4 27%		
	NO	26 84%	506 94%	2 100%	4 80%	4 100%	6 86%	6 67%	4 100%	14 82%	~	~	1 100%	8 80%	18 86%	16 94%	9 69%	15 94%	11 73%		
VALID CASES		31	538	2	5	4	7	9	4	17			1	10	21	17	13	16	15		
NUMBER OF RESPONDENTS		31	538	2	5	4	7	9	4	17			1	10	21	17	13	16	15		
		100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%		

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

NQ13 RATING OF ALL HEALTH CARE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE			
NQ13	EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	##	##	##	##	##	##	TI	HIS- IC	HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
0-6	40 20%	761 20%	3 16%	8 31%	3 14%	12 27%	9 12%*	2 22%	20 17%	~	~	~	~	~	17%	1	5 17%	30 19%	20 17%	18 24%	13 18%	24 20%
7-8	81 40%	1368 36%	11 58%	7 27%	10 45%	19 42%	29 39%	4 44%	55 45%	~	~	~	~	~	67%	4	10 33%	69 43%	41 34%	38 50%*	30 41%	49 40%
9-10	81 40%	1705 44%	5 26%	11 42%	9 41%	14 31%	37 49%*	3 33%	46 38%	~	~	~	~	~	17%	1	15 50%	62 39%	58 49%*	20 26%*	30 41%	50 41%
VALID CASES	202	3835	19	26	22	45	75	9	121						6		30	161	119	76	73	123
NUMBER OF RESPONDENTS	202 100%	3835 100%	19 100%	26 100%	22 100%	45 100%	75 100%	9 100%	121 100%						6 100%		30 100%	161 100%	119 100%	76 100%	73 100%	123 100%
MEAN	2.20	2.25	2.11	2.12	2.27	2.04	2.37	2.11	2.21						2.00		2.33	2.20	2.32	2.03	2.23	2.21
p stat_(*=Sig @ p<=.05)		.415	~	~	~	~.011*			~.789	~	~	~	~	~	~	~	~	~	~.008*	.008*	.668	.843

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
NQ23																				
0-6	28 13%	642 16%	3 13%~	2 8%~	6 21%~	7 17%~	10 13%	19 15%	~	~	~	~	~	1 10%~	4 13%~	24 14%~	12 9%*	16 21%*	10 12%	18 15%
7-8	61 29%	1053 26%	9 38%~	11 42%~	5 17%~	12 30%~	18 23%	6 75%~	34 28%	~	~	~	~	2 20%~	11 35%~	47 28%~	36 28%	25 33%	26 32%	35 28%
9-10	120 57%	2378 58%	12 50%~	13 50%~	18 62%~	21 53%~	50 64%	2 25%~	70 57%	~	~	~	~	7 70%~	16 52%~	97 58%~	80 62%	35 46%*	45 56%	71 57%
VALID CASES	209	4074	24	26	29	40	78	8	123					10	31	168	128	76	81	124
NUMBER OF RESPONDENTS	209 100%	4074 100%	24 100%	26 100%	29 100%	40 100%	78 100%	8 100%	123 100%					10 100%	31 100%	168 100%	128 100%	76 100%	81 100%	124 100%
MEAN	2.44	2.43	2.37	2.42	2.41	2.35	2.51	2.25	2.41					2.60	2.39	2.43	2.53	2.25	2.43	2.43
p stat_(*=Sig @ p<=.05)		.784	~	~	~	~.261	~	.534	~	~	~	~	~	~	~	~	~.027*	.004*	.897	.757

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	EAST TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ27 0-6	13 14%	249 13%	1 ~ 11%	1 13%	5 20%	6 16%	8 12%	~	~	~	~	~	1 25%	11 14%	3 8%	10 20%	4 16%	9 14%		
7-8	29 32%	475 25%	3 50%	3 33%	2 25%	9 36%	12 32%	19 29%	~	~	~	~	1 25%	4 57%	24 31%	11 28%	18 37%	8 32%	21 32%	
9-10	49 54%	1151 61%	3 50%	5 56%	5 63%	11 44%	19 51%	4 100%	38 58%	~	~	~	~	2 50%	3 43%	43 55%	25 64%	21 43%	13 52%	35 54%
VALID CASES	91	1875	6	9	8	25	37	4	65				4	7	78	39	49	25	65	
NUMBER OF RESPONDENTS	91 100%	1875 100%	6 100%	9 100%	8 100%	25 100%	37 100%	4 100%	65 100%				4 100%	7 100%	78 100%	39 100%	49 100%	25 100%	65 100%	
MEAN	2.40	2.48	2.50	2.44	2.50	2.24	2.35	3.00	2.46				2.25	2.43	2.41	2.56	2.22	2.36	2.40	
p stat_(*=Sig @ p<=.05)		.262	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ35 RATING OF HEALTH PLAN

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
NQ35																					
0-6	60 23%	1160 23%	7 23%	12 31%	8 22%	15 28%	14 16%	3 21%	35 24%	~	~	~	~	~	33%	5 10%*	51 26%*	33 19%	27 31%*	23 21%	36 24%
7-8	94 36%	1699 34%	16 52%	16 41%	12 33%	14 26%	30 35%	5 36%	56 39%	~	~	~	~	~	33%	17 33%	74 37%	62 36%	30 34%	38 34%	55 37%
9-10	108 41%	2187 43%	8 26%	11 28%	16 44%	24 45%	41 48%	6 43%	54 37%	~	~	~	~	~	33%	29 57%*	75 37%*	75 44%	31 35%	50 45%	56 38%
VALID CASES	262	5046	31	39	36	53	85	14	145					9	51	200	170	88	111	147	
NUMBER OF RESPONDENTS	262 100%	5046 100%	31 100%	39 100%	36 100%	53 100%	85 100%	14 100%	145 100%					9 100%	51 100%	200 100%	170 100%	88 100%	111 100%	147 100%	
MEAN	2.18	2.20	2.03	1.97	2.22	2.17	2.32	2.21	2.13					2.00	2.47	2.12	2.25	2.05	2.24	2.14	
p stat_(*=Sig @ p<=.05)		.673	~	~	~.896	.049*	~.231	~	~	~	~	~	~	~.002*	.015*	.078	.048*	.287	.270		



GETTING NEEDED CARE

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NPRBSEE4 NQ25	2.18	2.22	2.50	1.92	2.11	1.89	2.36	3.00	2.26							2.25	2.00	2.23	2.31	2.08	2.19	2.18
p stat_(*=Sig @ p<=.05)		.692	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ14	2.22	2.26	2.11	2.08	2.27	2.09	2.39	2.22	2.23							2.33	2.03	2.27	2.35	2.05	2.36	2.15
p stat_(*=Sig @ p<=.05)		.466	~	~	~	~.010*	~.875	~	~	~	~	~	~	~	~	~	~	~.003*	.012*	.052	.093	
COMPOSITE	2.20	2.24	2.30	2.00	2.19	1.99	2.38	2.61	2.24	x	x	x	x	x	x	2.29	2.02	2.25	2.33	2.07	2.27	2.17
p stat_(*=Sig @ p<=.05)		.447	~	~	~	~.003*	~.245	~	~	~	~	~	~	~	~	~	~	~	~.001*	.024*	.220	.299

GETTING CARE QUICKLY

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
NCARSN4 NQ4	2.37	2.42	2.33	2.37	2.33	2.29	2.61	1.50	2.39				2.40	2.29	2.42	2.54	2.20	2.50	2.33		
p stat_(*=Sig @ p<=.05)	.484		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NAPGET4 NQ6	2.33	2.28	2.23	2.14	2.29	2.33	2.49	2.00	2.34				2.50	2.37	2.34	2.34	2.33	2.40	2.30		
p stat_(*=Sig @ p<=.05)	.433		~	~	~	~.027*	~	~.850	~	~	~	~	~	~	~	~.803	.991	.433	.574		
COMPOSITE	2.35	2.35	2.28	2.26	2.31	2.31	2.55	1.75	2.37	x	x	x	x	x	2.45	2.33	2.38	2.44	2.26	2.45	2.32
p stat_(*=Sig @ p<=.05)	.980		~	~	~	~.003*	~	~.723	~	~	~	~	~	~	~	~.027*	.190	.170	.423		

HOW WELL DOCTORS COMMUNICATE

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NDREXPL4 NQ17	2.58	2.61	2.71	2.47	2.39	2.48	2.64	2.80	2.57						2.43	2.53	2.57	2.66	2.43	2.56	2.57
p stat_(*=Sig @ p<=.05)		.527	~	~	~	~.260	~.972	~	~	~	~	~	~	~	~	~	~	.064	.018*	.771	.877
NDRLSTN4 NQ18	2.56	2.58	2.57	2.58	2.28	2.55	2.61	2.60	2.48						2.43	2.68	2.53	2.67	2.39	2.56	2.55
p stat_(*=Sig @ p<=.05)		.702	~	~	~	~.437	~.041*	~	~	~	~	~	~	~	~	~	~	.028*	.008*	.917	.745
NDRESPU4 NQ19	2.59	2.65	2.57	2.68	2.33	2.57	2.61	2.80	2.54						2.57	2.58	2.57	2.71	2.41	2.56	2.60
p stat_(*=Sig @ p<=.05)		.170	~	~	~	~.688	~.277	~	~	~	~	~	~	~	~	~	~	.016*	.009*	.690	.813
NDRTMEN4 NQ20	2.49	2.50	2.36	2.32	2.33	2.55	2.57	2.40	2.47						2.29	2.37	2.49	2.55	2.39	2.48	2.48
p stat_(*=Sig @ p<=.05)		.886	~	~	~	~.257	~.579	~	~	~	~	~	~	~	~	~	~	.309	.114	.876	.749
COMPOSITE	2.55	2.59	2.55	2.51	2.33	2.54	2.61	2.65	2.51	x	x	x	x	x	2.43	2.54	2.54	2.65	2.40	2.54	2.55
p stat_(*=Sig @ p<=.05)		.660	~	~	~	~.507	~.466	~	~	~	~	~	~	~	~	~	~	.134	.061	.852	.912

CUSTOMER SERVICE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
NPBCLCS4 NQ31	2.22	2.22	2.30	2.40	2.43	2.15	2.37	1.67	2.29				2.00	2.36	2.23	2.30	2.05	2.37	2.18		
p stat_(*=Sig @ p<=.05)	.991		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NCSRESP NQ32	2.67	2.61	2.70	2.60	2.86	2.54	2.81	2.67	2.71				2.67	2.82	2.68	2.61	2.76	2.75	2.68		
p stat_(*=Sig @ p<=.05)	.446		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
COMPOSITE	2.45	2.42	2.50	2.50	2.64	2.35	2.59	2.17	2.50	x	x	x	x	x	2.33	2.59	2.45	2.45	2.40	2.56	2.43
p stat_(*=Sig @ p<=.05)	.735		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		

SHARED DECISION MAKING

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE			
NNRXWHY NQ10																						
p stat_(*=Sig @ p<=.05)		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NNRXWYNT NQ11		2.53	2.46	2.50	2.20	2.57	2.66	2.52	2.20	2.63			1.40	2.23	2.59	2.65	2.46	2.49	2.53			
p stat_(*=Sig @ p<=.05)		.397	~	~	~	~	~	~	~	~	~	~	~	~	~	.136	~	~	~			
NRXBST NQ12		2.58	2.52	3.00	2.60	2.43	2.59	2.61	2.20	2.57			2.60	2.38	2.61	2.68	2.45	2.49	2.64			
p stat_(*=Sig @ p<=.05)		.444	~	~	~	~	~	~	~	~	~	~	~	~	~	.175	~	~	~			
COMPOSITE		2.56	2.49	2.75	2.40	2.50	2.62	2.57	2.20	2.60	x	x	x	x	x	2.00	2.31	2.60	2.67	2.45	2.49	2.59
p stat_(*=Sig @ p<=.05)		.260	~	~	~	~	~	~	~	~	~	~	~	~	~	.036*	~	~	~			

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
PRBSEE4 Q25	71%	75%	83%	58%	67%	56%	79%	100%	74%						75%	56%	74%	76%	66%	69%	71%
CARNES4 Q14	81%	80%	79%	73%	91%	76%	87%	78%	82%						100%	73%	84%	87%	73%	86%	79%
AVERAGE	75.95	77.53	81.14	65.71	78.79	65.56	83.16	88.89	78.10	x	x	x	x	x	87.50	64.44	78.83	81.48	69.36	77.77	74.93

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

	EAST TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
CARSN4 Q4	81%	84%	89%	81%	83%	75%	91%	50%	79%						100%	93%	82%	89%	73%	86%	81%
APGET4 Q6	81%	77%	77%	73%	88%	81%	88%	67%	82%						100%	83%	83%	80%	84%	83%	81%
AVERAGE	81.29	80.73	82.91	76.99	85.78	77.78	89.30	58.33	80.16	x	x	x	x	x	100.0	88.10	82.37	84.63	78.77	84.56	81.04

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
DREXPL4 Q17	92%	91%	100%	95%	83%	90%	93%	100%	93%					86%	95%	92%	95%	88%	91%	93%	
DRLSTN4 Q18	90%	90%	93%	100%	78%	87%	90%	100%	85%					86%	100%	88%	97%	81%	89%	90%	
DRESPU4 Q19	89%	91%	93%	95%	78%	90%	87%	100%	86%					86%	89%	88%	93%	82%	89%	88%	
DRTMEN4 Q20	88%	87%	86%	79%	83%	94%	90%	80%	87%				100%	79%	88%	91%	84%	87%	88%		
AVERAGE	89.7	89.8	92.9	92.1	80.6	90.2	89.6	95.0	87.7	x	x	x	x	x	89.3	90.8	88.8	93.9	83.5	88.9	89.7



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

	EAST TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
PBCLCS4 Q31	78%	76%	100%	80%	86%	77%	81%	33%	81%						67%	91%	77%	79%	76%	88%	76%
CSRESP Q32	97%	91%	100%	100%	100%	92%	100%	100%	97%						100%	100%	98%	97%	95%	100%	97%
AVERAGE	87.07	83.64	100.0	90.00	92.86	84.62	90.63	66.67	88.71	x	x	x	x	x	83.33	95.45	87.50	87.88	85.71	93.75	86.84

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
		EAST TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE	MALE	
NRXWHY Q10	92%	93%	88%	90%	100%	93%	93%	60%	94%						80%	77%	93%	91%	92%	92%	91%
NRXWYNT Q11	77%	73%	75%	60%	79%	83%	76%	60%	82%						20%	62%	79%	82%	73%	74%	76%
RXBST Q12	79%	76%	100%	80%	71%	79%	80%	60%	79%						80%	69%	80%	84%	72%	74%	82%
AVERAGE	82.5	80.6	87.5	76.7	83.3	85.1	83.2	60.0	84.9	x	x	x	x	x	60.0	69.2	84.4	86.0	79.0	80.3	83.2

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER ALSK ##	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q1 YES	314	5578	64	76	105	69	85	~	~	~	~	~	~	145	146	272	17	260	54
	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	100%
NOT ANSWERED	5	60	1	1	3		2							3	2	5		5	
VALID CASES	314	5578	64	76	105	69	85							145	146	272	17	260	54
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC		
Q3																		
YES	81 26%	1643 30%	22 34%	18 25%	24 23%	17 25%	27 31%	~	~	~	~	~	27 19%*	46 32%*	66 24%~	7 41%~	63 24%	18 34%
NO	230 74%	3803 70%	43 66%	55 75%	81 77%	51 75%	59 69%	~	~	~	~	~	118 81%*	100 68%*	206 76%~	10 59%~	195 76%	35 66%
NOT ANSWERED	8	191		4	3	1	1						3	2	5		7	1
VALID CASES	311	5447	65	73	105	68	86						145	146	272	17	258	53
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER ALSK #	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC
Q4 NEVER	2 3%	21 1%	1 5%	1 6%	~	~	1 5%	~	~	~	~	~	~	2 5%	2 3%	~	2 3%	~
SOMETIMES	8 11%	109 7%	1 5%	1 6%	4 21%	2 12%	1 5%	~	~	~	~	~	4 15%	2 5%	4 7%	2 29%	8 14%	~
USUALLY	8 11%	253 16%	2 9%	1 6%	2 11%	3 18%	2 9%	~	~	~	~	~	4 15%	4 10%	7 12%	1 14%	5 9%	3 18%
ALWAYS	57 76%	1212 76%	18 82%	14 82%	13 68%	12 71%	18 82%	~	~	~	~	~	18 69%	33 80%	47 78%	4 57%	43 74%	14 82%
#ALWAYS + USUALLY (NET)	65 87%	1464 92%	20 91%	15 88%	15 79%	15 88%	20 91%	~	~	~	~	~	22 85%	37 90%	54 90%	5 71%	48 83%	17 100%
TOP BOX SCORE	57 76%	1212 76%	18 82%	14 82%	13 68%	12 71%	18 82%	~	~	~	~	~	18 69%	33 80%	47 78%	4 57%	43 74%	14 82%
NOT ANSWERED	6	102		1	5		5						1	5	6		5	1
VALID CASES	75	1594	22	17	19	17	22						26	41	60	7	58	17
NUMBER OF RESPONDENTS	81	1696	22	18	24	17	27						27	46	66	7	63	18
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q5 YES	190 62%	3547 65%	47 73%*	43 59%	53 51%*	47 69%	47 55%	~	~	~	~	~	~	90 63%	85 59%	162 60%~	12 71%~	144 57%*	46 85%*
NO	118 38%	1877 35%	17 27%*	30 41%	50 49%*	21 31%	39 45%	~	~	~	~	~	~	54 37%	59 41%	107 40%~	5 29%~	110 43%*	8 15%*
NOT ANSWERED	11	214	1	4	5	1	1							4	4	8		11	
VALID CASES	308	5424	64	73	103	68	86							144	144	269	17	254	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER ALSK #	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC		
Q6 NEVER	3 2%	50 2%	~	~	2%~	5%~	3%~	~	~	~	~	~	~	1 1%	1 1%	2 1%~	3 2%~	~	
SOMETIMES	30 17%	468 14%	6 14%~	3 7%~	12 25%~	9 20%~	3 8%~	~	~	~	~	~	~	20 24%*	7 9%*	24 16%~	3 25%~	26 20%~	4 10%~
USUALLY	58 33%	881 27%	12 28%~	16 40%~	13 27%~	17 39%~	12 32%~	~	~	~	~	~	~	31 36%~	24 32%~	49 33%~	5 42%~	40 30%~	18 43%~
ALWAYS	84 48%	1910 58%*	25 58%~	21 53%~	22 46%~	16 36%~	22 58%~	~	~	~	~	~	~	33 39%*	43 57%*	72 49%~	4 33%~	64 48%~	20 48%~
#ALWAYS + USUALLY (NET)	142 81%	2792 84%	37 86%~	37 93%~	35 73%~	33 75%~	34 89%~	~	~	~	~	~	~	64 75%~	67 89%*	121 82%~	9 75%~	104 78%~	38 90%~
TOP BOX SCORE	84 48%	1910 58%*	25 58%~	21 53%~	22 46%~	16 36%~	22 58%~	~	~	~	~	~	~	33 39%*	43 57%*	72 49%~	4 33%~	64 48%~	20 48%~
NOT ANSWERED	15	232	4	3	5	3	9							5	10	15		11	4
VALID CASES	175	3310	43	40	48	44	38							85	75	147	12	133	42
NUMBER OF RESPONDENTS	190	3542	47	43	53	47	47							90	85	162	12	144	46
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q7 NONE	104 34%	1626 30%	16 26%	25 35%	41 40%	22 33%	37 43%	~	~	~	~	~	~	54 39%	45 30%	92 34%	6 38%	100 40%*	4 8%*
1 TIME	86 28%	1614 30%	19 31%	19 27%	32 31%	16 24%	23 26%	~	~	~	~	~	~	34 25%	47 32%	78 29%	2 13%	76 30%	10 19%
2	57 19%	1048 20%	15 24%	13 18%	14 14%	15 22%	17 20%	~	~	~	~	~	~	27 20%	29 20%	54 20%	2 13%	42 17%	15 29%
3	26 9%	512 10%	7 11%	4 6%	6 6%	9 13%	6 7%	~	~	~	~	~	~	11 8%	15 10%	25 9%	1 6%	17 7%	9 17%
4	15 5%	232 4%	4 6%	4 6%	6 6%	1 1%*	1 1%*	~	~	~	~	~	~	8 6%	4 3%	11 4%	1 6%	12 5%	3 6%
5 TO 9	12 4%	256 5%	1 2%	5 7%	2 2%	4 6%	3 3%	~	~	~	~	~	~	4 3%	6 4%	6 2%	4 25%	3 1%*	9 17%*
10 OR MORE TIMES	2 0.7%	57 1%	~	1 1%	1 1%	~	~	~	~	~	~	~	~	~	2 1%	2 0.7%	~	~	2 4%~
NOT ANSWERED	17	293	3	6	6	2								10		9	1	15	2
VALID CASES	302	5345	62	71	102	67	87							138	148	268	16	250	52
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%



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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q8 #YES	112 58%	2462 67%*	24 53%~	26 58%~	36 61%	26 59%~	34 68%	~	~	~	~	~	~	43 52%	67 65%*	105 60%~	5 50%~	81 56%~	31 65%~
NO	81 42%	1197 33%*	21 47%~	19 42%~	23 39%	18 41%~	16 32%	~	~	~	~	~	~	39 48%	36 35%*	69 40%~	5 50%~	64 44%~	17 35%~
NOT ANSWERED	5	87	1	1	2	1								2		2		5	
VALID CASES	193	3659	45	45	59	44	50							82	103	174	10	145	48
NUMBER OF RESPONDENTS	198 100%	3746 100%	46 100%	46 100%	61 100%	45 100%	50 100%							84 100%	103 100%	176 100%	10 100%	150 100%	48 100%

[ASKED IF Q7 >= 1 TIME]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q9 NEVER	5 3%	111 3%	1 2%	1 2%	2 3%	1 2%	~	~	~	~	~	~	2 2%	2 2%	3 2%	1 10%	5 3%	~
SOMETIMES	26 14%	330 9%	5 11%	8 18%	7 12%	6 14%	3 6%	~	~	~	~	~	19 24%*	6 6%*	24 14%	1 10%	21 15%	5 10%
USUALLY	39 20%	815 22%	7 16%	8 18%	10 17%	14 32%	10 20%	~	~	~	~	~	15 19%	23 23%	35 20%	2 20%	28 20%	11 23%
ALWAYS	121 63%	2400 66%	31 70%	28 62%	39 67%	23 52%	36 73%	~	~	~	~	~	44 55%*	71 70%	109 64%	6 60%	89 62%	32 67%
#ALWAYS + USUALLY (NET)	160 84%	3215 88%	38 86%	36 80%	49 84%	37 84%	46 94%	~	~	~	~	~	59 74%*	94 92%*	144 84%	8 80%	117 82%	43 90%
TOP BOX SCORE	121 63%	2400 66%	31 70%	28 62%	39 67%	23 52%	36 73%	~	~	~	~	~	44 55%*	71 70%	109 64%	6 60%	89 62%	32 67%
NOT ANSWERED	7	90	2	1	3	1	1						4	1	5		7	
VALID CASES	191	3656	44	45	58	44	49						80	102	171	10	143	48
NUMBER OF RESPONDENTS	198	3746	46	46	61	45	50						84	103	176	10	150	48
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

Q10 IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD?

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q10 YES	59 31%	1058 29%	16 36%~	13 28%~	15 26%	15 35%~	18 37%~	~	~	~	~	~	~	18 22%*	35 35%	50 29%~	3 30%~	37 26%~	22 46%~
NO	132 69%	2578 71%	28 64%~	33 72%~	43 74%	28 65%~	31 63%~	~	~	~	~	~	~	64 78%*	66 65%	122 71%~	7 70%~	106 74%~	26 54%~
NOT ANSWERED	7	110	2		3	2	1							2	2	4		7	
VALID CASES	191	3636	44	46	58	43	49							82	101	172	10	143	48
NUMBER OF RESPONDENTS	198	3746	46	46	61	45	50							84	103	176	10	150	48
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q11 #YES	55 93%	931 93%	16 100%~	12 92%~	14 93%~	13 87%~	18 100%~	~	~	~	~	~	15 83%~	34 97%~	46 92%~	3 100%~	33 89%~	22 100%~
NO	4 7%	71 7%	~	8%~	7%~	13%~	~	~	~	~	~	~	3 17%~	1 3%~	4 8%~	~	4 11%~	~
NOT ANSWERED	24	408	5	6	9	4	1						12	2	13	1	22	2
VALID CASES	59	1002	16	13	15	15	18						18	35	50	3	37	22
NUMBER OF RESPONDENTS	83	1410	21	19	24	19	19						30	37	63	4	59	24
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q12 #YES	37 63%	722 71%	5 31%~	8 62%~	11 73%~	13 87%~	11 61%~	~	~	~	~	~	~	10 56%~	23 66%~	30 60%~	3 100%~	21 57%~	16 73%~
NO	22 37%	300 29%	11 69%~	5 38%~	4 27%~	2 13%~	7 39%~	~	~	~	~	~	~	8 44%~	12 34%~	20 40%~	3	16 43%~	6 27%~
NOT ANSWERED		19																	
VALID CASES	59	1022	16	13	15	15	18							18	35	50	3	37	22
NUMBER OF RESPONDENTS	59	1041	16	13	15	15	18							18	35	50	3	37	22
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q13 #YES	43 74%	804 80%	7 44%	13 100%	10 71%	13 87%	12 67%	~	~	~	~	~	~	14 78%	24 69%	35 70%	3 100%	26 72%	17 77%
NO	15 26%	202 20%	9 56%	~	4 29%	2 13%	6 33%	~	~	~	~	~	~	4 22%	11 31%	15 30%	~	10 28%	5 23%
NOT ANSWERED	1	35			1														1
VALID CASES	58	1006	16	13	14	15	18							18	35	50	3	36	22
NUMBER OF RESPONDENTS	59	1041	16	13	15	15	18							18	35	50	3	37	22
	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?

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILLND	AMER ALSK NATV	MUL- TI OTH	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC			
Q14 WORST HEALTH CARE POSSIBLE	1	7				1												1		
	0.5%	0.2%	~	~	~	2%	~	~	~	~	~	~	~	~	~	~	~	~	0.7%	~
01		7																		
		0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		15																		
		0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	1	17		1			1							1		1		1		
	0.5%	0.5%	~	2%	~	~	2%	~	~	~	~	~	~	1%	0.6%	~	~	0.7%	~	~
04		22																		
		0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05	5	133	2		2	1	2							2	3	5		5		
	3%	4%	5%	~	3%	2%	4%	~	~	~	~	~	~	2%	3%	3%	~	3%	~	~
06	14	105	2	4	4	4	4							3	11	12	2	10	4	
	7%	3%*	5%	9%	7%	9%	8%	~	~	~	~	~	~	4%	11%*	7%	20%	7%	8%	~
07	20	327	4	4	5	7	6							7	12	17	2	13	7	
	10%	9%	9%	9%	9%	16%	12%	~	~	~	~	~	~	9%	12%	10%	20%	9%	15%	~
08	42	776	7	13	16	6	13							20	21	37	4	28	14	
	22%	21%	16%	29%	28%	14%	26%	~	~	~	~	~	~	25%	20%	21%	40%	20%	29%	~
09	36	815	9	8	7	12	5							19	16	35		27	9	
	19%	22%	20%	18%	12%	27%	10%*	~	~	~	~	~	~	23%	16%	20%	~	19%	19%	~
BEST HEALTH CARE POSSIBLE	72	1412	20	15	24	13	19							30	39	66	2	58	14	
	38%	39%	45%	33%	41%	30%	38%	~	~	~	~	~	~	37%	38%	38%	20%	41%	29%	~
#8-10 (NET)	150	3003	36	36	47	31	37							69	76	138	6	113	37	
	79%	83%	82%	80%	81%	70%	74%	~	~	~	~	~	~	85%*	74%	80%	60%	79%	77%	~

Continued

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND NATV ###	AMER ALSK #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
9-10 (NET)	108	2227	29	23	31	25	24							49	55	101	2	85	23
	57%	61%	66%~	51%~	53%	57%~	48%	~	~	~	~	~	~	60%	53%	58%~	20%~	59%~	48%~
NOT ANSWERED	7	109	2	1	3	1								3		3		7	
VALID CASES	191	3637	44	45	58	44	50							81	103	173	10	143	48
NUMBER OF RESPONDENTS	198	3746	46	46	61	45	50							84	103	176	10	150	48
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%
MEAN	8.54	8.64	8.80	8.47	8.62	8.27	8.36							8.74	8.45	8.61	7.80	8.57	8.46
p stat_(*=Sig @ p<=.05)		.383	~	~	.646	~	.340	~	~	~	~	~	~	.124	.357	~	~	~	~

[ASKED IF Q7 >= 1]



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q15 NEVER	3 2%	66 2%	~	~	3%	2%	1	~	~	~	~	~	1	1	2	3	~	
SOMETIMES	17 9%	356 10%	4	4	4	5	4	~	~	~	~	~	8	9	14	3	11	6
USUALLY	62 32%	1161 32%	9	18	21	14	10	~	~	~	~	~	31	28	53	6	44	18
ALWAYS	110 57%	2060 57%	31	24	31	24	35	~	~	~	~	~	42	65	105	1	86	24
#ALWAYS + USUALLY (NET)	172 90%	3220 88%	40	42	52	38	45	~	~	~	~	~	73	93	158	7	130	42
TOP BOX SCORE	110 57%	2060 57%	31	24	31	24	35	~	~	~	~	~	42	65	105	1	86	24
NOT ANSWERED	6	104	2		3	1							2		2		6	
VALID CASES	192	3642	44	46	58	44	50						82	103	174	10	144	48
NUMBER OF RESPONDENTS	198	3746	46	46	61	45	50						84	103	176	10	150	48
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK ##	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q16 YES	215 71%	3847 71%	22 37%*	58 77%	77 75%	58 87%*	66 77%	~	~	~	~	~	93 64%*	118 81%*	195 71%~	14 88%~	170 68%*	45 85%*
NO	89 29%	1561 29%	38 63%*	17 23%	25 25%	9 13%*	20 23%	~	~	~	~	~	53 36%*	28 19%*	79 29%~	2 13%~	81 32%*	8 15%*
NOT ANSWERED	15	230	5	2	6	2	1						2	2	3	1	14	1
VALID CASES	304	5408	60	75	102	67	86						146	146	274	16	251	53
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q17 YES	17 8%	421 11%	3 15%~	4 7%	6 9%	4 7%	3 5%	~	~	~	~	~	~	10 11%	7 6%	12 7%~	5 36%~	9 6%~	8 20%~
NO	184 92%	3279 89%	17 85%~	52 93%	64 91%	51 93%	58 95%	~	~	~	~	~	~	79 89%	102 94%	171 93%~	9 64%~	152 94%~	32 80%~
NOT ANSWERED	14	221	2	2	7	3	5							4	9	12		9	5
VALID CASES	201	3699	20	56	70	55	61							89	109	183	14	161	40
NUMBER OF RESPONDENTS	215 100%	3920 100%	22 100%	58 100%	77 100%	58 100%	66 100%							93 100%	118 100%	195 100%	14 100%	170 100%	45 100%

[ASKED IF Q16 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	HIS- IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q18 #YES	16	351	3	4	5	4	2	~	~	~	~	~	~	10	6	11	5	8	8
	100%	89%	100%	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	100%
NO		44	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		11%																	
NOT ANSWERED	1	4			1	1								1	1	1			
VALID CASES	16	394	3	4	5	4	2							10	6	11	5	8	8
NUMBER OF RESPONDENTS	17	398	3	4	6	4	3							10	7	12	5	9	8
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q16 = YES AND Q17 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q19 YES	5 2%	201 4%*	1 2%	1 1%	2 2%	1 1%	2 2%	~	~	~	~	~	3 2%	2 1%	4 1%~	1 6%~	4 2%	1 2%
NO	299 98%	5179 96%*	59 98%	73 99%	101 98%	66 99%	84 98%	~	~	~	~	~	142 98%	145 99%	270 99%~	15 94%~	246 98%	53 98%
NOT ANSWERED	15	258	5	3	5	2	1						3	1	3	1	15	
VALID CASES	304	5380	60	74	103	67	86						145	147	274	16	250	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER ALSK NATV ##	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q20 NEVER		19 10%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	1 20%	32 16%~	~	~	~100%~	1 50%~	~	~	~	~	~	~	1 50%~	1 25%~	~	~	1 ~100%~	~
USUALLY		40 20%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
ALWAYS	4 80%	107 54%~	1 100%~	1 100%~	2 100%~	1 50%~	~	~	~	~	~	~	3 100%~	1 50%~	3 75%~	1 100%~	4 100%~	~
#ALWAYS + USUALLY (NET)	4 80%	147 74%~	1 100%~	1 100%~	2 100%~	1 50%~	~	~	~	~	~	~	3 100%~	1 50%~	3 75%~	1 100%~	4 100%~	~
TOP BOX SCORE	4 80%	107 54%~	1 100%~	1 100%~	2 100%~	1 50%~	~	~	~	~	~	~	3 100%~	1 50%~	3 75%~	1 100%~	4 100%~	~
NOT ANSWERED		9																
VALID CASES	5	198	1	1	2	1	2						3	2	4	1	4	1
NUMBER OF RESPONDENTS	5	207	1	1	2	1	2						3	2	4	1	4	1
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILLND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q21 #YES	4	166		1	2	1	2							2	2	3	1	3	1
	100%	83%~		~100%	~100%	~100%	~100%	~	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%
NO		35		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		17%~																	
NOT ANSWERED	1	6	1										1		1		1		
VALID CASES	4	201		1	2	1	2						2	2	3	1	3	1	
NUMBER OF RESPONDENTS	5	207	1	1	2	1	2						3	2	4	1	4	1	
	100%	100%		100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

[ASKED IF Q19 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q22 YES	33 11%	487 9%	8 13%	13 18%	4 4%*	8 12%	14 16%	~	~	~	~	~	~	7 5%*	25 17%*	28 10%~	4 25%~	15 6%*	18 33%*
NO	271 89%	4887 91%	52 87%	61 82%	99 96%*	59 88%	72 84%	~	~	~	~	~	~	139 95%*	122 83%*	247 90%~	12 75%~	235 94%*	36 67%*
NOT ANSWERED	15	264	5	3	5	2	1							2	1	2	1	15	
VALID CASES	304	5374	60	74	103	67	86							146	147	275	16	250	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%



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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL- OTHR #	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q23 NEVER	3	64		2		1	2							1	2	2	1		3
	9%	14%	~	15%	~	13%	14%	~	~	~	~	~	~	14%	8%	7%	25%	~	17%
SOMETIMES	7	82	2		2	3	3							1	6	5	2	3	4
	21%	18%	25%	~	50%	38%	21%	~	~	~	~	~	~	14%	24%	18%	50%	20%	22%
USUALLY	9	105	3	2	1	3	3							2	7	9		4	5
	27%	23%	38%	15%	25%	38%	21%	~	~	~	~	~	~	29%	28%	32%		27%	28%
ALWAYS	14	198	3	9	1	1	6							3	10	12	1	8	6
	42%	44%	38%	69%	25%	13%	43%	~	~	~	~	~	~	43%	40%	43%	25%	53%	33%
#ALWAYS + USUALLY (NET)	23	303	6	11	2	4	9							5	17	21	1	12	11
	70%	68%	75%	85%	50%	50%	64%	~	~	~	~	~	~	71%	68%	75%	25%	80%	61%
TOP BOX SCORE	14	198	3	9	1	1	6							3	10	12	1	8	6
	42%	44%	38%	69%	25%	13%	43%	~	~	~	~	~	~	43%	40%	43%	25%	53%	33%
NOT ANSWERED		21																	
VALID CASES	33	448	8	13	4	8	14							7	25	28	4	15	18
NUMBER OF RESPONDENTS	33	469	8	13	4	8	14							7	25	28	4	15	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q24 #YES	25 76%	310 69%	8 100%	8 62%	2 50%	7 88%	9 64%	~	~	~	~	~	~	5 71%	19 76%	21 75%	3 75%	11 73%	14 78%
NO	8 24%	142 31%	~	5 38%	2 50%	1 13%	5 36%	~	~	~	~	~	~	2 29%	6 24%	7 25%	1 25%	4 27%	4 22%
NOT ANSWERED		17																	
VALID CASES	33	452	8	13	4	8	14							7	25	28	4	15	18
NUMBER OF RESPONDENTS	33	469	8	13	4	8	14							7	25	28	4	15	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q25 YES	33 11%	692 13%	1 2%*	8 11%	11 11%	13 19%*	8 9%	~	~	~	~	~	~	13 9%	17 12%	27 10%~	3 19%~	12 5%*	21 39%*
NO	270 89%	4667 87%	59 98%*	65 89%	92 89%	54 81%*	78 91%	~	~	~	~	~	~	131 91%	130 88%	246 90%~	13 81%~	237 95%*	33 61%*
NOT ANSWERED	16	279	5	4	5	2	1							4	1	4	1	16	
VALID CASES	303	5359	60	73	103	67	86							144	147	273	16	249	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TU	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
Q26 NEVER	4 13%	86 13%		1 ~ 13%	1 10%	2 15%	1 13%	~	~	~	~	~	~	2 17%	1 6%	3 12%	~	2 17%	2 10%
SOMETIMES	8 25%	135 20%		~	2 ~ 20%	6 46%	3 38%	~	~	~	~	~	~	2 17%	6 35%	7 27%	1 33%	2 17%	6 30%
USUALLY	6 19%	147 22%		~	2 ~ 25%	2 20%	2 15%	~	~	~	~	~	~	3 25%	2 12%	4 15%	1 33%	4 33%	2 10%
ALWAYS	14 44%	290 44%	1 100%	5 63%	5 50%	3 23%	2 25%	~	~	~	~	~	~	5 42%	8 47%	12 46%	1 33%	4 33%	10 50%
#ALWAYS + USUALLY (NET)	20 63%	437 66%	1 100%	7 88%	7 70%	5 38%	4 50%	~	~	~	~	~	~	8 67%	10 59%	16 62%	2 67%	8 67%	12 60%
TOP BOX SCORE	14 44%	290 44%	1 100%	5 63%	5 50%	3 23%	2 25%	~	~	~	~	~	~	5 42%	8 47%	12 46%	1 33%	4 33%	10 50%
NOT ANSWERED	1	25			1									1		1			1
VALID CASES	32	658	1	8	10	13	8							12	17	26	3	12	20
NUMBER OF RESPONDENTS	33	683	1	8	11	13	8							13	17	27	3	12	21
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILLND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q27 #YES	18 55%	342 52%	1 100%	4 50%	6 55%	7 54%	6 75%	~	~	~	~	~	~	7 54%	9 53%	15 56%	1 33%	6 50%	12 57%
NO	15 45%	320 48%	~	4 50%	5 45%	6 46%	2 25%	~	~	~	~	~	~	6 46%	8 47%	12 44%	2 67%	6 50%	9 43%
NOT ANSWERED		21																	
VALID CASES	33	662	1	8	11	13	8							13	17	27	3	12	21
NUMBER OF RESPONDENTS	33	683	1	8	11	13	8							13	17	27	3	12	21
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ NATV ##	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q28																			
YES	57 19%	1125 21%	10 17%	16 22%	15 15%	16 24%	12 14%	~	~	~	~	~	~	23 16%	30 21%	46 17%~	7 44%~	33 13%*	24 45%*
NO	244 81%	4219 79%	48 83%	57 78%	88 85%	51 76%	74 86%	~	~	~	~	~	~	121 84%	116 79%	226 83%~	9 56%~	215 87%*	29 55%*
NOT ANSWERED	18	294	7	4	5	2	1							4	2	5	1	17	1
VALID CASES	301	5344	58	73	103	67	86							144	146	272	16	248	53
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q29 #YES	35 64%	616 57%	5 50%~	9 60%~	10 67%~	11 73%~	10 83%~	~	~	~	~	~	~	13 62%~	21 70%~	29 66%~	5 71%~	19 59%~	16 70%~
NO	20 36%	465 43%	5 50%~	6 40%~	5 33%~	4 27%~	2 17%~	~	~	~	~	~	~	8 38%~	9 30%~	15 34%~	2 29%~	13 41%~	7 30%~
NOT ANSWERED	2	36		1		1								2		2		1	1
VALID CASES	55	1081	10	15	15	15	12							21	30	44	7	32	23
NUMBER OF RESPONDENTS	57	1117	10	16	15	16	12							23	30	46	7	33	24
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q28 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q30 YES	254 85%	4642 88%	51 86%	59 82%	87 85%	57 88%	78 94%*	~	~	~	~	~	~	108 76%*	137 95%*	230 86%~	14 88%~	203 83%*	51 96%*
NO	44 15%	640 12%	8 14%	13 18%	15 15%	8 12%	5 6%*	~	~	~	~	~	~	35 24%*	7 5%*	39 14%~	2 13%~	42 17%*	2 4%*
NOT ANSWERED	21	357	6	5	6	4	4							5	4	8	1	20	1
VALID CASES	298	5281	59	72	102	65	83							143	144	269	16	245	53
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%



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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER IND/ ALSK NATV ###	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q31 NONE	73	1245	10	15	31	17	30	~	~	~	~	~	~	26	45	68	4	66	7
	30%	28%	20%~	25%	37%	31%	40%*							25%	34%	30%~	31%~	34%*	14%*
1 TIME	91	1677	22	23	29	17	24	~	~	~	~	~	~	38	47	82	1	78	13
	37%	37%	45%~	39%	35%	31%	32%							36%	35%	37%~	8%~	40%	26%
2	42	850	9	10	12	11	10	~	~	~	~	~	~	25	17	39	3	32	10
	17%	19%	18%~	17%	14%	20%	13%							24%*	13%	17%~	23%~	16%	20%
3	24	387	4	7	7	6	5	~	~	~	~	~	~	12	12	23	1	14	10
	10%	9%	8%~	12%	8%	11%	7%							11%	9%	10%~	8%~	7%*	20%*
4	8	160	4		2	2	4	~	~	~	~	~	~	2	6	7	1	5	3
	3%	4%	8%~	~	2%	4%	5%							2%	5%	3%~	8%~	3%	6%
5 TO 9	7	163		3	2	2	2	~	~	~	~	~	~	2	5	4	3	1	6
	3%	4%	~	5%	2%	4%	3%							2%	4%	2%~	23%~	0.5%*	12%*
10 OR MORE TIMES	1	21		1				~	~	~	~	~	~		1	1			1
	0.4%	0.5%	~	2%	~	~	~							~0.8%	0.4%~	~	~	~	2%
NOT ANSWERED	8	173	2		4	2	3							3	4	6	1	7	1
VALID CASES	246	4503	49	59	83	55	75							105	133	224	13	196	50
NUMBER OF RESPONDENTS	254	4676	51	59	87	57	78							108	137	230	14	203	51
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ ALS K ###	MUL- TI ###	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q31A ALWAYS	7 4%	87 3%	3 8%~	1 2%~	1 2%	2 5%~	~	~	~	~	~	~	~	7 9%~	7 5%~	6 5%~	1 2%~		
USUALLY	4 2%	60 2%	1 3%~	1 2%~	2 4%	~	~	~	~	~	~	~	~	3 4%	1 1%	3 2%~	1 11%~	4 3%~	
SOMETIMES	14 8%	220 7%	2 5%~	3 7%~	5 10%	4 11%~	~	~	~	~	~	~	~	12 15%*	1 1%*	11 7%~	1 11%~	12 9%~	2 5%~
NEVER	147 85%	2850 89%	33 85%~	39 89%~	44 85%	31 84%~	45 100%~	~	~	~	~	~	~	56 72%*	86 98%*	134 86%~	7 78%~	107 83%~	40 93%~
#NEVER + SOMETIMES (NET)	161 94%	3070 95%	35 90%~	42 95%~	49 94%	35 95%~	45 100%~	~	~	~	~	~	~	68 87%*	87 99%*	145 94%~	8 89%~	119 92%~	42 98%~
TOP BOX SCORE	147 85%	2850 89%	33 85%~	39 89%~	44 85%	31 84%~	45 100%~	~	~	~	~	~	~	56 72%*	86 98%*	134 86%~	7 78%~	107 83%~	40 93%~
NOT ANSWERED	1	23				1								1		1		1	
VALID CASES	172	3216	39	44	52	37	45							78	88	155	9	129	43
NUMBER OF RESPONDENTS	173	3239	39	44	52	38	45							79	88	156	9	130	43
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER ALSK OTHR #	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q32 NEVER	8 5%	78 2%	1 3%	~	3 6%	4 11%	2 4%	~	~	~	~	~	5 6%	3 3%	8 5%	7 5%	1 2%	
SOMETIMES	6 3%	156 5%	1 3%	4 9%	1 2%	~	~	~	~	~	~	~	4 5%	2 2%	4 3%	2 22%	4 3%	2 5%
USUALLY	31 18%	485 15%	6 15%	6 14%	9 17%	10 26%	4 9%	~	~	~	~	~	20 25%*	10 11%*	29 19%	1 11%	26 20%	5 12%
ALWAYS	128 74%	2499 78%	31 79%	34 77%	39 75%	24 63%	39 87%	~	~	~	~	~	50 63%*	73 83%*	115 74%	6 67%	93 72%	35 81%
#ALWAYS + USUALLY (NET)	159 92%	2984 93%	37 95%	40 91%	48 92%	34 89%	43 96%	~	~	~	~	~	70 89%	83 94%	144 92%	7 78%	119 92%	40 93%
TOP BOX SCORE	128 74%	2499 78%	31 79%	34 77%	39 75%	24 63%	39 87%	~	~	~	~	~	50 63%*	73 83%*	115 74%	6 67%	93 72%	35 81%
NOT ANSWERED		21																
VALID CASES	173	3218	39	44	52	38	45						79	88	156	9	130	43
NUMBER OF RESPONDENTS	173	3239	39	44	52	38	45						79	88	156	9	130	43
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL- OTHR #	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q33 NEVER	2 1%	35 1%	~	~	~	2 5%	1 2%	~	~	~	~	~	~	2 2%	2 1%	~	2 2%	~
SOMETIMES	6 3%	139 4%	1 3%	3 7%	2 4%	~	~	~	~	~	~	~	3 4%	3 3%	5 3%	1 11%	4 3%	2 5%
USUALLY	31 18%	518 16%	5 13%	8 18%	10 19%	8 21%	7 16%	~	~	~	~	~	15 19%	13 15%	26 17%	2 22%	24 18%	7 16%
ALWAYS	134 77%	2521 78%	33 85%	33 75%	40 77%	28 74%	37 82%	~	~	~	~	~	61 77%	70 80%	123 79%	6 67%	100 77%	34 79%
#ALWAYS + USUALLY (NET)	165 95%	3039 95%	38 97%	41 93%	50 96%	36 95%	44 98%	~	~	~	~	~	76 96%	83 94%	149 96%	8 89%	124 95%	41 95%
TOP BOX SCORE	134 77%	2521 78%	33 85%	33 75%	40 77%	28 74%	37 82%	~	~	~	~	~	61 77%	70 80%	123 79%	6 67%	100 77%	34 79%
NOT ANSWERED		26																
VALID CASES	173	3213	39	44	52	38	45						79	88	156	9	130	43
NUMBER OF RESPONDENTS	173	3239	39	44	52	38	45						79	88	156	9	130	43
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL- OTHR #	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q34 NEVER	3 2%	28 0.9%	~	2%~	2%	3%~	1 2%~	~	~	~	~	~	1 1%	2 2%	2 1%~	1 11%~	3 2%~	~
SOMETIMES	4 2%	104 3%	3%~	2%~	2%	3%~	~	~	~	~	~	~	2 3%	2 2%	4 3%~	~	4 3%~	~
USUALLY	22 13%	398 12%	10%~	16%~	6%*	21%~	6 13%~	~	~	~	~	~	12 15%	10 11%	21 13%~	1 11%~	13 10%~	9 21%~
ALWAYS	144 83%	2679 83%	34 87%~	35 80%~	47 90%	28 74%~	38 84%~	~	~	~	~	~	64 81%	74 84%	129 83%~	7 78%~	110 85%~	34 79%~
#ALWAYS + USUALLY (NET)	166 96%	3077 96%	38 97%~	42 95%~	50 96%	36 95%~	44 98%~	~	~	~	~	~	76 96%	84 95%	150 96%~	8 89%~	123 95%~	43 100%~
TOP BOX SCORE	144 83%	2679 83%	34 87%~	35 80%~	47 90%	28 74%~	38 84%~	~	~	~	~	~	64 81%	74 84%	129 83%~	7 78%~	110 85%~	34 79%~
NOT ANSWERED		30																
VALID CASES	173	3209	39	44	52	38	45						79	88	156	9	130	43
NUMBER OF RESPONDENTS	173 100%	3239 100%	39 100%	44 100%	52 100%	38 100%	45 100%						79 100%	88 100%	156 100%	9 100%	130 100%	43 100%

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

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
		<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q35	EAST TOT CHLD																		
YES	108 64%	2175 68%	2 5%~	26 59%~	46 90%*	34 94%~	30 67%~	~	~	~	~	~	~	46 61%	60 68%	100 65%~	5 56%~	78 61%~	30 73%~
NO	61 36%	1015 32%	36 95%~	18 41%~	5 10%*	2 6%~	15 33%~	~	~	~	~	~	~	30 39%	28 32%	54 35%~	4 44%~	50 39%~	11 27%~
NOT ANSWERED	4	49	1		1	2								3		2		2	2
VALID CASES	169	3190	38	44	51	36	45							76	88	154	9	128	41
NUMBER OF RESPONDENTS	173	3239	39	44	52	38	45							79	88	156	9	130	43
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

Q36 IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PERSONAL DOCTOR EXPLAIN THINGS IN A WAY THAT WAS EASY FOR YOUR CHILD TO UNDERSTAND?

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER ALSK #	MUL-OTHR ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q36 NEVER	2 2%	30 1%	~	8%~	~	~	~	~	~	~	~	~	1 2%~	1 2%~	2 2%~	~	2 3%~	~
SOMETIMES	3 3%	137 6%*	~	8%~	~	1 3%~	~	~	~	~	~	~	1 2%~	2 3%~	3 3%~	~	2 3%~	1 3%~
USUALLY	27 25%	493 23%	~	23%~	6 23%~	13 29%~	8 24%~	7 24%~	~	~	~	~	10 22%~	16 27%~	24 24%~	1 20%~	18 23%~	9 31%~
ALWAYS	74 70%	1509 70%	100%~	62%~	16 71%~	32 73%~	24 76%~	22 76%~	~	~	~	~	33 73%~	40 68%~	69 70%~	4 80%~	55 71%~	19 66%~
#ALWAYS + USUALLY (NET)	101 95%	2002 92%	100%~	85%~	22 100%~	45 100%~	32 97%~	29 100%~	~	~	~	~	43 96%~	56 95%~	93 95%~	5 100%~	73 95%~	28 97%~
TOP BOX SCORE	74 70%	1509 70%	100%~	62%~	16 71%~	32 73%~	24 76%~	22 76%~	~	~	~	~	33 73%~	40 68%~	69 70%~	4 80%~	55 71%~	19 66%~
NOT ANSWERED	2	40			1	1	1						1	1	2		1	1
VALID CASES	106	2170	2	26	45	33	29						45	59	98	5	77	29
NUMBER OF RESPONDENTS	108	2210	2	26	46	34	30						46	60	100	5	78	30
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q37 NEVER	5 3%	96 3%		3 7%	1 2%	1 3%							3 4%	1 1%	4 3%		5 4%	
SOMETIMES	15 9%	305 10%	3 8%	6 14%	4 8%	2 5%	2 5%						10 13%	5 6%	14 9%	1 11%	14 11%	1 2%
USUALLY	45 27%	799 25%	9 24%	9 21%	16 31%	11 30%	13 30%						19 24%	24 28%	39 25%	3 33%	34 27%	11 26%
ALWAYS	104 62%	1981 62%	25 68%	25 58%	31 60%	23 62%	29 66%						46 59%	57 66%	97 63%	5 56%	74 58%	30 71%
#ALWAYS + USUALLY (NET)	149 88%	2780 87%	34 92%	34 79%	47 90%	34 92%	42 95%						65 83%	81 93%	136 88%	8 89%	108 85%	41 98%
TOP BOX SCORE	104 62%	1981 62%	25 68%	25 58%	31 60%	23 62%	29 66%						46 59%	57 66%	97 63%	5 56%	74 58%	30 71%
NOT ANSWERED	4	58	2	1		1	1						1	1	2		3	1
VALID CASES	169	3181	37	43	52	37	44						78	87	154	9	127	42
NUMBER OF RESPONDENTS	173	3239	39	44	52	38	45						79	88	156	9	130	43
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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



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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q38 #YES	147 86%	2742 86%	34 92%~	39 91%~	44 85%	30 79%~	36 80%~	~	~	~	~	~	~	71 90%	72 83%	134 86%~	9 100%~	108 85%~	39 91%~
NO	23 14%	440 14%	3 8%~	4 9%~	8 15%	8 21%~	9 20%~	~	~	~	~	~	~	8 10%	15 17%	21 14%~	~	19 15%~	4 9%~
NOT ANSWERED	3	57	2	1											1	1		3	
VALID CASES	170	3182	37	43	52	38	45							79	87	155	9	127	43
NUMBER OF RESPONDENTS	173 100%	3239 100%	39 100%	44 100%	52 100%	38 100%	45 100%							79 100%	88 100%	156 100%	9 100%	130 100%	43 100%

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

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILLND NATV ###	AMER IND/ ALS K ###	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q39 YES	64 38%	1245 39%	15 42%~	17 39%~	15 29%	17 45%~	17 38%~	~	~	~	~	~	~	27 35%	34 39%	55 36%~	6 67%~	43 34%~	21 49%~
NO	105 62%	1935 61%	21 58%~	27 61%~	36 71%	21 55%~	28 62%~	~	~	~	~	~	~	50 65%	54 61%	99 64%~	3 33%~	83 66%~	22 51%~
NOT ANSWERED	4	59	3		1									2		2		4	
VALID CASES	169	3180	36	44	51	38	45							77	88	154	9	126	43
NUMBER OF RESPONDENTS	173	3239	39	44	52	38	45							79	88	156	9	130	43
	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?

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER ALSK OTHR #	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC			
Q40 NEVER	3	77		2		1	1							1	2	3		1	2
	5%	7%		~ 12%		~ 6%	6%							~ 4%	~ 6%	5%		~ 2%	~ 10%
SOMETIMES	8	132	1	3	4		1							1	6	6	1	5	3
	12%	11%	7%	18%	27%		6%							~ 4%	~ 18%	~ 11%	~ 17%	~ 12%	~ 14%
USUALLY	20	337	7	5	3	5	3							13	5	16	2	14	6
	31%	29%	47%	29%	20%	29%	18%							~ 48%	~ 15%	~ 29%	~ 33%	~ 33%	~ 29%
ALWAYS	33	626	7	7	8	11	12							12	21	30	3	23	10
	52%	53%	47%	41%	53%	65%	71%							~ 44%	~ 62%	~ 55%	~ 50%	~ 53%	~ 48%
#ALWAYS + USUALLY (NET)	53	962	14	12	11	16	15							25	26	46	5	37	16
	83%	82%	93%	71%	73%	94%	88%							~ 93%	~ 76%	~ 84%	~ 83%	~ 86%	~ 76%
TOP BOX SCORE	33	626	7	7	8	11	12							12	21	30	3	23	10
	52%	53%	47%	41%	53%	65%	71%							~ 44%	~ 62%	~ 55%	~ 50%	~ 53%	~ 48%
NOT ANSWERED		42																	
VALID CASES	64	1171	15	17	15	17	17							27	34	55	6	43	21
NUMBER OF RESPONDENTS	64	1213	15	17	15	17	17							27	34	55	6	43	21
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	MUL-OTHR #	TI ##	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE	2 0.8%	8 0.2%	~	~	~	2 4%	~	~	~	~	~	~	~	1 1%	1 0.8%	2 0.9%	~	2 1%	~
01	2 0.8%	20 0.5%	~	2 3%	~	~	~	~	~	~	~	~	~	1 1%	1 0.8%	1 0.4%	1 7%	2 1%	~
02		19 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	1 0.4%	22 0.5%	~	~	1 1%	~	1 1%	~	~	~	~	~	~	~	1 0.8%	1 0.4%	~	1 0.5%	~
04	1 0.4%	26 0.6%	1 2%	~	~	~	~	~	~	~	~	~	~	1 1%	~	1 0.4%	~	1 0.5%	~
05	9 4%	122 3%	~	3 5%	3 4%	3 5%	4 5%	~	~	~	~	~	~	3 3%	6 5%	9 4%	~	6 3%	3 6%
06	8 3%	114 3%	3 7%	1 2%	3 4%	1 2%	3 4%	~	~	~	~	~	~	4 4%	4 3%	8 4%	~	7 4%	1 2%
07	20 8%	260 6%	2 4%	4 7%	7 8%	7 13%	5 7%	~	~	~	~	~	~	9 9%	11 8%	17 8%	2 14%	14 7%	6 12%
08	41 17%	703 16%	6 13%	16 27%*	11 13%	8 15%	11 15%	~	~	~	~	~	~	17 16%	23 17%	34 15%	6 43%	36 19%	5 10%
09	45 18%	904 20%	8 17%	11 19%	16 19%	10 18%	14 19%	~	~	~	~	~	~	20 19%	24 18%	43 19%	2 14%	32 16%	13 26%
BEST PERSONAL DOCTOR POSSIBLE	115 47%	2271 51%	26 57%	22 37%	43 51%	24 44%	37 49%	~	~	~	~	~	~	49 47%	62 47%	108 48%	3 21%	93 48%	22 44%
#8-10 (NET)	201 82%	3877 87%	40 87%	49 83%	70 83%	42 76%	62 83%	~	~	~	~	~	~	86 82%	109 82%	185 83%	11 79%	161 83%	40 80%

Continued

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ##	AMER ALSK OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
9-10 (NET)	160 66%	3175 71%	34 74%	33 56%	59 70%	34 62%	51 68%	~	~	~	~	~	~	69 66%	86 65%	151 67%	5 36%	125 64%	35 70%
NOT ANSWERED	10	208	5		3	2	3							3	4	6		9	1
VALID CASES	244	4468	46	59	84	55	75							105	133	224	14	194	50
NUMBER OF RESPONDENTS	254 100%	4676 100%	51 100%	59 100%	87 100%	57 100%	78 100%							108 100%	137 100%	230 100%	14 100%	203 100%	51 100%
MEAN	8.71	8.91	9.04	8.44	8.89	8.44	8.80							8.70	8.68	8.75	7.93	8.69	8.80
p stat_(*=Sig @ p<=.05)		.075	~.216	.214	.275	.577	~	~	~	~	~	~	~	.917	.813	~	~	.645	.645

[ASKED IF Q30 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK ##	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q42 YES	54 22%	1079 24%	5 11%	12 20%	22 27%	15 27%	15 20%	~	~	~	~	~	~	14 13%*	37 28%*	44 20%~	6 43%~	18 9%*	36 72%*
NO	189 78%	3404 76%	41 89%	47 80%	60 73%	41 73%	60 80%	~	~	~	~	~	~	90 87%*	96 72%*	178 80%~	8 57%~	175 91%*	14 28%*
NOT ANSWERED	11	193	5		5	1	3							4	4	8		10	1
VALID CASES	243	4483	46	59	82	56	75							104	133	222	14	193	50
NUMBER OF RESPONDENTS	254 100%	4676 100%	51 100%	59 100%	87 100%	57 100%	78 100%							108 100%	137 100%	230 100%	14 100%	203 100%	51 100%

[ASKED IF Q30 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q43 #YES	44 86%	932 89%	5 100%	12 100%	17 85%	10 71%	11 79%	~	~	~	~	~	12 86%	29 85%	35 85%	5 83%	17 94%	27 82%
NO	7 14%	112 11%	~	~	3 15%	4 29%	3 21%	~	~	~	~	~	2 14%	5 15%	6 15%	1 17%	1 6%	6 18%
NOT ANSWERED	3	26			2	1	1						3	3			3	
VALID CASES	51	1045	5	12	20	14	14						14	34	41	6	18	33
NUMBER OF RESPONDENTS	54	1071	5	12	22	15	15						14	37	44	6	18	36
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q44 #YES	42 84%	903 87%	5 100%~	10 91%~	17 85%~	10 71%~	11 79%~	~	~	~	~	~	~	11 79%~	30 88%~	35 85%~	5 83%~	14 88%~	28 82%~
NO	8 16%	141 13%	~	1 9%~	3 15%~	4 29%~	3 21%~	~	~	~	~	~	~	3 21%~	4 12%~	6 15%~	1 17%~	2 13%~	6 18%~
NOT ANSWERED	4	27		1	2	1	1								3	3		2	2
VALID CASES	50	1044	5	11	20	14	14							14	34	41	6	16	34
NUMBER OF RESPONDENTS	54 100%	1071 100%	5 100%	12 100%	22 100%	15 100%	15 100%							14 100%	37 100%	44 100%	6 100%	18 100%	36 100%

[ASKED IF Q30 = YES AND Q42 = YES]



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q45 YES	44 15%	851 16%	5 9%	11 15%	15 15%	13 20%	11 13%	~	~	~	~	~	~	23 16%	20 14%	41 15%	2 12%	22 9%*	22 42%*
NO	255 85%	4406 84%	52 91%	62 85%	88 85%	53 80%	75 87%	~	~	~	~	~	~	124 84%	127 86%	234 85%	15 88%	224 91%*	31 58%*
NOT ANSWERED	20	381	8	4	5	3	1							1	1	2		19	1
VALID CASES	299	5257	57	73	103	66	86							147	147	275	17	246	53
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALS ###	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q46 NEVER	2 5%	36 5%	~	~	7%~	8%~	~	~	~	~	~	~	~	2 9%~	2 5%~	1 5%~	1 5%~		
SOMETIMES	8 19%	163 21%	1 20%~	2 18%~	2 14%~	3 23%~	1 9%~	~	~	~	~	~	~	4 18%~	4 20%~	7 17%~	1 50%~	3 14%~	5 23%~
USUALLY	11 26%	221 28%	~	3 27%~	4 29%~	4 31%~	3 27%~	~	~	~	~	~	~	6 27%~	5 25%~	11 27%~	~	4 19%~	7 32%~
ALWAYS	22 51%	367 47%	4 80%~	6 55%~	7 50%~	5 38%~	7 64%~	~	~	~	~	~	~	10 45%~	11 55%~	20 50%~	1 50%~	13 62%~	9 41%~
#ALWAYS + USUALLY (NET)	33 77%	589 75%	4 80%~	9 82%~	11 79%~	9 69%~	10 91%~	~	~	~	~	~	~	16 73%~	16 80%~	31 78%~	1 50%~	17 81%~	16 73%~
TOP BOX SCORE	22 51%	367 47%	4 80%~	6 55%~	7 50%~	5 38%~	7 64%~	~	~	~	~	~	~	10 45%~	11 55%~	20 50%~	1 50%~	13 62%~	9 41%~
NOT ANSWERED	1	15			1									1	1	1			
VALID CASES	43	787	5	11	14	13	11							22	20	40	2	21	22
NUMBER OF RESPONDENTS	44	802	5	11	15	13	11							23	20	41	2	22	22
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC		
Q47 NONE	3 7%	55 7%	~	~	14%	8%	1 9%	~	~	~	~	~	~	2 10%	1 5%	3 8%	~	1 5%	2 9%
1 SPECIALIST	25 60%	514 65%	3 60%	6 60%	9 64%	7 54%	5 45%	~	~	~	~	~	~	14 67%	11 55%	25 64%	~	16 80%	9 41%
2	6 14%	134 17%	~	2 20%	2 14%	2 15%	2 18%	~	~	~	~	~	~	1 5%	5 25%	5 13%	1 50%	1 5%	5 23%
3	5 12%	51 6%	2 40%	1 10%	1 7%	1 8%	2 18%	~	~	~	~	~	~	2 10%	2 10%	4 10%	~	2 10%	3 14%
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	3 7%	19 2%	~	1 10%	~	2 15%	1 9%	~	~	~	~	~	~	2 10%	1 5%	2 5%	1 50%	~	3 14%
NOT ANSWERED	2	16		1	1									2		2		2	
VALID CASES	42	786	5	10	14	13	11							21	20	39	2	20	22
NUMBER OF RESPONDENTS	44	802	5	11	15	13	11							23	20	41	2	22	22
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- #	AS- IAN ##	NATV ILND ###	AMER IND/ ALSK ##	MUL- TI #	OTH- R ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q48 WORST SPECIALIST POSSIBLE		7 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		4 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		6 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		5 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04		6 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05		29 4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
06	1 3%	32 4%	~	~	~	1 8%	1 10%	~	~	~	~	~	~	1 5%	1 3%	~	~	1 5%	
07	2 5%	59 8%	~	2 20%	~	~	1 10%	~	~	~	~	~	~	2 11%	2 6%	~	~	2 10%	
08	8 21%	116 16%	~	1 10%	2 17%	5 42%	1 10%	~	~	~	~	~	~	4 21%	3 16%	7 19%	~	5 26%	3 15%
09	6 15%	143 20%	1 20%	1 10%	3 25%	1 8%	2 20%	~	~	~	~	~	~	4 21%	2 11%	5 14%	1 50%	4 21%	2 10%
BEST SPECIALIST POSSIBLE	22 56%	312 43%	4 80%	6 60%	7 58%	5 42%	5 50%	~	~	~	~	~	~	11 58%	11 58%	21 58%	1 50%	10 53%	12 60%

Continued

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER ALSK #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
#8-10 (NET)	36 92%	570 80%~100%	5 80%~100%	8 80%~100%	12 92%~	11 80%~	8 ~	~	~	~	~	~	19 ~100%	16 84%~	33 92%~100%	2 ~100%	19 100%	17 85%~
9-10 (NET)	28 72%	455 63%~100%	5 70%~	7 83%~	10 50%~	6 70%~	7 ~	~	~	~	~	~	15 ~79%	13 68%~	26 72%~100%	2 ~100%	14 74%~	14 70%~
NOT ANSWERED		7																
VALID CASES	39	717	5	10	12	12	10						19	19	36	2	19	20
NUMBER OF RESPONDENTS	39	724	5	10	12	12	10						19	19	36	2	19	20
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%
MEAN	9.18	8.55	9.80	9.10	9.42	8.75	8.90						9.37	9.05	9.19	9.50	9.26	9.10
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?

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q49 YES	88 30%	1347 26%	17 30%	21 29%	32 31%	18 29%	20 23%	~	~	~	~	~	~	53 37%*	35 24%*	80 29%~	6 40%~	74 31%	14 27%
NO	206 70%	3870 74%	40 70%	51 71%	70 69%	45 71%	66 77%	~	~	~	~	~	~	91 63%*	110 76%*	192 71%~	9 60%~	168 69%	38 73%
NOT ANSWERED	25	421	8	5	6	6	1							4	3	5	2	23	2
VALID CASES	294	5217	57	72	102	63	86							144	145	272	15	242	52
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER ALSK OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q50 NEVER	2 2%	45 3%	~	~	3%~	6%~	10%~	~	~	~	~	~	~	2 6%~	2 2%~	1 1%~	1 7%~	
SOMETIMES	14 16%	221 17%	2 12%~	4 19%~	5 16%~	3 17%~	2 10%~	~	~	~	~	~	9 17%~	5 14%~	12 15%~	2 33%~	13 18%~	1 7%~
USUALLY	25 29%	378 29%	6 35%~	6 29%~	9 29%~	4 22%~	6 30%~	~	~	~	~	~	14 27%~	11 31%~	23 29%~	1 17%~	23 32%~	2 14%~
ALWAYS	46 53%	651 50%	9 53%~	11 52%~	16 52%~	10 56%~	10 50%~	~	~	~	~	~	29 56%~	17 49%~	43 54%~	3 50%~	36 49%~	10 71%~
#ALWAYS + USUALLY (NET)	71 82%	1029 79%	15 88%~	17 81%~	25 81%~	14 78%~	16 80%~	~	~	~	~	~	43 83%~	28 80%~	66 83%~	4 67%~	59 81%~	12 86%~
TOP BOX SCORE	46 53%	651 50%	9 53%~	11 52%~	16 52%~	10 56%~	10 50%~	~	~	~	~	~	29 56%~	17 49%~	43 54%~	3 50%~	36 49%~	10 71%~
NOT ANSWERED	1	28			1								1				1	
VALID CASES	87	1295	17	21	31	18	20						52	35	80	6	73	14
NUMBER OF RESPONDENTS	88	1323	17	21	32	18	20						53	35	80	6	74	14
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER ALSK NATV	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q51 NEVER	1 1%	23 2%	~	~	3%	~	~	~	~	~	~	~	~	1 2%	1 1%	1 1%	~	~		
SOMETIMES	4 5%	90 7%	6%	5%	3%	~	~	~	~	~	~	~	~	3 6%	1 3%	4 5%	~	4 5%	~	
USUALLY	21 24%	268 21%	29%	19%	25%	22%	30%	~	~	~	~	~	~	10 19%	11 31%	19 24%	2 33%	18 24%	3 21%	
ALWAYS	62 70%	903 70%	65%	76%	69%	72%	70%	~	~	~	~	~	~	39 74%	23 66%	56 70%	4 67%	51 69%	11 79%	
#ALWAYS + USUALLY (NET)	83 94%	1171 91%	94%	95%	94%	94%	100%	~	~	~	~	~	~	49 92%	34 97%	75 94%	6 100%	69 93%	14 100%	
TOP BOX SCORE	62 70%	903 70%	65%	76%	69%	72%	70%	~	~	~	~	~	~	39 74%	23 66%	56 70%	4 67%	51 69%	11 79%	
NOT ANSWERED		39																		
VALID CASES	88	1284	17	21	32	18	20							53	35	80	6	74	14	
NUMBER OF RESPONDENTS	88	1323	17	21	32	18	20							53	35	80	6	74	14	
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%	

[ASKED IF Q49 = YES]



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK ##	MUL-TI #	HIS-PAN-IC	NOT-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q52 YES	94 32%	1805 35%	19 34%	23 32%	34 34%	18 28%	22 26%	~	~	~	~	~	51 36%	41 29%	84 31%	7 41%	78 33%	16 31%
NO	197 68%	3343 65%	37 66%	48 68%	66 66%	46 72%	64 74%	~	~	~	~	~	92 64%	102 71%	183 69%	10 59%	161 67%	36 69%
NOT ANSWERED	28	490	9	6	8	5	1						5	5	10		26	2
VALID CASES	291	5148	56	71	100	64	86						143	143	267	17	239	52
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
PQ53 NEVER	5 2%	124 2%	1 2%	3 4%	1 1%	1 1%	~	~	~	~	~	~	2 1%	3 2%	5 2%	~	4 2%	1 2%
SOMETIMES	21 7%	397 8%	3 6%	6 9%	9 9%	3 5%	2 2%*	~	~	~	~	~	14 10%	7 5%	17 7%	3 18%	17 7%	4 8%
USUALLY	27 10%	575 11%	4 8%	6 9%	9 9%	8 13%	7 8%	~	~	~	~	~	14 10%	12 8%	22 8%	3 18%	21 9%	6 12%
ALWAYS	230 81%	3983 78%	45 85%	55 79%	79 81%	51 82%	76 88%*	~	~	~	~	~	107 78%	120 85%	215 83%	11 65%	190 82%	40 78%
#ALWAYS + USUALLY (NET)	257 91%	4559 90%	49 92%	61 87%	88 90%	59 95%	83 97%*	~	~	~	~	~	121 88%	132 93%	237 92%	14 82%	211 91%	46 90%
TOP BOX SCORE	230 81%	3983 78%	45 85%	55 79%	79 81%	51 82%	76 88%*	~	~	~	~	~	107 78%	120 85%	215 83%	11 65%	190 82%	40 78%
NOT ANSWERED	36	559	12	7	10	7	1						11	6	18		33	3
VALID CASES	283	5079	53	70	98	62	86						137	142	259	17	232	51
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER ALSK NATV ###	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q54 WORST HEALTH PLAN POSSIBLE	1 0.3%	17 0.3%	~	1%	~	~	1%	~	~	~	~	~	~	~	1	1	~	1	~
01	1 0.3%	27 0.5%	~	1%	~	~	1%	~	~	~	~	~	~	~	1	1	~	1	~
02		33 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03		44 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
04	2 0.7%	62 1%	~	1%	~	2%	1%	~	~	~	~	~	~	~	1	1	0.7%	2	1
05	15 5%	275 5%	4%	4%	6%	6%	6%	~	~	~	~	~	~	~	5	10	3%	15	11
06	17 6%	233 5%	4%	8%	2%*	11%	8%	~	~	~	~	~	~	~	4	13	3%*	16	12
07	27 9%	496 10%	4%*	10%	12%	9%	12%	~	~	~	~	~	~	~	5	20	3%*	22	17
08	55 19%	982 19%	21%	19%	20%	14%	19%	~	~	~	~	~	~	~	20	34	14%*	52	48
09	55 19%	974 19%	19%	18%	19%	19%	16%	~	~	~	~	~	~	~	33	22	23%*	48	43
BEST HEALTH PLAN POSSIBLE	122 41%	2033 39%	49%	36%	42%	39%	35%	~	~	~	~	~	~	~	76	44	53%*	116	108
#8-10 (NET)	232 79%	3988 77%	89%*	74%	80%	72%	71%*	~	~	~	~	~	~	~	129	100	90%*	216	199

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?

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
9-10 (NET)	177	3007	39	39	62	37	44	~	~	~	~	~	~	109	66	164	10	151	26
	60%	58%	68%	54%	61%	58%	52%							76%*	45%*	60%~	63%~	62%	49%
NOT ANSWERED	24	462	8	5	6	5	2							4	2	4	1	23	1
VALID CASES	295	5176	57	72	102	64	85							144	146	273	16	242	53
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%
MEAN	8.58	8.44	8.96	8.25	8.70	8.41	8.19							9.06	8.10	8.58	8.56	8.69	8.08
p stat_(*=Sig @ p<=.05)		.141	.023*	.057	.343	.358	.026*	~	~	~	~	~	~	~.000*	.000*	~	~	~.016*	.016*

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK NATV ###	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q55 YES	104 35%	1994 38%	25 44%	21 30%	31 30%	27 41%	32 37%	~	~	~	~	~	45 31%	57 39%	93 34%~	8 47%~	66 27%*	38 73%*
NO	193 65%	3218 62%	32 56%	50 70%	72 70%	39 59%	54 63%	~	~	~	~	~	101 69%	89 61%	180 66%~	9 53%~	179 73%*	14 27%*
NOT ANSWERED	22	425	8	6	5	3	1						2	2	4		20	2
VALID CASES	297	5213	57	71	103	66	86						146	146	273	17	245	52
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER ALSK OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q56 NEVER	1 1%	36 2%	1 4%~	~	~	~	~	~	~	~	~	~	1 2%~	1 1%~	1 2%~	1 2%~	~	
SOMETIMES	7 7%	176 9%	1 4%~	~	3 10%~	3 12%~	2 6%~	~	~	~	~	~	3 7%~	4 7%~	6 7%~	1 13%~	4 6%~	3 8%~
USUALLY	23 23%	474 24%	6 25%~	6 29%~	5 16%~	6 23%~	7 23%~	~	~	~	~	~	12 27%~	11 20%~	20 22%~	3 38%~	16 25%~	7 18%~
ALWAYS	71 70%	1301 65%	16 67%~	15 71%~	23 74%~	17 65%~	22 71%~	~	~	~	~	~	28 64%~	41 73%~	64 70%~	4 50%~	43 67%~	28 74%~
#ALWAYS + USUALLY (NET)	94 92%	1775 89%	22 92%~	21 100%~	28 90%~	23 88%~	29 94%~	~	~	~	~	~	40 91%~	52 93%~	84 92%~	7 88%~	59 92%~	35 92%~
TOP BOX SCORE	71 70%	1301 65%	16 67%~	15 71%~	23 74%~	17 65%~	22 71%~	~	~	~	~	~	28 64%~	41 73%~	64 70%~	4 50%~	43 67%~	28 74%~
NOT ANSWERED	2	29	1			1	1						1	1	2		2	
VALID CASES	102	1988	24	21	31	26	31						44	56	91	8	64	38
NUMBER OF RESPONDENTS	104 100%	2017 100%	25 100%	21 100%	31 100%	27 100%	32 100%						45 100%	57 100%	93 100%	8 100%	66 100%	38 100%

[ASKED IF Q55 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57 #YES	53 53%	1177 60%	9 38%~	11 55%~	18 60%~	15 58%~	10 33%~	~	~	~	~	~	~	31 70%~	20 37%~	46 52%~	4 50%~	31 50%~	22 58%~
NO	47 47%	795 40%	15 63%~	9 45%~	12 40%~	11 42%~	20 67%~	~	~	~	~	~	~	13 30%~	34 63%~	43 48%~	4 50%~	31 50%~	16 42%~
NOT ANSWERED	4	45	1	1	1	1	2							1	3	4		4	
VALID CASES	100	1972	24	20	30	26	30							44	54	89	8	62	38
NUMBER OF RESPONDENTS	104	2017	25	21	31	27	32							45	57	93	8	66	38
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q57A YES	241 83%	4014 79%	29 53%*	66 93%*	87 87%	59 89%	68 81%	~	~	~	~	~	~	119 ~ 84%	120 82%	223 83%~	14 82%~	195 81%	46 88%
NO	51 17%	1085 21%	26 47%*	5 7%*	13 13%	7 11%	16 19%	~	~	~	~	~	~	23 ~ 16%	26 18%	46 17%~	3 18%~	45 19%	6 12%
NOT ANSWERED	27	539	10	6	8	3	3							6	2	8		25	2
VALID CASES	292	5099	55	71	100	66	84							142	146	269	17	240	52
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%



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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57B NEVER	37 25%	667 28%	6 35%~	11 28%~	13 24%	7 18%~	14 48%~	~	~	~	~	~	~	18 23%	19 27%	33 24%~	3 25%~	35 29%~	2 7%~
SOMETIMES	44 30%	484 20%*	5 29%~	11 28%~	15 28%	13 34%~	2 7%~	~	~	~	~	~	~	30 38%*	14 20%*	37 27%~	6 50%~	33 28%~	11 37%~
USUALLY	30 20%	468 20%	3 18%~	6 15%~	13 24%	8 21%~	6 21%~	~	~	~	~	~	~	11 14%*	19 27%*	29 21%~	1 8%~	22 18%~	8 27%~
ALWAYS	38 26%	771 32%	3 18%~	12 30%~	13 24%	10 26%~	7 24%~	~	~	~	~	~	~	20 25%	18 26%	36 27%~	2 17%~	29 24%~	9 30%~
#ALWAYS + USUALLY (NET)	68 46%	1239 52%	6 35%~	18 45%~	26 48%	18 47%~	13 45%~	~	~	~	~	~	~	31 39%	37 53%	65 48%~	3 25%~	51 43%~	17 57%~
TOP BOX SCORE	38 26%	771 32%	3 18%~	12 30%~	13 24%	10 26%~	7 24%~	~	~	~	~	~	~	20 25%	18 26%	36 27%~	2 17%~	29 24%~	9 30%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	148	2768	39	32	49	28	57							68	77	140	5	125	23
NOT ANSWERED	22	480	9	5	5	3	1							1	1	2		21	1
VALID CASES	149	2390	17	40	54	38	29							79	70	135	12	119	30
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR- #	AS- IAN ##	NATV ILND ##	AMER ALSK ##	OTH- R #	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	58 20%	1124 22%	7 13%	16 22%	19 19%	16 24%	9 10%*	~	~	~	~	~	~	27 18%	31 21%	52 19%~	6 35%~	40 17%*	18 33%*
NO	236 80%	3960 78%	48 87%	56 78%	82 81%	50 76%	77 90%*	~	~	~	~	~	~	119 82%	116 79%	222 81%~	11 65%~	200 83%*	36 67%*
NOT ANSWERED	25	553	10	5	7	3	1							2	1	3		25	
VALID CASES	294	5085	55	72	101	66	86							146	147	274	17	240	54
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	HIS- IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57D #YES	52 93%	945 87%	7 100%~	15 94%~	16 89%~	14 93%~	8 100%~	~	~	~	~	~	~	22 85%~	30 100%~	48 94%~	4 80%~	35 92%~	17 94%~
NO	4 7%	135 13%	~	6%~	11%~	7%~	~	~	~	~	~	~	~	4 15%~	~	3 6%~	1 20%~	3 8%~	1 6%~
NOT ANSWERED	2	16				1	1	1						1	1	1	1	2	
VALID CASES	56	1081	7	16	18	15	8							26	30	51	5	38	18
NUMBER OF RESPONDENTS	58 100%	1097 100%	7 100%	16 100%	19 100%	16 100%	9 100%							27 100%	31 100%	52 100%	6 100%	40 100%	18 100%

[ASKED IF Q57C = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK OTHR ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q57E #YES	46 82%	905 84%	6 86%~	14 88%~	14 78%~	12 80%~	6 75%~	~	~	~	~	~	~	21 81%~	25 83%~	43 84%~	3 60%~	31 82%~	15 83%~
NO	10 18%	169 16%	1 14%~	2 13%~	4 22%~	3 20%~	2 25%~	~	~	~	~	~	~	5 19%~	5 17%~	8 16%~	2 40%~	7 18%~	3 17%~
NOT ANSWERED	2	24			1	1	1							1	1	1	1	2	
VALID CASES	56	1073	7	16	18	15	8							26	30	51	5	38	18
NUMBER OF RESPONDENTS	58 100%	1097 100%	7 100%	16 100%	19 100%	16 100%	9 100%							27 100%	31 100%	52 100%	6 100%	40 100%	18 100%

[ASKED IF Q57C = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER ALSK NATV OTHR #	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q57F NEVER	2 4%	20 2%	1 ~	1 6%~	1 5%~	1 ~	~	~	~	~	~	~	~	2 7%~	1 2%~	1 17%~	2 5%~	~	
SOMETIMES	5 9%	94 9%	1 14%~	2 ~	2 11%~	2 14%~	1 13%~	~	~	~	~	~	~	4 15%~	1 3%~	4 8%~	1 17%~	3 8%~	2 11%~
USUALLY	14 25%	257 24%	1 14%~	2 13%~	7 37%~	4 29%~	1 13%~	~	~	~	~	~	~	6 23%~	8 27%~	13 26%~	1 17%~	9 24%~	5 28%~
ALWAYS	35 63%	704 66%	5 71%~	13 81%~	9 47%~	8 57%~	6 75%~	~	~	~	~	~	~	16 62%~	19 63%~	32 64%~	3 50%~	24 63%~	11 61%~
#ALWAYS + USUALLY (NET)	49 88%	960 89%	6 86%~	15 94%~	16 84%~	12 86%~	7 88%~	~	~	~	~	~	~	22 85%~	27 90%~	45 90%~	4 67%~	33 87%~	16 89%~
TOP BOX SCORE	35 63%	704 66%	5 71%~	13 81%~	9 47%~	8 57%~	6 75%~	~	~	~	~	~	~	16 62%~	19 63%~	32 64%~	3 50%~	24 63%~	11 61%~
NOT ANSWERED	2	23				2	1							1	1	2		2	
VALID CASES	56	1074	7	16	19	14	8							26	30	50	6	38	18
NUMBER OF RESPONDENTS	58	1097	7	16	19	16	9							27	31	52	6	40	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

Q57G IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PROVIDER ENCOURAGE YOU TO ASK QUESTIONS AND RAISE CONCERNS?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMR IND/ ALSK NATV ###	MUL- OTHR #	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q57G NEVER	3 5%	53 5%		2 ~ 13%	1 6%	1 ~ 13%								3 ~ 10%	2 4%	1 17%	3 8%		
SOMETIMES	5 9%	120 11%			1 6%	4 29%	1 13%							3 12%	2 7%	5 10%	2 5%	3 17%	
USUALLY	11 20%	238 22%	1 14%	3 19%	5 28%	2 14%								6 23%	5 17%	10 20%	1 17%	9 24%	2 11%
ALWAYS	36 65%	662 62%	6 86%	11 69%	11 61%	8 57%	6 75%							17 65%	19 66%	32 65%	4 67%	23 62%	13 72%
#ALWAYS + USUALLY (NET)	47 85%	901 84%	7 100%	14 88%	16 89%	10 71%	6 75%							23 88%	24 83%	42 86%	5 83%	32 86%	15 83%
TOP BOX SCORE	36 65%	662 62%	6 86%	11 69%	11 61%	8 57%	6 75%							17 65%	19 66%	32 65%	4 67%	23 62%	13 72%
NOT ANSWERED	3	23			1	2	1							1	2	3		3	
VALID CASES	55	1074	7	16	18	14	8							26	29	49	6	37	18
NUMBER OF RESPONDENTS	58	1097	7	16	19	16	9							27	31	52	6	40	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

Q57H IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR CHILD'S PROVIDER MAKE IT EASY FOR YOU TO ASK QUESTIONS AND RAISE CONCERNS?

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER ALSK OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q57H NEVER	2	23	1	1	1	1	~	~	~	~	~	~	2	1	1	2	~	
	4%	2%	~ 6%	~ 7%	11%	~	~	~	~	~	~	~	6%	2%	17%	5%	~	
SOMETIMES	6	97	4	2	2	~	~	~	~	~	~	3	3	5	1	4	2	
	11%	9%	~ 21%	13%	22%	~	~	~	~	~	~	12%	10%	10%	17%	10%	11%	
USUALLY	10	214	2	4	4	~	~	~	~	~	~	6	4	9	1	7	3	
	18%	20%	~ 13%	21%	27%	~	~	~	~	~	~	23%	13%	18%	17%	18%	17%	
ALWAYS	39	741	7	13	11	8	6	~	~	~	~	17	22	36	3	26	13	
	68%	69%	100%	81%	58%	53%	67%	~	~	~	~	65%	71%	71%	50%	67%	72%	
#ALWAYS + USUALLY (NET)	49	955	7	15	15	12	6	~	~	~	~	23	26	45	4	33	16	
	86%	89%	100%	94%	79%	80%	67%	~	~	~	~	88%	84%	88%	67%	85%	89%	
TOP BOX SCORE	39	741	7	13	11	8	6	~	~	~	~	17	22	36	3	26	13	
	68%	69%	100%	81%	58%	53%	67%	~	~	~	~	65%	71%	71%	50%	67%	72%	
NOT ANSWERED	1	23			1							1		1		1		
VALID CASES	57	1074	7	16	19	15	9					26	31	51	6	39	18	
NUMBER OF RESPONDENTS	58	1097	7	16	19	16	9					27	31	52	6	40	18	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC		
							#	##	###	###	#	##	##	##	GOOD	POOR			
Q58																			
EXCELLENT	127 43%	2143 41%	25 45%	32 44%	45 45%	25 38%	47 55%*	~	~	~	~	~	~	51 35%*	76 51%*	127 46%~	~	112 47%*	15 28%*
VERY GOOD	104 35%	1856 36%	20 36%	24 33%	34 34%	26 40%	34 40%	~	~	~	~	~	~	47 32%	56 38%	104 38%~	~	79 33%	25 46%
GOOD	46 16%	944 18%	11 20%	10 14%	16 16%	9 14%	5 6%*	~	~	~	~	~	~	35 24%*	11 7%*	46 17%~	~	37 15%	9 17%
FAIR	16 5%	237 5%	~	6 8%	5 5%	5 8%	~	~	~	~	~	~	~	11 8%	5 3%	~	16 94%~	11 5%	5 9%
POOR	1 0.3%	15 0.3%	~	~	1 1%~	~	~	~	~	~	~	~	~	1 0.7%~	~	~	1 6%~	1 0.4%	~
#EXCELLENT + VERY GOOD + GOOD (NET)	277 94%	4943 95%	56 100%~	66 92%	95 94%	60 92%	86 100%~	~	~	~	~	~	~	133 92%	143 97%	277 100%~	~	228 95%	49 91%
NOT ANSWERED	25	443	9	5	7	4	1							3				25	
VALID CASES	294	5195	56	72	101	65	86							145	148	277	17	240	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%



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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q59																		
EXCELLENT	129 44%	2231 43%	34 61%*	31 43%	41 41%	23 35%	42 49%	~	~	~	~	~	57 40%	72 49%	124 45%~	5 29%~	121 51%*	8 15%*
VERY GOOD	81 28%	1483 29%	9 16%*	20 28%	33 33%	19 29%	30 35%	~	~	~	~	~	38 26%	43 29%	77 28%~	4 24%~	66 28%	15 28%
GOOD	67 23%	1030 20%	12 21%	18 25%	22 22%	15 23%	10 12%*	~	~	~	~	~	42 29%*	24 16%*	61 22%~	6 35%~	47 20%*	20 37%*
FAIR	13 4%	368 7%*	~	3 4%	4 4%	6 9%	3 3%	~	~	~	~	~	5 3%	8 5%	11 4%~	2 12%~	4 2%*	9 17%*
POOR	3 1%	70 1%	1 2%	~	~	2 3%	1 1%	~	~	~	~	~	2 1%	1 0.7%	3 1%~	~	1 0.4%	2 4%
#EXCELLENT + VERY GOOD + GOOD (NET)	277 95%	4745 92%*	55 98%	69 96%	96 96%	57 88%*	82 95%	~	~	~	~	~	137 95%	139 94%	262 95%~	15 88%~	234 98%*	43 80%*
NOT ANSWERED	26	455	9	5	8	4	1						4		1		26	
VALID CASES	293	5183	56	72	100	65	86						144	148	276	17	239	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q60 YES	47 16%	1055 20%*	7 12%	8 11%	15 15%	17 26%*	13 15%	~	~	~	~	~	~	22 15%	25 17%	42 15%~	5 29%~	12 5%*	35 65%*
NO	247 84%	4144 80%*	49 88%	64 89%	85 85%	49 74%*	74 85%	~	~	~	~	~	~	122 85%	123 83%	232 85%~	12 71%~	228 95%*	19 35%*
NOT ANSWERED	25	439	9	5	8	3								4		3		25	
VALID CASES	294	5199	56	72	100	66	87							144	148	274	17	240	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q61 YES	35 78%	796 77%	3 43%	8 100%	10 77%	14 82%	11 85%	~	~	~	~	~	~	14 70%	21 84%	31 78%	4 80%	1 10%	34 97%
NO	10 22%	235 23%	4 57%	~	3 23%	3 18%	2 15%	~	~	~	~	~	~	6 30%	4 16%	9 22%	1 20%	9 90%	1 3%
NOT ANSWERED	2	22			2									2		2		2	
VALID CASES	45	1030	7	8	13	17	13							20	25	40	5	10	35
NUMBER OF RESPONDENTS	47	1052	7	8	15	17	13							22	25	42	5	12	35
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q62 YES	31 91%	716 91%	3 100%	7 100%	10 100%	11 79%	9 82%	~	~	~	~	~	~	13 93%	18 90%	27 90%	4 100%	31 94%	
NO	3 9%	75 9%	~	~	~	3 21%	2 18%	~	~	~	~	~	~	1 7%	2 10%	3 10%	~	1 100%	2 6%
NOT ANSWERED	1	15		1											1	1		1	
VALID CASES	34	791	3	7	10	14	11							14	20	30	4	1	33
NUMBER OF RESPONDENTS	35	806	3	8	10	14	11							14	21	31	4	1	34
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES AND Q61 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q63 YES	38 13%	788 15%	5 9%	7 10%	14 14%	12 18%	7 8%	~	~	~	~	~	~	16 11%	22 15%	34 12%~	4 24%~	9 4%*	29 55%*
NO	258 87%	4394 85%	52 91%	64 90%	87 86%	55 82%	80 92%	~	~	~	~	~	~	131 89%	125 85%	241 88%~	13 76%~	234 96%*	24 45%*
NOT ANSWERED	23	456	8	6	7	2								1	1	2		22	1
VALID CASES	296	5182	57	71	101	67	87							147	147	275	17	243	53
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q64 YES	26 70%	637 85%	4 80%	5 71%	8 62%	9 75%	7 100%	~	~	~	~	~	8 53%	18 82%	23 70%	3 75%	2 22%	24 86%
NO	11 30%	110 15%	1 20%	2 29%	5 38%	3 25%	~	~	~	~	~	~	7 47%	4 18%	10 30%	1 25%	7 78%	4 14%
NOT ANSWERED	1	19			1								1		1			1
VALID CASES	37	747	5	7	13	12	7						15	22	33	4	9	28
NUMBER OF RESPONDENTS	38	766	5	7	14	12	7						16	22	34	4	9	29
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC		
Q65 YES	23 88%	591 96%	3 75%	5 100%	8 100%	7 78%	6 86%	~	~	~	~	~	~	7 88%	16 89%	21 91%	2 67%	~	23 96%	
NO	3 12%	26 4%	1 25%	~	~	2 22%	1 14%	~	~	~	~	~	~	1 13%	2 11%	2 9%	1 33%	~	2 100%	1 4%
NOT ANSWERED		7																		
VALID CASES	26	617	4	5	8	9	7							8	18	23	3		2	24
NUMBER OF RESPONDENTS	26	624	4	5	8	9	7							8	18	23	3		2	24
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%		100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q66 YES	27 9%	639 12%*	6 11%	2 3%*	9 9%	10 15%	7 8%	~	~	~	~	~	~	12 8%	15 10%	24 9%~	2 12%~	7 3%*	20 37%*
NO	270 91%	4546 88%*	51 89%	70 97%*	92 91%	57 85%	80 92%	~	~	~	~	~	~	135 92%	133 90%	252 91%~	15 88%~	236 97%*	34 63%*
NOT ANSWERED	22	453	8	5	7	2								1		1		22	
VALID CASES	297	5185	57	72	101	67	87							147	148	276	17	243	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%



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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q67 YES	21 78%	445 77%	3 50%	2 100%	8 89%	8 80%	7 100%	~	~	~	~	~	~	6 50%	15 100%	19 79%	2 100%	1 14%	20 100%
NO	6 22%	136 23%	3 50%	~	1 11%	2 20%	~	~	~	~	~	~	~	6 50%	~	5 21%	~	6 86%	~
NOT ANSWERED		22																	
VALID CASES	27	582	6	2	9	10	7							12	15	24	2	7	20
NUMBER OF RESPONDENTS	27 100%	604 100%	6 100%	2 100%	9 100%	10 100%	7 100%							12 100%	15 100%	24 100%	2 100%	7 100%	20 100%

[ASKED IF Q66 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q68 YES	20 95%	427 96%	2 67%	2 100%	8 100%	8 100%	7 100%	~	~	~	~	~	~	5 83%	15 100%	18 95%	2 100%	20 100%	
NO	1 5%	17 4%	1 33%	~	~	~	~	~	~	~	~	~	~	1 17%	~	1 5%	~	1 100%	
NOT ANSWERED		6																	
VALID CASES	21	444	3	2	8	8	7							6	15	19	2	1	20
NUMBER OF RESPONDENTS	21	450	3	2	8	8	7							6	15	19	2	1	20
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES AND Q67 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q69 YES	30 10%	531 10%	7 12%	14 19%*	3 3%*	6 9%	11 13%	~	~	~	~	~	~	11 7%	19 13%	27 10%~	3 18%~	12 5%*	18 33%*
NO	267 90%	4648 90%	50 88%	58 81%*	98 97%*	61 91%	76 87%	~	~	~	~	~	~	136 93%	129 87%	249 90%~	14 82%~	231 95%*	36 67%*
NOT ANSWERED	22	459	8	5	7	2								1		1		22	
VALID CASES	297	5179	57	72	101	67	87							147	148	276	17	243	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q70 YES	14 48%	336 68%	4 57%	2 15%	2 67%	6 100%	5 45%	~	~	~	~	~	~	6 55%	8 44%	13 50%	1 33%	1 8%	13 76%
NO	15 52%	157 32%	3 43%	11 85%	1 33%	~	6 55%	~	~	~	~	~	~	5 45%	10 56%	13 50%	2 67%	11 92%	4 24%
NOT ANSWERED	1	8		1											1	1			1
VALID CASES	29	493	7	13	3	6	11							11	18	26	3	12	17
NUMBER OF RESPONDENTS	30	501	7	14	3	6	11							11	19	27	3	12	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q71 YES	12	293	3	2	2	5	4							5	7	11	1	12
	86%	92%	75%	100%	100%	83%	80%	~	~	~	~	~	~	83%	88%	85%	100%	~ 92%
NO	2	24	1			1	1							1	1	2		1 1
	14%	8%	25%	~	~	17%	20%	~	~	~	~	~	~	17%	13%	15%	~	100% 8%
NOT ANSWERED		3																
VALID CASES	14	317	4	2	2	6	5							6	8	13	1	1 13
NUMBER OF RESPONDENTS	14	320	4	2	2	6	5							6	8	13	1	1 13
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100% 100%

[ASKED IF Q69 = YES AND Q70 = YES]

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL- OTHR #	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q72 YES	30 10%	736 14%*	5 9%	7 10%	9 9%	9 13%	10 11%	~	~	~	~	~	~	10 7%	20 14%	29 11%~	1 6%~	3 1%*	27 50%*
NO	267 90%	4444 86%*	52 91%	65 90%	92 91%	58 87%	77 89%	~	~	~	~	~	~	137 93%	128 86%	247 89%~	16 94%~	240 99%*	27 50%*
NOT ANSWERED	22	458	8	5	7	2								1		1		22	
VALID CASES	297	5180	57	72	101	67	87							147	148	276	17	243	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%							148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q73 YES	27 90%	628 90%	4 80%	6 86%	9 100%	8 89%	9 90%	~	~	~	~	~	~	8 80%	19 95%	26 90%	1 100%	27 100%	
NO	3 10%	72 10%	1 20%	1 14%	~	1 11%	1 10%	~	~	~	~	~	~	2 20%	1 5%	3 10%	~	3 100%	
NOT ANSWERED		16																	
VALID CASES	30	700	5	7	9	9	10							10	20	29	1	3	27
NUMBER OF RESPONDENTS	30 100%	716 100%	5 100%	7 100%	9 100%	9 100%	10 100%							10 100%	20 100%	29 100%	1 100%	3 100%	27 100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ##	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	65 20%	971 17%	65 100%	~	~	~	19 22%	~	~	~	~	~	25 17%	30 20%	56 20%	6 ~	60 23%*	5 9%*
4 TO 7 YEARS OLD	77 24%	1380 24%	~	77 ~100%	~	~	20 23%	~	~	~	~	~	35 24%	37 25%	66 24%	6 35%	64 24%	13 24%
8 TO 12 YEARS OLD	108 34%	1689 30%	~	~	108 ~100%	~	28 32%	~	~	~	~	~	53 36%	49 33%	95 34%	6 35%	89 34%	19 35%
13 OR OLDER	69 22%	1597 28%*	~	~	69 ~100%	~	20 23%	~	~	~	~	~	35 24%	32 22%	60 22%	5 29%	52 20%	17 31%
VALID CASES	319	5638	65	77	108	69	87						148	148	277	17	265	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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



NQ75 IS YOUR CHILD MALE OR FEMALE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ75 MALE	168 53%	2948 52%	33 51%	47 61%	54 50%	34 49%	47 54%	~	~	~	~	~	73 49%	84 57%	148 53%~	9 53%~	127 48%*	41 76%*
FEMALE	151 47%	2690 48%	32 49%	30 39%	54 50%	35 51%	40 46%	~	~	~	~	~	75 51%	64 43%	129 47%~	8 47%~	138 52%*	13 24%*
VALID CASES	319	5638	65	77	108	69	87						148	148	277	17	265	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER				
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC				
Q76 HISPANIC OR LATINO	148 50%	2037 40%*	25 45%	35 49%	53 52%	35 52%	~	~	~	~	~	~	~	~	148 ~100%	148 ~100%	133 48%	12 71%	128 53%*	20 37%*	
NOT HISPANIC OR LATINO	148 50%	3094 60%*	30 55%	37 51%	49 48%	32 48%	86 100%	~	~	~	~	~	~	~	~	~	148 ~100%	143 52%	5 29%	114 47%*	34 63%*
NOT ANSWERED	23	507	10	5	6	2	1										1			23	
VALID CASES	296	5131	55	72	102	67	86								148	148	276	17	242	54	
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%								148 100%	148 100%	277 100%	17 100%	265 100%	54 100%	

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALS NATV ###	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
																	WHTE	IC
Q77.1 YES	142 45%	2548 45%	32 49%	33 43%	47 44%	30 43%	87 100%~	~	~	~	~	~	47 32%*	94 64%*	135 49%~	5 29%~	113 43%	29 54%
NO	177 55%	3090 55%	33 51%	44 57%	61 56%	39 57%	~	~	~	~	~	~	101 68%*	54 36%*	142 51%~	12 71%~	152 57%	25 46%
VALID CASES	319	5638	65	77	108	69	87						148	148	277	17	265	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q77.2 YES	4 1%	139 2%	~	~	2 3%	2 3%	~	~	~	~	~	~	2 1%	2 1%	3 1%	1 6%	1 0.4%	3 6%
NO	315 99%	5499 98%	65 100%	77 100%	106 98%	67 97%	87 100%	~	~	~	~	~	146 99%	146 99%	274 99%	16 94%	264 100%	51 94%
VALID CASES	319	5638	65	77	108	69	87						148	148	277	17	265	54
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER ALSK ###	MUL-OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q77.3	EAST TOT CHLD	2			13													
YES	OHP TOT CHLD	186	2										2	2		2		
		0.6%	~	3%~	~	~	~	~	~	~	~	~	1%	0.7%~	~	0.8%	~	
NO		317	65	75	108	69	87						148	146	275	17	263	54
		99%	100%~	97%~	100%~	100%~	100%~	~	~	~	~	~	100%~	99%~	99%~	100%~	99%	100%~
VALID CASES		319	65	77	108	69	87						148	148	277	17	265	54
NUMBER OF RESPONDENTS		319	65	77	108	69	87						148	148	277	17	265	54
		100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL-OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.4	EAST TOT CHLD	4	1	1	1	~	~	~	~	~	~	~	4	3	1	3	1	
YES	OHP TOT CHLD	61	1	0.9%	1%	~	~	~	~	~	~	~	3%*	1%~	6%~	1%	2%	
		1%	2%	1%	0.9%	1%	~	~	~	~	~	~	3%*	1%~	6%~	1%	2%	
		315	64	76	107	87	~	~	~	~	~	~	148	144	274	16	262	
NO	OHP TOT CHLD	5577	98%	99%	99%	100%~	~	~	~	~	~	~	100%~	97%~	99%~	94%~	99%	
		99%	98%	99%	99%	100%~	~	~	~	~	~	~	100%~	97%~	99%~	94%~	99%	
		319	65	77	108	87	~	~	~	~	~	~	148	148	277	17	265	
VALID CASES		5638	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	
NUMBER OF RESPONDENTS		319	65	77	108	87	~	~	~	~	~	~	148	148	277	17	265	
		5638	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	
		100%	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	



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

		AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL-OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q77.6	YES	32 10%	486 9%	7 11%	6 8%	13 12%	6 9%	~	~	~	~	~	~	29 20%*	3 2%*	31 11%~	1 6%~	26 10%	6 11%
	NO	287 90%	5152 91%	58 89%	71 92%	95 88%	63 91%	87 100%~	~	~	~	~	~	119 80%*	145 98%*	246 89%~	16 94%~	239 90%	48 89%
	VALID CASES	319	5638	65	77	108	69	87						148	148	277	17	265	54
	NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%



Q78 WHAT IS YOUR AGE?

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL- OTHR #	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q78 UNDER 18	12	196	3	4	4	1	4	~	~	~	~	~	~	6	6	12	~	10	2
	4%	4%	5%	6%	4%	2%	5%	~	~	~	~	~	~	4%	4%	4%~	~	4%	4%
18 TO 24	10	176	6	2	1	1	1	~	~	~	~	~	~	8	2	10	~	8	2
	3%	3%	11%*	3%	1%*	2%	1%	~	~	~	~	~	~	5%*	1%	4%~	~	3%	4%
25 TO 34	110	1691	35	37	34	4	33	~	~	~	~	~	~	50	59	99	10	93	17
	37%	33%	61%*	52%*	33%	6%*	38%	~	~	~	~	~	~	34%	40%	36%~	59%~	38%	32%
35 TO 44	111	2049	11	21	46	33	32	~	~	~	~	~	~	53	57	105	5	96	15
	38%	40%	19%*	30%	45%	50%*	37%	~	~	~	~	~	~	36%	39%	38%~	29%~	40%	28%
45 TO 54	36	738	2	3	12	19	8	~	~	~	~	~	~	23	13	32	2	25	11
	12%	14%	4%*	4%*	12%	29%*	9%	~	~	~	~	~	~	16%	9%	12%~	12%~	10%	21%
55 TO 64	12	229	~	2	4	6	8	~	~	~	~	~	~	3	9	12	~	8	4
	4%	4%	~	3%	4%	9%	9%*	~	~	~	~	~	~	2%	6%	4%~	~	3%	8%
65 TO 74	5	87	~	2	1	2	1	~	~	~	~	~	~	3	1	4	~	3	2
	2%	2%	~	3%	1%	3%	1%	~	~	~	~	~	~	2%	0.7%	1%~	~	1%	4%
75 OR OLDER		15	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		0.3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	23	457	8	6	6	3								2	1	3		22	1
VALID CASES	296	5181	57	71	102	66	87							146	147	274	17	243	53
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

Q79 ARE YOU MALE OR FEMALE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK ###	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q79 MALE	34 11%	711 14%	5 9%	6 9%	18 18%*	5 7%	8 9%	~	~	~	~	~	18 12%	16 11%	30 11%~	3 18%~	30 12%	4 8%
FEMALE	262 89%	4484 86%	52 91%	64 91%	84 82%*	62 93%	79 91%	~	~	~	~	~	127 88%	132 89%	244 89%~	14 82%~	213 88%	49 92%
NOT ANSWERED	23	443	8	7	6	2							3		3		22	1
VALID CASES	296	5195	57	70	102	67	87						145	148	274	17	243	53
NUMBER OF RESPONDENTS	319 100%	5638 100%	65 100%	77 100%	108 100%	69 100%	87 100%						148 100%	148 100%	277 100%	17 100%	265 100%	54 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL- OTHR #	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q80																			
8TH GRADE OR LESS	48 16%	593 12%*	5 9%	10 14%	17 17%	16 24%	1 1%*	~	~	~	~	~	~	47 32%*	1 0.7%*	40 15%~	7 41%~	44 18%*	4 8%*
SOME HIGH SCHOOL BUT DID NOT GRADUATE	40 14%	565 11%	5 9%	9 13%	17 17%	9 14%	2 2%*	~	~	~	~	~	~	31 21%*	9 6%*	38 14%~	1 6%~	35 15%	5 9%
HIGH SCHOOL GRADUATE OR GED	87 30%	1483 29%	19 35%	24 34%	31 30%	13 20%*	25 29%	~	~	~	~	~	~	40 28%	47 32%	82 30%~	4 24%~	68 28%	19 36%
SOME COLLEGE OR 2-YEAR DEGREE	96 33%	1722 33%	19 35%	24 34%	32 31%	21 32%	44 51%*	~	~	~	~	~	~	24 17%*	71 48%*	91 33%~	4 24%~	77 32%	19 36%
4-YEAR COLLEGE GRADUATE	12 4%	491 10%*	4 7%	2 3%	2 2%	4 6%	8 9%*	~	~	~	~	~	~	3 2%	9 6%	12 4%~	~	9 4%	3 6%
MORE THAN 4-YEAR COLLEGE DEGREE	10 3%	290 6%*	2 4%	2 3%	3 3%	3 5%	6 7%	~	~	~	~	~	~	~	10 7%*	9 3%~	1 6%~	7 3%	3 6%
NOT ANSWERED	26	495	11	6	6	3	1							3	1	5		25	1
VALID CASES	293	5143	54	71	102	66	86							145	147	272	17	240	53
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q81																			
MOTHER OR FATHER	275 94%	4883 95%	55 98%*	65 92%	96 96%	59 89%	78 90%	~	~	~	~	~	~	139 96%	134 92%	255 94%~	17 100%~	230 95%	45 88%
GRANDPARENT	10 3%	145 3%	~	5 7%	2 2%	3 5%	7 8%*	~	~	~	~	~	~	2 1%	7 5%	9 3%~	~	7 3%	3 6%
AUNT OR UNCLE	2 0.7%	13 0.2%	~	~	1 1%	1 2%	~	~	~	~	~	~	~	1 0.7%	1 0.7%	2 0.7%~	~	1 0.4%	1 2%
OLDER BROTHER OR SISTER		12 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE	1 0.3%	4 0.1%	~	1 1%	~	~	~	~	~	~	~	~	~	1 0.7%~	~	1 0.4%~	~	1 0.4%~	~
LEGAL GUARDIAN	4 1%	51 1%	1 2%	~	1 1%	2 3%	2 2%	~	~	~	~	~	~	1 0.7%	3 2%	4 1%~	~	3 1%	1 2%
SOMEONE ELSE	1 0.3%	36 0.7%	~	~	~	2 2%	~	~	~	~	~	~	~	1 0.7%~	~	1 0.4%~	~	~	1 2%
NOT ANSWERED	26	494	9	6	8	3								3	3	5		23	3
VALID CASES	293	5144	56	71	100	66	87							145	145	272	17	242	51
NUMBER OF RESPONDENTS	319	5638	65	77	108	69	87							148	148	277	17	265	54
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER IND/ALSK ##	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q82 YES	9	143	4		4	1						9		8	1	8	1	
	5%	4%	10%~	~	6%	3%~	~	~	~	~	~	11%*	~	5%~	14%~	5%~	3%~	
NO	172	3143	36	41	58	37	87					74	96	161	6	141	31	
	95%	96%	90%~	100%~	94%	97%~	100%~	~	~	~	~	89%~	100%~	95%~	86%~	95%~	97%~	
NOT ANSWERED	1	43			1							1		1		1		
VALID CASES	181	3286	40	41	62	38	87					83	96	169	7	149	32	
NUMBER OF RESPONDENTS	182	3329	40	41	63	38	87					84	96	170	7	150	32	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF SURVEY COMPLETED BY MAIL]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL-OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q83.1 YES	5	56	2		3								5		4	1	4	1	
	56%	41%	50%	~	75%	~	~	~	~	~	~	~	56%	~	50%	~100%	~	50%	~100%
NO	4	79	2		1	1							4		4		4		
	44%	59%	50%	~	25%	~100%	~	~	~	~	~	~	44%	~	50%	~	50%	~	
VALID CASES	9	135	4		4	1							9		8	1	8	1	
NUMBER OF RESPONDENTS	9	135	4		4	1							9		8	1	8	1	
	100%	100%	100%		100%	100%							100%		100%	100%	100%	100%	

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK ###	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.2 YES	3	44	1		1	1								3	2	1	3	
	33%	32%	25%		25%	100%	~	~	~	~	~	~	~	33%	25%	100%	38%	~
NO	6	91	3		3									6	6		5	1
	67%	68%	75%		75%	~	~	~	~	~	~	~	~	67%	75%	~	63%	100%
VALID CASES	9	135	4		4	1								9	8	1	8	1
NUMBER OF RESPONDENTS	9	135	4		4	1								9	8	1	8	1
	100%	100%	100%		100%	100%								100%	100%	100%	100%	100%

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

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER IND/ PAC ALSK ##	MUL-OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q83.3	EAST TOT CHLD																
YES	OHP TOT CHLD	11															
		8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO		9	124	4	4	1						9		8	1	8	1
		100%	92%	100%	~	100%	~	100%	~	100%	~	100%	~	100%	100%	100%	100%
VALID CASES		9	135	4	4	1						9		8	1	8	1
NUMBER OF RESPONDENTS		9	135	4	4	1						9		8	1	8	1
		100%	100%	100%	100%	100%						100%		100%	100%	100%	100%

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



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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER ALSK ###	MUL-OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q83.4	EAST TOT CHLD	5	76	2	3							5		5		4	1
YES	OHP TOT CHLD	56%	56%	50%	75%	~	~	~	~	~	~	56%	~	63%	~	50%	100%
		4	59	2	1	1						4		3	1	4	
NO		44%	44%	50%	25%	100%	~	~	~	~	~	44%	~	38%	100%	50%	~
VALID CASES		9	135	4	4	1						9		8	1	8	1
NUMBER OF RESPONDENTS		9	135	4	4	1						9		8	1	8	1
		100%	100%	100%	100%	100%						100%		100%	100%	100%	100%

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

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER ALSK ##	MUL-OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q83.5	EAST TOT CHLD				13												
YES	OHP TOT CHLD	7															
		5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO		9	128	4	4	1						9		8	1	8	1
		100%	95%~100%	~	~100%	~100%	~	~	~	~	~	~100%	~	~100%	~100%	~100%	~100%
VALID CASES		9	135	4	4	1						9		8	1	8	1
NUMBER OF RESPONDENTS		9	135	4	4	1						9		8	1	8	1
		100%	100%	100%	100%	100%						100%		100%	100%	100%	100%

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK ###	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ14 0-6	21 11%	307 8%	4 9%	5 11%	6 10%	6 14%	7 14%	~	~	~	~	~	5 6%	15 15%	18 10%	2 20%	17 12%	4 8%
7-8	62 32%	1107 30%	11 25%	17 38%	21 36%	13 30%	19 38%	~	~	~	~	~	27 33%	33 32%	54 31%	6 60%	41 29%	21 44%
9-10	108 57%	2234 61%	29 66%	23 51%	31 53%	25 57%	24 48%	~	~	~	~	~	49 60%	55 53%	101 58%	2 20%	85 59%	23 48%
VALID CASES	191	3648	44	45	58	44	50						81	103	173	10	143	48
NUMBER OF RESPONDENTS	191 100%	3648 100%	44 100%	45 100%	58 100%	44 100%	50 100%						81 100%	103 100%	173 100%	10 100%	143 100%	48 100%
MEAN	2.46	2.53	2.57	2.40	2.43	2.43	2.34						2.54	2.39	2.48	2.00	2.48	2.40
p stat_(*=Sig @ p<=.05)		.111	~	~	.744	~	.166	~	~	~	~	~	.130	.139	~	~	~	~

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
NQ41 0-6	23 9%	330 7%	4 9%	6 10%	7 8%	6 11%	8 11%	~	~	~	~	~	10 10%	13 10%	22 10%	1 7%	19 10%	4 8%
7-8	61 25%	960 22%	8 17%	20 34%	18 21%	15 27%	16 21%	~	~	~	~	~	26 25%	34 26%	51 23%	8 57%	50 26%	11 22%
9-10	160 66%	3168 71%	34 74%	33 56%	59 70%	34 62%	51 68%	~	~	~	~	~	69 66%	86 65%	151 67%	5 36%	125 64%	35 70%
VALID CASES	244	4459	46	59	84	55	75						105	133	224	14	194	50
NUMBER OF RESPONDENTS	244 100%	4459 100%	46 100%	59 100%	84 100%	55 100%	75 100%						105 100%	133 100%	224 100%	14 100%	194 100%	50 100%
MEAN	2.56	2.64	2.65	2.46	2.62	2.51	2.57						2.56	2.55	2.58	2.29	2.55	2.62
p stat_(*=Sig @ p<=.05)		.052	~.166	.318	.505	.855	~	~	~	~	~	~.993	.744	~	~.472	.472		

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
NQ48 0-6	1 3%	88 12%	~	~	~	8%	1 10%	~	~	~	~	~	1 5%	1 3%	~	~	1 5%	
7-8	10 26%	175 24%	~	30%	17%	42%	2 20%	~	~	~	~	4 21%	5 26%	9 25%	~	5 26%	5 25%	
9-10	28 72%	456 63%	100%	70%	83%	50%	7 70%	~	~	~	~	15 79%	13 68%	26 72%	2 100%	14 74%	14 70%	
VALID CASES	39	718	5	10	12	12	10					19	19	36	2	19	20	
NUMBER OF RESPONDENTS	39 100%	718 100%	5 100%	10 100%	12 100%	12 100%	10 100%					19 100%	19 100%	36 100%	2 100%	19 100%	20 100%	
MEAN	2.69	2.51	3.00	2.70	2.83	2.42	2.60					2.79	2.63	2.69	3.00	2.74	2.65	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ54 RATING OF CHILD'S HEALTH PLAN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK NATV ###	MUL-OTHR #	MUL-TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	NO CCC	CCC
NQ54 0-6	36 12%	696 13%	4 7%	12 17%	8 8%	12 19%	15 18%	~	~	~	~	~	10 7%*	26 18%*	35 13%~	1 6%~	26 11%	10 19%
7-8	82 28%	1488 29%	14 25%	21 29%	32 31%	15 23%	26 31%	~	~	~	~	~	25 17%*	54 37%*	74 27%~	5 31%~	65 27%	17 32%
9-10	177 60%	3026 58%	39 68%	39 54%	62 61%	37 58%	44 52%	~	~	~	~	~	109 76%*	66 45%*	164 60%~	10 63%~	151 62%	26 49%
VALID CASES	295	5210	57	72	102	64	85						144	146	273	16	242	53
NUMBER OF RESPONDENTS	295 100%	5210 100%	57 100%	72 100%	102 100%	64 100%	85 100%						144 100%	146 100%	273 100%	16 100%	242 100%	53 100%
MEAN	2.48	2.45	2.61	2.37	2.53	2.39	2.34						2.69	2.27	2.47	2.56	2.52	2.30
p stat_(*=Sig @ p<=.05)		.446	.104	.154	.342	.263	.045*	~	~	~	~	~	~0.000*	.000*	~		~.066	.066

GETTING NEEDED CARE

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK NATV ##	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	POOR	NO CCC	CCC	
NPRBSEE4 NQ46	2.28	2.21	2.60	2.36	2.29	2.08	2.55					2.18	2.35	2.27	2.00		2.43	2.14	
p stat_(*=Sig @ p<=.05)		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCARNES4 NQ15	2.47	2.45	2.61	2.43	2.43	2.41	2.60					2.40	2.53	2.51	1.80		2.50	2.37	
p stat_(*=Sig @ p<=.05)	.696		~	~	.613	~	.112	~	~	~	~	~	.244	.153		~	~	~	
COMPOSITE	2.37	2.33	2.61	2.40	2.36	2.24	2.57	x	x	x	x	x	x	2.29	2.44	2.39	1.90	2.46	2.26
p stat_(*=Sig @ p<=.05)	.203		~	~	.726	~	.000*	~	~	~	~	~	.017*	.014*		~	~	0.000*	.020*

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ##	AMER IND/ALSK NATV ##	MUL-TI OTHR #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	NO CCC	CCC		
NCARSN4 NQ4	2.63	2.68	2.73	2.71	2.47	2.59	2.73							2.54	2.71	2.68	2.29	2.57	2.82
p stat_(*=Sig @ p<=.05)	.518		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.29	2.42	2.44	2.45	2.19	2.11	2.47							2.14	2.47	2.31	2.08	2.26	2.38
p stat_(*=Sig @ p<=.05)	.019*		~	~	~	~	~	~	~	~	~	~	~	.012*	.008*	~	~	~	~
COMPOSITE	2.46	2.55	2.58	2.58	2.33	2.35	2.60	x	x	x	x	x	x	2.34	2.59	2.50	2.18	2.42	2.60
p stat_(*=Sig @ p<=.05)	.022*		~	~	.043*	~	~	~	~	~	~	~	~	.001*	.001*	~	~	~	~



HOW WELL DOCTORS COMMUNICATE

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND PAC ###	AMER IND/ ALSK NATV ###	MUL- OTHR #	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
NDREXPL4 NQ32	2.66	2.70	2.74	2.68	2.67	2.53	2.82							2.52	2.77	2.66	2.44	2.63	2.74
p stat_(*=Sig @ p<=.05)		.306	~	~	.845	~	~	~	~	~	~	~	~	.008*	.015*	~	~	~	~
NDRLSTN4 NQ33	2.73	2.73	2.82	2.68	2.73	2.68	2.80							2.73	2.74	2.74	2.56	2.72	2.74
p stat_(*=Sig @ p<=.05)		.961	~	~	.969	~	~	~	~	~	~	~	~	.897	.799	~	~	~	~
NDRESPU4 NQ34	2.79	2.79	2.85	2.75	2.87	2.68	2.82							2.77	2.80	2.79	2.67	2.79	2.79
p stat_(*=Sig @ p<=.05)		.960	~	~	.178	~	~	~	~	~	~	~	~	.634	.924	~	~	~	~
NDRTMEN4 NQ37	2.50	2.50	2.59	2.37	2.50	2.54	2.61							2.42	2.59	2.51	2.44	2.43	2.69
p stat_(*=Sig @ p<=.05)		1.00	~	~	.970	~	~	~	~	~	~	~	~	.204	.088	~	~	~	~
COMPOSITE	2.67	2.68	2.75	2.62	2.69	2.61	2.76	x	x	x	x	x	x	2.61	2.72	2.68	2.53	2.64	2.74
p stat_(*=Sig @ p<=.05)		.789	~	~	.653	~	~	~	~	~	~	~	~	.146	.122	~	~	~	~

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ##	AMER IND/PAC ALSK ##	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NPBCLCS4 NQ50	2.34	2.30	2.41	2.33	2.32	2.33	2.30						2.38	2.29	2.36	2.17	2.30	2.57	
p stat_(*=Sig @ p<=.05)	.562		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.65	2.62	2.59	2.71	2.62	2.67	2.70						2.66	2.63	2.64	2.67	2.62	2.79	
p stat_(*=Sig @ p<=.05)	.625		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.50	2.46	2.50	2.52	2.47	2.50	2.50	x	x	x	x	x	x	2.52	2.46	2.50	2.42	2.46	2.68
p stat_(*=Sig @ p<=.05)	.591		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ12	2.25	2.41	1.63	2.23	2.47	2.73	2.22						2.11	2.31	2.20	3.00	2.14	2.45	
p stat_(*=Sig @ p<=.05)	.203		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ13	2.48	2.60	1.87	3.00	2.43	2.73	2.33						2.56	2.37	2.40	3.00	2.44	2.55	
p stat_(*=Sig @ p<=.05)	.258		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.37	2.51	1.75	2.62	2.45	2.73	2.28	x	x	x	x	x	x	2.33	2.34	2.30	3.00	2.29	2.50
p stat_(*=Sig @ p<=.05)	.059		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC
NEZMDEQ NQ20	2.60	2.28	3.00	3.00	3.00	1.00	2.00						3.00	2.00	2.50	3.00	3.00	1.00
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTHP NQ23	2.12	2.12	2.13	2.54	1.75	1.63	2.07						2.14	2.08	2.18	1.50	2.33	1.94
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NEZTC NQ26	2.06	2.11	3.00	2.50	2.20	1.62	1.75						2.08	2.06	2.08	2.00	2.00	2.10
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.26	2.17	2.71	2.68	2.32	1.41	1.94	x	x	x	x	x	2.41	2.05	2.25	2.17	2.44	1.68
p stat_(*=Sig @ p<=.05)	.164		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~



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

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND ##	AMER ALSK NATV ##	OTHR #	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
CARSN4 Q4	87%	92%	91%	88%	79%	88%	91%								85%	90%	90%	71%	83%	100%
APGET4 Q6	81%	84%	86%	93%	73%	75%	89%								75%	89%	82%	75%	78%	90%
AVERAGE	83.90	88.10	88.48	90.37	75.93	81.62	90.19	x	x	x	x	x	x	79.95	89.79	86.16	73.21	80.48	95.24	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK ###	MUL-OTHR #	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
DREXPL4 Q32	92%	93%	95%	91%	92%	89%	96%						89%	94%	92%	78%	92%	93%
DRLSTN4 Q33	95%	95%	97%	93%	96%	95%	98%						96%	94%	96%	89%	95%	95%
DRESPU4 Q34	96%	96%	97%	95%	96%	95%	98%						96%	95%	96%	89%	95%	100%
DRTMEN4 Q37	88%	87%	92%	79%	90%	92%	95%						83%	93%	88%	89%	85%	98%
AVERAGE	92.9	92.6	95.4	89.7	93.8	92.7	96.6	x	x	x	x	x	91.1	94.3	93.1	86.1	91.6	96.5

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK NATV ###	OTHR #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PBCLCS4 Q50	82%	79%	88%	81%	81%	78%	80%						83%	80%	83%	67%	81%	86%	
CSRESP Q51	94%	91%	94%	95%	94%	94%	100%						92%	97%	94%	100%	93%	100%	
AVERAGE	87.96	85.33	91.18	88.10	87.20	86.11	90.00	x	x	x	x	x	x	87.57	88.57	88.13	83.33	87.03	92.86



SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
NRXWHY Q11	93%	93%	100%	92%	93%	87%	100%							83%	97%	92%	100%	89%	100%
NRXWYNT Q12	63%	71%	31%	62%	73%	87%	61%							56%	66%	60%	100%	57%	73%
RXBST Q13	74%	80%	44%	100%	71%	87%	67%							78%	69%	70%	100%	72%	77%
AVERAGE	76.7	81.2	58.3	84.6	79.4	86.7	75.9	x	x	x	x	x	x	72.2	77.1	74.0	100	72.7	83.3

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/ALSK NATV ###	MUL-TI OTHR #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
EZMDEQ Q20	80%	74%	100%	100%	100%	0%	50%							100%	50%	75%	100%	100%	0%
EZTHP Q23	70%	68%	75%	85%	50%	50%	64%							71%	68%	75%	25%	80%	61%
EZTC Q26	63%	66%	100%	88%	70%	38%	50%							67%	59%	62%	67%	67%	60%
AVERAGE	70.7	69.4	75.0	86.1	73.3	44.2	54.8	x	x	x	x	x	x	79.4	58.9	70.5	45.8	82.2	60.6

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	EAST TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND ###	AMER IND/PAC ALSK NATV ###	MUL-TI #	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	86%	86%	92%	91%	85%	79%	80%							90%	83%	86%	100%	85%	91%
DRUNCON Q43	86%	89%	100%	100%	85%	71%	79%							86%	85%	85%	83%	94%	82%
DRUNFAM Q44	84%	87%	100%	91%	85%	71%	79%							79%	88%	85%	83%	88%	82%
AVERAGE	85.6	87.3	97.3	93.9	84.9	73.9	79.0	x	x	x	x	x	x	84.7	85.4	85.7	88.9	89.0	85.0

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

	EAST TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALS	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
HELPCONT Q18	100%	89%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%	
HLPCOORD Q29	64%	57%	50%	60%	67%	73%	83%							62%	70%	66%	71%	59%	70%
AVERAGE	81.8	73.0	75.0	80.0	83.3	86.7	91.7	x	x	x	x	x	x	81.0	85.0	83.0	85.7	79.7	84.8

INDEX OF ADULT TABLES

PAGE	QUESTION	TITLE
1. INTRODUCTION		
1	Q1	OUR RECORDS SHOW THAT YOU ARE NOW IN <HEALTH PLAN>. IS THAT RIGHT?
2. YOUR HEALTH CARE IN THE LAST 6 MONTHS		
2	Q3	IN THE LAST 6 MONTHS, DID YOU HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?
3	Q4	IN THE LAST 6 MONTHS, WHEN YOU NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOU GET CARE AS SOON AS YOU NEEDED? [ASKED IF Q3 = YES]
4	Q5	IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC?
5	Q6	IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC AS SOON AS YOU NEEDED? [ASKED IF Q5 = YES]
6	Q7	IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOU WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID YOU GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE FOR YOURSELF?
7	Q8	IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS? [ASKED IF Q7 >= 1 TIME]
8	Q9	IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE? [ASKED IF Q7 >= 1 TIME]
9	Q10	DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]
10	Q11	DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]
11	Q12	WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOU? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]
12	Q13	USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1 TIME]
13	Q14	IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS OR TREATMENT YOU NEEDED? [ASKED IF Q7 >= 1 TIME]

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

5. ACCESS TO DENTAL CARE

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



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

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

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

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

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

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

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

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PAGE	QUESTION	TITLE
1. INTRODUCTION		
1	Q1	OUR RECORDS SHOW THAT YOUR CHILD IS NOW IN <HEALTH PLAN>. IS THAT RIGHT?
2. YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS		
2	Q3	IN THE LAST 6 MONTHS, DID YOUR CHILD HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?
3	Q4	IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED? [ASKED IF Q3 = YES]
4	Q5	IN THE LAST 6 MONTHS, DID YOU MAKE ANY APPOINTMENTS FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC?
5	Q6	IN THE LAST 6 MONTHS, WHEN YOU MADE AN APPOINTMENT FOR A CHECK UP OR ROUTINE CARE FOR YOUR CHILD AT A DOCTOR'S OFFICE OR CLINIC, HOW OFTEN DID YOU GET AN APPOINTMENT AS SOON AS YOUR CHILD NEEDED? [ASKED IF Q5 = YES]
6	Q7	IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES YOUR CHILD WENT TO AN EMERGENCY ROOM, HOW MANY TIMES DID HE OR SHE GO TO A DOCTOR'S OFFICE OR CLINIC TO GET HEALTH CARE?
7	Q8	IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS IN YOUR CHILD? [ASKED IF Q7 >= 1 TIME]
8	Q9	IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE YOUR QUESTIONS ANSWERED BY YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER? [ASKED IF Q7 >= 1 TIME]
9	Q10	IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME]
10	Q11	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
11	Q12	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
12	Q13	WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]
13	Q14	USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1]
14	Q15	IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED? [ASKED IF Q7 >= 1 TIME]
15	Q16	IS YOUR CHILD NOW ENROLLED IN ANY KIND OF SCHOOL OR DAYCARE?

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

### 3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

### 4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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



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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING

110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

115 SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

118 CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

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

**SURVEY INSTRUCTIONS**

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

Correct Mark 

Incorrect Marks   

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

Yes → *Go to Question 1*  
 No

↓ **START HERE** ↓

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

- Yes → *Go to Question 3*
- No

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

\_\_\_\_\_

## YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

0 1 2 3 4 5 6 7 8 9 10

Worst Health Care Possible Best Health Care Possible

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

- Never
- Sometimes
- Usually
- Always

### YOUR PERSONAL DOCTOR

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

- Yes
- No → Go to Question 24

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → Go to Question 23

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

- Never
- Sometimes
- Usually
- Always

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

0 1 2 3 4 5 6 7 8 9 10

Worst Personal Doctor Possible Best Personal Doctor Possible



## GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes  
 No → *Go to Question 28*

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

- Never  
 Sometimes  
 Usually  
 Always

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

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

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

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

## YOUR HEALTH PLAN

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

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

- Yes  
 No → *Go to Question 30*

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Yes  
 No → *Go to Question 33*

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Yes  
 No → *Go to Question 35*







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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

### ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

### ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Yes
- No
- Don't know

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

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

- Yes
- No

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

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

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

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



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

- Yes
- No → **Go to Question 50**

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

- Yes
- No

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

- Yes
- No → **Go to Question 52**

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

- Yes
- No

52. What is your age?

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

53. Are you male or female?

- Male
- Female

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

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

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

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

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

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

57. Did someone help you complete this survey?

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

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

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

**THANK YOU**

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

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

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



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

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

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

**SURVEY INSTRUCTIONS**

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

Correct  
Mark 

Incorrect  
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

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

- Yes → *Go to Question 3*
- No

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

\_\_\_\_\_



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

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

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

### SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

### YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always



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

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





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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 54*

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

- Never
- Sometimes
- Usually
- Always

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

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

### PRESCRIPTION MEDICINES

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

- Yes
- No → *Go to Question 57a*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

### ACCESS TO DENTAL CARE

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

- Yes
- No

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

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



## ADDITIONAL QUESTIONS

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

## ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No

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

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



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

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

78. What is your age?

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

79. Are you male or female?

- Male
- Female

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

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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

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

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

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

**THANK YOU**

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

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

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







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

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

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

**INSTRUCCIONES PARA EL CUESTIONARIO**

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

Marca  
Correcta 

Marca  
Incorrecta   

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

- Sí → *Pase a la Pregunta 1*
- No

↓ **COMIENCE AQUI** ↓

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

- Sí → *Pase a la pregunta 3*
- No

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

\_\_\_\_\_



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

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

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

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









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

- Sí
- No

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

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

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

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

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

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

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

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

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

35p. En los últimos 6 meses, ¿sintió usted que 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 2015, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o espray nasal?

- Sí
- No
- No sé

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

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

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

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

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

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

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

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

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

- Sí
- No
- No sé

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

- Sí
- No
- No sé

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

- Sí
- No

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

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

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

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

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

- Sí
- No → **Pase a la pregunta 50**

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

- Sí
- No

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

- Sí
- No → **Pase a la pregunta 52**



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

- Sí
- No

52. ¿Qué edad tiene?

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

53. ¿Es usted hombre o mujer?

- Hombre
- Mujer

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

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

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

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

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

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

57. ¿Le ayudó alguien a completar esta encuesta?

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

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

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

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

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

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



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

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

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

**INSTRUCCIONES PARA EL CUESTIONARIO**

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

Marca  
Correcta ●

Marca  
Incorrecta   

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

● Sí ➔ *Pase a la Pregunta 1*  
○ No

↓ **COMIENCE AQUI** ↓

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

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

○ Sí ➔ *Pase a la pregunta 3*  
○ No

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

\_\_\_\_\_



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

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

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

Sí  
 No → *Pase a la pregunta 5*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

Sí  
 No → *Pase a la pregunta 7*

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre

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

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

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

Sí  
 No

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

Nunca  
 A veces  
 La mayoría de las veces  
 Siempre



## SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

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

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

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 37*

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

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

### EL DOCTOR PERSONAL DE SU NIÑO

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

- Sí
- No → *Pase a la pregunta 45*

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

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

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

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



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 45*

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

- Sí
- No

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

- Sí
- No



## LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 49*

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

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

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

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

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

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

## EL PLAN DE SALUD DE SU NIÑO

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

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

- Sí
- No → *Pase a la pregunta 52*

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

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



## PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 58*

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

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

## ACERCA DE USTED Y DE SU NIÑO

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No → *Pase a la pregunta 63*



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

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

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

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

Masculino

Femenino

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

Sí, hispano o latino

No, ni hispano ni latino

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

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

---

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

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

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

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

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

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

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

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

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

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

---

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

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

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



DIAL.SCREEN

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

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

(IWER: THIS IS NOT A PROXY INTERVIEW.)

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

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

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

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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



PRVENT5

Q8. / PRVENT5

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

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

Do you have a personal doctor?

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

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

DRTMS

16. / DRTMS

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

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

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

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

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

DREXPL4

17. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

23. / RATEDR4

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

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

NDSPDR4

24. / NDSPDR4

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

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

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

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

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

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

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

PRBSEE4

25. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

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

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

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

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

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

RTSPDR4

27. / RTSPDR4

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

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

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

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

LOOMAT4

28. / LOOMAT4

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

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

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

UNDINF4

29. / UNDINF4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4

30. / CLCSRV4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

31. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

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

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED



HPMDEQ

35a. / HPMDEQ

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

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

EZMDHP

35b. / EZMDHP

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

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

POSTHP

35c. / POSTHP

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

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

EZPOST

35d. / EZPOST

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

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

INTRO.SHLTHIS

INTRO.SHLTHIS

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

SHLTHIS

35e. / SHLTHIS

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

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

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

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

(READ LIST)

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

ELISTEN

35g. / ELISTEN

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

## CHTREAT

35i. / CHTREAT

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

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

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

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

## PCTREAT

35j. / PCTREAT

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

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

## BSTREAT

35k. / BSTREAT

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

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

## EASYQC

35l. / EASYQC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

## REGDENT

35q. / REGDENT

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

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

## DNTASAP

35r.

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

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

DK/REFUSAL/NOT ASCERTAINED

## HLTSTA4

36. / HLTSTA4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## MNTLSTAT

37. / MNTLSTAT

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## FLUSHOTQ

38. / FLUSHOTQ

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

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

## NOWSMOK

39. / NOWSMOK

Do you now smoke cigarettes or use tobacco...

(READ LIST)

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

## ADVQUIT9

40. / ADVQUIT9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## PATCH9

41. / PATCH9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

WILLPWR9

42. / WILLPWR9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPDAY

43. / ASPDAY

Do you take aspirin daily or every other day?

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

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

Aspirin: Bayer and Bufferin

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

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

ASPUSF

44. / ASPUSF

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

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

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

9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPPRV

45. / ASPPRV

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.AWCOND  
INTRO.AWCOND

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

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

[First,/(Next/How About...)]

1. "High cholesterol"
2. "High blood pressure"
3. "Parent or sibling who had a heart attack before the age of 60"

(IWER IF NECESSARY: "Are you aware if you have this condition?")

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.DRCOND  
INTRO.DRCOND

When I read the following list, please tell me if a doctor has ever told you that you have any of these conditions.

PHDRCD.(1-4)  
47.(1-4) / PHDRCD.(1-4)

[First,/(Next/How About...)]

1. "A heart attack"
2. "Angina or coronary heart disease"
3. "A stroke"
4. "Any kind of diabetes or high blood sugar"

(IWER IF NECESSARY: "Has a doctor ever told you that you have this condition?")

[FOR PHDRCD.2: (IWER IF NEEDED, CLARIFY: Angina pectoris (an-JYE-nuh or AN-jin-uh PECK-ter-iss) is severe pain in the chest associated with insufficient blood supply to the heart.)]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED



SMPROB

48. / SMPROB

I have just a few more questions.

In the last 6 months, did you get health care 3 or more times for the same condition or problem?

1. YES
2. NO -----> TKMED

DK/REFUSAL/NOT ASCERTAINED --> TKMED

PRBLST

49. / PRBLST

Is this a condition or problem that has lasted for at least 3 months? [Please do NOT include pregnancy or menopause.]

[(IWER IF NEEDED, CLARIFY: Menopause (men-ne-paws) is the time in a woman's life when she stops having menstrual periods. It is sometimes called 'the change of life' or 'the change'.)]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TKMED

50. / TKMED

Do you now need or take medicine prescribed by a doctor? [Please do NOT include birth control.]

1. YES
2. NO -----> QAGE4

DK/REFUSAL\NOT ASCERTAINED --> QAGE4

TRTCOND

51. / TRTCOND

Is this medicine to treat a condition that has lasted for at least three months? [Please do NOT include pregnancy or menopause.]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

QAGE4

52. / QAGE4

What is your age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ LIST IF NEEDED, "Are you...")

1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

QGENDER

53. / QGENDER

(IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

(ASK IF NECESSARY, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT

54. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?  
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

LATINO

55. / LATINO

Are you of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

56.(1-6) / PQRACE3.(1-6)

[(Are you)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY RACE?" SAY "We ask about your race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.

RETURN TO COVERSHEET

## DIAL.SCREEN

DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH ONLY THE PARENT OR GUARDIAN WHO KNOWS MOST ABOUT FNAME LNAME'S HEALTH CARE.  
PHONE NUMBER ---> [ 1 CELL PHONE - HAND DIAL ([AREA\$]) [FRST3\$] - [LAST4\$] /\*\*\* \*\*\*-\*\*\*\*]

(IWER: THIS IS A PROXY INTERVIEW.)

Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may be monitored and recorded for quality control. May I please speak with the person who knows the most about [NAME OF CHILD]'s health care?

(IF NEEDED: "We are conducting an important study to find out how satisfied families are with Oregon Health Plan. The results of the study will help Oregon Health Plan improve the care they provide and will also help consumers when they choose health care plans.")

(IF NEEDED: "The interview is completely confidential and voluntary, and will not affect your child's health care or benefits in any way.")

(IF NEEDED: "This is purely a research study -- we are polling people about their child's health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

01. CONTINUE
02. ALREADY COMPLETED AND MAILED SURVEY BACK
03. NEW PHONE NUMBER
04. REFUSAL
05. APPOINTMENT
06. NEVER HEARD OF R
07. KNOWS R BUT HAS NO NEW NUMBER FOR R
08. RNA, ANS MACH, RETURN TO COVERSHEET
09. LANGUAGE PROBLEM -- SPEAKS SPANISH
10. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

IF DIAL.SCREEN = 01, GO TO RE.INTRO

IF DIAL.SCREEN = 02, GO TO MAIL.SCREEN

IF DIAL.SCREEN = 03, ENTER NEWNUMBER ON COVERSHEET AND RE-DIAL

RETURN TO COVERSHEET

## MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN  
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been lost in the mail. And since the deadline for mailing surveys has passed, we're now in the telephone phase of this study. May I continue?

(IF NEEDED: "This is purely a research study -- we are polling people about their child's health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO  
RETURN TO COVERSHEET

## RE.INTRO

RE.INTRO. (INTERVIEWER: READ PARENS TEXT IF R ISN'T PERSON WHO ANSWERED  
PHONE OR HAS NOT HEARD IT YET.)

(Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may be monitored and recorded for quality control.)

We are conducting an important study to find out how satisfied families are with Oregon Health Plan. The results of the study will help Oregon Health Plan improve the care they provide and will also help consumers when they choose health care plans.

The interview is completely confidential and voluntary, and will not affect your child's health care or benefits in any way.

(IF R ASKS: "How long will this take?", EXPLAIN: "The questions should take about 12-15 minutes to answer.")

(IF NEEDED: "This is purely a research study -- we are polling people about their child's health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

## SEX

SEX. (IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

1. MALE
2. FEMALE

## SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

## MEMBER

Q1. / MEMBER

I will be asking you about [NAME OF CHILD]'s health care. Please answer these questions based on the experiences you have had in getting health care for [NAME OF CHILD], and not on any experiences you may have had getting care for yourself or other members of your family.

Our records show that your child is now in Oregon Health Plan. Is that right?

(IWER: IF R SAYS "LEFT PLAN" OR "SWITCHED PLANS" OR "NO LONGER INSURED" ENTER "2". IF R IS NOT SURE IF HE/SHE IS PART OF Oregon Health Plan, ENTER "2".)

1. YES --> CK.PLMSTCR
2. NO

DK/REFUSAL/NOT ASCERTAINED

## NPLNAME

Q2. / NPLNAME

What is the name of your child's health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

(IF R SAYS SOMETHING CLOSE TO Oregon Health Plan, ENTER "2")

(IF R NOT SURE OF PLAN NAME, ENTER "2")

1. EXACT MATCH -----> CK.PLMSTCR
2. POSSIBLE MATCH -----> PLNAME
3. NOT A MATCH -----> PLNAME
4. CHILD NO LONGER INSURED -----> NO.INSUR
5. CHILD INSURED BY MEDICAID BUT DOESN'T -----> CK.PLMSTCR  
KNOW PLAN NAME
6. CHILD INSURED BUT NOT BY MEDICAID -----> NO.INSUR

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

-----  
IF NPLNAME = NOT A MATCH (3), GO TO END.SCREEN

INTRO.INCARE

INTRO.INCARE

Now I'm going to ask you some questions about your child's health care. When you answer these questions, please do NOT include dental visits or care your child got when [he/she] stayed overnight in a hospital.

INCARE

Q3. / INCARE

In the last 6 months, did your child have an illness, injury, or condition that NEEDED CARE RIGHT AWAY in a clinic, emergency room, or doctor's office?

1. YES
2. NO -----> APMAKE4

DK/REFUSAL/NOT ASCERTAINED --&gt; APMAKE4

CARSN4

Q4. / CARSN4

In the last 6 months, when your child NEEDED CARE RIGHT AWAY, how often did your child get care as soon as [he/she] needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

In the last 6 months, did you make any appointments for a CHECK-UP OR ROUTINE CARE for your child at a doctor's office or clinic?

1. YES
2. NO -----> OFCTIM4

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

In the last 6 months, when you made an appointment for a CHECK-UP OR ROUTINE CARE for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

In the last 6 months, NOT counting the times your child went to an emergency room, how many times did [he/she] go to a doctor's office or clinic to get health care?

(IWER: IF NECESSARY: "Your best estimate would be fine.")

(IWER: IF NEEDED CLARIFY: "Please don't include dental care your child received.")

(IWER: IF NEEDED CLARIFY, "Please include ALL doctor visits including those for routine, regular care and for an illness or injury.")

(READ LIST IF NEEDED: "Would you say...")

0. NONE,
1. 1 TIME,
2. 2,
3. 3,
4. 4,
5. 5 TO 9, OR
6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

IF OFCTIM4=0 OR DK/REFUSAL THEN GO TO CHSCHL



PRVENT5

Q8. / PRVENT5

In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

OFTQUES

9. / OFTQUES

In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RXSTP

10. / RXSTP

In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

1. YES
2. NO -----> RTALLCR

DK/REFUSAL/NOT ASCERTAINED --&gt; RTALLCR

NRXWHY

11. / NRXWHY

Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

12. / NRXWYNT

Did you and a doctor or other health provider talk about the reasons you might NOT want your child to take a medicine?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

13. / RXBST

When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

14. / RTALLCR

Using ANY NUMBER FROM 0 TO 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

(IF NEEDED: "Please do not include any dental care your child may have received.")

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## CHSCHL

16. / CHSCHL

Is your child now enrolled in any kind of school or daycare?

1. YES
2. NO -----> MEDEQUIP

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## CONTSCHL

17. / CONTSCHL

In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

1. YES
2. NO -----> MEDEQUIP

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

## HELPCONT

18. / HELPCONT

In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MEDEQUIP

19. / MEDEQUIP

Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

1. YES
2. NO -----> SPCTHY

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

## EZMDEQ

20. / EZMDEQ

In the last 6 months, how often was it easy to get special medical equipment or devices for your child? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPMDEQ

21. / HELPMDEQ

Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## SPCTHY

22. / SPCTHY

In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

1. YES
2. NO -----> TCPBLM

DK/REFUSAL/NOT ASCERTAINED --&gt; TCPBLM

## EZTHP

23. / EZTHP

In the last 6 months, how often was it easy to get this therapy for your child? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPTHP

24. / HELPTHP

Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## TCPBLM

25. / TCPBLM

In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

1. YES
2. NO -----> PLUSCARE

DK/REFUSAL/NOT ASCERTAINED --&gt; PLUSCARE

EZTC

26. / EZTC

In the last 6 months, how often was it easy to get this treatment or counseling for your child? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PLUSCARE

28. / PLUSCARE

In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

1. YES
2. NO -----> PRSNLD4

DK/REFUSAL/NOT ASCERTAINED --> PRSNLD4

HLPCOORD

29. / HLPCOORD

In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

A personal doctor is the one your child would see if [he/she] needs a check-up, has a health problem or gets sick or hurt.

Does your child have a personal doctor?

1. YES
2. NO -----> INTRO.SPDR

DK/REFUSAL/NOT ASCERTAINED --> INTRO.SPDR

DRTMS

31. / DRTMS

In the last 6 months, how many times did your child visit  
[his/her] personal doctor for care?

(IF NEEDED: "Your best estimate would be fine.")

(READ LIST IF NEEDED: "Would you say...")

- 0. NONE, -----> RATEDR4
- 1. 1 TIME,
- 2. 2,
- 3. 3,
- 4. 4,
- 5. 5 TO 9, OR
- 6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> RATEDR4

PBDRNG

31a. / PBDRNG

In the last 6 months, how often did you have a hard time speaking with  
or understanding your child's personal doctor because you spoke different  
languages? Would you say...?

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DREXPL4

32. / DREXPL4

In the last 6 months, how often did your child's personal  
doctor explain things about your child's health in a way that was  
easy to understand? Would you say...?

(READ LIST)

- 1. NEVER,
- 2. SOMETIMES,
- 3. USUALLY, OR
- 4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

33. / DRLSTN4

In the last 6 months, how often did your child's personal doctor listen carefully to you? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

34. / DRESPU4

In the last 6 months, how often did your child's personal doctor show respect for what you had to say? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK

35. / CABLTLK

Is your child able to talk with doctors about [his/her] health care?

1. YES
2. NO -----> DRTMEN4

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL

36. / CDREXPL

In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for YOUR CHILD to understand? Would you say...

(READ LIST)

1. NEVER
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

37. / DRTMEN4

In the last 6 months, how often did your child's personal doctor spend enough time with your child? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTLKU

38. / DRTLKU

In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DIFFDR

39. / DIFFDR

In the last 6 months, did your child get care from a doctor or other health provider besides [his/her] personal doctor?

1. YES
2. NO -----> RATEDR4

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

40. / DRINFO

In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)



RATEDR4

41. / RATEDR4

Using ANY NUMBER FROM 0 TO 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

COND3MO

42. / COND3MO

Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 MONTHS?

(IWER: "We are looking for a condition that the child CURRENTLY HAS that has lasted for more than 3 months." )

1. YES
2. NO -----> INTRO.SPDR

DK/REFUSAL/NOT ASCERTAINED --> INTRO.SPDR

DRUNCON

43. / DRUNCON

Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DRUNFAM

44. / DRUNFAM

Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your FAMILY'S day-to-day life?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

INTRO.SPDR

Now I'm going to ask you some questions about specialists. When you answer these questions, please do NOT include dental visits or care your child got when (he/she) stayed overnight in a hospital.

NDSPDR4

45. / NDSPDR4

SPECIALISTS are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments for your child to see a specialist?

(CLARIFY IF NEEDED: "Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists, but do not include any dental visits.")

(IWER: IF RESPONDENT ASKS IF A PARTICULAR TYPE OF DOCTOR IS A SPECIALIST, CLARIFY, "I don't have any information about that, so please just interpret it however it seems best to you.")

(CLARIFY IF NEEDED: "You can interpret this question however it seems best to you.")

1. YES
2. NO -----> INTRO.PLAN

DK/REFUSAL/NOT ASCERTAINED --> INTRO.PLAN

PRBSEE4

46. / PRBSEE4

In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

47. / SPDRS

How many specialists has your child seen in the last 6 months?

(CLARIFY IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say your child has seen...")

(READ LIST IF NEEDED: "Would you say...")

0. NONE, -----> INTRO.PLAN
1. 1 SPECIALIST,
2. 2,
3. 3,
4. 4, OR
5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN

RTSPDR4

48. / RTSPDR4

We want to know your rating of the specialist your child saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

(Clarify if necessary: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.")

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

INTRO.PLAN

Now I'm going to ask you some questions about your experience with your child's health plan.

CLCSRV4

49. / CLCSRV4

In the last 6 months, did you get information or help from customer service at your child's health plan?

1. YES
2. NO -----> PLPRWK4

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

In the last 6 months, did your child's health plan give you any forms to fill out?

1. YES
2. NO -----> RTPLEXP

DK/REFUSAL/NOT ASCERTAINED --&gt; RTPLEXP

PBPLPW4

53. / PBPLPW4

In the last 6 months, how often were the forms from your child's health plan easy to fill out? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

00            01 02 03 04 05 06 07 08 09    10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

In the last 6 months, did you get or refill any prescription medicines for your child?

1. YES
2. NO -----> REGDENT

DK/REFUSAL/NOT ASCERTAINED --&gt; REGDENT

## EZPRES

56. / EZPRES

In the last 6 months, how often was it easy to get prescription medicines for your child through [his/her] health plan? Would you say...

(READ LIST)

1. NEVER,
2. SOMETIMES,
3. USUALLY, or
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

## HELPPRES

57. / HELPPRES

Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## REGDENT

57a. / REGDENT

A regular dentist is one you would go to for check-ups and cleanings or when [he/she] has a cavity or tooth pain.

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## DNTASAP

57b. / DNTASAP

In the last 6 months, if your child needed to see a dentist right away because of a DENTAL EMERGENCY, did [he/she] get to see a dentist as soon as you wanted? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

## CHTREAT

57c. / CHTREAT

Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment.

In the last 6 months, did your provider tell you there was more than one choice for your child's treatment or health care?

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

## PCTREAT

57d. / PCTREAT

In the last 6 months, did your provider talk with you about the pros and cons of each choice for your child's treatment or health care?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## BSTREAT

57e. / BSTREAT

In the last 6 months, when there was more than one choice for your child's treatment or health care, did your provider ask you which choice was best for your child?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## RESPCHT

57f. / RESPCHT

In the last 6 months, how often did your child's provider respect what health care and treatment choices you thought work best for your child? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

## ENCORQC

57g. / ENCORQC

In the last 6 months, how often did your child's provider encourage you to ask questions and raise concerns? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

EASYQC

57h. / EASYQC

In the last 6 months, how often did your child's provider make it easy for you to ask questions and raise concerns? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

58. / HLTSTA4

In general, how would you rate your child's overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

In general, how would you rate your child's overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

Other than vitamins, does your child currently need or use medicine prescribed by a doctor?

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --&gt; MOREMED

## WHYMEDA

61. / WHYMEDA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

## WHYMEDB

62. / WHYMEDB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## MOREMED

63. / MOREMED

Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREA

64. / WHYMOREA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

## WHYMOREB

65. / WHYMOREB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

## LIMITED

66. / LIMITED

Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP



WHYLIMA

67. / WHYLIMA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --&gt; 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 --&gt; CHCOUNS

WHYSTA

70. / WHYSTA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --&gt; 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 --&gt; CAGE

TIMCOUNA

73. / TIMCOUNA

Has this problem lasted or is it expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

(IWER: IF NEEDED CLARIFY, "Please answer based on your child's age as of their last birthday.")

\_\_\_ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

(IF NEEDED: "Is your child male or female?")

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your child's race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

77.1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT

80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?  
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE  
SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT  
LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS  
SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH  
SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT

81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.