



Jackson Care Connect
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 Jackson Care Connect members. Jackson Care Connect 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	
	Jackson Care Connect	Overall	Jackson Care Connect	Overall
**First mailing - sent	900	17100	900	17100
*First mailing - usable survey returned	146	3058	129	2302
Second mailing - sent	728	13527	736	14026
*Second mailing - usable survey returned	60	1118	58	1027
*Phone - usable surveys	78	1495	115	2309
Total - usable surveys	284	5671	302	5638
†Ineligible: According to population criteria‡	22	431	12	323
†Ineligible: Deceased	2	38	0	2
†Ineligible: Mentally or physically unable to complete survey	7	166	0	0
†Ineligible: Language barrier	0	78	2	81
Incorrect address AND incorrect phone number	48	915	50	878
Refusal/Returned survey blank	54	871	44	905
Nonresponse - Unavailable by mail or phone	483	8930	490	9273
Adjusted Response Rate	32.7%	34.6%	34.1%	33.8%

*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	231 45.7%	113 39.8%	-5.95%
Female	274 54.3%	171 60.2%	5.95%
18-24	101 20.0%	37 13.0%	-6.97%
25-34	136 26.9%	51 18.0%	-8.97%
35-44	112 22.2%	43 15.1%	-7.04%
45-54	85 16.8%	54 19.0%	2.18%
55-64	56 11.1%	82 28.9%	17.78%
65-74	7 1.4%	14 4.9%	3.54%
75 or Older	8 1.6%	3 1.1%	-0.53%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	246 48.4%	164 54.3%	5.88%
Female	262 51.6%	138 45.7%	-5.88%
<3	90 17.7%	46 15.2%	-2.48%
4-7	123 24.2%	78 25.8%	1.62%
8-12	158 31.1%	94 31.1%	0.02%
13 or older	137 27.0%	84 27.8%	0.85%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
Q1 YES	279	5577	29	44	40	50	80	14	158						41	215	184	71	105	154
	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%
NOT ANSWERED	5	94	1	1	1		2	3						1	4	4	1	2	3	
VALID CASES	279	5577	29	44	40	50	80	14	158					41	215	184	71	105	154	
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161					42	219	188	72	107	157	
	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	
JCC 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 ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
Q3 YES	112 40%	2267 41%	7 23%~	19 42%~	16 39%~	19 40%~	30 38%	7 44%~	55 34%*	~	~	~	~	~	19 48%~	80 37%*	70 37%	30 42%	41 39%	59 38%
NO	167 60%	3221 59%	23 77%~	26 58%~	25 61%~	29 60%~	50 63%	9 56%~	106 66%*	~	~	~	~	~	21 53%~	139 63%*	117 63%	41 58%	65 61%	97 62%
NOT ANSWERED	5	183				2								2		1	1	1	1	
VALID CASES	279	5488	30	45	41	48	80	16	161						40	219	187	71	106	156
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
	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		
	JCC 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	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q4 NEVER	1 1%	61 3%*	~	~	~	~	4%~	~	~	~	~	~	~	~	~	1 1%	1 2%	~	3%~	~	
SOMETIMES	8 8%	267 13%*	14%~	11%~	7%~	11%~	8%~	~	~	~	~	~	~	~	~	2 13%~	5 7%~	4 6%~	4 15%~	5 14%~	3 5%~
USUALLY	25 24%	526 26%	14%~	26%~	27%~	11%~	27%~	17%~	~	~	~	~	~	~	~	5 31%~	15 20%~	14 21%~	6 22%~	9 24%~	11 20%~
ALWAYS	71 68%	1196 58%*	71%~	63%~	67%~	78%~	62%~	83%~	~	~	~	~	~	~	~	9 56%~	55 72%~	47 71%~	17 63%~	22 59%~	42 75%~
#ALWAYS + USUALLY (NET)	96 91%	1723 84%*	86%~	89%~	93%~	89%~	88%~	100%~	~	~	~	~	~	~	~	14 88%~	70 92%~	61 92%~	23 85%~	31 84%~	53 95%~
TOP BOX SCORE	71 68%	1196 58%*	71%~	63%~	67%~	78%~	62%~	83%~	~	~	~	~	~	~	~	9 56%~	55 72%~	47 71%~	17 63%~	22 59%~	42 75%~
NOT ANSWERED	7	187			1	1	4	1	4							3	4	4	3	4	3
VALID CASES	105	2050	7	19	15	18	26	6	51							16	76	66	27	37	56
NUMBER OF RESPONDENTS	112	2237	7	19	16	19	30	7	55							19	80	70	30	41	59
	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?

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q5 YES	184 66%	3682 67%	14 47%~	32 71%~	25 61%~	31 65%~	54 68%~	11 69%~	108 67%	~	~	~	~	~	~	25 61%~	141 65%	116 62%*	51 72%	62 58%*	106 68%
NO	95 34%	1794 33%	16 53%~	13 29%~	16 39%~	17 35%~	26 33%	5 31%~	52 33%	~	~	~	~	~	~	16 39%~	77 35%	71 38%*	20 28%	44 42%*	50 32%
NOT ANSWERED	5	196				2			1							1	1	1	1	1	1
VALID CASES	279	5475	30	45	41	48	80	16	160							41	218	187	71	106	156
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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?

	JCC 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 NATV ##	AMER IND/ ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q6 NEVER	4 2%	120 4%	1 7%	2 ~	2 9%	1 ~	1 2%	2 ~	~	~	~	~	~	~	1 5%	2 2%	3 3%	1 2%	1 2%	3 3%
SOMETIMES	32 19%	637 19%	3 21%	10 34%	5 22%	7 24%	5 10%	20 21%	~	~	~	~	~	~	6 27%	24 19%	19 18%	11 24%	8 14%	22 23%
USUALLY	40 24%	905 27%	2 14%	7 24%	9 39%	6 21%	8 16%	3 33%	19 20%	~	~	~	~	~	7 32%	28 22%	24 22%	11 24%	14 25%	21 22%
ALWAYS	93 55%	1691 50%	8 57%	12 41%	7 30%	16 55%	35 71%	6 67%	56 58%	~	~	~	~	~	8 36%	75 58%	61 57%	22 49%	33 59%	51 53%
#ALWAYS + USUALLY (NET)	133 79%	2596 77%	10 71%	19 66%	16 70%	22 76%	43 88%	9 100%	75 77%	~	~	~	~	~	15 68%	103 80%	85 79%	33 73%	47 84%	72 74%
TOP BOX SCORE	93 55%	1691 50%	8 57%	12 41%	7 30%	16 55%	35 71%	6 67%	56 58%	~	~	~	~	~	8 36%	75 58%	61 57%	22 49%	33 59%	51 53%
NOT ANSWERED	15	330	3	2	2	5	2	11							3	12	9	6	6	9
VALID CASES	169	3353	14	29	23	29	49	9	97						22	129	107	45	56	97
NUMBER OF RESPONDENTS	184	3683	14	32	25	31	54	11	108						25	141	116	51	62	106
	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?

	JCC 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 IND/ ALSK ##	MUL-TI ##	OTH-ER ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q7 NONE	72 26%	1469 27%	14 47%~	11 25%~	12 30%~	12 25%~	17 22%	3 19%~	37 23%	~	~	~	~	~	~	14 37%~	56 26%	55 30%	14 20%	33 31%	37 24%
1 TIME	51 19%	947 17%	6 20%~	8 18%~	11 28%~	7 15%~	13 16%	2 13%~	28 18%	~	~	~	~	~	~	5 13%~	42 19%	38 20%	9 13%	17 16%	31 20%
2	54 20%	900 17%	6 20%~	6 14%~	10 25%~	9 19%~	19 24%	4 25%~	38 24%*	~	~	~	~	~	~	9 24%~	45 21%	41 22%	12 17%	28 27%*	26 17%
3	32 12%	659 12%	2 7%~	9 20%~	3 7%~	7 15%~	6 8%	3 19%~	20 13%	~	~	~	~	~	~	3 8%~	26 12%	19 10%	11 16%	9 9%	21 14%
4	25 9%	465 9%	~	5 11%~	~	4 8%~	13 16%*	1 6%~	17 11%	~	~	~	~	~	~	2 5%~	20 9%	15 8%	8 12%	8 8%	15 10%
5 TO 9	28 10%	673 12%	1 3%~	5 11%~	3 7%~	5 10%~	7 9%	2 13%~	11 7%*	~	~	~	~	~	~	4 11%~	19 9%	14 8%	9 13%	5 5%*	18 12%
10 OR MORE TIMES	12 4%	305 6%	1 3%~	~	1 3%~	4 8%~	4 5%	1 6%~	9 6%	~	~	~	~	~	~	1 3%~	10 5%	4 2%*	6 9%	5 5%	6 4%
NOT ANSWERED	10	254	~	1	1	2	1	~	1	~	~	~	~	~	~	4	1	2	3	2	3
VALID CASES	274	5417	30	44	40	48	79	16	160	~	~	~	~	~	~	38	218	186	69	105	154
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161	~	~	~	~	~	~	42	219	188	72	107	157
	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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	JCC 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/ILLND ##	AMER IND/ALSK ##	MUL-TI ##	OTH-ER ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q8 #YES	143 73%	2759 72%	9 56%	24 75%	18 69%	27 79%	49 80%	9 75%	87 74%	~	~	~	~	~	~	18 78%	116 74%	94 74%	40 77%	50 72%	86 76%
NO	52 27%	1087 28%	7 44%	8 25%	8 31%	7 21%	12 20%	3 25%	30 26%	~	~	~	~	~	~	5 22%	40 26%	33 26%	12 23%	19 28%	27 24%
NOT ANSWERED	7	93		1	2	2	1	1	6							1	6	4	3	3	4
VALID CASES	195	3846	16	32	26	34	61	12	117							23	156	127	52	69	113
NUMBER OF RESPONDENTS	202 100%	3939 100%	16 100%	33 100%	28 100%	36 100%	62 100%	13 100%	123 100%							24 100%	162 100%	131 100%	55 100%	72 100%	117 100%

[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?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q9 YES	98 50%	2168 56%	5 31%~	15 47%~	11 41%~	21 62%~	30 50%~	6 50%~	59 50%	~	~	~	~	~	~	13 57%~	74 47%~	54 43%*	35 65%*	32 46%	57 50%
NO	97 50%	1687 44%	11 69%~	17 53%~	16 59%~	13 38%~	30 50%~	6 50%~	59 50%	~	~	~	~	~	~	10 43%~	82 53%~	71 57%*	19 35%*	37 54%	56 50%
NOT ANSWERED	7	84		1	1	2	2	1	5							1	6	6	1	3	4
VALID CASES	195	3855	16	32	27	34	60	12	118							23	156	125	54	69	113
NUMBER OF RESPONDENTS	202 100%	3939 100%	16 100%	33 100%	28 100%	36 100%	62 100%	13 100%	123 100%							24 100%	162 100%	131 100%	55 100%	72 100%	117 100%

[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?

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q10 #YES	83 86%	1919 93%*	4 80%~	14 93%~	10 91%~	16 76%~	25 83%~	6 100%~	50 85%~	~	~	~	~	~	~	11 85%~	64 86%~	47 87%~	30 86%~	29 91%~	47 82%~
NO	14 14%	152 7%*	1 20%~	1 7%~	1 9%~	5 24%~	5 17%~	~	9 15%~	~	~	~	~	~	~	2 15%~	10 14%~	7 13%~	5 14%~	3 9%~	10 18%~
NOT ANSWERED	18	379		2	2	4	3	1	6							5	7	8	4	5	7
VALID CASES	97	2072	5	15	11	21	30	6	59							13	74	54	35	32	57
NUMBER OF RESPONDENTS	115 100%	2451 100%	5 100%	17 100%	13 100%	25 100%	33 100%	7 100%	65 100%							18 100%	81 100%	62 100%	39 100%	37 100%	64 100%

[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?

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q11 #YES	76 79%	1506 73%	4 80%~	12 80%~	8 73%~	17 81%~	25 83%~	5 83%~	47 80%~	~	~	~	~	~	~	8 67%~	62 84%~	44 81%~	27 79%~	27 84%~	44 79%~
NO	20 21%	555 27%	1 20%~	3 20%~	3 27%~	4 19%~	5 17%~	1 17%~	12 20%~	~	~	~	~	~	~	4 33%~	12 16%~	10 19%~	7 21%~	5 16%~	12 21%~
NOT ANSWERED	2	53														1		1		1	
VALID CASES	96	2061	5	15	11	21	30	6	59							12	74	54	34	32	56
NUMBER OF RESPONDENTS	98	2114	5	15	11	21	30	6	59							13	74	54	35	32	57
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	JCC 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 ##	MUL-TI ##	OTH-ER ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE
Q12 #YES	79 82%	1561 76%	5 100%	14 100%	7 64%	20 95%	22 73%	4 67%	47 80%	~	~	~	~	~	9 69%	61 84%	49 92%	23 66%	30 94%	42 75%
NO	17 18%	492 24%	~	~	4 36%	1 5%	8 27%	2 33%	12 20%	~	~	~	~	~	4 31%	12 16%	4 8%	12 34%	2 6%	14 25%
NOT ANSWERED	2	61	1										1		1		1			
VALID CASES	96	2053	5	14	11	21	30	6	59						13	73	53	35	32	56
NUMBER OF RESPONDENTS	98	2114	5	15	11	21	30	6	59						13	74	54	35	32	57
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

	JCC 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 PAC ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-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
	0.5%	0.7%	~	~	4%	~	~	~	~	~	~	~	~	~	~0.6%	~0.8%	~	~	~0.9%
01		7	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
		0.2%																	
02	1	49	~	~	~	~	1	1						1	1	~	2	1	1
	0.5%	1%					~0.8%	~	~	~	~	~	~	~0.6%	~	~	2%	1%	~
03	5	78	~	1	1	1	2	3						1	4	~	5	1	4
	3%	2%	~	3%	4%	3%	3%	~	~	~	~	~	~	4%	3%	~	9%*	1%	4%
04	1	87	~	~	~	~	1	1						1	1	~	1	1	~
	0.5%	2%*					~0.8%	~	~	~	~	~	~	~0.6%	~0.8%	~	1%	~	~
05	6	281	1	1	2	1	1	4						6	4	2	2	2	4
	3%	7%*	6%	3%	8%	3%	2%	~	~	~	~	~	~	~	4%	3%	4%	3%	4%
06	13	233	~	2	4	4	2	7						2	10	9	2	3	9
	7%	6%	~	6%	15%	11%	3%	~	~	~	~	~	~	9%	6%	7%	4%	4%	8%
07	27	502	5	4	3	5	5	14						2	21	17	7	10	14
	14%	13%	31%	13%	12%	14%	8%	17%	~	~	~	~	~	9%	13%	13%	13%	14%	12%
08	34	866	1	7	5	4	15	1						3	30	23	9	12	21
	17%	23%	6%	22%	19%	11%	25%	8%	~	~	~	~	~	13%	19%	18%	17%	17%	18%
09	28	651	3	4	6	3	7	2						3	22	19	5	10	15
	14%	17%	19%	13%	23%	9%	11%	17%	~	~	~	~	~	13%	14%	15%	9%	14%	13%
BEST HEALTH CARE POSSIBLE	79	1054	6	13	4	17	27	7	51					12	61	53	22	29	46
	41%	27%*	38%	41%	15%	49%	44%	58%	~	~	~	~	~	52%	39%	42%	42%	42%	40%
#8-10 (NET)	141	2571	10	24	15	24	49	10	88					18	113	95	36	51	82
	72%	67%	63%	75%	58%	69%	80%	83%	~	~	~	~	~	78%	72%	75%	68%	74%	72%

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		
	JCC 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/ILLND ##	AMER IND/PAC/ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY FAIR & POOR	FE-MALE	MALE	
9-10 (NET)	107 55%	1705 44%*	9 56%~	17 53%~	10 38%~	20 57%~	34 56%	9 75%~	65 55%	~	~	~	~	~	15 65%~	83 53%~	72 57%	27 51%	39 57%	61 54%
NOT ANSWERED	7	105		1	2	1	1	1	5						1	5	4	2	3	3
VALID CASES	195	3834	16	32	26	35	61	12	118						23	157	127	53	69	114
NUMBER OF RESPONDENTS	202 100%	3939 100%	16 100%	33 100%	28 100%	36 100%	62 100%	13 100%	123 100%						24 100%	162 100%	131 100%	55 100%	72 100%	117 100%
MEAN	8.37	7.91	8.44	8.44	7.38	8.46	8.48	9.17	8.43						8.70	8.30	8.52	8.02	8.45	8.31
p stat_(*=Sig @ p<=.05)		.002*	~	~	~	~	.598	~	.571	~	~	~	~	~	~	~	.130	.176	.663	.587

[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?

	JCC 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 ##	OTH R ##	MUL- TI ##	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q14 NEVER	2 1%	112 3%*	1 6%~	~	~	1 3%~	~	~	~	~	~	~	~	~	1 4%~	1 0.6%~	2 2%~	~	1 1%~	1 0.9%~
SOMETIMES	23 12%	652 17%*	3 19%~	6 19%~	6 23%~	3 9%~	4 7%~	~	~	~	~	~	~	~	13 13%~	19 12%~	13 10%~	9 17%~	9 13%~	13 11%~
USUALLY	56 29%	1292 34%	3 19%~	13 41%~	11 42%~	8 23%~	15 25%~	3 25%~	~	~	~	~	~	~	33 28%	~	~	~	~	~
ALWAYS	113 58%	1764 46%*	9 56%~	13 41%~	9 35%~	23 66%~	42 69%*	9 75%~	~	~	~	~	~	~	72 61%	~	~	~	~	~
#ALWAYS + USUALLY (NET)	169 87%	3056 80%*	12 75%~	26 81%~	20 77%~	31 89%~	57 93%*	12 100%~	~	~	~	~	~	~	105 88%	~	~	~	~	~
TOP BOX SCORE	113 58%	1764 46%*	9 56%~	13 41%~	9 35%~	23 66%~	42 69%*	9 75%~	~	~	~	~	~	~	72 61%	~	~	~	~	~
NOT ANSWERED	8	119	~	1	2	1	1	1	~	~	~	~	~	~	4	~	~	~	~	~
VALID CASES	194	3820	16	32	26	35	61	12	~	~	~	~	~	~	119	~	~	~	~	~
NUMBER OF RESPONDENTS	202 100%	3939 100%	16 100%	33 100%	28 100%	36 100%	62 100%	13 100%	123 100%	~	~	~	~	~	~	~	~	~	~	~

[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?

	JCC 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	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q15 YES	217 78%	4350 80%	21 70%~	32 71%~	30 73%~	45 90%*	64 80%	14 88%~	135 84%*	~	~	~	~	~	~	28 67%~	178 81%*	146 78%	59 82%	79 74%	128 82%
NO	60 22%	1094 20%	9 30%~	13 29%~	11 27%~	5 10%*	16 20%	2 13%~	26 16%*	~	~	~	~	~	~	14 33%~	41 19%*	42 22%	13 18%	28 26%	29 18%
NOT ANSWERED	7	228																			
VALID CASES	277	5443	30	45	41	50	80	16	161							42	219	188	72	107	157
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

	JCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q16 NONE	42 20%	890 22%	7 35%~	5 16%~	5 17%~	12 28%~	9 15%~	3 21%~	30 23%	~	~	~	~	~	~	2 8%~	39 23%~	32 23%	8 14%	15 21%	16 20%
1 TIME	58 28%	1017 25%	8 40%~	7 22%~	15 52%~	9 21%~	15 25%~	2 14%~	36 27%	~	~	~	~	~	~	8 31%~	47 27%~	46 33%*	10 18%*	22 30%	34 27%
2	49 24%	826 20%	3 15%~	9 28%~	7 24%~	6 14%~	20 33%~	2 14%~	30 23%	~	~	~	~	~	~	8 31%~	40 23%~	34 24%	14 25%	20 27%	28 22%
3	23 11%	578 14%	1 5%~	4 13%~	1 3%~	9 21%~	4 7%~	4 29%~	16 12%	~	~	~	~	~	~	1 4%~	22 13%~	13 9%	10 18%	5 7%	18 14%
4	13 6%	309 7%	~	3 9%~	~	2 5%~	5 8%~	1 7%~	6 5%	~	~	~	~	~	~	1 4%~	10 6%~	7 5%	4 7%	4 5%	7 6%
5 TO 9	20 10%	401 10%	1 5%~	4 13%~	1 3%~	4 9%~	6 10%~	2 14%~	10 8%	~	~	~	~	~	~	6 23%~	12 7%~	9 6%*	8 14%	6 8%	12 9%
10 OR MORE TIMES	3 1%	98 2%	~	~	~	1 2%~	2 3%~	~	3 2%~	~	~	~	~	~	~	~	3 2%~	~	3 5%	1 1%	2 2%
NOT ANSWERED	9	232	1	~	1	2	3	~	4	~	~	~	~	~	~	2	5	5	2	6	1
VALID CASES	208	4118	20	32	29	43	61	14	131	~	~	~	~	~	~	26	173	141	57	73	127
NUMBER OF RESPONDENTS	217	4350	21	32	30	45	64	14	135	~	~	~	~	~	~	28	178	146	59	79	128
	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?

	JCC 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 NATV	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q17 NEVER		58 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	8 5%	230 7%	2 15%	2 7%	1 4%	1 3%	2 4%	4 4%	~	~	~	~	~	~	3 13%	5 4%	2 2%*	5 10%	2 3%	6 6%
USUALLY	29 17%	675 21%	2 15%	4 15%	3 12%	7 23%	7 13%	3 27%	19 19%	~	~	~	~	~	3 13%	23 17%	17 16%	10 20%	9 16%	18 18%
ALWAYS	129 78%	2229 70%*	9 69%	21 78%	20 83%	23 74%	43 83%	8 73%	78 77%	~	~	~	~	~	18 75%	106 79%	90 83%*	34 69%	47 81%	77 76%
#ALWAYS + USUALLY (NET)	158 95%	2905 91%*	11 85%	25 93%	23 96%	30 97%	50 96%	11 100%	97 96%	~	~	~	~	~	21 88%	129 96%	107 98%*	44 90%	56 97%	95 94%
TOP BOX SCORE	129 78%	2229 70%*	9 69%	21 78%	20 83%	23 74%	43 83%	8 73%	78 77%	~	~	~	~	~	18 75%	106 79%	90 83%*	34 69%	47 81%	77 76%
NOT ANSWERED		27																		
VALID CASES	166	3193	13	27	24	31	52	11	101						24	134	109	49	58	101
NUMBER OF RESPONDENTS	166	3220	13	27	24	31	52	11	101						24	134	109	49	58	101
	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?

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- IC	HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q18 NEVER		63 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	8 5%	266 8%*	~	2 7%~	2 8%~	2 6%~	1 2%	5 5%	~	~	~	~	~	~	2 8%~	5 4%~	1 0.9%*	5 10%~	1 2%	6 6%
USUALLY	32 19%	675 21%	1 8%~	3 11%~	5 21%~	9 29%~	10 19%	2 18%~	19 19%	~	~	~	~	~	4 17%~	26 19%~	19 17%	12 24%~	10 17%	21 21%
ALWAYS	126 76%	2196 69%*	12 92%~	22 81%~	17 71%~	20 65%~	41 79%	9 82%~	77 76%	~	~	~	~	~	18 75%~	103 77%~	89 82%*	32 65%~	47 81%	74 73%
#ALWAYS + USUALLY (NET)	158 95%	2872 90%*	13 100%~	25 93%~	22 92%~	29 94%~	51 98%	11 100%~	96 95%	~	~	~	~	~	22 92%~	129 96%~	108 99%*	44 90%~	57 98%	95 94%
TOP BOX SCORE	126 76%	2196 69%*	12 92%~	22 81%~	17 71%~	20 65%~	41 79%	9 82%~	77 76%	~	~	~	~	~	18 75%~	103 77%~	89 82%*	32 65%~	47 81%	74 73%
NOT ANSWERED		19																		
VALID CASES	166	3201	13	27	24	31	52	11	101						24	134	109	49	58	101
NUMBER OF RESPONDENTS	166	3220	13	27	24	31	52	11	101						24	134	109	49	58	101
	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?

	JCC 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	MUL- OTHR	TI	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	MALE	FE- MALE	
Q19 NEVER		78 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	6 4%	205 6%	~	2 7%	1 4%	1 3%	1 2%	3 3%	~	~	~	~	~	~	~	1 4%	4 3%	2 2%	3 6%	5 5%	
USUALLY	22 13%	539 17%	1 8%	2 7%	3 12%	6 19%	9 17%	12 12%	~	~	~	~	~	~	~	3 12%	18 13%	11 10%	10 20%	8 14%	14 14%
ALWAYS	138 83%	2374 74%	12 92%	23 85%	20 83%	24 77%	42 81%	10 91%	86 85%	~	~	~	~	~	~	20 83%	112 84%	96 88%*	36 73%	50 86%	82 81%
#ALWAYS + USUALLY (NET)	160 96%	2913 91%*	13 100%	25 93%	23 96%	30 97%	51 98%	11 100%	98 97%	~	~	~	~	~	~	23 96%	130 97%	107 98%	46 94%	58 100%	96 95%
TOP BOX SCORE	138 83%	2374 74%*	12 92%	23 85%	20 83%	24 77%	42 81%	10 91%	86 85%	~	~	~	~	~	~	20 83%	112 84%	96 88%*	36 73%	50 86%	82 81%
NOT ANSWERED		24																			
VALID CASES	166	3196	13	27	24	31	52	11	101							24	134	109	49	58	101
NUMBER OF RESPONDENTS	166	3220	13	27	24	31	52	11	101							24	134	109	49	58	101
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	JCC 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	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
			%	%	%	%	%	%	##	##	##	##	##	##	##	##	%	%	%	%	
Q20 NEVER	1	89				1		1								1	1			1	
	0.6%	3%*	~	~	~	3%~	~	1%	~	~	~	~	~	~	~	~0.8%	~0.9%	~	~	1%~	
SOMETIMES	9	317	1	2	2	1	2	1	3							3	6	4	5	1	8
	5%	10%*	8%~	7%~	8%~	3%~	4%	9%~	3%	~	~	~	~	~	~	13%~	5%~	4%	10%~	2%	8%*
USUALLY	32	782	1	6	6	9	8	1	23							3	28	19	11	11	20
	20%	24%	8%~	22%~	25%~	30%~	16%	9%~	23%	~	~	~	~	~	~	13%~	21%~	18%	23%~	19%	20%
ALWAYS	122	2009	11	19	16	19	41	9	73							17	98	84	32	46	70
	74%	63%*	85%~	70%~	67%~	63%~	80%	82%~	73%	~	~	~	~	~	~	74%~	74%~	78%	67%~	79%	71%
#ALWAYS + USUALLY (NET)	154	2790	12	25	22	28	49	10	96							20	126	103	43	57	90
	94%	87%*	92%~	93%~	92%~	93%~	96%	91%~	96%	~	~	~	~	~	~	87%~	95%~	95%	90%~	98%*	91%*
TOP BOX SCORE	122	2009	11	19	16	19	41	9	73							17	98	84	32	46	70
	74%	63%*	85%~	70%~	67%~	63%~	80%	82%~	73%	~	~	~	~	~	~	74%~	74%~	78%	67%~	79%	71%
NOT ANSWERED	2	24				1	1		1							1	1	1	1		2
VALID CASES	164	3196	13	27	24	30	51	11	100							23	133	108	48	58	99
NUMBER OF RESPONDENTS	166	3220	13	27	24	31	52	11	101							24	134	109	49	58	101
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	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?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q21 YES	111 67%	2002 63%	10 77%~	13 48%~	14 58%~	22 71%~	39 75%~	7 70%~	67 67%	~	~	~	~	~	15 ~ 63%~	90 ~ 68%~	70 65%	35 71%~	42 72%	64 64%
NO	54 33%	1173 37%	3 23%~	14 52%~	10 42%~	9 29%~	13 25%~	3 30%~	33 33%	~	~	~	~	~	9 ~ 38%~	43 ~ 32%~	38 35%	14 29%~	16 28%	36 36%
NOT ANSWERED	1	45						1	1							1	1			1
VALID CASES	165	3175	13	27	24	31	52	10	100						24	133	108	49	58	100
NUMBER OF RESPONDENTS	166	3220	13	27	24	31	52	11	101						24	134	109	49	58	101
	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?

	JCC 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 ##	MUL- OTHR ##	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q22 NEVER	5 5%	115 6%	1 ~ 8%	1 7%	1 5%	2 5%	3 5%	~	~	~	~	~	~	~	5 6%	2 3%	3 9%	2 5%	3 5%	
SOMETIMES	7 6%	272 14%	2 ~ 15%	2 14%	1 5%	1 3%	1 14%	4 6%	~	~	~	~	~	~	2 13%	5 6%	4 6%	3 9%	1 2%	6 10%
USUALLY	34 31%	568 30%	2 20%	6 46%	6 43%	6 29%	11 28%	24 36%	~	~	~	~	~	~	5 33%	27 30%	21 30%	10 29%	15 36%	17 27%
ALWAYS	64 58%	925 49%	8 80%	4 31%	5 36%	13 62%	25 64%	6 86%	35 53%	~	~	~	~	~	8 53%	52 58%	42 61%	19 54%	24 57%	37 59%
#ALWAYS + USUALLY (NET)	98 89%	1493 79%	10 100%	10 77%	11 79%	19 90%	36 92%	6 86%	59 89%	~	~	~	~	~	13 87%	79 89%	63 91%	29 83%	39 93%	54 86%
TOP BOX SCORE	64 58%	925 49%	8 80%	4 31%	5 36%	13 62%	25 64%	6 86%	35 53%	~	~	~	~	~	8 53%	52 58%	42 61%	19 54%	24 57%	37 59%
NOT ANSWERED	1	69				1			1						1	1				1
VALID CASES	110	1881	10	13	14	21	39	7	66						15	89	69	35	42	63
NUMBER OF RESPONDENTS	111	1950	10	13	14	22	39	7	67						15	90	70	35	42	64
	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?

	JCC 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 NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE-MALE
Q23 WORST PERSONAL DOCTOR POSSIBLE		21 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		38 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	1 0.5%	42 1%	~	1 3%	~	~	~	~	~	~	~	~	~	1 4%	~	~	1 2%	~	1 0.8%	~
03	1 0.5%	61 2%*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
04	3 1%	88 2%	~	1 3%	~	2 5%	~	3 2%	~	~	~	~	~	~	3 2%	2 1%	1 2%	~	3 2%	~
05	7 3%	212 5%	1 5%	1 3%	1 3%	2 5%	2 3%	4 3%	~	~	~	~	~	~	7 4%	4 3%	3 5%	1 1%	6 5%	~
06	5 2%	181 4%	~	~	3 10%	1 2%	1 2%	5 4%	~	~	~	~	~	~	5 3%	3 2%	2 4%	1 1%	4 3%	~
07	16 8%	352 9%	1 5%	~	5 17%	3 7%	6 10%	1 8%	9 7%	~	~	~	~	~	2 8%	14 8%	10 7%	6 11%	4 5%	12 10%
08	34 16%	703 17%	3 15%	2 6%	5 17%	8 19%	9 15%	3 23%	21 16%	~	~	~	~	~	2 8%	27 16%	22 16%	7 12%	16 22%	14 11%*
09	31 15%	736 18%	4 20%	6 19%	3 10%	6 14%	9 15%	2 15%	17 13%	~	~	~	~	~	6 23%	24 14%	21 15%	8 14%	10 14%	20 16%
BEST PERSONAL DOCTOR POSSIBLE	112 53%	1648 40%*	11 55%	21 66%	12 41%	21 49%	35 56%	7 54%	72 55%	~	~	~	~	~	15 58%	93 54%	79 56%	29 51%	42 57%	66 52%
#8-10 (NET)	177 84%	3087 76%*	18 90%	29 91%	20 69%	35 81%	53 85%	12 92%	110 84%	~	~	~	~	~	23 88%	144 83%	122 87%	44 77%	68 92%*	100 79%*

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?

	JCC 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 TO OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ PAC ILLND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE MALE	FE- MALE MALE	
9-10 (NET)	143 68%	2384 58%*	15 75%~	27 84%~	15 52%~	27 63%~	44 71%	9 69%~	89 68%	~	~	~	~	~	~	21 81%~	117 68%~	100 71%	37 65%	52 70%	86 68%
NOT ANSWERED	7	266	1		1	2	2	1	4							2	5	5	2	5	2
VALID CASES	210	4084	20	32	29	43	62	13	131							26	173	141	57	74	126
NUMBER OF RESPONDENTS	217 100%	4350 100%	21 100%	32 100%	30 100%	45 100%	64 100%	14 100%	135 100%							28 100%	178 100%	146 100%	59 100%	79 100%	128 100%
MEAN	8.88	8.33	9.10	9.09	8.45	8.67	9.05	9.15	8.90							9.08	8.88	9.01	8.65	9.15	8.76
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~	.279	~	.820	~	~	~	~	~	~	~	~	.114	.247	.042*	.160

[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?

	JCC 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	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q24 YES	97 36%	2150 40%	5 17%~	13 30%~	10 24%~	21 42%	36 46%*	7 44%~	60 38%	~	~	~	~	~	11 27%~	82 38%	55 30%*	35 49%*	40 37%	53 34%
NO	173 64%	3272 60%	25 83%~	30 70%~	31 76%~	29 58%	43 54%*	9 56%~	99 62%	~	~	~	~	~	30 73%~	135 62%	131 70%*	36 51%*	67 63%	101 66%
NOT ANSWERED	14	249		2			1		2						1	2	2	1		3
VALID CASES	270	5422	30	43	41	50	79	16	159						41	217	186	71	107	154
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD	& & FAIR & POOR	MALE	FE- MALE	
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q25 NEVER	6 6%	123 6%	2 ~ 15%	1 11%	1 5%	2 6%	2 3%	~	~	~	~	~	~	1 10%	5 6%	4 8%	2 6%	2 5%	4 8%	
SOMETIMES	21 22%	379 19%	2 40%	2 15%	2 22%	7 35%	6 17%	1 14%	15 25%	~	~	~	~	3 30%	17 21%	11 21%	9 26%	10 26%	10 19%	
USUALLY	17 18%	576 29%*	6 ~ 46%	3 33%	1 5%	5 14%	1 14%	10 17%	~	~	~	~	~	1 10%	15 19%	9 17%	6 17%	5 13%	11 21%	
ALWAYS	51 54%	938 46%	3 60%	3 23%	3 33%	11 55%	23 64%	5 71%	32 54%	~	~	~	~	5 50%	44 54%	29 55%	18 51%	22 56%	27 52%	
#ALWAYS + USUALLY (NET)	68 72%	1514 75%	3 60%	9 69%	6 67%	12 60%	28 78%	6 86%	42 71%	~	~	~	~	6 60%	59 73%	38 72%	24 69%	27 69%	38 73%	
TOP BOX SCORE	51 54%	938 46%	3 60%	3 23%	3 33%	11 55%	23 64%	5 71%	32 54%	~	~	~	~	5 50%	44 54%	29 55%	18 51%	22 56%	27 52%	
NOT ANSWERED	2	70			1	1			1					1	1	2		1	1	
VALID CASES	95	2016	5	13	9	20	36	7	59					10	81	53	35	39	52	
NUMBER OF RESPONDENTS	97	2086	5	13	10	21	36	7	60					11	82	55	35	40	53	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q24 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC 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	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
								WHTE	##	##	##	##	##	##	IC	IC	GOOD	POOR	MALE	MALE
Q26 NONE	4 4%	110 5%		2 ~ 15%	1 11%	1 5%		2 3%							4 5%	4 8%			1 3%	3 6%
1 SPECIALIST	49 52%	1016 50%	3 60%	9 69%	6 67%	9 45%	16 44%	4 57%	32 54%						5 50%	42 52%	29 55%	17 49%	21 54%	26 50%
2	27 28%	508 25%	2 40%	2 15%		6 30%	14 39%	2 29%	17 29%						3 30%	23 28%	14 26%	10 29%	11 28%	15 29%
3	11 12%	258 13%			1 11%	3 15%	5 14%	1 14%	6 10%						1 10%	9 11%	5 9%	5 14%	4 10%	6 12%
4	1 1%	69 3%				1 5%			1 2%						1 1%		1 3%		1 3%	
5 OR MORE SPECIALISTS	3 3%	55 3%			1 11%		1 3%		1 2%						1 10%	2 2%	1 2%	2 6%	1 3%	2 4%
NOT ANSWERED	2	71			1	1		1						1	1	2			1	1
VALID CASES	95	2015	5	13	9	20	36	7	59					10	81	53	35	39	52	
NUMBER OF RESPONDENTS	97	2086	5	13	10	21	36	7	60					11	82	55	35	40	53	
	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?

	JCC 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 PAC ##	AMER ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q27 WORST SPECIALIST POSSIBLE	2 2%	19 1%	~	~	~	2 11%	~	1 2%	~	~	~	~	~	~	1 11%	1 1%	~	2 6%	2 5%	~
01	1 1%	7 0.4%	~	~	~	~	1 3%	1 2%	~	~	~	~	~	~	~	1 1%	1 2%	~	1 3%	~
02		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	1 1%	32 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
04	2 2%	32 2%	~	1 9%	~	1 5%	~	1 2%	~	~	~	~	~	~	1 11%	1 1%	1 2%	1 3%	2 5%	~
05	3 3%	67 4%	~	~	1 14%	~	2 6%	3 5%	~	~	~	~	~	~	~	3 4%	1 2%	2 6%	1 3%	2 4%
06	2 2%	73 4%	~	1 9%	~	~	~	~	~	~	~	~	~	~	1 11%	1 1%	1 2%	1 3%	~	2 4%
07	5 6%	158 8%	~	1 9%	1 14%	2 11%	1 3%	3 5%	~	~	~	~	~	~	~	5 7%	2 4%	3 9%	2 5%	3 6%
08	11 12%	318 17%	1 20%	~	1 14%	1 5%	6 17%	1 14%	6 11%	~	~	~	~	~	~	10 13%	7 15%	3 9%	4 11%	6 13%
09	25 28%	355 19%	3 60%	3 27%	2 29%	6 32%	8 23%	2 29%	15 27%	~	~	~	~	~	3 33%	21 28%	15 31%	8 24%	8 21%	16 34%
BEST SPECIALIST POSSIBLE	37 42%	797 42%	1 20%	5 45%	2 29%	7 37%	17 49%	4 57%	26 46%	~	~	~	~	~	3 33%	33 43%	20 42%	14 41%	18 47%	18 38%
#8-10 (NET)	73 82%	1470 78%	5 100%	8 73%	5 71%	14 74%	31 89%	7 100%	47 84%	~	~	~	~	~	6 67%	64 84%	42 88%	25 74%	30 79%	40 85%

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			
	JCC 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/ NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE- MALE MALE		
9-10 (NET)	62 70%	1152 61%	4 80%	8 73%	4 57%	13 68%	25 71%	6 86%	41 73%	~	~	~	~	~	6 67%	54 71%	35 73%	22 65%	26 68%	34 72%
NOT ANSWERED	2	16			1		1		1						1	1	1	1		2
VALID CASES	89	1878	5	11	7	19	35	7	56						9	76	48	34	38	47
NUMBER OF RESPONDENTS	91 100%	1894 100%	5 100%	11 100%	8 100%	19 100%	36 100%	7 100%	57 100%						10 100%	77 100%	49 100%	35 100%	38 100%	49 100%
MEAN	8.51	8.45	9.00	8.55	8.29	7.89	8.80	9.43	8.64						7.44	8.68	8.77	8.15	8.21	8.83
p stat_(*=Sig @ p<=.05)		.795	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
JCC 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 ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE			
Q28 YES	59 22%	1069 20%	6 20%	15 35%	8 20%	13 26%	12 15%	3 19%	32 20%	~	~	~	~	~	7 17%	51 23%	42 23%	15 21%	19 18%	39 25%	
NO	212 78%	4323 80%	24 80%	28 65%	33 80%	37 74%	68 85%	13 81%	128 80%	~	~	~	~	~	34 83%	167 77%	144 77%	57 79%	87 82%	117 75%	
NOT ANSWERED	13	279	2					1							1	1	2		1	1	
VALID CASES	271	5392	30	43	41	50	80	16	160						41	218	186	72	106	156	
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		GENDER			
	JCC 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 ##	MUL-TI ##	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE
Q29 NEVER	6 10%	102 11%		~	13%~	15%~	25%~	6 19%~	~	~	~	~	~	6 12%~	2 5%~	4 27%~		6 16%~	
SOMETIMES	16 28%	354 37%	1 17%~	7 50%~	1 13%~	3 23%~	3 25%~	1 29%~	~	~	~	~	~	2 29%~	14 28%~	13 32%~	2 13%~	3 16%~	13 34%~
USUALLY	23 40%	333 35%	1 17%~	5 36%~	4 50%~	6 46%~	5 42%~	1 33%~	~	~	~	~	~	4 57%~	18 36%~	16 39%~	6 40%~	10 53%~	12 32%~
ALWAYS	13 22%	171 18%	4 67%~	2 14%~	2 25%~	2 15%~	1 8%~	1 33%~	~	~	~	~	~	1 14%~	12 24%~	10 24%~	3 20%~	6 32%~	7 18%~
#ALWAYS + USUALLY (NET)	36 62%	504 52%	5 83%~	7 50%~	6 75%~	8 62%~	6 50%~	2 67%~	~	~	~	~	~	5 71%~	30 60%~	26 63%~	9 60%~	16 84%~	19 50%~
TOP BOX SCORE	13 22%	171 18%	4 67%~	2 14%~	2 25%~	2 15%~	1 8%~	1 33%~	~	~	~	~	~	1 14%~	12 24%~	10 24%~	3 20%~	6 32%~	7 18%~
NOT ANSWERED	1	35	1					1						1	1			1	
VALID CASES	58	961	6	14	8	13	12	3	31					7	50	41	15	19	38
NUMBER OF RESPONDENTS	59	996	6	15	8	13	12	3	32					7	51	42	15	19	39
	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?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	FE- MALE	MALE		
Q30 YES	73 27%	1502 28%	6 20%~	17 39%~	12 30%~	10 20%	22 28%	4 25%~	41 26%	~	~	~	~	~	~	13 31%~	58 27%	55 30%	15 21%	26 25%	45 29%
NO	197 73%	3866 72%	24 80%~	27 61%~	28 70%~	40 80%	57 72%	12 75%~	117 74%	~	~	~	~	~	~	29 69%~	158 73%	130 70%	57 79%	80 75%	110 71%
NOT ANSWERED	14	303		1	1		1		3								3	3		1	2
VALID CASES	270	5368	30	44	40	50	79	16	158							42	216	185	72	106	155
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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	
	JCC 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	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
								WHTE	##	##	##	##	##	##	IC	IC	GOOD	POOR	MALE	MALE
Q31 NEVER	2 3%	56 4%	~	~	1 8%	~	1 5%	1 3%	~	~	~	~	~	~	2 4%	2 4%	~	~	2 8%	~
SOMETIMES	13 19%	267 20%	1 17%	7 44%	~	2 20%	2 10%	1 25%	6 15%	~	~	~	~	~	3 25%	10 18%	11 21%	2 14%	3 13%	10 23%
USUALLY	20 29%	405 30%	1 17%	3 19%	3 25%	4 40%	7 35%	1 25%	13 33%	~	~	~	~	~	3 25%	16 29%	14 26%	5 36%	7 29%	12 27%
ALWAYS	35 50%	624 46%	4 67%	6 38%	8 67%	4 40%	10 50%	2 50%	20 50%	~	~	~	~	~	6 50%	28 50%	26 49%	7 50%	12 50%	22 50%
#ALWAYS + USUALLY (NET)	55 79%	1029 76%	5 83%	9 56%	11 92%	8 80%	17 85%	3 75%	33 83%	~	~	~	~	~	9 75%	44 79%	40 75%	12 86%	19 79%	34 77%
TOP BOX SCORE	35 50%	624 46%	4 67%	6 38%	8 67%	4 40%	10 50%	2 50%	20 50%	~	~	~	~	~	6 50%	28 50%	26 49%	7 50%	12 50%	22 50%
NOT ANSWERED	3	48		1			2	1						1	2	2	1	2	1	
VALID CASES	70	1351	6	16	12	10	20	4	40					12	56	53	14	24	44	
NUMBER OF RESPONDENTS	73	1399	6	17	12	10	22	4	41					13	58	55	15	26	45	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q30 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC 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 NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q32 NEVER	2 3%	18 1%	~	~	~	10%~	5%~	~	~	~	~	~	~	~	1 8%~	1 2%~	1 2%~	1 7%~	2 8%~	~
SOMETIMES	3 4%	102 8%	17%~	1 6%~	1 ~	~	~	1 25%~	2 5%~	~	~	~	~	~	3 5%~	2 4%~	1 7%~	2 8%~	1 2%~	
USUALLY	13 19%	291 21%	~	4 25%~	3 25%~	2 20%~	3 15%~	7 18%~	~	~	~	~	~	~	2 17%~	10 18%~	8 15%~	3 21%~	3 13%~	9 20%~
ALWAYS	52 74%	946 70%	83%~	5 69%~	11 75%~	9 70%~	7 80%~	16 75%~	3 78%~	31 78%~	~	~	~	~	9 75%~	42 75%~	42 79%~	9 64%~	17 71%~	34 77%~
#ALWAYS + USUALLY (NET)	65 93%	1237 91%	83%~	5 94%~	15 100%~	12 90%~	9 95%~	19 75%~	3 95%~	38 95%~	~	~	~	~	11 92%~	52 93%~	50 94%~	12 86%~	20 83%~	43 98%~
TOP BOX SCORE	52 74%	946 70%	83%~	5 69%~	11 75%~	9 70%~	7 80%~	16 75%~	3 78%~	31 78%~	~	~	~	~	9 75%~	42 75%~	42 79%~	9 64%~	17 71%~	34 77%~
NOT ANSWERED	3	41		1			2		1					1	2	2	1	2	1	
VALID CASES	70	1358	6	16	12	10	20	4	40					12	56	53	14	24	44	
NUMBER OF RESPONDENTS	73	1399	6	17	12	10	22	4	41					13	58	55	15	26	45	
	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?

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q33 YES	88 33%	1713 32%	11 37%~	13 30%~	13 32%~	11 22%~	31 40%	4 27%~	43 27%*	~	~	~	~	~	~	14 33%~	69 32%	57 31%	26 37%	22 21%*	63 41%*
NO	179 67%	3590 68%	19 63%~	31 70%~	28 68%~	38 78%~	47 60%	11 73%~	114 73%*	~	~	~	~	~	~	28 67%~	145 68%	127 69%	45 63%	84 79%*	90 59%*
NOT ANSWERED	17	368		1		1	2	1	4								5	4	1	1	4
VALID CASES	267	5303	30	44	41	49	78	15	157							42	214	184	71	106	153
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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	
	JCC 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 NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
PQ34 NEVER	4 2%	82 2%	~	~	2%~	~	3%	~0.6%	~	~	~	~	~	~	1 2%~	2 0.9%	2 1%	~	3 2%	
SOMETIMES	14 5%	286 5%	2 7%~	3 7%~	1 2%~	1 2%~	4 5%	1 7%~	4 3%*	~	~	~	~	~	2 5%~	10 5%	7 4%	6 9%	5 5%	8 5%
USUALLY	32 12%	671 13%	1 3%~	9 20%~	5 12%~	2 4%~	12 16%	1 7%~	19 12%	~	~	~	~	~	5 12%~	26 12%	23 13%	8 11%	8 8%*	23 15%
ALWAYS	215 81%	4198 80%	27 90%~	32 73%~	34 83%~	45 94%~	59 77%	13 87%~	132 85%	~	~	~	~	~	34 81%~	174 82%	151 83%	56 80%	93 88%*	117 77%
#ALWAYS + USUALLY (NET)	247 93%	4868 93%	28 93%~	41 93%~	39 95%~	47 98%~	71 92%	14 93%~	151 97%*	~	~	~	~	~	39 93%~	200 94%	174 95%	64 91%	101 95%	140 93%
TOP BOX SCORE	215 81%	4198 80%	27 90%~	32 73%~	34 83%~	45 94%~	59 77%	13 87%~	132 85%	~	~	~	~	~	34 81%~	174 82%	151 83%	56 80%	93 88%*	117 77%
NOT ANSWERED	2	86				1	1		1							2	1	1		2
VALID CASES	265	5236	30	44	41	48	77	15	156						42	212	183	70	106	151
NUMBER OF RESPONDENTS	267	5322	30	44	41	49	78	15	157						42	214	184	71	106	153
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

	JCC 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 NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE-MALE
Q35 WORST HEALTH PLAN POSSIBLE	41	0.8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	47	0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	3	52 1%	~	~	~	1 2%	2 3%	~	2 1%	~	~	~	~	~	1 3%	2 1%	1 0.6%	2 3%	2 2%	1 0.7%
03	4	102 2%	~	1 2%	~	2 5%	1 1%	~	2 1%	~	~	~	~	~	1 3%	3 1%	1 0.6%	3 4%	1 1%	3 2%
04	5	122 2%	~	~	2 5%	1 2%	2 3%	~	2 1%	~	~	~	~	~	1 3%	4 2%	3 2%	2 3%	~	5 3%
05	13	466 5%	~	3 7%	3 7%	1 2%	4 5%	1 7%	8 5%	~	~	~	~	~	2 5%	10 5%	10 6%	2 3%	5 5%	7 5%
06	21	327 8%	2 7%	6 15%	5 13%	3 7%	2 3%*	1 7%	9 6%	~	~	~	~	~	3 8%	17 8%	15 9%	5 7%	2 2%*	18 12%*
07	37	646 15%	6 21%	9 22%	4 10%	7 16%	9 12%	~	22 15%	~	~	~	~	~	2 5%	32 16%	22 13%	13 19%	13 14%	22 15%
08	44	1048 17%	4 14%	7 17%	10 25%	4 9%	14 19%	4 29%	30 21%	~	~	~	~	~	4 11%	39 19%	35 20%	7 10%*	19 20%	24 16%
09	43	797 17%	5 17%	4 10%	6 15%	10 23%	13 18%	4 29%	24 16%	~	~	~	~	~	5 13%	37 18%	31 18%	10 15%	18 19%	24 16%
BEST HEALTH PLAN POSSIBLE	82	1383 33%	12 41%	11 27%	10 25%	15 34%	27 36%	4 29%	47 32%	~	~	~	~	~	19 50%	59 29%	55 32%	24 35%	33 35%	47 31%
#8-10 (NET)	169	3229 67%	21 72%	22 54%	26 65%	29 66%	54 73%	12 86%	101 69%	~	~	~	~	~	28 74%	135 67%	121 70%	41 60%	70 75%*	95 63%

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	JCC 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/ NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE	
9-10 (NET)	125 50%	2180 43%*	17 59%~	15 37%~	16 40%~	25 57%~	40 54%	8 57%~	71 49%	~	~	~	~	~	24 63%~	96 47%~	86 50%	34 50%	51 55%	71 47%
NOT ANSWERED	32	640	1	4	1	6	6	2	15						4	16	15	4	14	6
VALID CASES	252	5031	29	41	40	44	74	14	146						38	203	173	68	93	151
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%
MEAN	8.12	7.78	8.66	7.78	7.87	8.09	8.23	8.50	8.16						8.37	8.08	8.21	7.91	8.38	7.99
p stat_(*=Sig @ p<=.05)		.005*	~	~	~	~	.580	~	.687	~	~	~	~	~	~	~	.331	.338	.098	.157

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC 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/ NATV ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q35A YES	30 11%	663 12%	2 7%	2 5%	2 5%	7 15%	13 16%	3 19%	21 13%	~	~	~	~	~	1 3%	27 13%	13 7%*	15 21%*	11 11%	18 12%
NO	234 89%	4665 88%	28 93%	41 95%	38 95%	40 85%	66 84%	13 81%	135 87%	~	~	~	~	~	39 98%	187 87%	169 93%*	56 79%*	91 89%	137 88%
NOT ANSWERED	20	342		2	1	3	1		5						2	5	6	1	5	2
VALID CASES	264	5329	30	43	40	47	79	16	156						40	214	182	71	102	155
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

	JCC 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 & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35B NEVER	4 14%	127 21%~	1 ~ 50%~	1 ~ 17%~	1 8%~	1 33%~	4 21%~	~	~	~	~	~	~	~	4 ~ 16%~	2 17%~	2 14%~	4 ~ 24%~		
SOMETIMES	4 14%	93 16%~	~	1 ~ 100%~	2 33%~	1 ~ 33%~	2 11%~	~	~	~	~	~	~	~	4 ~ 16%~	1 8%~	3 21%~	3 30%~	1 6%~	
USUALLY	8 29%	141 24%~	1 ~ 50%~	2 ~ 33%~	4 31%~	1 33%~	5 26%~	~	~	~	~	~	~	~	8 ~ 32%~	4 33%~	4 29%~	4 40%~	4 24%~	
ALWAYS	12 43%	234 39%~	2 100%~	~	1 ~ 17%~	8 62%~	8 42%~	~	~	~	~	~	~	~	1 100%~	9 36%~	5 42%~	5 36%~	3 30%~	8 47%~
#ALWAYS + USUALLY (NET)	20 71%	375 63%~	2 100%~	1 50%~	3 ~ 50%~	12 92%~	1 33%~	13 68%~	~	~	~	~	~	~	1 100%~	17 68%~	9 75%~	9 64%~	7 70%~	12 71%~
TOP BOX SCORE	12 43%	234 39%~	2 100%~	~	1 ~ 17%~	8 62%~	8 42%~	~	~	~	~	~	~	~	1 100%~	9 36%~	5 42%~	5 36%~	3 30%~	8 47%~
NOT ANSWERED	2	32		1	1		2								2	1	1	1	1	
VALID CASES	28	595	2	2	1	6	13	3	19						1	25	12	14	10	17
NUMBER OF RESPONDENTS	30	627	2	2	2	7	13	3	21						1	27	13	15	11	18
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q35A = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC 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/ NATV ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q35C YES	34 13%	814 15%	1 3%	4 9%	5 12%	7 14%	13 16%	2 13%	19 12%	~	~	~	~	~	4 10%	27 13%	15 8%*	18 25%*	13 12%	20 13%
NO	234 87%	4498 85%	29 97%	40 91%	36 88%	43 86%	66 84%	13 87%	139 88%	~	~	~	~	~	38 90%	189 87%	171 92%*	53 75%*	94 88%	134 87%
NOT ANSWERED	16	359		1			1	1	3						3	2	1		3	
VALID CASES	268	5312	30	44	41	50	79	15	158						42	216	186	71	107	154
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q35D NEVER	8 26%	169 23%	3 ~100%	1 20%	1 17%	3 25%	6 32%	~	~	~	~	~	~	7 28%	2 14%	6 38%	2 17%	6 33%		
SOMETIMES	9 29%	128 17%	1 ~100%	2 40%	1 17%	3 25%	5 26%	~	~	~	~	~	~	7 28%	5 36%	3 19%	4 33%	4 22%		
USUALLY	4 13%	197 26%	~	1 20%	1 17%	1 8%	1 50%	2 11%	~	~	~	~	~	4 16%	~	4 25%	~	4 22%		
ALWAYS	10 32%	251 34%	~	1 20%	3 50%	5 42%	6 32%	~	~	~	~	~	~	3 100%	7 28%	7 50%	3 19%	6 50%	4 22%	
#ALWAYS + USUALLY (NET)	14 45%	448 60%	~	2 40%	4 67%	6 50%	1 50%	8 42%	~	~	~	~	~	3 100%	11 44%	7 50%	7 44%	6 50%	8 44%	
TOP BOX SCORE	10 32%	251 34%	~	1 20%	3 50%	5 42%	6 32%	~	~	~	~	~	~	3 100%	7 28%	7 50%	3 19%	6 50%	4 22%	
NOT ANSWERED	3	29	1	1	1									1	2	1	2	1	2	
VALID CASES	31	745	1	3	5	6	12	2	19					3	25	14	16	12	18	
NUMBER OF RESPONDENTS	34	774	1	4	5	7	13	2	19					4	27	15	18	13	20	
	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?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q35E YES	147 55%	2942 55%	8 28%~	26 60%~	19 46%~	27 54%	52 66%*	11 69%~	95 60%	~	~	~	~	~	14 35%~	127 59%~	96 52%	45 64%	57 54%	87 56%
NO	119 45%	2408 45%	21 72%~	17 40%~	22 54%~	23 46%	27 34%*	5 31%~	64 40%	~	~	~	~	~	26 65%~	90 41%~	90 48%	25 36%	49 46%	67 44%
NOT ANSWERED	18	321	1	2			1		2						2	2	2	2	1	3
VALID CASES	266	5350	29	43	41	50	79	16	159						40	217	186	70	106	154
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

	JCC 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	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	
Q35F NO EFFORT AT ALL	3 2%	101 4%	~	~	6%~	~	4%	~	2%	~	~	~	~	~	~	1 8%~	1 0.8%~	~	3 7%~	1 2%	2 2%
A LITTLE EFFORT WAS MADE	6 4%	195 7%	13%~	4%~	6%~	12%~	~	3%	~	~	~	~	~	~	~	2 15%~	3 2%~	4 4%	2 4%~	3 6%	3 4%
SOME EFFORT WAS MADE	29 21%	696 25%	13%~	28%~	33%~	12%~	24%	~	23%	~	~	~	~	~	~	2 15%~	27 22%~	20 22%	8 18%~	12 22%	17 20%
A LOT OF EFFORT WAS MADE	103 73%	1801 64%*	75%~	68%~	56%~	76%~	73%	100%~	71%	~	~	~	~	~	~	8 62%~	92 75%~	67 74%	32 71%~	38 70%	63 74%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	132 94%	2497 89%*	88%~	96%~	89%~	88%~	96%	100%~	95%	~	~	~	~	~	~	10 77%~	119 97%~	87 96%	40 89%~	50 93%	80 94%
TOP BOX SCORE	103 73%	1801 64%*	75%~	68%~	56%~	76%~	73%	100%~	71%	~	~	~	~	~	~	8 62%~	92 75%~	67 74%	32 71%~	38 70%	63 74%
NOT ANSWERED	6	82		1	1	2	1		4							1	4	5		3	2
VALID CASES	141	2794	8	25	18	25	51	11	91							13	123	91	45	54	85
NUMBER OF RESPONDENTS	147 100%	2876 100%	8 100%	26 100%	19 100%	27 100%	52 100%	11 100%	95 100%							14 100%	127 100%	96 100%	45 100%	57 100%	87 100%

[ASKED IF Q35E = YES]

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

	JCC 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 ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q35G																				
NO EFFORT AT ALL	7 5%	101 4%	1 ~	1 4%~	2 6%~	3 8%~	3 6%	3 ~	~	~	~	~	~	~	3 ~	3 2%~	1 1%*	6 13%~	3 6%	4 5%
A LITTLE EFFORT WAS MADE	11 8%	226 8%	1 13%~	1 4%~	3 6%~	4 12%~	7 8%	~	~	~	~	~	~	~	2 15%~	8 7%~	6 7%	5 11%~	3 6%	8 9%
SOME EFFORT WAS MADE	19 14%	717 26%*	1 13%~	4 16%~	4 22%~	1 4%~	9 18%	11 ~	~	~	~	~	~	~	3 23%~	15 12%~	13 14%	6 13%~	8 15%	11 13%
A LOT OF EFFORT WAS MADE	103 74%	1741 63%*	6 75%~	19 76%~	12 67%~	19 76%~	34 68%	11 100%~	69 77%	~	~	~	~	~	5 38%~	96 79%~	70 78%	28 62%~	39 74%	62 73%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	122 87%	2458 88%	7 88%~	23 92%~	16 89%~	20 80%~	43 86%	11 100%~	80 89%	~	~	~	~	~	8 62%~	111 91%~	83 92%*	34 76%~	47 89%	73 86%
TOP BOX SCORE	103 74%	1741 63%*	6 75%~	19 76%~	12 67%~	19 76%~	34 68%	11 100%~	69 77%	~	~	~	~	~	5 38%~	96 79%~	70 78%	28 62%~	39 74%	62 73%
NOT ANSWERED	7	91	1	1	2	2		5							1	5	6		4	2
VALID CASES	140	2785	8	25	18	25	50	11	90						13	122	90	45	53	85
NUMBER OF RESPONDENTS	147 100%	2876 100%	8 100%	26 100%	19 100%	27 100%	52 100%	11 100%	95 100%						14 100%	127 100%	96 100%	45 100%	57 100%	87 100%

[ASKED IF Q35E = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC 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- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35H																				
NO EFFORT AT ALL	11 8%	190 7%	1 13%~	2 ~ 11%~	3 12%~	4 8%	1 9%~	5 6%	~	~	~	~	~	~	3 23%~	6 5%~	3 3%*	8 18%~	4 8%	7 8%
A LITTLE EFFORT WAS MADE	8 6%	238 9%	~	2 8%~	2 ~ 8%~	3 6%	~	5 6%	~	~	~	~	~	~	2 15%~	6 5%~	4 4%	4 9%~	2 4%	6 7%
SOME EFFORT WAS MADE	27 19%	749 27%*	~	7 28%~	7 39%~	1 4%~	9 18%	2 18%~	~	~	~	~	~	~	3 23%~	22 18%~	19 21%	7 16%~	12 23%	14 16%
A LOT OF EFFORT WAS MADE	94 67%	1596 58%*	7 88%~	16 64%~	9 50%~	19 76%~	34 68%	8 73%~	~	~	~	~	~	~	5 38%~	88 72%~	64 71%	26 58%~	35 66%	58 68%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	121 86%	2345 85%	7 88%~	23 92%~	16 89%~	20 80%~	43 86%	10 91%~	~	~	~	~	~	~	8 62%~	110 90%~	83 92%*	33 73%~	47 89%	72 85%
TOP BOX SCORE	94 67%	1596 58%*	7 88%~	16 64%~	9 50%~	19 76%~	34 68%	8 73%~	~	~	~	~	~	~	5 38%~	88 72%~	64 71%	26 58%~	35 66%	58 68%
NOT ANSWERED	7	103		1	1	2	2		5						1	5	6		4	2
VALID CASES	140	2773	8	25	18	25	50	11	90						13	122	90	45	53	85
NUMBER OF RESPONDENTS	147 100%	2876 100%	8 100%	26 100%	19 100%	27 100%	52 100%	11 100%	95 100%						14 100%	127 100%	96 100%	45 100%	57 100%	87 100%

[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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC 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/ NATV OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q35I YES	90 34%	1870 35%	6 21%	17 39%	11 28%	18 36%	30 38%	6 40%	58 37%	~	~	~	~	~	11 27%	77 36%	58 32%	28 39%	39 37%	49 32%
NO	172 66%	3406 65%	23 79%	27 61%	28 72%	32 64%	49 62%	9 60%	98 63%	~	~	~	~	~	30 73%	137 64%	124 68%	44 61%	66 63%	104 68%
NOT ANSWERED	22	394	1	1	2		1	1	5						1	5	6		2	4
VALID CASES	262	5277	29	44	39	50	79	15	156						41	214	182	72	105	153
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
	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?

	JCC 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	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35J #YES	80 92%	1588 89%	5 83%~	16 100%~	7 78%~	16 89%~	28 93%~	6 100%~	51 93%~	~	~	~	~	~	~	10 91%~	68 92%~	49 89%~	27 96%~	34 89%~	44 94%~
NO	7 8%	204 11%	1 17%~	~	2 22%~	2 11%~	2 7%~	~	4 7%~	~	~	~	~	~	~	1 9%~	6 8%~	6 11%~	1 4%~	4 11%~	3 6%~
NOT ANSWERED	3	60	~	1	2	~	~	~	3	~	~	~	~	~	~	3	3	~	~	1	2
VALID CASES	87	1792	6	16	9	18	30	6	55	~	~	~	~	~	~	11	74	55	28	38	47
NUMBER OF RESPONDENTS	90 100%	1852 100%	6 100%	17 100%	11 100%	18 100%	30 100%	6 100%	58 100%	~	~	~	~	~	~	11 100%	77 100%	58 100%	28 100%	39 100%	49 100%

[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?

	JCC 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	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35K #YES	73 86%	1484 84%	6 100%	15 100%	6 67%	14 78%	26 87%	5 83%	47 87%	~	~	~	~	~	~	9 82%	63 86%	46 85%	24 86%	31 82%	41 89%
NO	12 14%	292 16%	~	~	3 33%	4 22%	4 13%	1 17%	7 13%	~	~	~	~	~	2 18%	10 14%	8 15%	4 14%	7 18%	5 11%	
NOT ANSWERED	5	76			2	2			4							4	4		1	3	
VALID CASES	85	1776	6	15	9	18	30	6	54						11	73	54	28	38	46	
NUMBER OF RESPONDENTS	90	1852	6	17	11	18	30	6	58						11	77	58	28	39	49	
	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?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE		
			4%~	9%~	~ 12%~	14%	7%	~	~	~	~	~	~	~	~	18%~	7%~	7%	12%	11%	7%
Q35L NEVER	22 9%	692 13%*	1 4%~	4 9%~	6 ~ 12%~	10 14%	11 7%	~	~	~	~	~	~	7 18%~	15 7%~	13 7%	8 12%	11 11%	11 7%		
SOMETIMES	21 8%	623 12%*	4 14%~	6 13%~	2 5%~	5 10%~	3 4%	1 6%~	8 5%*	~	~	~	~	~	~	~	~	~	~		
USUALLY	53 21%	1195 23%	5 18%~	9 20%~	13 33%~	10 20%~	14 19%	1 6%~	36 23%	~	~	~	~	~	~	~	~	~	~		
ALWAYS	161 63%	2698 52%*	18 64%~	26 58%~	24 62%~	28 57%~	47 64%	14 88%~	99 64%	~	~	~	~	~	~	~	~	~	~		
#ALWAYS + USUALLY (NET)	214 83%	3894 75%*	23 82%~	35 78%~	37 95%~	38 78%~	61 82%	15 94%~	135 88%*	~	~	~	~	~	~	~	~	~	~		
TOP BOX SCORE	161 63%	2698 52%*	18 64%~	26 58%~	24 62%~	28 57%~	47 64%	14 88%~	99 64%	~	~	~	~	~	~	~	~	~	~		
NOT ANSWERED	27	462	2	2	1	6	7							3	8	6	5	5	6		
VALID CASES	257	5209	28	45	39	49	74	16	154					39	211	182	67	102	151		
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%					42 100%	219 100%	188 100%	72 100%	107 100%	157 100%		

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

	JCC 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 PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35M ALWAYS	12 5%	310 6%	1 4%~	2 ~	4 5%~	2 8%~	1 3%	3 2%*	~	~	~	~	~	~	2 5%~	7 3%~	10 5%	1 1%	2 2%	8 5%
USUALLY	10 4%	270 5%	1 4%~	4 9%~	2 ~	3 4%~	4 ~	3 3%	~	~	~	~	~	~	3 7%~	7 3%~	6 3%	3 4%	3 3%	7 5%
SOMETIMES	38 15%	952 18%	6 21%~	8 18%~	7 18%~	8 16%~	9 12%	25 ~	16%	~	~	~	~	~	7 18%~	31 15%~	22 12%	15 22%	16 16%	22 14%
NEVER	198 77%	3697 71%*	20 71%~	33 73%~	30 77%~	35 71%~	62 82%	15 94%~	122 79%	~	~	~	~	~	28 70%~	166 79%~	144 79%	50 72%	80 79%	116 76%
#NEVER + SOMETIMES (NET)	236 91%	4649 89%	26 93%~	41 91%~	37 95%~	43 88%~	71 93%	15 94%~	147 95%*	~	~	~	~	~	35 88%~	197 93%~	166 91%	65 94%	96 95%	138 90%
TOP BOX SCORE	198 77%	3697 71%*	20 71%~	33 73%~	30 77%~	35 71%~	62 82%	15 94%~	122 79%	~	~	~	~	~	28 70%~	166 79%~	144 79%	50 72%	80 79%	116 76%
NOT ANSWERED	26	442	2	2	1	4	7								2	8	6	3	6	4
VALID CASES	258	5229	28	45	39	49	76	16	154						40	211	182	69	101	153
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
	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			
	JCC 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	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
								WHTE	##	##	##	##	##	##	IC	IC	GOOD	POOR	MALE	MALE		
Q35N ALWAYS	2 0.8%	79 2%	~	~	~	~	3%	~	~	~	~	~	~	~	~	~	~	~	~	~	1 1%	1 0.6%
USUALLY	2 0.8%	129 2%*	1 4%~	~	1 3%~	~	~	~	2 1%	~	~	~	~	~	~	~	~	~	~	~	2 1%	2 1%
SOMETIMES	27 10%	739 14%*	1 4%~	3 7%~	6 15%~	5 10%~	10 13%	1 6%~	21 14%*	~	~	~	~	~	~	~	~	~	~	~	7 7%	20 13%
NEVER	229 88%	4276 82%*	26 93%~	42 93%~	32 82%~	44 90%~	65 84%	15 94%~	132 85%	~	~	~	~	~	~	~	~	~	~	~	93 92%	132 85%
#NEVER + SOMETIMES (NET)	256 98%	5015 96%*	27 96%~	45 100%~	38 97%~	49 100%~	75 97%	16 100%~	153 99%	~	~	~	~	~	~	~	~	~	~	~	100 99%	152 98%
TOP BOX SCORE	229 88%	4276 82%*	26 93%~	42 93%~	32 82%~	44 90%~	65 84%	15 94%~	132 85%	~	~	~	~	~	~	~	~	~	~	~	93 92%	132 85%
NOT ANSWERED	24	448	2		2	1	3		6												6	2
VALID CASES	260	5223	28	45	39	49	77	16	155												101	155
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%												107 100%	157 100%

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?

	JCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-##	AS-IAN ##	NATV HAW/ILLND ##	AMER IND/ALSK ##	MUL-TI ##	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q350 ALWAYS	1 0.4%	62 1%*	~	~	~	~	1%	~	~	~	~	~	~	~	1 ~0.5%	1 ~0.5%	~	~	1 ~0.6%	
USUALLY	3 1%	77 1%	~	7%~	~	~	~	2 1%	~	~	~	~	~	1 3%~	2 0.9%~	1 0.5%~	2 3%	~	3 2%	
SOMETIMES	14 5%	505 10%*	~	7%~	3 8%~	3 6%~	5 6%	11 7%	~	~	~	~	~	1 3%~	13 6%~	9 5%	5 7%	4 4%	10 6%	
NEVER	240 93%	4589 88%*	100%~	86%~	92%~	94%~	92% 100%~	142 92%	~	~	~	~	~	38 95%~	196 92%~	172 94%	62 90%	97 96%	140 91%	
#NEVER + SOMETIMES (NET)	254 98%	5094 97%	100%~	93%~	100%~	100%~	99% 100%~	153 99%	~	~	~	~	~	39 98%~	209 99%~	181 99%	67 97%	101 100%~	150 97%*	
TOP BOX SCORE	240 93%	4589 88%*	100%~	86%~	92%~	94%~	92% 100%~	142 92%	~	~	~	~	~	38 95%~	196 92%~	172 94%	62 90%	97 96%	140 91%	
NOT ANSWERED	26	438	2	1	2	1	3	6						2	7	5	3	6	3	
VALID CASES	258	5233	28	44	39	49	77	16	155					40	212	183	69	101	154	
NUMBER OF RESPONDENTS	284 100%	5671 100%	100%	100%	100%	100%	100%	100%	161 100%					42 100%	219 100%	188 100%	72 100%	107 100%	157 100%	

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

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q35P																					
#YES DEFINITELY	195 77%	3547 69%*	24 89%~	32 76%~	29 74%~	31 65%~	59 77%	15 94%~	120 79%	~	~	~	~	~	~	32 82%~	158 76%~	145 80%	45 66%*	76 78%	116 76%
YES SOMEWHAT	43 17%	1203 23%*	3 11%~	6 14%~	8 21%~	11 23%~	14 18%	1 6%~	29 19%	~	~	~	~	~	~	3 8%~	39 19%~	27 15%	16 24%	16 16%	27 18%
NO	16 6%	417 8%	~	4 10%~	2 5%~	6 13%~	4 5%	~	3 2%*	~	~	~	~	~	~	4 10%~	12 6%~	9 5%	7 10%	6 6%	10 7%
NOT ANSWERED	30	503	3	3	2	2	3		9							3	10	7	4	9	4
VALID CASES	254	5168	27	42	39	48	77	16	152							39	209	181	68	98	153
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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	
JCC 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q35Q YES	145 55%	2983 57%	15 50%~	31 69%~	23 56%~	32 65%~	35 45%*	7 50%~	87 56%	~	~	~	~	~	23 55%~	118 55%~	107 58%	35 49%	52 50%	91 59%	
NO	117 45%	2289 43%	15 50%~	14 31%~	18 44%~	17 35%~	43 55%*	7 50%~	69 44%	~	~	~	~	~	19 45%~	96 45%~	78 42%	37 51%	52 50%	64 41%	
NOT ANSWERED	22	399				1	2	2	5						5	3			3	2	
VALID CASES	262	5272	30	45	41	49	78	14	156						42	214	185	72	104	155	
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC 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 ##	MUL-TI OTHR ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q35R NEVER	32 29%	917 37%	6 32%~	3 15%~	8 35%~	2 11%~	11 55%~	1 17%~	15 34%~	~	~	~	~	~	10 40%~	21 26%~	16 21%~	16 52%~	14 39%~	18 25%~
SOMETIMES	30 27%	468 19%*	5 26%~	10 50%~	5 22%~	7 39%~	2 10%~	1 17%~	10 23%~	~	~	~	~	~	8 32%~	22 27%~	21 27%~	9 29%~	9 25%~	21 29%~
USUALLY	30 27%	470 19%	6 32%~	4 20%~	5 22%~	5 28%~	4 20%~	3 50%~	12 27%~	~	~	~	~	~	4 16%~	24 30%~	23 30%~	5 16%~	7 19%~	21 29%~
ALWAYS	18 16%	619 25%*	2 11%~	3 15%~	5 22%~	4 22%~	3 15%~	1 17%~	7 16%~	~	~	~	~	~	3 12%~	14 17%~	17 22%~	1 3%~	6 17%~	12 17%~
#ALWAYS + USUALLY (NET)	48 44%	1089 44%	8 42%~	7 35%~	10 43%~	9 50%~	7 35%~	4 67%~	19 43%~	~	~	~	~	~	7 28%~	38 47%~	40 52%~	6 19%~	13 36%~	33 46%~
TOP BOX SCORE	18 16%	619 25%*	2 11%~	3 15%~	5 22%~	4 22%~	3 15%~	1 17%~	7 16%~	~	~	~	~	~	3 12%~	14 17%~	17 22%~	1 3%~	6 17%~	12 17%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	144	2730	11	25	16	28	56	8	107						16	127	103	39	65	79
NOT ANSWERED	30	467			2	4	4	2	10						1	11	8	2	6	6
VALID CASES	110	2474	19	20	23	18	20	6	44						25	81	77	31	36	72
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
	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?

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
	JCC 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	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
								WHTE	##	##	##	##	##							
Q36 EXCELLENT	36 14%	556 10%	8 27%	6 13%	7 17%	5 10%	8 10%	1 6%	20 13%	~	~	~	~	~	8 19%	27 13%	36 19%*	~	14 13%	21 14%
VERY GOOD	67 26%	1282 24%	8 27%	14 31%	14 34%	8 17%	19 25%	4 25%	39 25%	~	~	~	~	~	9 21%	57 27%	67 36%	~	26 25%	41 26%
GOOD	85 33%	1849 35%	10 33%	15 33%	13 32%	20 42%	23 30%	3 19%	53 34%	~	~	~	~	~	13 31%	71 33%	85 45%	~	38 37%	47 30%
FAIR	54 21%	1201 23%	4 13%	9 20%	5 12%	12 25%	17 22%	6 38%	33 21%	~	~	~	~	~	11 26%	42 20%	54 ~	75%*	19 18%	35 23%
POOR	18 7%	406 8%	~	1 2%	2 5%	3 6%	10 13%*	2 13%	12 8%	~	~	~	~	~	1 2%	17 8%	18 ~	25%*	7 7%	11 7%
#EXCELLENT + VERY GOOD + GOOD (NET)	188 72%	3686 70%	26 87%	35 78%	34 83%	33 69%	50 65%	8 50%	112 71%	~	~	~	~	~	30 71%	155 72%	188 100%	~	78 75%	109 70%
NOT ANSWERED	24	377				2	3		4							5			3	2
VALID CASES	260	5294	30	45	41	48	77	16	157						42	214	188	72	104	155
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

	JCC 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	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE	
			24	34	44	54	64	OVER	WHTE	##	##	##	##	##	##	IC	IC	GOOD	POOR	MALE
Q37																				
EXCELLENT	60 23%	956 18%	14 47%~	11 24%~	11 27%~	7 14%~	13 16%	3 19%~	34 21%	~	~	~	~	~	13 31%~	46 21%~	55 29%*	5 7%*	26 25%	33 21%
VERY GOOD	69 26%	1444 27%	9 30%~	7 16%~	10 24%~	16 33%~	23 29%	3 19%~	39 25%	~	~	~	~	~	13 31%~	56 26%~	53 28%	15 21%	32 30%	37 24%
GOOD	75 29%	1591 30%	5 17%~	17 38%~	13 32%~	11 22%~	24 30%	5 31%~	44 28%	~	~	~	~	~	11 26%~	63 29%~	60 32%*	14 19%*	28 27%	47 30%
FAIR	44 17%	1030 19%	1 3%~	9 20%~	4 10%~	12 24%~	13 16%	4 25%~	31 19%	~	~	~	~	~	4 10%~	38 18%~	18 10%*	25 35%*	16 15%	28 18%
POOR	15 6%	303 6%	1 3%~	1 2%~	3 7%~	3 6%~	6 8%	1 6%~	11 7%	~	~	~	~	~	1 2%~	14 6%~	2 1%*	13 18%*	3 3%	12 8%
#EXCELLENT + VERY GOOD + GOOD (NET)	204 78%	3991 75%	28 93%~	35 78%~	34 83%~	34 69%~	60 76%	11 69%~	117 74%*	~	~	~	~	~	37 88%~	165 76%~	168 89%*	34 47%*	86 82%	117 75%
NOT ANSWERED	21	348				1	1		2							2			2	
VALID CASES	263	5323	30	45	41	49	79	16	159						42	217	188	72	105	157
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
	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?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q38 #YES	68 27%	1949 37%*	4 15%~	9 21%~	9 23%~	14 29%~	23 29%	9 56%~	42 27%	~	~	~	~	~	~	11 28%~	56 27%~	36 20%*	30 44%*	19 19%*	49 32%*
NO	185 73%	3261 63%*	22 85%~	33 79%~	30 77%~	35 71%~	55 71%	7 44%~	112 73%	~	~	~	~	~	~	28 72%~	154 73%~	145 80%*	38 56%*	81 81%*	103 68%*
DON'T KNOW	9	134	4	3		1	1		4							3	6	5	4	5	4
NOT ANSWERED	22	327			2		1		3								3	2		2	1
VALID CASES	253	5210	26	42	39	49	78	16	154							39	210	181	68	100	152
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161							42	219	188	72	107	157
	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?

	JCC 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	GOOD & POOR	MALE	FE- MALE	
Q39 EVERY DAY	51 19%	1034 20%	5 17%	7 16%	9 22%	12 24%	17 22%	1 6%	33 21%	~	~	~	~	~	~	4 10%	47 22%	31 16%	20 28%*	23 22%	28 18%
SOME DAYS	20 8%	461 9%	3 10%	5 11%	3 7%	1 2%*	7 9%	~	8 5%	~	~	~	~	~	~	5 12%	15 7%	13 7%	6 8%	11 10%	9 6%
NOT AT ALL	192 73%	3773 72%	22 73%	33 73%	29 71%	37 74%	54 69%	15 94%	118 74%	~	~	~	~	~	~	33 79%	155 71%	144 77%*	45 63%*	71 68%	120 76%
DON'T KNOW	1	42					1		1								1		1	1	
NOT ANSWERED	20	360					1		1								1			1	
VALID CASES	263	5269	30	45	41	50	78	16	159							42	217	188	71	105	157
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161							42	219	188	72	107	157
	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?

	JCC 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 ##	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q40 NEVER	23 33%	477 30%	1 13%	4 33%	3 25%	5 38%	8 36%	1 100%	15 37%	~	~	~	~	~	~	2 25%	21 34%	16 37%	7 28%	9 28%	14 38%
SOMETIMES	13 19%	309 20%	2 25%	4 33%	2 17%	2 15%	3 14%	~	7 17%	~	~	~	~	~	~	3 38%	10 16%	6 14%	7 28%	8 25%	5 14%
USUALLY	13 19%	270 17%	2 25%	3 25%	2 17%	3 23%	3 14%	~	7 17%	~	~	~	~	~	~	1 13%	12 20%	9 21%	4 16%	4 13%	9 24%
ALWAYS	20 29%	513 33%	3 38%	1 8%	5 42%	3 23%	8 36%	~	12 29%	~	~	~	~	~	~	2 25%	18 30%	12 28%	7 28%	11 34%	9 24%
#ALWAYS + USUALLY (NET)	33 48%	782 50%	5 63%	4 33%	7 58%	6 46%	11 50%	~	19 46%	~	~	~	~	~	~	3 38%	30 49%	21 49%	11 44%	15 47%	18 49%
TOP BOX SCORE	20 29%	513 33%	3 38%	1 8%	5 42%	3 23%	8 36%	~	12 29%	~	~	~	~	~	~	2 25%	18 30%	12 28%	7 28%	11 34%	9 24%
NOT ANSWERED	2	25					2									1	1	1	1	2	
VALID CASES	69	1569	8	12	12	13	22	1	41							8	61	43	25	32	37
NUMBER OF RESPONDENTS	71	1594	8	12	12	13	24	1	41							9	62	44	26	34	37
	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.

	JCC 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 ILND ##	AMER HAW/IND/PAC ALSK ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	MALE	FE-MALE	
Q41 NEVER	46 66%	796 51%*	3 38%~	9 75%~	7 58%~	8 62%~	17 74%~	1 100%~	26 63%~	~	~	~	~	~	~	6 75%~	40 65%~	28 65%~	17 65%~	23 70%~	23 62%~
SOMETIMES	8 11%	318 20%*	2 25%~	1 8%~	1 8%~	2 15%~	2 9%~	~	7 17%~	~	~	~	~	~	~	~	8 13%~	5 12%~	3 12%~	6 18%~	2 5%~
USUALLY	5 7%	179 11%	1 13%~	1 8%~	2 17%~	1 8%~	~	~	2 5%~	~	~	~	~	~	~	~	5 8%~	4 9%~	1 4%~	2 6%~	3 8%~
ALWAYS	11 16%	266 17%	2 25%~	1 8%~	2 17%~	2 15%~	4 17%~	~	6 15%~	~	~	~	~	~	~	2 25%~	9 15%~	6 14%~	5 19%~	2 6%~	9 24%~
#ALWAYS + USUALLY (NET)	16 23%	445 29%	3 38%~	2 17%~	4 33%~	3 23%~	4 17%~	~	8 20%~	~	~	~	~	~	~	2 25%~	14 23%~	10 23%~	6 23%~	4 12%~	12 32%~
TOP BOX SCORE	11 16%	266 17%	2 25%~	1 8%~	2 17%~	2 15%~	4 17%~	~	6 15%~	~	~	~	~	~	~	2 25%~	9 15%~	6 14%~	5 19%~	2 6%~	9 24%~
NOT ANSWERED	1	34					1								1		1		1		
VALID CASES	70	1560	8	12	12	13	23	1	41						8	62	43	26	33	37	
NUMBER OF RESPONDENTS	71 100%	1594 100%	8 100%	12 100%	12 100%	13 100%	24 100%	1 100%	41 100%						9 100%	62 100%	44 100%	26 100%	34 100%	37 100%	

[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.

	JCC 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 ##	MUL- TI ##	OTH- R ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
Q42 NEVER	45 65%	888 57%	3 38%	8 73%	6 50%	7 54%	19 83%	1 100%	27 66%	~	~	~	~	~	6 86%	39 63%	25 60%	20 77%	23 70%	22 61%
SOMETIMES	7 10%	301 19%	~	2 18%	1 8%	2 15%	2 9%	~	5 12%	~	~	~	~	~	~	7 11%	5 12%	1 4%	3 9%	4 11%
USUALLY	10 14%	175 11%	3 38%	1 9%	3 25%	2 15%	1 4%	~	5 12%	~	~	~	~	~	10 16%	7 17%	3 12%	5 15%	5 14%	
ALWAYS	7 10%	191 12%	2 25%	~	2 17%	2 15%	1 4%	~	4 10%	~	~	~	~	~	1 14%	6 10%	5 12%	2 8%	2 6%	5 14%
#ALWAYS + USUALLY (NET)	17 25%	367 24%	5 62%	1 9%	5 42%	4 31%	2 9%	~	9 22%	~	~	~	~	~	1 14%	16 26%	12 29%	5 19%	7 21%	10 28%
TOP BOX SCORE	7 10%	191 12%	2 25%	~	2 17%	2 15%	1 4%	~	4 10%	~	~	~	~	~	1 14%	6 10%	5 12%	2 8%	2 6%	5 14%
NOT ANSWERED	2	39	~	1	~	1	~	~	~	~	~	~	~	2	~	2	~	1	1	
VALID CASES	69	1555	8	11	12	13	23	1	41	~	~	~	~	~	7	62	42	26	33	36
NUMBER OF RESPONDENTS	71 100%	1594 100%	8 100%	12 100%	12 100%	13 100%	24 100%	1 100%	41 100%	~	~	~	~	~	9 100%	62 100%	44 100%	26 100%	34 100%	37 100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q43 YES	46 17%	1073 20%	2 7%~	3 7%~	2 5%~	8 16%	22 28%*	9 56%~	21 13%*	~	~	~	~	~	~	13 32%~	32 15%~	24 13%*	22 31%*	23 22%	23 15%
NO	217 83%	4210 80%	28 93%~	42 93%~	39 95%~	42 84%	56 72%*	7 44%~	139 87%*	~	~	~	~	~	~	28 68%~	186 85%~	163 87%*	50 69%*	83 78%	133 85%
DON'T KNOW		36																			
NOT ANSWERED	21	352					2		1							1	1	1		1	1
VALID CASES	263	5283	30	45	41	50	78	16	160							41	218	187	72	106	156
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161							42	219	188	72	107	157
	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?

	JCC TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q44 YES	24 10%	481 10%	4 ~	3 9%~	5 8%~	9 11%~	3 13%	18 12%	~	~	~	~	~	~	22 ~	11%~	8 4%*	14 23%*	8 8%	16 11%	
NO	221 90%	4399 90%	30 100%~	40 91%~	35 92%~	42 89%~	59 87%	12 80%~	129 88%	~	~	~	~	~	38 ~	181 100%~	172 89%~	48 96%*	96 77%*	124 92%	89% 89%
DON'T KNOW	19	432	1	3	3	11	1	13							4	15	8	10	2	17	
NOT ANSWERED	20	359				1		1								1				1	
VALID CASES	245	4880	30	44	38	47	68	15	147						38	203	180	62	104	140	
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%	

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

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q45 YES	87 33%	1760 33%	5 17%	8 18%	6 15%	20 40%	33 42%	14 93%	49 31%	~	~	~	~	~	~	16 38%	70 32%	53 28%*	31 44%*	38 36%	49 31%
NO	176 67%	3528 67%	25 83%	37 82%	35 85%	30 60%	46 58%	1 7%	110 69%	~	~	~	~	~	~	26 62%	147 68%	135 72%*	40 56%*	68 64%	107 69%
NOT ANSWERED	21	383					1	1	2								2		1	1	1
VALID CASES	263	5288	30	45	41	50	79	15	159							42	217	188	71	106	156
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
JCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE			
Q46.1																					
YES	54 19%	1193 21%	3 10%~	1 2%~	7 17%~	16 32%*	19 24%	8 50%~	40 25%*	~	~	~	~	~	7 17%~	46 21%	31 16%	20 28%*	21 20%	33 21%	
NO	230 81%	4478 79%	27 90%~	44 98%~	34 83%~	34 68%*	61 76%	8 50%~	121 75%*	~	~	~	~	~	35 83%~	173 79%	157 84%	52 72%*	86 80%	124 79%	
VALID CASES	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157	
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%	

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

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE			
Q46.2 YES	67 24%	1634 29%*	2 7%~	4 9%~	5 12%~	15 30%	33 41%*	8 50%~	41 25%	~	~	~	~	~	~	13 31%~	53 24%	36 19%*	31 43%*	35 33%*	32 20%
NO	217 76%	4037 71%*	28 93%~	41 91%~	36 88%~	35 70%	47 59%*	8 50%~	120 75%	~	~	~	~	~	~	29 69%~	166 76%	152 81%*	41 57%*	72 67%*	125 80%
VALID CASES	284	5671	30	45	41	50	80	16	161							42	219	188	72	107	157
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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	
JCC 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 ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q46.3																				
YES	29 10%	883 16%*	2 7%~	4 9%~	4 10%~	8 16%	10 13%	1 6%~	19 12%	~	~	~	~	~	1 2%~	28 13%*	17 9%	12 17%	10 9%	19 12%
NO	255 90%	4788 84%*	28 93%~	41 91%~	37 90%~	42 84%	70 87%	15 94%~	142 88%	~	~	~	~	~	41 98%~	191 87%*	171 91%	60 83%	97 91%	138 88%
VALID CASES	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	FE-MALE	MALE		
Q47.1	JCC TOT ADLT	9	231		1	2	4	2	5						1	8	5	4	7	2	
YES		3%	4%	~	~	2%~	4%	5%	13%~	3%	~	~	~	~	~	2%~	4%	3%	6%	7%*	1%
NO		275	5440	30	45	40	48	76	14	156	~	~	~	~	~	41	211	183	68	100	155
		97%	96%	100%~	100%~	98%~	96%	95%	88%~	97%	~	~	~	~	~	98%~	96%	97%	94%	93%*	99%
VALID CASES		284	5671	30	45	41	50	80	16	161					42	219	188	72	107	157	
NUMBER OF RESPONDENTS		284	5671	30	45	41	50	80	16	161					42	219	188	72	107	157	
		100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	FE- MALE	MALE		
Q47.2	JCC TOT ADLT	18	25	35	45	55	65	WHTE	##	##	##	##	##	##							
YES	12 4%	~	~	2 5%	1 2%	5 6%	4 25%	6 4%	~	~	~	~	~	~	12 5%	4 2%*	8 11%*	5 5%	7 4%		
NO	272 96%	30 100%	45 100%	39 95%	49 98%	75 94%	12 75%	155 96%	~	~	~	~	~	~	42 100%	207 95%*	184 98%*	64 89%*	102 95%	150 96%	
VALID CASES	284	30	45	41	50	80	16	161							42	219	188	72	107	157	
NUMBER OF RESPONDENTS	284 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%	

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

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q47.3 YES	6 2%	243 4%*	~	~	2%~	2%	1% 19%~	3 2%	~	~	~	~	~	~	~	6 3%~	2 1%	4 6%	~	6 4%*	
NO	278 98%	5428 96%*	100%~	100%~	98%~	98%	99% 81%~	158 98%	~	~	~	~	~	~	~	42 ~100%	213 97%*	186 99%	68 94%	107 100%~	151 96%*
VALID CASES	284	5671	30	45	41	50	80	16	161							42	219	188	72	107	157
NUMBER OF RESPONDENTS	284 100%	5671 100%	100%	100%	100%	100%	100%	100%	100%							42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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	
JCC 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 ##	MUL-OTHR TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & FAIR & POOR	FE-MALE	MALE		
Q47.4																				
YES	45 16%	955 17%	3 10%~	3 7%~	6 15%~	10 20%	18 31%~	5 11%*	18	~	~	~	~	~	12 29%~	32 15%	21 11%*	23 32%*	21 20%	24 15%
NO	239 84%	4716 83%	27 90%~	42 93%~	35 85%~	40 80%	62 77%	11 69%~	143 89%*	~	~	~	~	~	30 71%~	187 85%	167 89%*	49 68%*	86 80%	133 85%
VALID CASES	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
	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?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q48 YES	78 30%	1695 32%	5 17%	10 22%	8 20%	20 36%	28 47%	7 31%	49 31%	~	~	~	~	~	13 31%	64 30%	42 23%*	34 47%*	32 31%	46 29%
NO	182 70%	3585 68%	25 83%	35 78%	32 80%	30 60%	50 64%	8 53%	108 69%	~	~	~	~	~	29 69%	151 70%	142 77%*	38 53%*	72 69%	110 71%
NOT ANSWERED	24	392			1		2	1	4							4	4		3	1
VALID CASES	260	5279	30	45	40	50	78	15	157						42	215	184	72	104	156
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q49 YES	64 86%	1392 87%	5 100%~	5 56%~	7 88%~	18 95%~	23 88%~	6 86%~	41 89%~	~	~	~	~	~	9 75%~	55 90%~	33 83%~	29 91%~	28 93%~	36 82%~
NO	10 14%	208 13%	~	4 44%~	1 13%~	1 5%~	3 12%~	1 14%~	5 11%~	~	~	~	~	~	3 25%~	6 10%~	7 18%~	3 9%~	2 7%~	8 18%~
NOT ANSWERED	4	69		1		1	2		3						1	3	2	2	2	2
VALID CASES	74	1600	5	9	8	19	26	7	46						12	61	40	32	30	44
NUMBER OF RESPONDENTS	78 100%	1669 100%	5 100%	10 100%	8 100%	20 100%	28 100%	7 100%	49 100%						13 100%	64 100%	42 100%	34 100%	32 100%	46 100%

[ASKED IF Q48 = YES]

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

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q50 YES	157 60%	3271 62%	8 27%~	16 36%~	22 54%~	37 76%~	59 75%*	14 88%~	105 66%*	~	~	~	~	~	19 45%~	136 63%~	94 51%*	60 83%*	62 59%	95 61%
NO	105 40%	2030 38%	22 73%~	29 64%~	19 46%~	12 24%~	20 25%*	2 13%~	55 34%*	~	~	~	~	~	23 55%~	81 37%~	92 49%*	12 17%*	43 41%	62 39%
NOT ANSWERED	22	369				1	1		1							2	2		2	
VALID CASES	262	5302	30	45	41	49	79	16	160						42	217	186	72	105	157
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q51 YES	135 89%	2939 94%*	6 75%~	14 93%~	17 77%~	32 94%~	54 93%	12 92%~	92 92%	~	~	~	~	~	13 68%~	120 92%~	76 84%*	56 97%*	54 92%	81 88%
NO	16 11%	176 6%*	2 25%~	1 7%~	5 23%~	2 6%~	4 7%	1 8%~	8 8%	~	~	~	~	~	6 32%~	10 8%~	14 16%*	2 3%*	5 8%	11 12%
NOT ANSWERED	6	111		1		3	1	1	5							6	4	2	3	3
VALID CASES	151	3115	8	15	22	34	58	13	100						19	130	90	58	59	92
NUMBER OF RESPONDENTS	157	3226	8	16	22	37	59	14	105						19	136	94	60	62	95
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC 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- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
								WHTE											
NQ52																			
18 TO 24	36 13%	544 10%	30 100%	~	~	~	~	9 6%*	~	~	~	~	~	10 24%	20 9%*	27 14%	4 6%*	17 16%	14 9%*
25 TO 34	53 19%	1042 18%	~	45 ~100%	~	~	~	25 16%	~	~	~	~	~	8 19%	37 17%	36 19%	10 14%	11 10%*	34 22%
35 TO 44	43 15%	924 16%	~	~	41 ~100%	~	~	25 16%	~	~	~	~	~	8 19%	33 15%	34 18%*	7 10%	13 12%	28 18%
45 TO 54	51 18%	1138 20%	~	~	~	50 ~100%	~	35 22%	~	~	~	~	~	6 14%	44 20%*	33 18%	15 21%	23 21%	27 17%
55 TO 64	83 29%	1472 26%	~	~	~	~	80 ~100%	55 34%*	~	~	~	~	~	9 21%	70 32%*	50 27%	28 39%*	37 35%	44 28%
65 TO 74	15 5%	326 6%	~	~	~	~	13 81%	10 6%	~	~	~	~	~	1 2%	12 5%	6 3%	7 10%	5 5%	8 5%
75 OR OLDER	3 1%	225 4%*	~	~	~	~	3 19%	2 1%	~	~	~	~	~	3 1%	2 1%	2 1%	1 1%	1 0.9%	2 1%
VALID CASES	284	5671	30	45	41	50	80	16	161					42	219	188	72	107	157
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%					42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

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

NQ53 ARE YOU MALE OR FEMALE?

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ53	112	2300	17	11	13	23	37	6	69						19	87	78	26	107		
MALE	39%	41%	57%~	24%~	32%~	46%	46%	38%~	43%	~	~	~	~	~	~	45%~	40%	41%	36%	100%~	~
FEMALE	172	3371	13	34	28	27	43	10	92						23	132	110	46	157		
	61%	59%	43%~	76%~	68%~	54%	54%	63%~	57%	~	~	~	~	~	~	55%~	60%	59%	64%	~100%~	
VALID CASES	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157	
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157	
	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]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	JCC 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	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q54																					
8TH GRADE OR LESS	14 5%	328 6%	1 3%~	1 2%~	1 2%~	3 6%~	7 9%	1 6%~	4 3%*	~	~	~	~	~	~	8 20%~	6 3%~	9 5%	5 7%	4 4%	10 6%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	38 15%	614 12%	6 20%~	8 18%~	7 17%~	8 16%~	8 10%	1 6%~	21 13%	~	~	~	~	~	~	10 24%~	27 12%~	24 13%	13 18%	22 21%*	16 10%*
HIGH SCHOOL GRADUATE OR GED	79 30%	1659 31%	15 50%~	15 33%~	11 27%~	12 24%~	20 25%	6 38%~	46 29%	~	~	~	~	~	~	11 27%~	66 30%~	52 28%	24 34%	38 36%	41 26%
SOME COLLEGE OR 2-YEAR DEGREE	92 35%	1998 38%	8 27%~	14 31%~	17 41%~	17 35%~	30 38%	5 31%~	61 38%	~	~	~	~	~	~	9 22%~	83 38%~	70 38%	22 31%	30 28%*	62 40%*
4-YEAR COLLEGE GRADUATE	29 11%	437 8%	~	4 9%~	3 7%~	7 14%~	14 18%	1 6%~	21 13%	~	~	~	~	~	~	2 5%~	27 12%~	23 12%	5 7%	11 10%	18 12%
MORE THAN 4-YEAR COLLEGE DEGREE	10 4%	242 5%	~	3 7%~	2 5%~	2 4%~	1 1%	2 13%~	7 4%	~	~	~	~	~	~	1 2%~	9 4%~	8 4%	2 3%	2 2%	8 5%
NOT ANSWERED	22	392				1			1							1	1	2	1		2
VALID CASES	262	5279	30	45	41	49	80	16	160							41	218	186	71	107	155
NUMBER OF RESPONDENTS	284	5671	30	45	41	50	80	16	161							42	219	188	72	107	157
	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?

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE				
Q55																						
YES HISPANIC OR LATINO	42 16%	668 13%	10 34%~	8 18%~	8 20%~	6 12%	8 10%	1 6%~	~	~	~	~	~	~	~	~	~	~	~			
NO NOT HISPANIC OR LATINO	219 84%	4589 87%	19 66%~	37 82%~	33 80%~	44 88%	70 90%	15 94%~	160 100%~	~	~	~	~	~	~	~	~	~	~			
NOT ANSWERED	23	413	1				2		1								3	1	1	2		
VALID CASES	261	5258	29	45	41	50	78	16	160								42	219	185	71	106	155
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%								42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
JCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE			
Q56.1 YES	186 65%	3500 62%	13 43%~	31 69%~	27 66%~	38 76%	64 80%*	13 81%~	161 100%~	~	~	~	~	~	19 45%~	166 76%*	128 68%	54 75%*	83 78%*	103 66%	
NO	98 35%	2171 38%	17 57%~	14 31%~	14 34%~	12 24%	16 20%*	3 19%~	~	~	~	~	~	23 55%~	53 24%*	60 32%	18 25%*	24 22%*	54 34%		
VALID CASES	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157	
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%	

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	JCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q56.2 YES	2 0.7%	117 2%*	~	~	~	~	1% 6%~	~	~	~	~	~	~	~	~	2 ~0.9%	2 ~3%	1 0.9%	1 0.6%	
NO	282 99%	5554 98%*	30 100%	45 100%	41 100%	50 100%	79 99%	15 94%	161 100%	~	~	~	~	~	42 100%	217 99%	188 100%	70 97%	106 99%	156 99%
VALID CASES	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL- OTHR ##	MUL- TI ##	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	MALE	FE- MALE		
Q56.3	JCC TOT ADLT	4	212	1	1	1	1									4	4	2	2		
YES	OHP TOT ADLT	1%	4%*	3%~	2%~	~	2%	1%	~	~	~	~	~	~	~	2%*	2%*	~	2%	1%	
NO	JCC TOT ADLT	280	5459	29	44	41	49	79	16	161						42	215	184	72	105	155
	OHP TOT ADLT	99%	96%*	97%~	98%~	100%~	98%	99%	100%~	100%~	~	~	~	~	~	100%~	98%*	98%*	100%~	98%	99%
VALID CASES	JCC TOT ADLT	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
NUMBER OF RESPONDENTS	OHP TOT ADLT	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157
		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	
JCC 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-OTHR TI ##	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE			
Q56.4 YES	2 0.7%	34 0.6%	~	~	1 2%	~	1 1%	~	~	~	~	~	~	1 2%	1 0.5%	2 1%	~	2 1%			
NO	282 99%	5637 99%	30 100%	45 100%	40 98%	50 100%	79 99%	16 100%	161 100%	~	~	~	~	41 98%	218 100%	186 99%	72 100%	107 100%	155 99%		
VALID CASES	284	5671	30	45	41	50	80	16	161					42	219	188	72	107	157		
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%					42 100%	219 100%	188 100%	72 100%	107 100%	157 100%		

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
JCC 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- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE			
Q56.5 YES	9 3%	211 3%	1 3%	1 2%	2 5%	2 4%	3 4%	~	~	~	~	~	~	~	2 5%	7 3%	6 3%	3 4%	3 3%	6 4%	
NO	275 97%	5460 96%	29 97%	44 98%	39 95%	48 96%	77 100%	16 100%	161 ~	~	~	~	~	~	40 95%	212 97%	182 97%	69 96%	104 97%	151 96%	
VALID CASES	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157	
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%	

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
JCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL- OTHR ##	MUL- TI ##	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	FE-MALE		
Q56.6 YES	13 5%	307 5%	3 10%~	3 7%~	2 5%~	1 2%	3 4%	1 6%~	~	~	~	~	~	~	6 14%~	7 3%	8 4%	4 6%	4 4%	9 6%	
NO	271 95%	5364 95%	27 90%~	42 93%~	39 95%~	49 98%	77 96%	15 94%~	161 100%~	~	~	~	~	~	36 86%~	212 97%	180 96%	68 94%	103 96%	148 94%	
VALID CASES	284	5671	30	45	41	50	80	16	161						42	219	188	72	107	157	
NUMBER OF RESPONDENTS	284 100%	5671 100%	30 100%	45 100%	41 100%	50 100%	80 100%	16 100%	161 100%						42 100%	219 100%	188 100%	72 100%	107 100%	157 100%	

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
Q57 YES	21 10%	630 15%*	3 19%~	3 9%~	1 4%~	5 13%~	6 9%	3 20%~	15 9%~	~	~	~	~	~	~	4 ~	17 14%~	13 9%	6 10%	14 16%*	7 6%*
NO	182 90%	3507 85%*	13 81%~	31 91%~	27 96%~	35 88%~	63 91%	12 80%~	143 91%~	~	~	~	~	~	~	24 ~	156 86%~	127 90%~	53 91%	74 84%*	108 94%*
NOT ANSWERED	3	39			1	2			3								3	1	1	1	2
VALID CASES	203	4137	16	34	28	40	69	15	158							28	173	140	59	88	115
NUMBER OF RESPONDENTS	206 100%	4176 100%	16 100%	34 100%	29 100%	42 100%	69 100%	15 100%	161 100%							28 100%	176 100%	141 100%	60 100%	89 100%	117 100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q58.1 YES	10 48%	257 48%	1 ~	1 33%	2 100%	3 40%	3 50%	7 47%	~	~	~	~	~	2 50%	8 47%	3 23%	6 100%	5 36%	5 71%	
NO	11 52%	281 52%	3 100%	2 67%	3 60%	3 50%	8 53%	~	~	~	~	~	2 50%	9 53%	10 77%	~	9 64%	2 29%		
VALID CASES	21	538	3	3	1	5	6	3	15					4	17	13	6	14	7	
NUMBER OF RESPONDENTS	21 100%	538 100%	3 100%	3 100%	1 100%	5 100%	6 100%	3 100%	15 100%					4 100%	17 100%	13 100%	6 100%	14 100%	7 100%	

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

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

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q58.2 YES	9 43%	220 41%	1 33%	3 100%	1 ~	2 20%	2 33%	5 33%	~	~	~	~	~	~	3 75%	6 35%	6 46%	3 50%	6 43%	3 43%
NO	12 57%	318 59%	2 67%	1 ~	4 100%	4 80%	1 67%	10 67%	~	~	~	~	~	~	1 25%	11 65%	7 54%	3 50%	8 57%	4 57%
VALID CASES	21	538	3	3	1	5	6	3	15						4	17	13	6	14	7
NUMBER OF RESPONDENTS	21 100%	538 100%	3 100%	3 100%	1 100%	5 100%	6 100%	3 100%	15 100%						4 100%	17 100%	13 100%	6 100%	14 100%	7 100%

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

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

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q58.3 YES	7 33%	203 38%	1 33%	~	~	2 40%	4 67%	6 40%	~	~	~	~	~	~	7 41%	5 38%	1 17%	4 29%	3 43%	
NO	14 67%	335 62%	2 67%	3 100%	1 100%	3 60%	2 33%	3 100%	9 60%	~	~	~	~	~	4 100%	10 59%	8 62%	5 83%	10 71%	4 57%
VALID CASES	21	538	3	3	1	5	6	3	15						4	17	13	6	14	7
NUMBER OF RESPONDENTS	21 100%	538 100%	3 100%	3 100%	1 100%	5 100%	6 100%	3 100%	15 100%						4 100%	17 100%	13 100%	6 100%	14 100%	7 100%

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

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

	JCC 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 ##	OTH R ##	MUL- TI ##	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.4 YES	2 10%	79 15%	~	~	~	40%	~	~	~	~	~	~	~	~	25%	6%	15%	~	14%	~
NO	19 90%	459 85%	100%	100%	100%	60%	100%	100%	100%	~	~	~	~	~	75%	94%	85%	100%	86%	100%
VALID CASES	21	538	3	3	1	5	6	3	15						4	17	13	6	14	7
NUMBER OF RESPONDENTS	21 100%	538 100%	100%	100%	100%	100%	100%	100%	100%						4 100%	17 100%	13 100%	6 100%	14 100%	7 100%

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

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

	JCC 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	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q58.5 YES	2 10%	32 6%	1 33%	1 ~100%	~	~	1 7%	~	~	~	~	~	1 25%	1 6%	1 8%	1 17%	1 7%	1 14%		
NO	19 90%	506 94%	2 67%	3 100%	5 ~100%	6 100%	3 93%	~	~	~	~	~	3 75%	16 94%	12 92%	5 83%	13 93%	6 86%		
VALID CASES	21	538	3	3	1	5	6	3	15				4	17	13	6	14	7		
NUMBER OF RESPONDENTS	21 100%	538 100%	3 100%	3 100%	1 100%	5 100%	6 100%	3 100%	15 100%				4 100%	17 100%	13 100%	6 100%	14 100%	7 100%		

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

NQ13 RATING OF ALL HEALTH CARE

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	JCC 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	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE	
NQ13 0-6	27 14%	761 20%*	1 6%	4 13%	8 31%	6 17%	7 11%	16 14%	~	~	~	~	~	~	3 13%	23 15%	15 12%	10 19%	8 12%	18 16%
7-8	61 31%	1368 36%	6 38%	11 34%	8 31%	9 26%	20 33%	3 25%	37 31%	~	~	~	~	~	5 22%	51 32%	40 31%	16 30%	22 32%	35 31%
9-10	107 55%	1705 44%*	9 56%	17 53%	10 38%	20 57%	34 56%	9 75%	65 55%	~	~	~	~	~	15 65%	83 53%	72 57%	27 51%	39 57%	61 54%
VALID CASES	195	3835	16	32	26	35	61	12	118						23	157	127	53	69	114
NUMBER OF RESPONDENTS	195 100%	3835 100%	16 100%	32 100%	26 100%	35 100%	61 100%	12 100%	118 100%						23 100%	157 100%	127 100%	53 100%	69 100%	114 100%
MEAN	2.41	2.25	2.50	2.41	2.08	2.40	2.44	2.75	2.42						2.52	2.38	2.45	2.32	2.45	2.38
p stat_(*=Sig @ p<=.05)		.003*	~	~	~	~	.675	~	.906	~	~	~	~	~	~	~	.311	.293	.579	.450

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ23 0-6	17 8%	642 16%*	1 5%~	3 9%~	4 14%~	5 12%~	3 5%	12 9%	~	~	~	~	~	~	1 4%~	15 9%~	9 6%	7 12%	2 3%*	14 11%*
7-8	50 24%	1053 26%	4 20%~	2 6%~	10 34%~	11 26%~	15 24%	4 31%~	30 23%	~	~	~	~	~	4 15%~	41 24%~	32 23%	13 23%	20 27%	26 21%
9-10	143 68%	2378 58%*	15 75%~	27 84%~	15 52%~	27 63%~	44 71%	9 69%~	89 68%	~	~	~	~	~	21 81%~	117 68%~	100 71%	37 65%	52 70%	86 68%
VALID CASES	210	4074	20	32	29	43	62	13	131						26	173	141	57	74	126
NUMBER OF RESPONDENTS	210 100%	4074 100%	20 100%	32 100%	29 100%	43 100%	62 100%	13 100%	131 100%						26 100%	173 100%	141 100%	57 100%	74 100%	126 100%
MEAN	2.60	2.43	2.70	2.75	2.38	2.51	2.66	2.69	2.59						2.77	2.59	2.65	2.53	2.68	2.57
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~.339	~.716	~	~	~	~	~	~	~	~	~	~.164	.343	.171	.407

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	JCC 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	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ27 0-6	11 12%	249 13%	2 ~ 18%	1 14%	3 16%	3 9%	6 11%	~	~	~	~	~	~	3 33%	7 9%	4 8%	6 18%	6 16%	4 9%	
7-8	16 18%	475 25%	1 20%	1 9%	2 29%	3 16%	7 20%	1 14%	9 16%	~	~	~	~	~	15 20%	9 19%	6 18%	6 16%	9 19%	
9-10	62 70%	1151 61%	4 80%	8 73%	4 57%	13 68%	25 71%	6 86%	41 73%	~	~	~	~	~	6 67%	54 71%	35 73%	22 65%	26 68%	34 72%
VALID CASES	89	1875	5	11	7	19	35	7	56					9	76	48	34	38	47	
NUMBER OF RESPONDENTS	89 100%	1875 100%	5 100%	11 100%	7 100%	19 100%	35 100%	7 100%	56 100%					9 100%	76 100%	48 100%	34 100%	38 100%	47 100%	
MEAN	2.57	2.48	2.80	2.55	2.43	2.53	2.63	2.86	2.62					2.33	2.62	2.65	2.47	2.53	2.64	
p stat_(*=Sig @ p<=.05)		.225	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ35 RATING OF HEALTH PLAN

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ35 0-6	46 18%	1160 23%	2 7%	10 24%	10 25%	8 18%	11 15%	2 14%	23 16%	~	~	~	~	~	~	8 21%	36 18%	30 17%	14 21%	10 11%*	34 23%*
7-8	81 32%	1699 34%	10 34%	16 39%	14 35%	11 25%	23 31%	4 29%	52 36%	~	~	~	~	~	~	6 16%	71 35%	57 33%	20 29%	32 34%	46 30%
9-10	125 50%	2187 43%*	17 59%	15 37%	16 40%	25 57%	40 54%	8 57%	71 49%	~	~	~	~	~	~	24 63%	96 47%	86 50%	34 50%	51 55%	71 47%
VALID CASES	252	5046	29	41	40	44	74	14	146							38	203	173	68	93	151
NUMBER OF RESPONDENTS	252 100%	5046 100%	29 100%	41 100%	40 100%	44 100%	74 100%	14 100%	146 100%							38 100%	203 100%	173 100%	68 100%	93 100%	151 100%
MEAN	2.31	2.20	2.52	2.12	2.15	2.39	2.39	2.43	2.33							2.42	2.30	2.32	2.29	2.44	2.25
p stat_(*=Sig @ p<=.05)		.026*	~	~	~	~.285	~	.715	~	~	~	~	~	~	~	~	~	~.759	.812	.035*	.074

GETTING NEEDED CARE

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NPRBSEE4 NQ25	2.25	2.22	2.20	1.92	2.00	2.15	2.42	2.57	2.25							2.10	2.27	2.26	2.20	2.26	2.25
p stat_(*=Sig @ p<=.05)		.680	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ14	2.45	2.26	2.31	2.22	2.12	2.54	2.62	2.75	2.49							2.35	2.45	2.48	2.37	2.45	2.44
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~.016*	~	~.414	~	~	~	~	~	~	~	~	~	~.558	.315	.951	.730
COMPOSITE	2.35	2.24	2.26	2.07	2.06	2.35	2.52	2.66	2.37	x	x	x	x	x	x	2.22	2.36	2.37	2.29	2.35	2.34
p stat_(*=Sig @ p<=.05)		.147	~	~	~	~.186	~	~.784	~	~	~	~	~	~	~	~	~	~.778	.617	1.00	.897

GETTING CARE QUICKLY

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
	JCC 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-OTHR TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE-MALE	FE-MALE	
NCARSN4 NQ4	2.59	2.42	2.57	2.53	2.60	2.67	2.50	2.83	2.63						2.44	2.64	2.64	2.48	2.43	2.70
p stat_(*=Sig @ p<=.05)		.010*	~	~	~	~	~	~	.573	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.34	2.28	2.29	2.07	2.00	2.31	2.59	2.67	2.35						2.05	2.38	2.36	2.22	2.43	2.27
p stat_(*=Sig @ p<=.05)		.344	~	~	~	~	~	~	.805	~	~	~	~	~	~	~	.568	~	.289	.190
COMPOSITE	2.46	2.35	2.43	2.30	2.30	2.49	2.55	2.75	2.49	x	x	x	x	x	2.24	2.51	2.50	2.35	2.43	2.48
p stat_(*=Sig @ p<=.05)		.240	~	~	~	~	.590	~	.769	~	~	~	~	~	~	~	.615	.485	.804	.828

HOW WELL DOCTORS COMMUNICATE

	JCC TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE ##	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NDREXPL4 NQ17	2.73	2.61	2.54	2.70	2.79	2.71	2.79	2.73	2.73							2.62	2.75	2.81	2.59	2.78	2.70
p stat_(*=Sig @ p<=.05)		.005*	~	~	~	~.322	~.914	~	~	~	~	~	~	~	~	~	~	~.025*	~.399	.431	
NDRLSTN4 NQ18	2.71	2.58	2.92	2.74	2.62	2.58	2.77	2.82	2.71							2.67	2.73	2.81	2.55	2.79	2.67
p stat_(*=Sig @ p<=.05)		.004*	~	~	~	~.320	~.953	~	~	~	~	~	~	~	~	~	~	~.008*	~.127	.259	
NDRESPU4 NQ19	2.80	2.65	2.92	2.78	2.79	2.74	2.79	2.91	2.82							2.79	2.81	2.86	2.67	2.86	2.76
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~.902	~.399	~	~	~	~	~	~	~	~	~	~	~.032*	~.142	.254	
NDRTMEN4 NQ20	2.68	2.50	2.77	2.63	2.58	2.57	2.76	2.73	2.69							2.61	2.68	2.73	2.56	2.78	2.62
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~.201	~.853	~	~	~	~	~	~	~	~	~	~	~.168	~.099	.052	
COMPOSITE	2.73	2.59	2.79	2.71	2.70	2.65	2.78	2.80	2.74	x	x	x	x	x	x	2.67	2.74	2.80	2.59	2.80	2.69
p stat_(*=Sig @ p<=.05)		.268	~	~	~	~.804	~.925	~	~	~	~	~	~	~	~	~	~	~.433	~.686	.697	

CUSTOMER SERVICE

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE		
NPBCLCS4 NQ31	2.29	2.22	2.50	1.94	2.58	2.20	2.35	2.25	2.32								2.25	2.29	2.25	2.36	2.29	2.27
p stat_(*=Sig @ p<=.05)		.515	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.67	2.61	2.67	2.63	2.75	2.60	2.75	2.50	2.72								2.67	2.68	2.74	2.50	2.54	2.75
p stat_(*=Sig @ p<=.05)		.415	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.48	2.42	2.58	2.28	2.67	2.40	2.55	2.37	2.52	x	x	x	x	x	x	x	2.46	2.48	2.49	2.43	2.42	2.51
p stat_(*=Sig @ p<=.05)		.691	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NNRXWHY NQ10																				
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ11	2.58	2.46	2.60	2.60	2.45	2.62	2.67	2.67	2.59						2.33	2.68	2.63	2.59	2.69	2.57
p stat_(*=Sig @ p<=.05)		.176	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ12	2.65	2.52	3.00	3.00	2.27	2.90	2.47	2.33	2.59						2.38	2.67	2.85	2.31	2.87	2.50
p stat_(*=Sig @ p<=.05)		.149	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.61	2.49	2.80	2.80	2.36	2.76	2.57	2.50	2.59	x	x	x	x	x	2.36	2.67	2.74	2.45	2.78	2.54
p stat_(*=Sig @ p<=.05)		.328	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

	JCC 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 PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
PRBSEE4 Q25	72%	75%	60%	69%	67%	60%	78%	86%	71%								60%	73%	72%	69%	69%	73%
CARNES4 Q14	87%	80%	75%	81%	77%	89%	93%	100%	88%								83%	87%	88%	83%	86%	88%
AVERAGE	79.35	77.53	67.50	75.24	71.79	74.29	85.61	92.86	79.71	x	x	x	x	x	x	x	71.30	80.05	79.90	75.95	77.37	80.40

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

	JCC 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 ##	OTH R ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
CARSN4 Q4	91%	84%	86%	89%	93%	89%	88%	100%	90%							88%	92%	92%	85%	84%	95%
APGET4 Q6	79%	77%	71%	66%	70%	76%	88%	100%	77%							68%	80%	79%	73%	84%	74%
AVERAGE	85.06	80.73	78.57	77.50	81.45	82.38	88.11	100.0	83.76	x	x	x	x	x	x	77.84	85.98	85.93	79.26	83.86	84.43

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

	JCC 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	MUL- NATV OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
DREXPL4 Q17	95%	91%	85%	93%	96%	97%	96%	100%	96%							88%	96%	98%	90%	97%	94%
DRLSTN4 Q18	95%	90%	100%	93%	92%	94%	98%	100%	95%							92%	96%	99%	90%	98%	94%
DRESPU4 Q19	96%	91%	100%	93%	96%	97%	98%	100%	97%							96%	97%	98%	94%	100%	95%
DRTMEN4 Q20	94%	87%	92%	93%	92%	93%	96%	91%	96%							87%	95%	95%	90%	98%	91%
AVERAGE	95.2	89.8	94.2	92.6	93.8	95.1	97.1	97.7	96.0	x	x	x	x	x	x	90.5	96.1	97.7	90.8	98.3	93.5

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

	JCC 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 ##	OTH R ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
PBCLCS4 Q31	79%	76%	83%	56%	92%	80%	85%	75%	83%							75%	79%	75%	86%	79%	77%
CSRESP Q32	93%	91%	83%	94%	100%	90%	95%	75%	95%							92%	93%	94%	86%	83%	98%
AVERAGE	85.71	83.64	83.33	75.00	95.83	85.00	90.00	75.00	88.75	x	x	x	x	x	x	83.33	85.71	84.91	85.71	81.25	87.50

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	JCC 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	MUL- NATV	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE
NRXWHY Q10	86%	93%	80%	93%	91%	76%	83%	100%	85%							85%	86%	87%	86%	91%	82%
NRXWYNT Q11	79%	73%	80%	80%	73%	81%	83%	83%	80%							67%	84%	81%	79%	84%	79%
RXBST Q12	82%	76%	100%	100%	64%	95%	73%	67%	80%							69%	84%	92%	66%	94%	75%
AVERAGE	82.3	80.6	86.7	91.1	75.8	84.1	80.0	83.3	81.4	x	x	x	x	x	x	73.5	84.6	87.0	76.9	89.6	78.7

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER IND/ PAC ALSK ###	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q1 YES	299	5578	45	72	98	84	105	~	~	~	~	~	~	106	170	269	9	244	55
	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	100%
NOT ANSWERED	3	60			2	1								3		3		3	
VALID CASES	299	5578	45	72	98	84	105							106	170	269	9	244	55
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105							109	170	272	9	247	55
	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		
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q3 YES	88 29%	1643 30%	16 36%	19 27%	26 26%	27 32%	32 30%	~	~	~	~	~	~	29 27%	54 32%	81 30%	2 22%	67 27%	21 38%
Q3 NO	211 71%	3803 70%	29 64%	52 73%	73 74%	57 68%	73 70%	~	~	~	~	~	~	80 73%	115 68%	190 70%	7 78%	177 73%	34 62%
NOT ANSWERED	3	191		1	1	1								1	1			3	
VALID CASES	299	5447	45	71	99	84	105							109	169	271	9	244	55
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105							109	170	272	9	247	55
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	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?

	JCC 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			
Q4 NEVER		21 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	4 5%	109 7%	2 13%~	~	~	2 9%~	~	~	~	~	~	~	~	3 12%~	1 2%~	4 5%~	3 5%~	1 6%~	
USUALLY	16 20%	253 16%	5 31%~	2 11%~	6 26%~	3 13%~	6 20%~	~	~	~	~	~	~	7 27%~	8 16%~	15 20%~	14 22%~	2 11%~	
ALWAYS	61 75%	1212 76%	9 56%~	17 89%~	17 74%~	18 78%~	24 80%~	~	~	~	~	~	~	16 62%~	41 82%~	57 75%~	46 73%~	15 83%~	
#ALWAYS + USUALLY (NET)	77 95%	1464 92%	14 87%~	19 100%~	23 100%~	21 91%~	30 100%~	~	~	~	~	~	~	23 88%~	49 98%~	72 95%~	60 95%~	17 94%~	
TOP BOX SCORE	61 75%	1212 76%	9 56%~	17 89%~	17 74%~	18 78%~	24 80%~	~	~	~	~	~	~	16 62%~	41 82%~	57 75%~	46 73%~	15 83%~	
NOT ANSWERED	7	102			3	4	2							3	4	5	2	4	3
VALID CASES	81	1594	16	19	23	23	30							26	50	76		63	18
NUMBER OF RESPONDENTS	88	1696	16	19	26	27	32							29	54	81	2	67	21
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%		100%	100%

[ASKED IF Q3 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC		
Q5 YES	190 64%	3547 65%	34 76%~	54 76%*	51 53%*	51 61%	66 64%	~	~	~	~	~	~	67 61%	106 64%	168 63%~	7 78%~	152 63%	38 69%
NO	106 36%	1877 35%	11 24%~	17 24%*	46 47%*	32 39%	37 36%	~	~	~	~	~	~	42 39%	60 36%	100 37%~	2 22%~	89 37%	17 31%
NOT ANSWERED	6	214		1	3	2	2								4	4		6	
VALID CASES	296	5424	45	71	97	83	103							109	166	268	9	241	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%							109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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	
	JCC TOT CHLD	OHP TOT CHLD	<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		
Q6 NEVER	2 1%	50 2%	~	2%	2%	~	2%	~	~	~	~	~	1%	2	1%	2		
SOMETIMES	18 10%	468 14%	13%~	8%	13%~	9%~	2%*	~	~	~	~	~	18%*	5	8%~	3	14 10%~	4 12%~
USUALLY	54 31%	881 27%	32%~	22%	36%~	34%~	29%	~	~	~	~	~	32%*	28	31%~	48	45 32%~	9 26%~
ALWAYS	102 58%	1910 58%	55%~	69%	49%~	57%~	68%	~	~	~	~	~	50%*	65	60%~	2	81 57%~	21 62%~
#ALWAYS + USUALLY (NET)	156 89%	2792 84%	87%~	90%	85%~	91%~	97%*	~	~	~	~	~	82%*	93	90%~	2	126 89%~	30 88%~
TOP BOX SCORE	102 58%	1910 58%	55%~	69%	49%~	57%~	68%	~	~	~	~	~	50%*	65	60%~	2	81 57%~	21 62%~
NOT ANSWERED	14	232	3	3	4	4	7						5	7	11	2	10	4
VALID CASES	176	3310	31	51	47	47	59						62	99	157	5	142	34
NUMBER OF RESPONDENTS	190 100%	3542 100%	100%	100%	100%	100%	100%						67 100%	106 100%	168 100%	7 100%	152 100%	38 100%

[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?

	JCC 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-OTHR TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q7 NONE	90 31%	1626 30%	13 30%~	18 26%	36 37%	23 28%	34 32%	~	~	~	~	~	~	30 29%	57 34%	86 32%~	1 13%~	80 34%*	10 19%*
1 TIME	86 30%	1614 30%	9 21%~	22 31%	29 30%	26 32%	28 27%	~	~	~	~	~	~	32 30%	47 28%	76 28%~	4 50%~	72 30%	14 26%
2	61 21%	1048 20%	12 28%~	16 23%	20 21%	13 16%	22 21%	~	~	~	~	~	~	24 23%	32 19%	56 21%~	1 13%~	51 22%	10 19%
3	33 11%	512 10%	7 16%~	6 9%	8 8%	12 15%	10 10%	~	~	~	~	~	~	13 12%	18 11%	30 11%~	1 13%~	27 11%	6 11%
4	10 3%	232 4%	~	5 7%	1 1%*	4 5%	5 5%	~	~	~	~	~	~	2 2%	8 5%	10 4%~	~	3 1%*	7 13%*
5 TO 9	8 3%	256 5%*	2 5%~	2 3%	2 2%	2 2%	4 4%	~	~	~	~	~	~	3 3%	5 3%	7 3%~	1 13%~	3 1%*	5 9%*
10 OR MORE TIMES	3 1%	57 1%	~	1 1%	1 1%	1 1%	2 2%	~	~	~	~	~	~	1 1%	2 1%	3 1%~	~	1 0.4%	2 4%
NOT ANSWERED	11	293	2	2	3	4								4	1	4	1	10	1
VALID CASES	291	5345	43	70	97	81	105							105	169	268	8	237	54
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105							109	170	272	9	247	55
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC		
Q8 #YES	136 69%	2462 67%	21 70%~	33 66%	42 70%	40 71%	53 77%	~	~	~	~	~	~	45 63%	81 74%	123 69%~	4 67%~	107 70%~	29 67%~
NO	60 31%	1197 33%	9 30%~	17 34%	18 30%	16 29%	16 23%	~	~	~	~	~	~	27 37%	29 26%	55 31%~	2 33%~	46 30%~	14 33%~
NOT ANSWERED	5	87		2	1	2	2							3	2	4	1	4	1
VALID CASES	196	3659	30	50	60	56	69							72	110	178	6	153	43
NUMBER OF RESPONDENTS	201 100%	3746 100%	30 100%	52 100%	61 100%	58 100%	71 100%							75 100%	112 100%	182 100%	7 100%	157 100%	44 100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q9 NEVER	7 4%	111 3%	~	2%	7%	4%	2 3%	~	~	~	~	~	2 3%	3 3%	5 3%~	7 5%~	~	
SOMETIMES	23 12%	330 9%	7%~	8%	10%	11%	3 4%*	~	~	~	~	~	12 17%	8 7%*	19 11%~	2 33%~	15 10%~	8 18%~
USUALLY	39 20%	815 22%	30%~	24%	13%	18%	14 20%	~	~	~	~	~	15 21%	23 21%	37 21%~	2 33%~	31 20%~	8 18%~
ALWAYS	128 65%	2400 66%	63%~	66%	70%	60%	51 73%	~	~	~	~	~	43 60%	77 69%	118 66%~	2 33%~	100 65%~	28 64%~
#ALWAYS + USUALLY (NET)	167 85%	3215 88%	93%~	90%	83%	77%	65 93%*	~	~	~	~	~	58 81%	100 90%*	155 87%~	4 67%~	131 86%~	36 82%~
TOP BOX SCORE	128 65%	2400 66%	63%~	66%	70%	60%	51 73%	~	~	~	~	~	43 60%	77 69%	118 66%~	2 33%~	100 65%~	28 64%~
NOT ANSWERED	4	90		2	1	1	1						3	1	3	1	4	
VALID CASES	197	3656	30	50	60	57	70						72	111	179	6	153	44
NUMBER OF RESPONDENTS	201 100%	3746 100%	30 100%	52 100%	61 100%	58 100%	71 100%						75 100%	112 100%	182 100%	7 100%	157 100%	44 100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC	
Q10 YES	51 26%	1058 29%	11 38%~	9 18%	13 22%	18 32%	19 27%	~	~	~	~	~	20 28%	27 25%	44 25%~	3 50%~	32 21%~	19 43%~
Q10 NO	145 74%	2578 71%	18 62%~	41 82%	47 78%	39 68%	51 73%	~	~	~	~	~	52 72%	83 75%	134 75%~	3 50%~	120 79%~	25 57%~
NOT ANSWERED	5	110	1	2	1	1	1						3	2	4	1	5	
VALID CASES	196	3636	29	50	60	57	70						72	110	178	6	152	44
NUMBER OF RESPONDENTS	201 100%	3746 100%	30 100%	52 100%	61 100%	58 100%	71 100%						75 100%	112 100%	182 100%	7 100%	157 100%	44 100%

[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		
	JCC TOT CHLD	OHP TOT CHLD	<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	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR &	NO CCC	CCC		
Q11 #YES	46 90%	931 93%	10 91%	8 89%	12 92%	16 89%	19 100%	~	~	~	~	~	~	16 80%	27 100%	41 93%	2 67%	27 84%	19 100%
NO	5 10%	71 7%	1 9%	1 11%	1 8%	2 11%	~	~	~	~	~	~	~	4 20%	3 7%	1 33%	5 16%	~	
NOT ANSWERED	16	408	3	4	4	5	1							7	3	8	2	15	1
VALID CASES	51	1002	11	9	13	18	19							20	27	44	3	32	19
NUMBER OF RESPONDENTS	67 100%	1410 100%	14 100%	13 100%	17 100%	23 100%	20 100%							27 100%	30 100%	52 100%	5 100%	47 100%	20 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR	NO CCC	CCC	
Q12 #YES	33 65%	722 71%	7 64%~	6 67%~	5 38%~	15 83%~	16 84%~	~	~	~	~	~	9 45%~	23 85%~	31 70%~	1 33%~	17 53%~	16 84%~
NO	18 35%	300 29%	4 36%~	3 33%~	8 62%~	3 17%~	3 16%~	~	~	~	~	~	11 55%~	4 15%~	13 30%~	2 67%~	15 47%~	3 16%~
NOT ANSWERED		19																
VALID CASES	51	1022	11	9	13	18	19						20	27	44	3	32	19
NUMBER OF RESPONDENTS	51 100%	1041 100%	11 100%	9 100%	13 100%	18 100%	19 100%						20 100%	27 100%	44 100%	3 100%	32 100%	19 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR	NO CCC	CCC		
Q13 #YES	36 73%	804 80%~	6 60%~	6 67%~	11 85%~	13 76%~	16 84%~	~	~	~	~	~	~	13 65%~	20 80%~	32 76%~	1 33%~	22 71%~	14 78%~
NO	13 27%	202 20%~	4 40%~	3 33%~	2 15%~	4 24%~	3 16%~	~	~	~	~	~	~	7 35%~	5 20%~	10 24%~	2 67%~	9 29%~	4 22%~
NOT ANSWERED	2	35	1			1								2	2			1	1
VALID CASES	49	1006	10	9	13	17	19							20	25	42	3	31	18
NUMBER OF RESPONDENTS	51	1041	11	9	13	18	19							20	27	44	3	32	19
	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?

	JCC 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 ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q14 WORST HEALTH CARE POSSIBLE	7	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	7	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	21	15 0.4%	~	1 2%	1 2%	~	~	~	~	~	~	~	~	~	1 0.6%	~	2 1%	~	
03	17	0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04	32	22 0.6%	~	1 2%	1 2%	1 1%	~	~	~	~	~	~	~	2 3%	1 0.9%	3 2%	2 1%	1 2%	
05	126	133 4%	4 13%	2 4%	2 3%	4 7%	6 9%	~	~	~	~	~	~	2 3%	9 8%	10 6%	2 33%	10 7%	2 5%
06	53	105 3%	~	2 4%	2 3%	1 2%	1 1%	~	~	~	~	~	~	3 4%	2 2%	4 2%	1 17%	4 3%	1 2%
07	168	327 9%	4 13%	5 10%	1 2%	6 11%	5 7%	~	~	~	~	~	~	3 4%	12 11%	15 8%	~	11 7%	5 12%
08	422	776 21%	6 20%	10 20%	13 22%	13 23%	11 16%	~	~	~	~	~	~	14 19%	26 24%	40 22%	~	29 19%	13 30%
09	422	815 22%	4 13%	9 18%	15 25%	14 25%	19 28%	~	~	~	~	~	~	16 22%	26 24%	40 22%	2 33%	29 19%	13 30%
BEST HEALTH CARE POSSIBLE	73	1412 37%	12 40%	19 39%	25 42%	17 30%	26 38%	~	~	~	~	~	~	32 44%	34 31%	65 37%	1 17%	65 43%	8 19%
#8-10 (NET)	157	3003 81%	22 73%	38 78%	53 88%	44 79%	56 81%	~	~	~	~	~	~	62 86%	86 78%	145 81%	3 50%	123 81%	34 79%

Continued

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC		
9-10 (NET)	115 59%	2227 61%	16 53%~	28 57%~	40 67%	31 55%	45 65%	~	~	~	~	~	~	48 67%	60 55%	105 59%~	3 50%~	94 62%~	21 49%~
NOT ANSWERED	6	109		3	1	2	2							3	2	4	1	5	1
VALID CASES	195	3637	30	49	60	56	69							72	110	178	6	152	43
NUMBER OF RESPONDENTS	201 100%	3746 100%	30 100%	52 100%	61 100%	58 100%	71 100%							75 100%	112 100%	182 100%	7 100%	157 100%	44 100%
MEAN	8.52	8.64	8.40	8.45	8.73	8.43	8.61							8.79	8.43	8.56	7.33	8.59	8.28
p stat_(*=Sig @ p<=.05)		.293	~	~	.242	.604	.599	~	~	~	~	~	~	.076	.377	~	~	~	~

[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	
	JCC 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	NO CCC	CCC	
Q15 NEVER	2 1%	66 2%	~	2%~	~	2%	1 1%	~	~	~	~	~	1 1%	1 0.9%	2 1%~	1 ~0.7%~	1 2%~	
SOMETIMES	26 13%	356 10%	10%~	20%~	7%*	16%	6 9%	~	~	~	~	~	10 14%	14 13%	24 13%~	1 17%~	16 11%~	10 23%~
USUALLY	55 28%	1161 32%	30%~	24%~	28%	30%	18 26%	~	~	~	~	~	24 33%	28 25%	51 28%~	2 33%~	46 30%~	9 20%~
ALWAYS	113 58%	2060 57%	60%~	53%~	66%	52%	45 64%	~	~	~	~	~	38 52%	68 61%	103 57%~	3 50%~	89 59%~	24 55%~
#ALWAYS + USUALLY (NET)	168 86%	3220 88%	90%~	78%~	93%*	82%	63 90%	~	~	~	~	~	62 85%	96 86%	154 86%~	5 83%~	135 89%~	33 75%~
TOP BOX SCORE	113 58%	2060 57%	60%~	53%~	66%	52%	45 64%	~	~	~	~	~	38 52%	68 61%	103 57%~	3 50%~	89 59%~	24 55%~
NOT ANSWERED	5	104		3		2	1						2	1	2	1	5	
VALID CASES	196	3642	30	49	61	56	70						73	111	180	6	152	44
NUMBER OF RESPONDENTS	201 100%	3746 100%	30 100%	52 100%	61 100%	58 100%	71 100%						75 100%	112 100%	182 100%	7 100%	157 100%	44 100%

[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	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER PAC	IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q16 YES	228 78%	3847 71%*	17 40%~	64 91%*	84 85%*	63 77%	85 81%	~	~	~	~	~	78 ~ 72%	139 82%	210 77%~	8 89%~	180 76%*	48 87%*
NO	65 22%	1561 29%*	25 60%~	6 9%*	15 15%*	19 23%	20 19%	~	~	~	~	~	30 ~ 28%	31 18%	61 23%~	1 11%~	58 24%*	7 13%*
NOT ANSWERED	9	230	3	2	1	3							1		1		9	
VALID CASES	293	5408	42	70	99	82	105						108	170	271	9	238	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC		
Q17 YES	189%	42111%	~	7%	10%	12%	45%	~	~	~	~	~	~	913%	86%	147%	343%~	96%~	920%~
NO	18791%	327989%	100%~	93%~	90%	88%	7295%	~	~	~	~	~	~	6187%	11794%	17593%~	457%~	15194%~	3680%~
NOT ANSWERED	23	221	2	5	11	5	9							8	14	21	1	20	3
VALID CASES	205	3699	15	59	73	58	76							70	125	189	7	160	45
NUMBER OF RESPONDENTS	228	3920	17	64	84	63	85							78	139	210	8	180	48
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q16 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR &	NO CCC	CCC	
Q18 #YES	15 83%	351 89%~	4 ~100%~	5 71%~	6 86%~	4 100%~	~	~	~	~	~	7 78%~	8 100%~	13 93%~	2 67%~	8 89%~	7 78%~	
NO	3 17%	44 11%~	~	2 ~29%~	1 14%~	~	~	~	~	~	~	2 22%~	~	1 7%~	1 33%~	1 11%~	2 22%~	
NOT ANSWERED		4																
VALID CASES	18	394	4	7	7	4						9	8	14	3	9	9	
NUMBER OF RESPONDENTS	18 100%	398 100%	4 100%	7 100%	7 100%	4 100%						9 100%	8 100%	14 100%	3 100%	9 100%	9 100%	

[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	
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC	
Q19 YES	11 4%	201 4%	~	4 6%	3 3%	4 5%	5 5%	~	~	~	~	~	2 2%	9 5%	11 4%~	9	4 2%*	7 13%*
NO	281 96%	5179 96%	100%~	42 94%	66 97%	96 95%	77 95%	99	~	~	~	~	106 98%	161 95%	260 96%~	9 100%~	233 98%*	48 87%*
NOT ANSWERED	10	258	3	2	1	4	1						1		1		10	
VALID CASES	292	5380	42	70	99	81	104						108	170	271	9	237	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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		
Q20 NEVER	3 33%	19 10%	~	~	~	100%	2 67%	~	~	~	~	~	3 43%	3 33%	1 33%	2 33%		
SOMETIMES	1 11%	32 16%	~	~	33%	~	~	~	~	~	~	~	1 14%	1 11%	~	1 17%		
USUALLY	2 22%	40 20%	~	2 67%	~	1 33%	~	~	~	~	~	~	1 50%	1 14%	2 22%	2 33%		
ALWAYS	3 33%	107 54%	~	1 33%	2 67%	~	~	~	~	~	~	~	1 50%	2 29%	3 33%	2 67%	1 17%	
#ALWAYS + USUALLY (NET)	5 56%	147 74%	~	3 100%	2 67%	~	1 33%	~	~	~	~	~	2 100%	3 43%	5 56%	2 67%	3 50%	
TOP BOX SCORE	3 33%	107 54%	~	1 33%	2 67%	~	~	~	~	~	~	~	1 50%	2 29%	3 33%	2 67%	1 17%	
NOT ANSWERED	2	9	~	1	~	1	2	~	~	~	~	~	2	2	1	1		
VALID CASES	9	198	~	3	3	3	3	~	~	~	~	~	2	7	9	3	6	
NUMBER OF RESPONDENTS	11	207	~	4	3	4	5	~	~	~	~	~	2	9	11	4	7	
	100%	100%	~	100%	100%	100%	100%	~	~	~	~	~	100%	100%	100%	100%	100%	

[ASKED IF Q19 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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		
Q21 #YES	4 40%	166 83%	~	33%	67%	25%	25%	~	~	~	~	~	~	4 50%	4 40%	1 33%	3 43%	
NO	6 60%	35 17%	~	67%	33%	75%	75%	~	~	~	~	~	~	2 100%	4 50%	6 60%	2 67%	4 57%
NOT ANSWERED	1	6	1				1						1	1	1			
VALID CASES	10	201	3	3	4	4							2	8	10	3	7	
NUMBER OF RESPONDENTS	11	207	4	3	4	5							2	9	11	4	7	
	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	

[ASKED IF Q19 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	VERY GOOD & FAIR POOR	NO CCC	CCC		
Q22 YES	29 10%	487 9%	1 2%	10 14%	8 8%	10 12%	13 12%	~	~	~	~	~	~	9 8%	18 11%	26 10%	1 13%	11 5%*	18 33%*
Q22 NO	262 90%	4887 91%	41 98%	60 86%	90 92%	71 88%	91 88%	~	~	~	~	~	~	98 92%	151 89%	244 90%	7 88%	225 95%*	37 67%*
Q22 NOT ANSWERED	11	264	3	2	2	4	1							2	1	2	1	11	
VALID CASES	291	5374	42	70	98	81	104							107	169	270	8	236	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%							109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ###	AMER IND/ ALSK ###	MUL- OTHR TI ###	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q23 NEVER	5 19%	64 14%~	~	11%~	2 29%~	2 22%~	2 18%~	~	~	~	~	~	1 13%~	4 25%~	5 22%~	~	1 10%~	4 25%~
SOMETIMES	5 19%	82 18%~100%~	1 100%~	2 22%~	1 14%~	1 11%~	2 18%~	~	~	~	~	~	3 38%~	2 13%~	4 17%~	1 100%~	1 10%~	4 25%~
USUALLY	4 15%	105 23%~	~	11%~	1 14%~	2 22%~	2 18%~	~	~	~	~	~	1 13%~	3 19%~	4 17%~	~	2 20%~	2 13%~
ALWAYS	12 46%	198 44%~	~	56%~	3 43%~	4 44%~	5 45%~	~	~	~	~	~	3 38%~	7 44%~	10 43%~	~	6 60%~	6 38%~
#ALWAYS + USUALLY (NET)	16 62%	303 68%~	~	67%~	4 57%~	6 67%~	7 64%~	~	~	~	~	~	4 50%~	10 63%~	14 61%~	~	8 80%~	8 50%~
TOP BOX SCORE	12 46%	198 44%~	~	56%~	3 43%~	4 44%~	5 45%~	~	~	~	~	~	3 38%~	7 44%~	10 43%~	~	6 60%~	6 38%~
NOT ANSWERED	3	21	~	1	1	1	2	~	~	~	~	~	1	2	3	~	1	2
VALID CASES	26	448	1	9	7	9	11	~	~	~	~	~	8	16	23	1	10	16
NUMBER OF RESPONDENTS	29 100%	469 100%	1 100%	10 100%	8 100%	10 100%	13 100%	~	~	~	~	~	9 100%	18 100%	26 100%	1 100%	11 100%	18 100%

[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?

	JCC 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 HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q24 #YES	12 46%	310 69%	1 100%	5 56%	3 43%	3 33%	5 45%	~	~	~	~	~	~	4 50%	7 41%	10 42%	1 100%	5 56%	7 41%
NO	14 54%	142 31%	~	4 44%	4 57%	6 67%	6 55%	~	~	~	~	~	~	4 50%	10 59%	14 58%	~	4 44%	10 59%
NOT ANSWERED	3	17	~	1	1	1	2	~	~	~	~	~	~	1	1	2	~	2	1
VALID CASES	26	452	1	9	7	9	11	~	~	~	~	~	~	8	17	24	1	9	17
NUMBER OF RESPONDENTS	29 100%	469 100%	1 100%	10 100%	8 100%	10 100%	13 100%	~	~	~	~	~	~	9 100%	18 100%	26 100%	1 100%	11 100%	18 100%

[ASKED IF Q22 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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		NO CCC	CCC	
Q25 YES	32 11%	692 13%	~	4 6%	13 13%	15 19%*	16 15%	~	~	~	~	~	7 7%*	23 14%	28 10%~	2 22%~	11 5%*	21 38%*
NO	259 89%	4667 87%	100%~	42 94%	65 87%	86 81%*	66 85%	~	~	~	~	~	100 93%*	146 86%	241 90%~	7 78%~	225 95%*	34 62%*
NOT ANSWERED	11	279	3	3	1	4	1						2	1	3		11	
VALID CASES	291	5359	42	69	99	81	104						107	169	269	9	236	55
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105						109	170	272	9	247	55
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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	
	JCC 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	NO CCC	CCC		
Q26 NEVER	7 23%	86 13%~	~ 25%~	1 25%~	3 20%~	3 25%~	4 ~	~	~	~	~	~	7 32%~	7 26%~	~ 20%~	2 24%~	5	
SOMETIMES	7 23%	135 20%~	~ 25%~	1 42%~	5 7%~	1 13%~	2 ~	~	~	~	~	3 43%~	3 14%~	6 22%~	~ 50%~	5 10%~	2	
USUALLY	7 23%	147 22%~	~ 25%~	1 25%~	3 20%~	3 25%~	4 ~	~	~	~	~	2 29%~	5 23%~	7 26%~	~ 10%~	1 29%~	6	
ALWAYS	10 32%	290 44%~	~ 25%~	1 8%~	1 53%~	8 38%~	6 ~	~	~	~	~	2 29%~	7 32%~	7 26%~	2 100%~	2 20%~	8 38%~	
#ALWAYS + USUALLY (NET)	17 55%	437 66%~	~ 50%~	2 33%~	4 73%~	11 63%~	10 ~	~	~	~	~	4 57%~	12 55%~	14 52%~	2 100%~	3 30%~	14 67%~	
TOP BOX SCORE	10 32%	290 44%~	~ 25%~	1 8%~	1 53%~	8 38%~	6 ~	~	~	~	~	2 29%~	7 32%~	7 26%~	2 100%~	2 20%~	8 38%~	
NOT ANSWERED	1	25			1								1	1	1			
VALID CASES	31	658		4	12	15	16					7	22	27	2	10	21	
NUMBER OF RESPONDENTS	32	683		4	13	15	16					7	23	28	2	11	21	
	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC		
Q27 #YES	17 53%	342 52%~	~ 25%~	1 46%~	6 67%~	10 56%~	9 56%~	~	~	~	~	~	~	4 57%~	12 52%~	15 54%~	1 50%~	6 55%~	11 52%~
NO	15 47%	320 48%~	~ 75%~	3 54%~	7 33%~	5 33%~	7 44%~	~	~	~	~	~	~	3 43%~	11 48%~	13 46%~	1 50%~	5 45%~	10 48%~
NOT ANSWERED		21																	
VALID CASES	32	662		4	13	15	16							7	23	28	2	11	21
NUMBER OF RESPONDENTS	32	683		4	13	15	16							7	23	28	2	11	21
	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	
	JCC TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC	
Q28 YES	53 18%	1125 21%	4 10%~	9 13%	16 16%	24 30%*	26 25%*	~	~	~	~	~	12 11%*	38 22%*	48 18%~	2 22%~	29 12%*	24 44%*
NO	236 82%	4219 79%	38 90%~	59 87%	82 84%	57 70%*	79 75%*	~	~	~	~	~	94 89%*	131 78%*	220 82%~	7 78%~	205 88%*	31 56%*
NOT ANSWERED	13	294	3	4	2	4							3	1	4		13	
VALID CASES	289	5344	42	68	98	81	105						106	169	268	9	234	55
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105						109	170	272	9	247	55
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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		
Q29 #YES	26 51%	616 57%	2 50%~	6 67%~	4 27%~	14 61%~	16 64%~	~	~	~	~	~	4 33%~	22 59%~	25 53%~	1 50%~	14 50%~	12 52%~
NO	25 49%	465 43%	2 50%~	3 33%~	11 73%~	9 39%~	9 36%~	~	~	~	~	~	8 67%~	15 41%~	22 47%~	1 50%~	14 50%~	11 48%~
NOT ANSWERED	2	36			1	1	1						1	1	1	1	1	1
VALID CASES	51	1081	4	9	15	23	25						12	37	47	2	28	23
NUMBER OF RESPONDENTS	53 100%	1117 100%	4 100%	9 100%	16 100%	24 100%	26 100%						12 100%	38 100%	48 100%	2 100%	29 100%	24 100%

[ASKED IF Q28 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC		
Q30 YES	254 89%	4642 88%	38 95%~	63 93%	87 89%	66 85%	96 96%*	~	~	~	~	~	~	91 84%*	153 93%*	237 89%~	8 89%~	201 87%*	53 98%*
NO	30 11%	640 12%	2 5%~	5 7%	11 11%	12 15%	4 4%*	~	~	~	~	~	~	17 16%*	12 7%*	28 11%~	1 11%~	29 13%*	1 2%*
NOT ANSWERED	18	357	5	4	2	7	5							1	5	7		17	1
VALID CASES	284	5281	40	68	98	78	100							108	165	265	9	230	54
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%							109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

	JCC 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		
Q31 NONE	73 30%	1245 28%	8 21%	14 23%	28 33%	23 35%	27 29%	~	~	~	~	~	~	28 32%	43 28%	69 30%	2 25%	61 31%	12 23%
1 TIME	83 34%	1677 37%	11 29%	22 37%	33 39%	17 26%	27 29%	~	~	~	~	~	~	31 35%	48 32%	76 33%	3 38%	69 35%	14 27%
2	58 23%	850 19%	13 34%	16 27%	15 18%	14 22%	23 25%	~	~	~	~	~	~	20 23%	36 24%	56 24%	1 13%	44 23%	14 27%
3	18 7%	387 9%	4 11%	3 5%	5 6%	6 9%	8 9%	~	~	~	~	~	~	5 6%	13 9%	17 7%	1 13%	15 8%	3 6%
4	7 3%	160 4%	1 3%	3 5%	~	3 5%	3 3%	~	~	~	~	~	~	2 2%	5 3%	7 3%	~	3 2%	4 8%
5 TO 9	8 3%	163 4%	1 3%	2 3%	3 4%	2 3%	5 5%	~	~	~	~	~	~	2 2%	6 4%	7 3%	1 13%	3 2%	5 10%
10 OR MORE TIMES		21 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	7	173		3	3	1	3							3	2	5		6	1
VALID CASES	247	4503	38	60	84	65	93							88	151	232	8	195	52
NUMBER OF RESPONDENTS	254	4676	38	63	87	66	96							91	153	237	8	201	53
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q31A ALWAYS	3 2%	87 3%	1 3%	~	2 4%	~	~	~	~	~	~	~	2 3%	1 0.9%	3 2%	~	3 2%	~
USUALLY	2 1%	60 2%	~	~	1 2%	1 2%	~	~	~	~	~	~	2 3%	~	2 1%	~	2 2%	~
SOMETIMES	9 5%	220 7%	3 10%	1 2%	4 7%	1 2%	~	~	~	~	~	~	8 14%*	1 0.9%*	8 5%	1 17%	7 5%	2 5%
NEVER	159 92%	2850 89%	26 87%	44 98%	49 87%	40 95%	66 100%	~	~	~	~	~	47 80%*	106 98%*	149 92%	5 83%	121 91%	38 95%
#NEVER + SOMETIMES (NET)	168 97%	3070 95%	29 97%	45 100%	53 95%	41 98%	66 100%	~	~	~	~	~	55 93%	107 99%	157 97%	6 100%	128 96%	40 100%
TOP BOX SCORE	159 92%	2850 89%	26 87%	44 98%	49 87%	40 95%	66 100%	~	~	~	~	~	47 80%*	106 98%*	149 92%	5 83%	121 91%	38 95%
NOT ANSWERED	1	23	~	1	~	~	~	~	~	~	~	~	1	~	1	~	1	~
VALID CASES	173	3216	30	45	56	42	66	~	~	~	~	~	59	108	162	6	133	40
NUMBER OF RESPONDENTS	174 100%	3239 100%	30 100%	46 100%	56 100%	42 100%	66 100%	~	~	~	~	~	60 100%	108 100%	163 100%	6 100%	134 100%	40 100%

[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	
	JCC TOT CHLD	OHP TOT CHLD	<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		
Q32 NEVER	3 2%	78 2%	~	~	5%~	~	1 2%	~	~	~	~	~	1 2%	2 2%	3 2%~	~	3 2%~	~
SOMETIMES	5 3%	156 5%	1 3%~	1 2%~	1 2%	2 5%~	1 2%	~	~	~	~	~	3 5%	2 2%	3 2%~	2 33%~	4 3%~	1 3%~
USUALLY	31 18%	485 15%	5 17%~	8 17%~	9 16%	9 22%~	9 14%	~	~	~	~	~	11 18%	19 18%	30 19%~	1 17%~	23 17%~	8 21%~
ALWAYS	133 77%	2499 78%	24 80%~	37 80%~	42 76%	30 73%~	54 83%	~	~	~	~	~	45 75%	84 79%	126 78%~	3 50%~	103 77%~	30 77%~
#ALWAYS + USUALLY (NET)	164 95%	2984 93%	29 97%~	45 98%~	51 93%	39 95%~	63 97%	~	~	~	~	~	56 93%	103 96%	156 96%~	4 67%~	126 95%~	38 97%~
TOP BOX SCORE	133 77%	2499 78%	24 80%~	37 80%~	42 76%	30 73%~	54 83%	~	~	~	~	~	45 75%	84 79%	126 78%~	3 50%~	103 77%~	30 77%~
NOT ANSWERED	2	21			1	1	1							1	1		1	1
VALID CASES	172	3218	30	46	55	41	65						60	107	162	6	133	39
NUMBER OF RESPONDENTS	174 100%	3239 100%	30 100%	46 100%	56 100%	42 100%	66 100%						60 100%	108 100%	163 100%	6 100%	134 100%	40 100%

[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	
	JCC 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	
Q33 NEVER	2 1%	35 1%	~	~	4%~	~	1 2%	~	~	~	~	~	~	2 2%	2 1%	~	2 2%	~
SOMETIMES	9 5%	139 4%	10%~	7%~	2%	5%~	3 5%	~	~	~	~	~	3 5%	6 6%	7 4%	2 33%	5 4%	4 10%
USUALLY	29 17%	518 16%	20%~	9%~	17%	24%~	13 20%	~	~	~	~	~	10 17%	18 17%	27 17%	2 33%	20 15%	9 23%
ALWAYS	131 77%	2521 78%	70%~	85%~	78%	71%~	48 74%	~	~	~	~	~	47 78%	81 76%	126 78%	2 33%	105 80%	26 67%
#ALWAYS + USUALLY (NET)	160 94%	3039 95%	90%~	93%~	94%	95%~	61 94%	~	~	~	~	~	57 95%	99 93%	153 94%	4 67%	125 95%	35 90%
TOP BOX SCORE	131 77%	2521 78%	70%~	85%~	78%	71%~	48 74%	~	~	~	~	~	47 78%	81 76%	126 78%	2 33%	105 80%	26 67%
NOT ANSWERED	3	26			2	1	1							1	1		2	1
VALID CASES	171	3213	30	46	54	41	65						60	107	162	6	132	39
NUMBER OF RESPONDENTS	174	3239	30	46	56	42	66						60	108	163	6	134	40
	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	
	JCC 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	1 0.6%	28 0.9%	~	~	2%	~	1 2%	~	~	~	~	~	~	1 ~0.9%	1 ~0.6%	1 ~0.8%	~	
SOMETIMES	9 5%	104 3%	3 10%	3 7%	1 2%	2 5%	3 5%	~	~	~	~	~	3 5%	6 6%	8 5%	1 17%	7 5%	2 5%
USUALLY	23 14%	398 12%	3 10%	6 13%	8 15%	6 15%	13 20%	~	~	~	~	~	6 10%	16 15%	21 13%	2 33%	12 9%	11 29%
ALWAYS	137 81%	2679 83%	24 80%	37 80%	44 81%	32 80%	47 73%	~	~	~	~	~	51 85%	83 78%	131 81%	3 50%	112 85%	25 66%
#ALWAYS + USUALLY (NET)	160 94%	3077 96%	27 90%	43 93%	52 96%	38 95%	60 94%	~	~	~	~	~	57 95%	99 93%	152 94%	5 83%	124 94%	36 95%
TOP BOX SCORE	137 81%	2679 83%	24 80%	37 80%	44 81%	32 80%	47 73%	~	~	~	~	~	51 85%	83 78%	131 81%	3 50%	112 85%	25 66%
NOT ANSWERED	4	30			2	2	2							2	2		2	2
VALID CASES	170	3209	30	46	54	40	64						60	106	161	6	132	38
NUMBER OF RESPONDENTS	174 100%	3239 100%	30 100%	46 100%	56 100%	42 100%	66 100%						60 100%	108 100%	163 100%	6 100%	134 100%	40 100%

[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		
	JCC 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		
Q35 YES	120 70%	2175 68%	2 7%	32 70%	49 92%*	37 88%	47 71%	~	~	~	~	~	~	39 66%	77 71%	114 70%	3 50%	88 67%	32 80%
NO	51 30%	1015 32%	28 93%	14 30%	4 8%*	5 12%	19 29%	~	~	~	~	~	~	20 34%	31 29%	48 30%	3 50%	43 33%	8 20%
NOT ANSWERED	3	49			3									1		1		3	
VALID CASES	171	3190	30	46	53	42	66							59	108	162	6	131	40
NUMBER OF RESPONDENTS	174 100%	3239 100%	30 100%	46 100%	56 100%	42 100%	66 100%							60 100%	108 100%	163 100%	6 100%	134 100%	40 100%

[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		
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ NATV ##	MUL-OTHR ##	TI ##	HIS-IC	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR & POOR	NO CCC	CCC	
Q36 NEVER	2 2%	30 1%	~	3%~	2%~	1	2%~	~	~	~	~	~	~	3%~	2	2	1	1	
SOMETIMES	8 7%	137 6%	~	3%~	8%~	3	2%~	~	~	~	~	~	~	8%~	5	8	8	~	
USUALLY	28 24%	493 23%	50%~	12 39%~	6 12%~	9 24%~	13 28%~	~	~	~	~	~	~	26%~	17 22%~	27 24%~	1 33%~	16 19%~	12 38%~
ALWAYS	80 68%	1509 70%	50%~	17 55%~	37 77%~	25 68%~	31 67%~	~	~	~	~	~	~	66%~	52 68%~	75 67%~	2 67%~	61 71%~	19 59%~
#ALWAYS + USUALLY (NET)	108 92%	2002 92%	100%~	29 94%~	43 90%~	34 92%~	44 96%~	~	~	~	~	~	~	92%~	69 91%~	102 91%~	3 100%~	77 90%~	31 97%~
TOP BOX SCORE	80 68%	1509 70%	50%~	17 55%~	37 77%~	25 68%~	31 67%~	~	~	~	~	~	~	66%~	52 68%~	75 67%~	2 67%~	61 71%~	19 59%~
NOT ANSWERED	2	40		1	1		1							1	1	2		2	
VALID CASES	118	2170	2	31	48	37	46							38	76	112	3	86	32
NUMBER OF RESPONDENTS	120	2210	2	32	49	37	47							39	77	114	3	88	32
	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	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER IND/ALSK NATV ###	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q37 NEVER	7 4%	96 3%	1 3%~	2 4%~	4 7%	~	3 5%	~	~	~	~	~	2 3%	5 5%	4 2%~	3 50%~	6 5%~	1 3%~
SOMETIMES	11 6%	305 10%	1 3%~	4 9%~	~	6 15%~	4 6%	~	~	~	~	~	5 8%	6 6%	11 7%~	~	7 5%~	4 10%~
USUALLY	46 27%	799 25%	9 30%~	14 30%~	10 19%	13 32%~	18 28%	~	~	~	~	~	16 27%	28 26%	44 27%~	1 17%~	33 25%~	13 33%~
ALWAYS	107 63%	1981 62%	19 63%~	26 57%~	40 74%*	22 54%~	40 62%	~	~	~	~	~	37 62%	68 64%	103 64%~	2 33%~	86 65%~	21 54%~
#ALWAYS + USUALLY (NET)	153 89%	2780 87%	28 93%~	40 87%~	50 93%	35 85%~	58 89%	~	~	~	~	~	53 88%	96 90%	147 91%~	3 50%~	119 90%~	34 87%~
TOP BOX SCORE	107 63%	1981 62%	19 63%~	26 57%~	40 74%*	22 54%~	40 62%	~	~	~	~	~	37 62%	68 64%	103 64%~	2 33%~	86 65%~	21 54%~
NOT ANSWERED	3	58			2	1	1							1	1		2	1
VALID CASES	171	3181	30	46	54	41	65						60	107	162	6	132	39
NUMBER OF RESPONDENTS	174 100%	3239 100%	30 100%	46 100%	56 100%	42 100%	66 100%						60 100%	108 100%	163 100%	6 100%	134 100%	40 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC		
Q38 #YES	134 78%	2742 86%*	27 90%~	34 74%~	45 85%	28 67%~	53 80%	~	~	~	~	~	~	46 77%	85 79%	130 80%~	2 33%~	104 79%~	30 75%~
NO	37 22%	440 14%*	3 10%~	12 26%~	8 15%	14 33%~	13 20%	~	~	~	~	~	~	14 23%	23 21%	33 20%~	4 67%~	27 21%~	10 25%~
NOT ANSWERED	3	57				3												3	
VALID CASES	171	3182	30	46	53	42	66							60	108	163	6	131	40
NUMBER OF RESPONDENTS	174 100%	3239 100%	30 100%	46 100%	56 100%	42 100%	66 100%							60 100%	108 100%	163 100%	6 100%	134 100%	40 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC	
Q39 YES	59 35%	1245 39%	7 23%~	17 37%~	16 30%	19 45%~	24 36%	~	~	~	~	~	19 32%	40 37%	57 35%~	2 33%~	35 27%~	24 60%~
Q39 NO	112 65%	1935 61%	23 77%~	29 63%~	37 70%	23 55%~	42 64%	~	~	~	~	~	41 68%	68 63%	106 65%~	4 67%~	96 73%~	16 40%~
NOT ANSWERED	3	59				3												3
VALID CASES	171	3180	30	46	53	42	66						60	108	163	6	131	40
NUMBER OF RESPONDENTS	174	3239	30	46	56	42	66						60	108	163	6	134	40
	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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-IC	NOT HIS-PAN-IC	VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q40 NEVER	5 9%	77 7%	~	~	19%~	11%~	2 9%~	~	~	~	~	~	3 17%~	2 5%~	5 9%~	~	2 6%~	3 13%~
SOMETIMES	9 16%	132 11%	2 33%~	3 21%~	1 6%~	3 16%~	3 14%~	~	~	~	~	~	4 22%~	5 14%~	8 15%~	1 50%~	4 13%~	5 22%~
USUALLY	16 29%	337 29%	1 17%~	2 14%~	8 50%~	5 26%~	6 27%~	~	~	~	~	~	5 28%~	11 30%~	15 28%~	1 50%~	11 34%~	5 22%~
ALWAYS	25 45%	626 53%	3 50%~	9 64%~	4 25%~	9 47%~	11 50%~	~	~	~	~	~	6 33%~	19 51%~	25 47%~	~	15 47%~	10 43%~
#ALWAYS + USUALLY (NET)	41 75%	962 82%	4 67%~	11 79%~	12 75%~	14 74%~	17 77%~	~	~	~	~	~	11 61%~	30 81%~	40 75%~	1 50%~	26 81%~	15 65%~
TOP BOX SCORE	25 45%	626 53%	3 50%~	9 64%~	4 25%~	9 47%~	11 50%~	~	~	~	~	~	6 33%~	19 51%~	25 47%~	~	15 47%~	10 43%~
NOT ANSWERED	4	42	1	3			2						1	3	4		3	1
VALID CASES	55	1171	6	14	16	19	22						18	37	53	2	32	23
NUMBER OF RESPONDENTS	59 100%	1213 100%	7 100%	17 100%	16 100%	19 100%	24 100%						19 100%	40 100%	57 100%	2 100%	35 100%	24 100%

[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?

	JCC 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 ALSK NATV ##	MUL-OTHR TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q41 WORST PERSONAL DOCTOR POSSIBLE	8	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	20	0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	19	0.4%	~	~	~	1	1	~	~	~	~	~	1	1	~	~	~	1
03	22	0.5%	1	1	1	~	1	~	~	~	~	~	3	2	1	2	1	2
04	26	0.6%	~	~	~	1	1	~	~	~	~	~	1	1	~	~	~	1
05	122	3%	1	3	1	~	2	~	~	~	~	~	1	4	5	~	3	2
06	114	3%	~	3	3	1	3	~	~	~	~	~	3	3	6	1	5	2
07	260	6%	2	6	4	5	8	~	~	~	~	~	5	11	15	1	15	2
08	703	16%	4	13	13	17	13	~	~	~	~	~	15	32	44	3	36	11
09	904	20%	12	8	20	12	21	~	~	~	~	~	15	35	50	~	43	9
BEST PERSONAL DOCTOR POSSIBLE	2271	51%	16	27	37	27	42	~	~	~	~	~	46	59	104	1	84	23
#8-10 (NET)	3877	87%	32	48	70	56	76	~	~	~	~	~	76	126	198	4	163	43

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		
	JCC TOT CHLD	OHP TOT CHLD	<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)	159 66%	3175 71%	28 78%~	35 57%	57 72%	39 61%	63 68%	~	~	~	~	~	~	61 72%	94 63%	154 68%~	1 14%~	127 68%	32 62%
NOT ANSWERED	14	208	2	2	8	2	4							6	4	9	1	13	1
VALID CASES	240	4468	36	61	79	64	92							85	149	228	7	188	52
NUMBER OF RESPONDENTS	254 100%	4676 100%	38 100%	63 100%	87 100%	66 100%	96 100%							91 100%	153 100%	237 100%	8 100%	201 100%	53 100%
MEAN	8.81	8.91	8.94	8.59	8.96	8.77	8.76							9.09	8.66	8.86	7.14	8.89	8.54
p stat_(*=Sig @ p<=.05)		.353	~.214	.259	.771	.688	~	~	~	~	~	~	~.019*	.037*	~	~	~.228	.226	

[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		
	JCC 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 & FAIR & POOR	GOOD & POOR	NO CCC	CCC		
Q42 YES	57 23%	1079 24%	2 5%	13 21%	14 17%	28 43%*	31 33%*	~	~	~	~	~	~	13 15%*	43 28%*	51 22%~	6 75%~	19 10%*	38 73%*
NO	187 77%	3404 76%	36 95%~	48 79%	66 83%	37 57%*	62 67%*	~	~	~	~	~	~	74 85%*	108 72%*	180 78%~	2 25%~	173 90%*	14 27%*
NOT ANSWERED	10	193		2	7	1	3							4	2	6		9	1
VALID CASES	244	4483	38	61	80	65	93							87	151	231	8	192	52
NUMBER OF RESPONDENTS	254 100%	4676 100%	38 100%	63 100%	87 100%	66 100%	96 100%							91 100%	153 100%	237 100%	8 100%	201 100%	53 100%

[ASKED IF Q30 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC	
Q43 #YES	45 85%	932 89%	1 50%~	10 83%~	12 92%~	22 85%~	23 79%~	~	~	~	~	~	12 ~100%~	32 80%~	39 83%~	6 100%~	15 88%~	30 83%~
NO	8 15%	112 11%	1 50%~	2 17%~	1 8%~	4 15%~	6 21%~	~	~	~	~	~	8 ~20%~	8 17%~	~	2 ~12%~	6 17%~	
NOT ANSWERED	4	26		1	1	2	2						1	3	4		2	2
VALID CASES	53	1045	2	12	13	26	29						12	40	47	6	17	36
NUMBER OF RESPONDENTS	57	1071	2	13	14	28	31						13	43	51	6	19	38
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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	
Q44 #YES	43 78%	903 87%	2 100%	11 92%	12 86%	18 67%	22 76%	~	~	~	~	~	12 92%	30 73%	38 78%	5 83%	16 89%	27 73%
NO	12 22%	141 13%	~	8% 14%	2 14%	9 33%	7 24%	~	~	~	~	~	1 8%	11 27%	11 22%	1 17%	2 11%	10 27%
NOT ANSWERED	2	27		1		1	2							2	2		1	1
VALID CASES	55	1044	2	12	14	27	29						13	41	49	6	18	37
NUMBER OF RESPONDENTS	57	1071	2	13	14	28	31						13	43	51	6	19	38
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR- #	AS- IAN ##	NATV ILND ##	AMER ALSK ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q45 YES	39 14%	851 16%	2 5%~	6 9%	12 13%	19 24%*	21 20%*	~	~	~	~	~	~	9 8%*	29 17%*	37 14%~	1 13%~	18 8%*	21 39%*
NO	245 86%	4406 84%	40 95%~	63 91%	82 87%	60 76%*	84 80%*	~	~	~	~	~	~	98 92%*	140 83%*	233 86%~	7 88%~	212 92%*	33 61%*
NOT ANSWERED	18	381	3	3	6	6								2	1	2	1	17	1
VALID CASES	284	5257	42	69	94	79	105							107	169	270	8	230	54
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105							109	170	272	9	247	55
	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?

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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		
Q46 NEVER	4 10%	36 5%	~	~	~	21%~	1 5%~	~	~	~	~	~	2 22%~	2 7%~	4 11%~	2 11%~	2 10%~	
SOMETIMES	8 21%	163 21%	~	33%~	2 17%~	2 21%~	4 24%~	5 ~	~	~	~	~	1 11%~	7 24%~	8 22%~	3 17%~	5 24%~	
USUALLY	10 26%	221 28%~	~	33%~	2 25%~	3 26%~	5 19%~	4 ~	~	~	~	~	4 44%~	6 21%~	9 24%~	1 100%~	6 22%~	6 29%~
ALWAYS	17 44%	367 47%~	2 100%~	2 33%~	7 58%~	6 32%~	11 52%~	~	~	~	~	~	2 22%~	14 48%~	16 43%~	9 50%~	8 38%~	
#ALWAYS + USUALLY (NET)	27 69%	589 75%~	2 100%~	4 67%~	10 83%~	11 58%~	15 71%~	~	~	~	~	~	6 67%~	20 69%~	25 68%~	1 100%~	13 72%~	14 67%~
TOP BOX SCORE	17 44%	367 47%~	2 100%~	2 33%~	7 58%~	6 32%~	11 52%~	~	~	~	~	~	2 22%~	14 48%~	16 43%~	9 50%~	8 38%~	
NOT ANSWERED		15																
VALID CASES	39	787	2	6	12	19	21						9	29	37	1	18	21
NUMBER OF RESPONDENTS	39	802	2	6	12	19	21						9	29	37	1	18	21
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER ALSK NATV ###	MUL-TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	NO CCC	CCC		
Q47 NONE	3 8%	55 7%	~	~	8%	11%	1 5%	~	~	~	~	~	~	1 11%	2 7%	3 8%	~	2 11%	1 5%
1 SPECIALIST	27 69%	514 65%	2 100%	3 50%	9 75%	13 68%	15 71%	~	~	~	~	~	~	6 67%	20 69%	25 68%	1 100%	15 83%	12 57%
2	8 21%	134 17%	~	3 50%	2 17%	3 16%	4 19%	~	~	~	~	~	~	2 22%	6 21%	8 22%	~	1 6%	7 33%
3	1 3%	51 6%	~	~	~	1 5%	1 5%	~	~	~	~	~	~	~	1 3%	1 3%	~	~	1 5%
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS		19 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		16																	
VALID CASES	39	786	2	6	12	19	21							9	29	37	1	18	21
NUMBER OF RESPONDENTS	39	802	2	6	12	19	21							9	29	37	1	18	21
	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?

	JCC 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 ##	MUL- OTHR ##	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q48 WORST SPECIALIST POSSIBLE		7 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01		4 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02		6 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		5 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04		6 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
05	2 6%	29 4%	~	1 17%	~	1 6%	1 5%	~	~	~	~	~	~	2 7%	2 6%	~	~	2 10%	
06	3 8%	32 4%	~	1 17%	1 9%	1 6%	3 15%	~	~	~	~	~	~	3 11%	2 6%	1 100%	~	1 6%	2 10%
07	3 8%	59 8%	~	~	1 9%	2 12%	2 10%	~	~	~	~	~	~	3 11%	3 9%	~	~	2 13%	1 5%
08	4 11%	116 16%	1 50%	1 17%	~	2 12%	2 10%	~	~	~	~	~	~	2 25%	2 7%	4 12%	~	1 6%	3 15%
09	7 19%	143 20%	~	2 33%	2 18%	3 18%	6 30%	~	~	~	~	~	~	7 26%	7 21%	~	~	1 6%	6 30%
BEST SPECIALIST POSSIBLE	17 47%	312 43%	1 50%	1 17%	7 64%	8 47%	6 30%	~	~	~	~	~	~	6 75%	10 37%	16 47%	~	11 69%	6 30%

Continued

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	OTH	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
#8-10 (NET)	28 78%	570 80%	2 100%	4 67%	9 82%	13 76%	14 70%	~	~	~	~	~	~	8 100%	19 70%	27 79%	13 81%	15 75%	
9-10 (NET)	24 67%	455 63%	1 50%	3 50%	9 82%	11 65%	12 60%	~	~	~	~	~	~	6 75%	17 63%	23 68%	12 75%	12 60%	
NOT ANSWERED		7																	
VALID CASES	36	717	2	6	11	17	20							8	27	34	1	16	20
NUMBER OF RESPONDENTS	36	724	2	6	11	17	20							8	27	34	1	16	20
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%
MEAN	8.72	8.55	9.00	7.83	9.18	8.71	8.35							9.50	8.44	8.76	6.00	9.19	8.35
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q49 YES	69 24%	1347 26%	9 22%~	20 30%	22 23%	18 22%	20 19%	~	~	~	~	~	30 28%	37 22%	65 24%~	3 33%~	51 22%	18 33%
NO	213 76%	3870 74%	32 78%~	47 70%	72 77%	62 78%	85 81%	~	~	~	~	~	77 72%	132 78%	204 76%~	6 67%~	176 78%	37 67%
NOT ANSWERED	20	421	4	5	6	5							2	1	3		20	
VALID CASES	282	5217	41	67	94	80	105						107	169	269	9	227	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ OTHR ##	MUL-TI ##	HIS-IC	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR & POOR	NO CCC	CCC	
Q50 NEVER	2 3%	45 3%	~	5%~	~	6%~	~	~	~	~	~	~	~	1 3%~	1 3%~	2 3%~	~	2 ~ 11%~
SOMETIMES	8 12%	221 17%	11%~	11%~	14%~	11%~	5%~	~	~	~	~	~	~	4 14%~	2 5%~	7 11%~	~	6 12%~ 2 11%~
USUALLY	16 24%	378 29%	33%~	37%~	14%~	17%~	25%~	~	~	~	~	~	~	6 21%~	10 27%~	16 25%~	~	12 24%~ 4 22%~
ALWAYS	42 62%	651 50%	56%~	47%~	73%~	67%~	70%~	~	~	~	~	~	~	18 62%~	24 65%~	39 61%~	3 100%~	32 64%~ 10 56%~
#ALWAYS + USUALLY (NET)	58 85%	1029 79%	89%~	84%~	86%~	83%~	95%~	~	~	~	~	~	~	24 83%~	34 92%~	55 86%~	3 100%~	44 88%~ 14 78%~
TOP BOX SCORE	42 62%	651 50%	56%~	47%~	73%~	67%~	70%~	~	~	~	~	~	~	18 62%~	24 65%~	39 61%~	3 100%~	32 64%~ 10 56%~
NOT ANSWERED	1	28		1										1		1		1
VALID CASES	68	1295	9	19	22	18	20							29	37	64	3	50 18
NUMBER OF RESPONDENTS	69	1323	9	20	22	18	20							30	37	65	3	51 18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100% 100%

[ASKED IF Q49 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC		
Q51 NEVER	2 3%	23 2%	~	~	5%~	6%~	~	~	~	~	~	~	~	1 4%~	1 2%~	1 2%~	1 6%~		
SOMETIMES	4 6%	90 7%	11%~	1 5%~	2 ~	12%~	~	~	~	~	~	~	~	2 7%~	2 6%~	4 6%~	1 2%~	3 18%~	
USUALLY	13 20%	268 21%	22%~	6 32%~	3 14%~	2 12%~	4 21%~	~	~	~	~	~	~	5 18%~	7 19%~	13 21%~	8 16%~	5 29%~	
ALWAYS	47 71%	903 70%	67%~	12 63%~	17 81%~	12 71%~	15 79%~	~	~	~	~	~	~	20 71%~	27 75%~	44 71%~	3 100%~	39 80%~	8 47%~
#ALWAYS + USUALLY (NET)	60 91%	1171 91%	89%~	18 95%~	20 95%~	14 82%~	19 100%~	~	~	~	~	~	~	25 89%~	34 94%~	57 92%~	3 100%~	47 96%~	13 76%~
TOP BOX SCORE	47 71%	903 70%	67%~	12 63%~	17 81%~	12 71%~	15 79%~	~	~	~	~	~	~	20 71%~	27 75%~	44 71%~	3 100%~	39 80%~	8 47%~
NOT ANSWERED	3	39		1	1	1	1							2	1	3		2	1
VALID CASES	66	1284	9	19	21	17	19							28	36	62	3	49	17
NUMBER OF RESPONDENTS	69	1323	9	20	22	18	20							30	37	65	3	51	18
	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	
	JCC 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	87 31%	1805 35%	10 24%~	29 43%*	26 28%	22 29%	26 25%	~	~	~	~	~	36 ~ 34%	48 29%	80 30%~	5 63%~	65 29%	22 42%
NO	191 69%	3343 65%	31 76%~	39 57%*	66 72%	55 71%	79 75%	~	~	~	~	~	70 ~ 66%	119 71%	187 70%~	3 38%~	160 71%	31 58%
NOT ANSWERED	24	490	4	4	8	8							3	3	5	1	22	2
VALID CASES	278	5148	41	68	92	77	105						106	167	267	8	225	53
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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	NO CCC	CCC		
PQ53 NEVER	9 3%	124 2%	~	2 3%	4 4%	3 4%	1 1%	~	~	~	~	~	4 4%	4 2%	8 3%	~	8 4%	1 2%
SOMETIMES	20 7%	397 8%	12%~	5 3%*	2 3%*	7 8%	6 6%	~	~	~	~	~	11 10%	7 4%*	17 6%~	2 25%~	15 7%	5 10%
USUALLY	22 8%	575 11%*	2%~	1 2%*	10 15%*	5 5%	6 8%	~	~	~	~	~	5 5%	17 10%	22 8%~	~	13 6%*	9 17%*
ALWAYS	225 82%	3983 78%	85%~	35 79%	53 79%	75 82%	62 81%	85 83%	~	~	~	~	86 81%	137 83%	218 82%~	6 75%~	188 84%	37 71%
#ALWAYS + USUALLY (NET)	247 89%	4559 90%	88%~	36 94%	63 94%	80 88%	68 88%	96 93%	~	~	~	~	91 86%	154 93%*	240 91%~	6 75%~	201 90%	46 88%
TOP BOX SCORE	225 82%	3983 78%	85%~	35 79%	53 79%	75 82%	62 81%	85 83%	~	~	~	~	86 81%	137 83%	218 82%~	6 75%~	188 84%	37 71%
NOT ANSWERED	26	559	4	5	9	8	2						3	5	7	1	23	3
VALID CASES	276	5079	41	67	91	77	103						106	165	265	8	224	52
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

[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?

	JCC 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-OTHR TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q54 WORST HEALTH PLAN POSSIBLE	17	0.3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	1	27	~	~	1	~	~	~	~	~	~	~	~	~	~	~	1	~
	0.4%	0.5%			1%												0.5%	
02	1	33	~	~	1	1	~	~	~	~	~	~	1	1	~	~	~	1
	0.4%	0.6%			1%	1%							~0.6%	0.4%			~	2%
03	3	44	2	~	1	2	~	~	~	~	~	~	3	3	~	~	2	1
	1%	0.9%	5%		1%	2%							2%	1%			0.9%	2%
04	6	62	3	~	1	2	1	~	~	~	~	~	6	6	~	~	4	2
	2%	1%	8%		1%	3%	1%						4%	2%			2%	4%
05	12	275	1	2	4	5	7	~	~	~	~	~	3	8	11	1	10	2
	4%	5%	3%	3%	4%	7%	7%						3%	5%	4%	11%	5%	4%
06	13	233	~	4	2	7	3	~	~	~	~	~	4	9	13	~	9	4
	5%	5%		6%	2%	9%	3%						4%	5%	5%		4%	7%
07	29	496	6	9	7	7	14	~	~	~	~	~	7	22	27	2	24	5
	10%	10%	15%	13%	7%	9%	14%						7%	13%*	10%	22%	11%	9%
08	56	982	6	12	19	19	21	~	~	~	~	~	18	34	52	1	42	14
	20%	19%	15%	18%	20%	25%	21%						17%	20%	20%	11%	19%	25%
09	53	974	6	15	22	10	18	~	~	~	~	~	21	32	51	2	42	11
	19%	19%	15%	22%	23%	13%	18%						20%	19%	19%	22%	19%	20%
BEST HEALTH PLAN POSSIBLE	103	2033	16	25	38	24	35	~	~	~	~	~	52	51	100	3	88	15
	37%	39%	40%	37%	40%	32%	34%						50%*	31%*	38%	33%	40%	27%
#8-10 (NET)	212	3988	28	52	79	53	74	~	~	~	~	~	91	117	203	6	172	40
	77%	77%	70%	78%	84%*	70%	73%						87%*	70%*	77%	67%	77%	73%

Continued

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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)	156 56%	3007 58%	22 55%~	40 60%	60 64%	34 45%*	53 52%	~	~	~	~	~	73 ~70%*	83 50%*	151 57%~	5 56%~	130 59%	26 47%
NOT ANSWERED	25	462	5	5	6	9	3						4	4	8		25	
VALID CASES	277	5176	40	67	94	76	102						105	166	264	9	222	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%
MEAN	8.42	8.44	8.17	8.63	8.68	8.04	8.26						8.96	8.15	8.45	8.33	8.51	8.05
p stat_(*=Sig @ p<=.05)		.879	~.204	.067	.028*	.269	~	~	~	~	~	~	~.000*	.002*	~	~	~.118	.116

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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 & POOR	FAIR & POOR	NO CCC	CCC	
Q55 YES	104 37%	1994 38%	16 40%~	29 42%	31 33%	28 35%	38 36%	~	~	~	~	~	45 ~ 42%	57 34%	97 36%~	5 56%~	66 29%*	38 69%*
NO	178 63%	3218 62%	24 60%~	40 58%	62 67%	52 65%	67 64%	~	~	~	~	~	62 ~ 58%	112 66%	172 64%~	4 44%~	161 71%*	17 31%*
NOT ANSWERED	20	425	5	3	7	5							2	1	3		20	
VALID CASES	282	5213	40	69	93	80	105						107	169	269	9	227	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND NATV ###	AMER IND/ OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q56 NEVER	5 5%	36 2%	~	4%~	3%~	11%~	2 5%~	~	~	~	~	~	2 5%~	3 5%~	5 5%~	~	2 3%~	3 8%~
SOMETIMES	7 7%	176 9%	1 6%~	3 11%~	2 7%~	1 4%~	~	~	~	~	~	~	5 12%~	2 4%~	6 6%~	1 20%~	4 6%~	3 8%~
USUALLY	23 23%	474 24%	5 31%~	7 26%~	4 13%~	7 25%~	18%~	~	~	~	~	~	9 21%~	14 25%~	23 24%~	~	13 21%~	10 26%~
ALWAYS	66 65%	1301 65%	10 62%~	16 59%~	23 77%~	17 61%~	29 76%~	~	~	~	~	~	27 63%~	38 67%~	61 64%~	4 80%~	44 70%~	22 58%~
#ALWAYS + USUALLY (NET)	89 88%	1775 89%	15 94%~	23 85%~	27 90%~	24 86%~	36 95%~	~	~	~	~	~	36 84%~	52 91%~	84 88%~	4 80%~	57 90%~	32 84%~
TOP BOX SCORE	66 65%	1301 65%	10 62%~	16 59%~	23 77%~	17 61%~	29 76%~	~	~	~	~	~	27 63%~	38 67%~	61 64%~	4 80%~	44 70%~	22 58%~
NOT ANSWERED	3	29	2	1									2		2		3	
VALID CASES	101	1988	16	27	30	28	38						43	57	95	5	63	38
NUMBER OF RESPONDENTS	104	2017	16	29	31	28	38						45	57	97	5	66	38
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q55 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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	
Q57 #YES	56 54%	1177 60%	8 50%~	19 68%~	15 48%~	14 50%~	19 50%~	~	~	~	~	~	27 60%~	28 49%~	53 55%~	2 40%~	32 49%~	24 63%~
NO	47 46%	795 40%	8 50%~	9 32%~	16 52%~	14 50%~	19 50%~	~	~	~	~	~	18 40%~	29 51%~	44 45%~	3 60%~	33 51%~	14 37%~
NOT ANSWERED	1	45		1														1
VALID CASES	103	1972	16	28	31	28	38						45	57	97	5	65	38
NUMBER OF RESPONDENTS	104	2017	16	29	31	28	38						45	57	97	5	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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ NATV ##	MUL-OTHR ##	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q57A YES	219 80%	4014 79%	23 56%	52 79%	80 89%*	64 83%	78 76%	~	~	~	~	~	~	89 85%	128 77%	211 80%	7 78%	175 80%	44 81%
NO	55 20%	1085 21%	18 44%	14 21%	10 11%*	13 17%	25 24%	~	~	~	~	~	~	16 15%	38 23%	52 20%	2 22%	45 20%	10 19%
NOT ANSWERED	28	539	4	6	10	8	2							4	4	9		27	1
VALID CASES	274	5099	41	66	90	77	103							105	166	263	9	220	54
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%							109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q57B NEVER	41 34%	667 28%	6 38%~	4 14%~	21 48%~	10 30%~	8 44%~	~	~	~	~	~	21 34%	19 33%	36 32%~	4 67%~	34 34%~	7 35%~
SOMETIMES	17 14%	484 20%	~	6 21%~	6 14%~	5 15%~	1 6%~	~	~	~	~	~	11 18%	6 11%	16 14%~	1 17%~	16 16%~	1 5%~
USUALLY	24 20%	468 20%	3 19%~	10 36%~	6 14%~	5 15%~	2 11%~	~	~	~	~	~	10 16%	13 23%	23 20%~	1 17%~	17 17%~	7 35%~
ALWAYS	39 32%	771 32%	7 44%~	8 29%~	11 25%~	13 39%~	7 39%~	~	~	~	~	~	20 32%	19 33%	39 34%~	~	34 34%~	5 25%~
#ALWAYS + USUALLY (NET)	63 52%	1239 52%	10 63%~	18 64%~	17 39%~	18 55%~	9 50%~	~	~	~	~	~	30 48%	32 56%	62 54%~	1 17%~	51 50%~	12 60%~
TOP BOX SCORE	39 32%	771 32%	7 44%~	8 29%~	11 25%~	13 39%~	7 39%~	~	~	~	~	~	20 32%	19 33%	39 34%~	~	34 34%~	5 25%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	153	2768	25	38	47	43	87						41	110	150	2	120	33
NOT ANSWERED	28	480	4	6	9	9							6	3	8	1	26	2
VALID CASES	121	2390	16	28	44	33	18						62	57	114	6	101	20
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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		
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER ALSK ##	OTH-ER ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	50 18%	1124 22%	9 22%	10 15%	15 17%	16 21%	21 20%	~	~	~	~	~	~	16 15%	34 21%	49 18%	1 11%	36 16%	14 26%
NO	225 82%	3960 78%	32 78%	56 85%	75 83%	62 79%	83 80%	~	~	~	~	~	~	91 85%	131 79%	216 82%	8 89%	185 84%	40 74%
NOT ANSWERED	27	553	4	6	10	7	1							2	5	7		26	1
VALID CASES	275	5085	41	66	90	78	104							107	165	265	9	221	54
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105							109	170	272	9	247	55
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR & POOR	NO CCC	CCC		
Q57D #YES	43 88%	945 87%	7 78%	8 89%	13 87%	15 94%	17 85%	~	~	~	~	~	~	14 88%	29 88%	42 88%	1 100%	30 86%	13 93%
NO	6 12%	135 13%	2 22%	1 11%	2 13%	1 6%	3 15%	~	~	~	~	~	~	2 13%	4 12%	6 12%	~	5 14%	1 7%
NOT ANSWERED	1	16		1			1							1	1			1	
VALID CASES	49	1081	9	9	15	16	20							16	33	48	1	35	14
NUMBER OF RESPONDENTS	50	1097	9	10	15	16	21							16	34	49	1	36	14
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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	GOOD & FAIR	NO CCC	CCC	
Q57E #YES	42 86%	905 84%~100%	9 ~100%	6 ~67%	15 ~100%	12 ~75%	15 75%~	~	~	~	~	~	14 ~88%	28 ~85%	41 85%~	1 100%	31 89%~	11 79%~
NO	7 14%	169 16%~	~	3 ~33%	~	4 ~25%	5 25%~	~	~	~	~	~	2 ~13%	5 ~15%	7 15%~	~	4 ~11%	3 21%~
NOT ANSWERED	1	24		1			1						1	1		1		
VALID CASES	49	1073	9	9	15	16	20						16	33	48	1	35	14
NUMBER OF RESPONDENTS	50 100%	1097 100%	9 100%	10 100%	15 100%	16 100%	21 100%						16 100%	34 100%	49 100%	1 100%	36 100%	14 100%

[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?

			AGE				RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57F NEVER	1 2%	20 2%	~	~	~	6%	1 5%	~	~	~	~	~	1 3%	1 2%	~	1 3%	~	
SOMETIMES	2 4%	94 9%	~	11%	7%	~	1 5%	~	~	~	~	~	1 6%	1 3%	2 4%	1 3%	1 7%	
USUALLY	10 20%	257 24%	3 33%	2 22%	2 13%	3 19%	4 20%	~	~	~	~	~	4 25%	6 18%	10 21%	7 20%	3 21%	
ALWAYS	36 73%	704 66%	6 67%	6 67%	12 80%	12 75%	14 70%	~	~	~	~	~	11 69%	25 76%	35 73%	1 100%	26 74%	10 71%
#ALWAYS + USUALLY (NET)	46 94%	960 89%	9 100%	8 89%	14 93%	15 94%	18 90%	~	~	~	~	~	15 94%	31 94%	45 94%	1 100%	33 94%	13 93%
TOP BOX SCORE	36 73%	704 66%	6 67%	6 67%	12 80%	12 75%	14 70%	~	~	~	~	~	11 69%	25 76%	35 73%	1 100%	26 74%	10 71%
NOT ANSWERED	1	23		1			1						1	1		1		
VALID CASES	49	1074	9	9	15	16	20						16	33	48	1	35	14
NUMBER OF RESPONDENTS	50	1097	9	10	15	16	21						16	34	49	1	36	14
	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?

	JCC 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 & FAIR & POOR	NO CCC	CCC		
Q57G NEVER	53	53	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	5 10%	120 11%~	1 11%~	2 22%~	1 7%~	1 6%~	3 15%~	~	~	~	~	~	~	1 6%~	4 12%~	5 10%~	3 9%~	2 14%~	
USUALLY	10 20%	238 22%~	2 22%~	3 33%~	1 7%~	4 25%~	5 25%~	~	~	~	~	~	~	4 25%~	6 18%~	10 21%~	6 17%~	4 29%~	
ALWAYS	34 69%	662 62%~	6 67%~	4 44%~	13 87%~	11 69%~	12 60%~	~	~	~	~	~	~	11 69%~	23 70%~	33 69%~	1 100%~	8 57%~	
#ALWAYS + USUALLY (NET)	44 90%	901 84%~	8 89%~	7 78%~	14 93%~	15 94%~	17 85%~	~	~	~	~	~	~	15 94%~	29 88%~	43 90%~	1 100%~	12 86%~	
TOP BOX SCORE	34 69%	662 62%~	6 67%~	4 44%~	13 87%~	11 69%~	12 60%~	~	~	~	~	~	~	11 69%~	23 70%~	33 69%~	1 100%~	8 57%~	
NOT ANSWERED	1	23		1			1							1	1		1		
VALID CASES	49	1074	9	9	15	16	20							16	33	48	1	35	14
NUMBER OF RESPONDENTS	50 100%	1097 100%	9 100%	10 100%	15 100%	16 100%	21 100%							16 100%	34 100%	49 100%	1 100%	36 100%	14 100%

[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?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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-IC	HIS-PAN-IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q57H NEVER	2 4%	23 2%	~	~	~	13%~	1 5%~	~	~	~	~	~	1 6%~	1 3%~	2 4%~	~	2 6%~	~
SOMETIMES	4 8%	97 9%	1 11%~	3 33%~	~	~	1 5%~	~	~	~	~	~	2 13%~	2 6%~	4 8%~	~	2 6%~	2 14%~
USUALLY	11 22%	214 20%	2 22%~	2 22%~	4 27%~	3 19%~	4 20%~	~	~	~	~	~	5 31%~	6 18%~	11 23%~	~	8 23%~	3 21%~
ALWAYS	32 65%	741 69%	6 67%~	4 44%~	11 73%~	11 69%~	14 70%~	~	~	~	~	~	8 50%~	24 73%~	31 65%~	1 100%~	23 66%~	9 64%~
#ALWAYS + USUALLY (NET)	43 88%	955 89%	8 89%~	6 67%~	15 100%~	14 88%~	18 90%~	~	~	~	~	~	13 81%~	30 91%~	42 88%~	1 100%~	31 89%~	12 86%~
TOP BOX SCORE	32 65%	741 69%	6 67%~	4 44%~	11 73%~	11 69%~	14 70%~	~	~	~	~	~	8 50%~	24 73%~	31 65%~	1 100%~	23 66%~	9 64%~
NOT ANSWERED	1	23	1				1							1	1		1	
VALID CASES	49	1074	9	9	15	16	20						16	33	48	1	35	14
NUMBER OF RESPONDENTS	50	1097	9	10	15	16	21						16	34	49	1	36	14
	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	
	JCC 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 & POOR	FAIR & POOR	NO CCC	CCC	
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Q58																		
EXCELLENT	122 43%	2143 41%	21 51%~	31 46%	36 39%	34 43%	50 48%	~	~	~	~	~	39 36%*	83 49%*	122 45%~	~	106 47%*	16 29%*
VERY GOOD	99 35%	1856 36%	14 34%~	23 34%	40 43%*	22 27%	34 33%	~	~	~	~	~	44 40%	55 32%	99 36%~	~	83 37%	16 29%
GOOD	51 18%	944 18%	5 12%~	14 21%	14 15%	18 22%	18 17%	~	~	~	~	~	21 19%	29 17%	51 19%~	~	31 14%*	20 36%*
FAIR	8 3%	237 5%	1 2%~	~	2 2%	5 6%	2 2%	~	~	~	~	~	4 4%	3 2%	~	8 89%~	6 3%	2 4%
POOR	1 0.4%	15 0.3%	~	~	~	1 1%~	~	~	~	~	~	~	1 0.9%~	~	~	1 11%~	~	1 2%~
#EXCELLENT + VERY GOOD + GOOD (NET)	272 97%	4943 95%	40 98%~	68 100%~	90 98%	74 93%	102 98%	~	~	~	~	~	104 95%	167 98%	272 100%~	~	220 97%	52 95%
NOT ANSWERED	21	443	4	4	8	5	1										21	
VALID CASES	281	5195	41	68	92	80	104						109	170	272	9	226	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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	NO CCC	CCC		
			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
Q59																			
EXCELLENT	119 43%	2231 43%	24 59%	30 45%	39 43%	26 33%*	47 46%	~	~	~	~	~	~	46 42%	73 43%	118 44%	1 11%	111 49%*	8 15%*
VERY GOOD	93 33%	1483 29%	13 32%	19 28%	36 40%	25 31%	28 27%	~	~	~	~	~	~	39 36%	54 32%	93 34%	~	82 36%*	11 20%*
GOOD	45 16%	1030 20%	3 7%	13 19%	11 12%	18 23%	18 18%	~	~	~	~	~	~	15 14%	29 17%	42 16%	3 33%	26 12%*	19 35%*
FAIR	20 7%	368 7%	1 2%	5 7%	5 5%	9 11%	9 9%	~	~	~	~	~	~	8 7%	11 7%	16 6%	4 44%	6 3%*	14 26%*
POOR	2 0.7%	70 1%	~	~	~	2 3%	~	~	~	~	~	~	~	1 0.9%	1 0.6%	1 0.4%	1 11%	~	2 4%
#EXCELLENT + VERY GOOD + GOOD (NET)	257 92%	4745 92%	40 98%	62 93%	86 95%	69 86%	93 91%	~	~	~	~	~	~	100 92%	156 93%	253 94%	4 44%	219 97%*	38 70%*
NOT ANSWERED	23	455	4	5	9	5	3								2	2		22	1
VALID CASES	279	5183	41	67	91	80	102							109	168	270	9	225	54
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%							109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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	
Q60 YES	46 16%	1055 20%	2 5%	11 16%	14 15%	19 24%	21 20%	~	~	~	~	~	16 15%	30 18%	42 15%	4 44%	14 6%*	32 58%*
NO	235 84%	4144 80%	39 95%	57 84%	78 85%	61 76%	83 80%	~	~	~	~	~	93 85%	140 82%	230 85%	5 56%	212 94%*	23 42%*
NOT ANSWERED	21	439	4	4	8	5	1										21	
VALID CASES	281	5199	41	68	92	80	104						109	170	272	9	226	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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	
Q61 YES	32 71%	796 77%	1 50%	7 64%	8 62%	16 84%	16 76%	~	~	~	~	~	8 53%	24 80%	29 71%	3 75%	3 23%	29 91%
NO	13 29%	235 23%	1 50%	4 36%	5 38%	3 16%	5 24%	~	~	~	~	~	7 47%	6 20%	12 29%	1 25%	10 77%	3 9%
NOT ANSWERED	1	22			1								1		1		1	
VALID CASES	45	1030	2	11	13	19	21						15	30	41	4	13	32
NUMBER OF RESPONDENTS	46	1052	2	11	14	19	21						16	30	42	4	14	32
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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	
Q62 YES	28 90%	716 91%	~100%	7	5	16	14 88%	~	~	~	~	~	6 86%	22 92%	25 89%	3 100%	28 97%	
NO	3 10%	75 9%	~	~	3 38%	2 13%	~	~	~	~	~	~	1 14%	2 8%	3 11%	~100%	1 3%	
NOT ANSWERED	1	15	1										1	1		1		
VALID CASES	31	791		7	8	16	16						7	24	28	3	2	29
NUMBER OF RESPONDENTS	32 100%	806 100%	1	7 100%	8 100%	16 100%	16 100%						8 100%	24 100%	29 100%	3 100%	3 100%	29 100%

[ASKED IF Q60 = YES AND Q61 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC	
Q63 YES	35 13%	788 15%	~	13 19%	9 10%	13 16%	17 16%	~	~	~	~	~	12 11%	23 14%	33 12%~	2 22%~	6 3%*	29 53%*
NO	245 87%	4394 85%	41 100%~	54 81%	83 90%	67 84%	87 84%	~	~	~	~	~	97 89%	147 86%	238 88%~	7 78%~	219 97%*	26 47%*
NOT ANSWERED	22	456	4	5	8	5	1								1		22	
VALID CASES	280	5182	41	67	92	80	104						109	170	271	9	225	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC		
Q64 YES	31 91%	637 85%	~	11 92%	8 89%	12 92%	16 100%	~	~	~	~	~	~	10 83%	21 95%	29 91%	2 100%	2 40%	29 100%
NO	3 9%	110 15%	~	1 8%	1 11%	1 8%	~	~	~	~	~	~	~	2 17%	1 5%	3 9%	~	3 60%	~
NOT ANSWERED	1	19		1			1							1	1	1			
VALID CASES	34	747		12	9	13	16							12	22	32	2	5	29
NUMBER OF RESPONDENTS	35 100%	766 100%		13 100%	9 100%	13 100%	17 100%							12 100%	23 100%	33 100%	2 100%	6 100%	29 100%

[ASKED IF Q63 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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 & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q65 YES	29 94%	591 96%	~100%	11	7	11	15	~	~	~	~	~	9	20	27	2	2	29
NO	2 6%	26 4%	~	~	13	1	1	~	~	~	~	~	1	1	2	7	2	2
NOT ANSWERED		7																
VALID CASES	31	617		11	8	12	16						10	21	29	2	2	29
NUMBER OF RESPONDENTS	31	624		11	8	12	16						10	21	29	2	2	29
	100%	100%		100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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 & POOR	FAIR & POOR	NO CCC	CCC	
Q66 YES	30 11%	639 12%	3 7%	9 13%	4 4%*	14 17%*	13 12%	~	~	~	~	~	10 9%	20 12%	28 10%~	2 22%~	9 4%*	21 38%*
NO	250 89%	4546 88%	38 93%~	58 87%	88 96%*	66 83%*	91 88%	~	~	~	~	~	99 91%	150 88%	243 90%~	7 78%~	216 96%*	34 62%*
NOT ANSWERED	22	453	4	5	8	5	1								1		22	
VALID CASES	280	5185	41	67	92	80	104						109	170	271	9	225	55
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105						109	170	272	9	247	55
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

	JCC 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	20 80%	445 77%	7 ~100%	2 67%	11 92%	9 90%	~	~	~	~	~	7 ~78%	13 81%	19 83%	1 50%	1 20%	19 95%	
NO	5 20%	136 23%	3 100%	1 ~33%	1 8%	1 10%	~	~	~	~	~	2 ~22%	3 19%	4 17%	1 50%	4 80%	1 5%	
NOT ANSWERED	5	22		2	1	2	3					1	4	5		4	1	
VALID CASES	25	582	3	7	3	12	10					9	16	23	2	5	20	
NUMBER OF RESPONDENTS	30	604	3	9	4	14	13					10	20	28	2	9	21	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

[ASKED IF Q66 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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 & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q68 YES	19	427	7	2	10	9	~	~	~	~	~	6	13	18	1	19	~
	95%	96%	~100%	~100%	~91%	~100%	~	~	~	~	~	86%	~100%	95%	~100%	~100%	~
NO	1	17	~	~	~	1	~	~	~	~	~	1	~	1	~	1	~
	5%	4%	~	~	~	9%	~	~	~	~	~	14%	~	5%	~	~100%	~
NOT ANSWERED		6															
VALID CASES	20	444	7	2	11	9						7	13	19	1	1	19
NUMBER OF RESPONDENTS	20	450	7	2	11	9						7	13	19	1	1	19
	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES AND Q67 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q69 YES	34 12%	531 10%	~	18%	13%	13%	18%	~	~	~	~	~	10 9%	24 14%	34 13%	~	10 4%*	24 44%*
NO	244 88%	4648 90%	100%~	82%	87%	87%	86%	~	~	~	~	~	97 91%	146 86%	235 87%	9 100%~	213 96%*	31 56%*
NOT ANSWERED	24	459	4	5	9	6	1						2		3		24	
VALID CASES	278	5179	41	67	91	79	104						107	170	269	9	223	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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 & FAIR & POOR	NO CCC	CCC		
Q70 YES	21 64%	336 68%	~	64%	~	80%	12 71%	~	~	~	~	~	6 60%	15 65%	21 64%	~	21 87%	
NO	12 36%	157 32%	~	36%	~	20%	5 29%	~	~	~	~	~	4 40%	8 35%	12 36%	~	9 100%	3 13%
NOT ANSWERED	1	8	1				1						1	1	1			
VALID CASES	33	493	11	12	10	17							10	23	33	9	24	
NUMBER OF RESPONDENTS	34 100%	501 100%	12 100%	12 100%	10 100%	18 100%							10 100%	24 100%	34 100%	10 100%	24 100%	

[ASKED IF Q69 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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 & FAIR & POOR	NO CCC	CCC	
Q71 YES	20	293	7	5	8	12	~	~	~	~	~	6	14	20	~	20	
	95%	92%	~100%	83%	~100%	~100%	~	~	~	~	~	~100%	93%	95%	~	~95%	
NO	1	24	~	~	1	~	~	~	~	~	~	~	1	1	~	1	
	5%	8%	~	~	17%	~	~	~	~	~	~	~	7%	5%	~	~5%	
NOT ANSWERED		3															
VALID CASES	21	317	7	6	8	12						6	15	21		21	
NUMBER OF RESPONDENTS	21	320	7	6	8	12						6	15	21		21	
	100%	100%	100%	100%	100%	100%						100%	100%	100%		100%	

[ASKED IF Q69 = YES AND Q70 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<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	VERY GOOD & FAIR POOR	NO CCC	CCC	
Q72 YES	41 15%	736 14%	~	16%	10%	26%*	21 20%	~	~	~	~	~	11 10%	29 17%	38 14%~	3 33%~	9 4%*	32 58%*
NO	238 85%	4444 86%	100%~	84%	90%	74%*	83 80%	~	~	~	~	~	98 90%	140 83%	232 86%~	6 67%~	215 96%*	23 42%*
NOT ANSWERED	23	458	4	5	9	5	1						1	2			23	
VALID CASES	279	5180	41	67	91	80	104						109	169	270	9	224	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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-TI OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q73 YES	30 86%	628 90%	~	88%	88%	84%	15 94%	~	~	~	~	~	~	8 80%	22 88%	28 85%	2 100%	30 ~100%	
NO	5 14%	72 10%	~	13%	13%	16%	1 6%	~	~	~	~	~	~	2 20%	3 12%	5 15%	~	5 ~100%	
NOT ANSWERED	6	16		3	1	2	5							1	4	5	1	4	2
VALID CASES	35	700		8	8	19	16							10	25	33	2	5	30
NUMBER OF RESPONDENTS	41 100%	716 100%		11 100%	9 100%	21 100%	21 100%							11 100%	29 100%	38 100%	3 100%	9 100%	32 100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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-TI OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ74																		
3 YEARS OLD OR LESS	45 15%	971 17%	45 100%	~	~	~	17 16%	~	~	~	~	~	17 16%	24 14%	40 15%	1 11%	45 18%*	~
4 TO 7 YEARS OLD	72 24%	1380 24%	~	72 ~100%	~	~	25 24%	~	~	~	~	~	24 22%	43 25%	68 25%	~	57 23%	15 27%
8 TO 12 YEARS OLD	100 33%	1689 30%	~	~	100 ~100%	~	30 29%	~	~	~	~	~	41 38%	51 30%	90 33%	2 22%	86 35%	14 25%
13 OR OLDER	85 28%	1597 28%	~	~	85 ~100%	~	33 31%	~	~	~	~	~	27 25%	52 31%	74 27%	6 67%	59 24%*	26 47%*
VALID CASES	302	5638	45	72	100	85	105											
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%											

[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		
	JCC 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		
NQ75 MALE	161 53%	2948 52%	25 56%~	38 53%	54 54%	44 52%	52 50%	~	~	~	~	~	~	64 59%	84 49%	146 54%~	2 22%~	131 53%	30 55%
FEMALE	141 47%	2690 48%	20 44%~	34 47%	46 46%	41 48%	53 50%	~	~	~	~	~	~	45 41%	86 51%	126 46%~	7 78%~	116 47%	25 45%
VALID CASES	302	5638	45	72	100	85	105							109	170	272	9	247	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%							109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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 & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q76 HISPANIC OR LATINO	109 39%	2037 40%	17 41%	24 36%	41 45%	27 34%	~	~	~	~	~	~	109 ~100%	104 ~38%	5 63%	96 43%*	13 24%*	
NOT HISPANIC OR LATINO	170 61%	3094 60%	24 59%	43 64%	51 55%	52 66%	103 100%	~	~	~	~	~	170 ~100%	167 62%	3 38%	128 57%*	42 76%*	
NOT ANSWERED	23	507	4	5	8	6	2							1	1	23		
VALID CASES	279	5131	41	67	92	79	103						109	170	271	8	224	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
JCC 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-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q77.1 YES	155 51%	2548 45%*	23 51%~	36 50%	48 48%	48 56%	105 100%~	~	~	~	~	~	40 37%*	113 66%*	151 56%~	3 33%~	117 47%*	38 69%*
NO	147 49%	3090 55%*	22 49%~	36 50%	52 52%	37 44%	~	~	~	~	~	~	69 63%*	57 34%*	121 44%~	6 67%~	130 53%*	17 31%*
VALID CASES	302	5638	45	72	100	85	105						109	170	272	9	247	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ###	AMER IND/ALSK NATV ###	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.2 YES	2 0.7%	139 2%*	~	1% 1%	1%	~	~	~	~	~	~	~	2 1%~0.7%	2 ~	~	1 ~0.4%	1 2%	
NO	300 99%	5499 98%*	45 100%~	71 99%	99 99%	85 100%~	105 100%~	~	~	~	~	~	109 ~100%~	168 99%	270 99%~100%	9 ~100%	246 100%	54 98%
VALID CASES	302	5638	45	72	100	85	105						109	170	272	9	247	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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	JCC TOT CHLD																	
YES	8 3%	186 3%	2 4%~	2 3%	4 4%	~	~	~	~	~	~	1 ~0.9%	7 4%*	8 3%~	~	7 3%	1 2%	
NO	294 97%	5452 97%	43 96%~	70 97%	96 96%	85 100%~	105 100%~	~	~	~	~	108 ~99%	163 96%*	264 97%~	9 100%~	240 97%	54 98%	
VALID CASES	302	5638	45	72	100	85	105					109	170	272	9	247	55	
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%					109 100%	170 100%	272 100%	9 100%	247 100%	55 100%	

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 & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q77.4	JCC TOT CHLD	5	61	2	3							2	3	5			4	1
YES		2%	1%	4%~	~ 4%	~	~	~	~	~	~	~ 2%	2%	2%~	~	~	2%	2%
NO		297	5577	43	72	100	82	105				107	167	267	9	243	54	
		98%	99%	96%~	100%~	100%~	96%	100%~	~	~	~	~ 98%	98%	98%~	100%~	98%	98%	98%
VALID CASES		302	5638	45	72	100	85	105				109	170	272	9	247	55	
NUMBER OF RESPONDENTS		302	5638	45	72	100	85	105				109	170	272	9	247	55	
		100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%

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

		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 ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.5	JCC TOT CHLD																
YES	8 3%	168 3%	1 2%~	4 ~	3 4%	~	~	~	~	~	4 4%	4 2%	7 3%~	1 11%~	7 3%	1 2%	
NO	294 97%	5470 97%	44 98%~	72 100%~	96 96%	105 100%~	~	~	~	~	105 ~	166 98%	265 97%~	8 89%~	240 97%	54 98%	
VALID CASES	302	5638	45	72	100	85	105				109	170	272	9	247	55	
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%				109 100%	170 100%	272 100%	9 100%	247 100%	55 100%	

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 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	
Q77.6	JCC TOT CHLD																	
YES	27 9%	486 9%	1 2%~	4 6%	15 15%*	7 8%	~	~	~	~	~	~	21 19%*	6 4%*	25 9%~	2 22%~	22 9%	5 9%
NO	275 91%	5152 91%	44 98%~	68 94%	85 85%*	78 92%	105 100%~	~	~	~	~	~	88 81%*	164 96%*	247 91%~	7 78%~	225 91%	50 91%
VALID CASES	302	5638	45	72	100	85	105						109	170	272	9	247	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

Q78 WHAT IS YOUR AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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	HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
							WHITE	#	##	##	##	##	##	##					
Q78 UNDER 18	14 5%	196 4%	~	6 9%	3 3%	5 6%	9 9%	~	~	~	~	~	~	5 5%	9 5%	13 5%	1 11%	11 5%	3 5%
18 TO 24	8 3%	176 3%	15%~	6 1%	1 ~	1 1%	1 1%	~	~	~	~	~	~	5 5%	3 2%	8 3%	~	7 3%	1 2%
25 TO 34	86 31%	1691 33%	46%~	19 46%*	31 46%*	28 30%	8 10%*	31 30%	~	~	~	~	~	32 29%	54 32%	86 32%	~	71 31%	15 27%
35 TO 44	114 41%	2049 40%	34%~	14 34%~	25 37%	43 47%	32 40%	36 34%	~	~	~	~	~	50 46%	64 38%	110 41%	4 44%~	93 41%	21 38%
45 TO 54	43 15%	738 14%	5%~	2 5%~	3 4%*	15 16%	23 28%*	19 18%	~	~	~	~	~	16 15%	26 15%	41 15%	1 11%	33 15%	10 18%
55 TO 64	11 4%	229 4%	~	1 ~	2 1%	8 10%*	5 5%	~	~	~	~	~	~	1 0.9%*	9 5%	8 3%	3 33%~	7 3%	4 7%
65 TO 74	5 2%	87 2%	~	~	1 ~	4 5%	4 4%	~	~	~	~	~	~	~	5 3%*	5 2%~	~	4 2%	1 2%
75 OR OLDER		15 0.3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	21	457	4	5	8	4										1		21	
VALID CASES	281	5181	41	67	92	81	105							109	170	271	9	226	55
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105							109	170	272	9	247	55
	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	
	JCC 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-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q79 MALE	41 15%	711 14%	4 10%~	11 17%	14 15%	12 15%	11 11%	~	~	~	~	~	18 ~ 17%	22 13%	40 15%~	1 11%~	37 16%*	4 7%*
FEMALE	239 85%	4484 86%	37 90%~	55 83%	78 85%	69 85%	93 89%	~	~	~	~	~	91 ~ 83%	147 87%	230 85%~	8 89%~	188 84%*	51 93%*
NOT ANSWERED	22	443	4	6	8	4	1						1	2			22	
VALID CASES	280	5195	41	66	92	81	104						109	169	270	9	225	55
NUMBER OF RESPONDENTS	302 100%	5638 100%	45 100%	72 100%	100 100%	85 100%	105 100%						109 100%	170 100%	272 100%	9 100%	247 100%	55 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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	NO CCC	CCC		
Q80																		
8TH GRADE OR LESS	32 11%	593 12%	6 15%~	5 7%	11 12%	10 13%	~	~	~	~	~	~	31 28%*0.6%*	1 0.6%*	28 10%~	4 44%~	29 13%	3 6%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	36 13%	565 11%	6 15%~	3 4%*	15 16%	12 15%	9 9%	~	~	~	~	~	22 20%*	14 8%*	36 13%~	~	31 14%	5 9%
HIGH SCHOOL GRADUATE OR GED	70 25%	1483 29%	8 20%~	21 31%	24 26%	17 21%	22 21%	~	~	~	~	~	31 28%	38 22%	67 25%~	2 22%~	59 26%	11 20%
SOME COLLEGE OR 2-YEAR DEGREE	95 34%	1722 33%	13 32%~	26 39%	29 32%	27 34%	47 45%*	~	~	~	~	~	19 17%*	76 45%*	93 34%~	2 22%~	71 31%	24 44%
4-YEAR COLLEGE GRADUATE	30 11%	491 10%	5 12%~	7 10%	9 10%	9 11%	13 12%	~	~	~	~	~	5 5%*	25 15%*	30 11%~	~	24 11%	6 11%
MORE THAN 4-YEAR COLLEGE DEGREE	17 6%	290 6%	3 7%~	5 7%	4 4%	5 6%	14 13%*	~	~	~	~	~	1 0.9%*	15 9%*	16 6%~	1 11%~	12 5%	5 9%
NOT ANSWERED	22	495	4	5	8	5								1	2		21	1
VALID CASES	280	5143	41	67	92	80	105						109	169	270	9	226	54
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105						109	170	272	9	247	55
	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	
	JCC 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	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q81																		
MOTHER OR FATHER	259 94%	4883 95%	39 95%~	64 97%	87 97%	69 87%*	93 92%	~	~	~	~	~	104 95%	153 93%	250 94%~	8 89%~	211 95%	48 87%
GRANDPARENT	8 3%	145 3%	2 5%~	2 3%	1 1%	3 4%	5 5%	~	~	~	~	~	2 2%	6 4%	7 3%~	1 11%~	5 2%	3 5%
AUNT OR UNCLE	2 0.7%	13 0.2%	~	~	2 2%~	~	~	~	~	~	~	~	1 0.9%	1 0.6%	2 0.8%~	~	2 0.9%	~
OLDER BROTHER OR SISTER	1 0.4%	12 0.2%	~	~	~	1 1%	~	~	~	~	~	~	1 0.9%~	~	1 0.4%~	~	1 0.5%	~
OTHER RELATIVE		4 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	4 1%	51 1%	~	~	~	4 5%*	2 2%	~	~	~	~	~	~	4 2%*	4 2%~	~	2 0.9%	2 4%
SOMEONE ELSE	2 0.7%	36 0.7%	~	~	~	2 3%	1 1%	~	~	~	~	~	1 0.9%	1 0.6%	2 0.8%~	~	~	2 4%
NOT ANSWERED	26	494	4	6	10	6	4							5	6		26	
VALID CASES	276	5144	41	66	90	79	101						109	165	266	9	221	55
NUMBER OF RESPONDENTS	302	5638	45	72	100	85	105						109	170	272	9	247	55
	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		
	JCC 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-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC	
Q82 YES	5 3%	143 4%	~	2 5%~	2 3%	1 2%	~	~	~	~	~	~	~	5 8%~	5 3%~	~	5 3%~	~	
NO	178 97%	3143 96%	26 100%~	40 95%~	57 97%	55 98%	105 100%~	~	~	~	~	~	~	57 92%~	119 100%~	175 97%~	2 100%~	142 97%~	36 100%~
NOT ANSWERED	4	43		1	2	1								2	2	1	4		
VALID CASES	183	3286	26	42	59	56	105							62	119	180	2	147	36
NUMBER OF RESPONDENTS	187 100%	3329 100%	26 100%	43 100%	61 100%	57 100%	105 100%							64 100%	119 100%	182 100%	3 100%	151 100%	36 100%

[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	
	JCC 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 & FAIR & POOR	NO CCC	CCC		
Q83.1 YES	1 20%	56 41%	~	~	~	100%	~	~	~	~	~	~	~	1 20%	1 20%	1 20%	~	
NO	4 80%	79 59%	~	100%	100%	~	~	~	~	~	~	~	~	4 80%	4 80%	4 80%	~	
VALID CASES	5	135		2	2	1								5	5	5		
NUMBER OF RESPONDENTS	5 100%	135 100%		2 100%	2 100%	1 100%								5 100%	5 100%	5 100%		

[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	
	JCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND ##	AMER ALSK NATV ##	MUL-TI OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
	Q83.2 YES	2 40%	44 32%	~	1 50%	~	1 100%	~	~	~	~	~	~	~	2 40%	2 40%	2 40%	~
NO	3 60%	91 68%	~	1 50%	2 100%	~	~	~	~	~	~	~	~	3 60%	3 60%	3 60%	~	
VALID CASES	5	135		2	2	1								5	5	5		
NUMBER OF RESPONDENTS	5 100%	135 100%		2 100%	2 100%	1 100%								5 100%	5 100%	5 100%		

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

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

	JCC 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 & FAIR & POOR	NO CCC	CCC		
Q83.3 YES		11 8%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	5 100%	124 92%	~100%	~100%	~100%	~	~	~	~	~	~	~100%	~100%	~100%	~100%	~	~	
VALID CASES	5	135		2	2	1						5	5	5	5	5	5	
NUMBER OF RESPONDENTS	5 100%	135 100%		2 100%	2 100%	1 100%						5 100%	5 100%	5 100%	5 100%	5 100%	5 100%	

[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	
	JCC 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		
Q83.4 YES	4 80%	76 56%	~	1 50%	2 100%	1 100%	~	~	~	~	~	~	~	4 80%	4 80%	4 80%	~	
NO	1 20%	59 44%	~	1 50%	~	~	~	~	~	~	~	~	~	1 20%	1 20%	1 20%	~	
VALID CASES	5	135		2	2	1								5	5	5		
NUMBER OF RESPONDENTS	5 100%	135 100%		2 100%	2 100%	1 100%								5 100%	5 100%	5 100%		

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

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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-TI OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ14 0-6	22 11%	307 8%	4 13%~	6 12%~	6 10%	6 11%	8 12%	~	~	~	~	~	7 10%	12 11%	18 10%~	3 50%~	18 12%~	4 9%~
7-8	58 30%	1107 30%	10 33%~	15 31%~	14 23%	19 34%	16 23%	~	~	~	~	~	17 24%	38 35%	55 31%~	~	40 26%~	18 42%~
9-10	115 59%	2234 61%	16 53%~	28 57%~	40 67%	31 55%	45 65%	~	~	~	~	~	48 67%	60 55%	105 59%~	3 50%~	94 62%~	21 49%~
VALID CASES	195	3648	30	49	60	56	69						72	110	178	6	152	43
NUMBER OF RESPONDENTS	195 100%	3648 100%	30 100%	49 100%	60 100%	56 100%	69 100%						72 100%	110 100%	178 100%	6 100%	152 100%	43 100%
MEAN	2.48	2.53	2.40	2.45	2.57	2.45	2.54						2.57	2.44	2.49	2.00	2.50	2.40
p stat_(*=Sig @ p<=.05)		.267	~	~	.223	.696	.380	~	~	~	~	~	.149	.355	~	~	~	~

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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	HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ41 0-6	17 7%	330 7%	2 6%	7 11%	5 6%	3 5%	8 9%	~	~	~	~	~	4 5%	12 8%	15 7%	2 29%	10 5%	7 13%
7-8	64 27%	960 22%	6 17%	19 31%	17 22%	22 34%	21 23%	~	~	~	~	~	20 24%	43 29%	59 26%	4 57%	51 27%	13 25%
9-10	159 66%	3168 71%	28 78%	35 57%	57 72%	39 61%	63 68%	~	~	~	~	~	61 72%	94 63%	154 68%	1 14%	127 68%	32 62%
VALID CASES	240	4459	36	61	79	64	92						85	149	228	7	188	52
NUMBER OF RESPONDENTS	240 100%	4459 100%	36 100%	61 100%	79 100%	64 100%	92 100%						85 100%	149 100%	228 100%	7 100%	188 100%	52 100%
MEAN	2.59	2.64	2.72	2.46	2.66	2.56	2.60						2.67	2.55	2.61	1.86	2.62	2.48
p stat_(*=Sig @ p<=.05)		.260	~.077	.237	.651		.906	~	~	~	~	~	.130	.178	~	~	.203	.201

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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 & FAIR & POOR	NO CCC	CCC		
NQ48 0-6	5 14%	88 12%		2 ~ 33%	1 ~ 9%	2 12%	4 20%	~	~	~	~	~	5 ~ 19%	4 12%	1 100%	1 6%	4 20%	
7-8	7 19%	175 24%	1 50%	1 17%	1 9%	4 24%	4 20%	~	~	~	~	2 25%	5 19%	7 21%	~	3 19%	4 20%	
9-10	24 67%	456 63%	1 50%	3 50%	9 82%	11 65%	12 60%	~	~	~	~	6 75%	17 63%	23 68%	~	12 75%	12 60%	
VALID CASES	36	718	2	6	11	17	20					8	27	34	1	16	20	
NUMBER OF RESPONDENTS	36 100%	718 100%	2 100%	6 100%	11 100%	17 100%	20 100%					8 100%	27 100%	34 100%	1 100%	16 100%	20 100%	
MEAN	2.53	2.51	2.50	2.17	2.73	2.53	2.40					2.75	2.44	2.56	1.00	2.69	2.40	
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	
	JCC 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		
NQ54 0-6	36 13%	696 13%	6 15%~	6 9%	8 9%	16 21%*	14 14%	~	~	~	~	~	7 7%*	27 16%*	34 13%~	1 11%~	26 12%	10 18%
7-8	85 31%	1488 29%	12 30%~	21 31%	26 28%	26 34%	35 34%	~	~	~	~	~	25 24%*	56 34%	79 30%~	3 33%~	66 30%	19 35%
9-10	156 56%	3026 58%	22 55%~	40 60%	60 64%	34 45%*	53 52%	~	~	~	~	~	73 70%*	83 50%*	151 57%~	5 56%~	130 59%	26 47%
VALID CASES	277	5210	40	67	94	76	102						105	166	264	9	222	55
NUMBER OF RESPONDENTS	277 100%	5210 100%	40 100%	67 100%	94 100%	76 100%	102 100%						105 100%	166 100%	264 100%	9 100%	222 100%	55 100%
MEAN	2.43	2.45	2.40	2.51	2.55	2.24	2.38						2.63	2.34	2.44	2.44	2.47	2.29
p stat_(*=Sig @ p<=.05)		.748	~.329	.037*	.005*	.366	~	~	~	~	~	~	~.000*	.006*	~	~	~.122	.120

GETTING NEEDED CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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 OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	NO CCC	CCC		
NPRBSEE4 NQ46	2.13	2.21	3.00	2.00	2.42	1.89	2.24							1.89	2.17	2.11	2.00	2.22	2.05
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.43	2.45	2.50	2.31	2.59	2.34	2.54							2.37	2.48	2.43	2.33	2.47	2.30
p stat_(*=Sig @ p<=.05)		.744	~	~	.029*	.255	.108	~	~	~	~	~	~	.350	.342	~	~	~	~
COMPOSITE	2.28	2.33	2.75	2.15	2.50	2.12	2.39	x	x	x	x	x	x	2.13	2.32	2.27	2.17	2.35	2.17
p stat_(*=Sig @ p<=.05)		.382	~	~	.014*	.074	.177	~	~	~	~	~	~	.041*	.373	~	~	~	~

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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	GOOD	FAIR	NO CCC	CCC	
NCARSN4 NQ4	2.70	2.68	2.44	2.89	2.74	2.70	2.80							2.50	2.80	2.70		2.68	2.78
p stat_(*=Sig @ p<=.05)	.712		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.47	2.42	2.42	2.59	2.34	2.49	2.64							2.32	2.60	2.50	1.80	2.46	2.50
p stat_(*=Sig @ p<=.05)	.418		~.129		~	~	.008*	~	~	~	~	~	~	.055	.006*	~	~	~	~
COMPOSITE	2.58	2.55	2.43	2.74	2.54	2.59	2.72	x	x	x	x	x	x	2.41	2.70	2.60	1.80	2.57	2.64
p stat_(*=Sig @ p<=.05)	.662		~.221	.738	.956		.255	~	~	~	~	~	~	.118	.114	~	~	~	~

HOW WELL DOCTORS COMMUNICATE

	JCC 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	2.73	2.70	2.77	2.78	2.69	2.68	2.80							2.68	2.75	2.74	2.17	2.72	2.74
p stat_(*=Sig @ p<=.05)		.614	~	~	.578	~	.149	~	~	~	~	~	~	.465	.532	~	~	~	~
NDRLSTN4 NQ33	2.70	2.73	2.60	2.78	2.72	2.66	2.68							2.73	2.68	2.72	2.00	2.74	2.56
p stat_(*=Sig @ p<=.05)		.497	~	~	.752	~	.665	~	~	~	~	~	~	.594	.563	~	~	~	~
NDRESPU4 NQ34	2.75	2.79	2.70	2.74	2.78	2.75	2.67							2.80	2.72	2.76	2.33	2.79	2.61
p stat_(*=Sig @ p<=.05)		.270	~	~	.606	~	.172	~	~	~	~	~	~	.345	.351	~	~	~	~
NDRTMEN4 NQ37	2.52	2.50	2.57	2.43	2.67	2.39	2.51							2.50	2.53	2.54	1.83	2.55	2.41
p stat_(*=Sig @ p<=.05)		.662	~	~	.046*	~	.848	~	~	~	~	~	~	.774	.763	~	~	~	~
COMPOSITE	2.67	2.68	2.66	2.68	2.71	2.62	2.66	x	x	x	x	x	x	2.68	2.67	2.69	2.08	2.70	2.58
p stat_(*=Sig @ p<=.05)		.955	~	~	.819	~	.948	~	~	~	~	~	~	.975	.965	~	~	~	~

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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 POOR	NO CCC	CCC		
NPBCLCS4 NQ50	2.47	2.30	2.44	2.32	2.59	2.50	2.65							2.45	2.57	2.47	3.00	2.52	2.33
p stat_(*=Sig @ p<=.05)		.068	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.62	2.62	2.56	2.58	2.76	2.53	2.79							2.61	2.69	2.63	3.00	2.76	2.24
p stat_(*=Sig @ p<=.05)		.942	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.55	2.46	2.50	2.45	2.68	2.51	2.72	x	x	x	x	x	x	2.53	2.63	2.55	3.00	2.64	2.28
p stat_(*=Sig @ p<=.05)		.592	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NNRXWYNT NQ12	2.29	2.41	2.27	2.33	1.77	2.67	2.68					1.90	2.70	2.41	1.67	2.06	2.68		
p stat_(*=Sig @ p<=.05)	.381		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NRXBST NQ13	2.47	2.60	2.20	2.33	2.69	2.53	2.68					2.30	2.60	2.52	1.67	2.42	2.56		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
COMPOSITE	2.38	2.51	2.24	2.33	2.23	2.60	2.68	x	x	x	x	x	x	2.10	2.65	2.47	1.67	2.24	2.62
p stat_(*=Sig @ p<=.05)	.323		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
NEZMDEQ NQ20	1.89	2.28	2.33	2.33	1.00	1.33						2.50	1.71	1.89	2.33	1.67			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NEZTHP NQ23	2.08	2.12	1.00	2.22	2.00	2.11	2.09					1.87	2.06	2.04	1.00	2.40	1.88		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NEZTC NQ26	1.87	2.11	1.75	1.42	2.27	2.00						1.86	1.86	1.78	3.00	1.50	2.05		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~			
COMPOSITE	1.95	2.17	1.00	2.10	1.92	1.79	1.81	x	x	x	x	x	x	2.08	1.88	1.90	2.00	2.08	1.86
p stat_(*=Sig @ p<=.05)		.028*	~	~	~	~	~	~	~	~	~	~	~	~	~	~			

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

	JCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNIC- ITY		HEALTH STATUS		CCC SCREENER				
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND ###	AMER IND/ ALSK NATV ###	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC			
PRBSEE4 Q46	69%	75%	100%	67%	83%	58%	71%										67%	69%	68%	100%	72%	67%
CARNES4 Q15	86%	88%	90%	78%	93%	82%	90%										85%	86%	86%	83%	89%	75%
AVERAGE	77.47	81.59	95.00	72.11	88.39	70.02	80.71	x	x	x	x	x	x	75.80	77.73	76.56	83.33	80.52	70.83			

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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	
CARSN4 Q4	95%	92%	87%	100%	100%	91%	100%							88%	98%	95%	95%	94%	
APGET4 Q6	89%	84%	87%	90%	85%	91%	97%							82%	94%	90%	40%	89%	88%
AVERAGE	91.85	88.10	87.30	95.10	92.55	91.40	98.31	x	x	x	x	x	x	85.36	95.97	92.59	40.00	91.99	91.34

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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 OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
DREXPL4 Q32	95%	93%	97%	98%	93%	95%	97%							93%	96%	96%	67%	95%	97%
DRLSTN4 Q33	94%	95%	90%	93%	94%	95%	94%							95%	93%	94%	67%	95%	90%
DRESPU4 Q34	94%	96%	90%	93%	96%	95%	94%							95%	93%	94%	83%	94%	95%
DRTMEN4 Q37	89%	87%	93%	87%	93%	85%	89%							88%	90%	91%	50%	90%	87%
AVERAGE	93.1	92.6	92.5	92.9	94.0	92.7	93.4	x	x	x	x	x	x	92.9	93.0	94.0	66.7	93.4	92.3

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	JCC 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	85%	79%	89%	84%	86%	83%	95%							83%	92%	86% 100%	88%	78%
CSRESP Q51	91%	91%	89%	95%	95%	82%	100%							89%	94%	92% 100%	96%	76%
AVERAGE	88.10	85.33	88.89	89.47	90.80	82.84	97.50	x	x	x	x	x	x	86.02	93.17	88.94 100.0	91.96	77.12

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	JCC 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	90%	93%	91%	89%	92%	89%	100%							80%	100%	93%	67%	84%	100%
NRXWYNT Q12	65%	71%	64%	67%	38%	83%	84%							45%	85%	70%	33%	53%	84%
RXBST Q13	73%	80%	60%	67%	85%	76%	84%							65%	80%	76%	33%	71%	78%
AVERAGE	76.1	81.2	71.5	74.1	71.8	82.9	89.5	x	x	x	x	x	x	63.3	88.4	79.9	44.4	69.5	87.3

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	JCC 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	NO CCC	CCC			
EZMDEQ Q20	56%	74%	100%	67%	0%	33%						100%	43%	56%	67%	50%			
EZTHP Q23	62%	68%	0%	67%	57%	64%						50%	63%	61%	0%	80%	50%		
EZTC Q26	55%	66%	50%	33%	73%	63%						57%	55%	52%	100%	30%	67%		
AVERAGE	57.3	69.4	x	72.2	52.4	46.7	53.2	x	x	x	x	x	x	69.0	53.3	56.1	100	58.9	55.6

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	JCC 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 OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	78%	86%	90%	74%	85%	67%	80%							77%	79%	80%	33%	79%	75%
DRUNCON Q43	85%	89%	50%	83%	92%	85%	79%							100%	80%	83%	100%	88%	83%
DRUNFAM Q44	78%	87%	100%	92%	86%	67%	76%							92%	73%	78%	83%	89%	73%
AVERAGE	80.5	87.3	80.0	83.0	87.6	72.6	78.5	x	x	x	x	x	x	89.7	77.3	80.1	72.2	85.5	77.1

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

	JCC 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		
HELPCONT Q18	83%	89%	100%	71%	86%	100%							78%	100%	93%	67%	89%	78%	
HLPCOORD Q29	51%	57%	50%	67%	27%	64%							33%	59%	53%	50%	50%	52%	
AVERAGE	67.2	73.0	50.0	83.3	49.0	73.3	82.0	x	x	x	x	x	x	55.6	79.7	73.0	58.3	69.4	65.0

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]

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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]

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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
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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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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).

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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*



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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → *Go to Question 35c*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 35e*

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

- Never
- Sometimes
- Usually
- Always

ADDITIONAL QUESTIONS

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

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

- Yes
- No → *Go to Question 35i*

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

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

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

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

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

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

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

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

- Yes
- No → *Go to Question 35l*



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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

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Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

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

- Yes → *Go to Question 3*
- No

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

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

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

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

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

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

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

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

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

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

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always



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

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



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

- Yes
- No

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

- Yes
- No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No → **Go to Question 49**

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

- Never
- Sometimes
- Usually
- Always

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

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

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

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

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → **Go to Question 52**

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 54**

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

- Never
- Sometimes
- Usually
- Always

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

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

PRESCRIPTION MEDICINES

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

- Yes
- No → **Go to Question 57a**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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



ADDITIONAL QUESTIONS

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No



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

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



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

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

78. What is your age?

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

79. Are you male or female?

- Male
- Female

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

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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

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

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

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

THANK YOU

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

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

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







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

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta 

Marca
Incorrecta   

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

- Sí → *Pase a la Pregunta 1*
- No

↓ **COMIENCE AQUI** ↓

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

- Sí → *Pase a la pregunta 3*
- No

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

LA ATENCIÓN MÉDICA QUE USTED RECIBIÓ EN LOS ÚLTIMOS 6 MESES

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

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

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



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

Sí
 No → *Pase a la pregunta 28*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
El peor especialista posible						El mejor especialista posible				

SU PLAN DE SALUD

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

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

Sí
 No → *Pase a la pregunta 30*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 33*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 35*



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

- Sí
- No

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

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

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

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

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

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

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

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

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

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

- Sí, definitivamente
- Sí, algo
- No

ACCESO A CUIDADO DENTAL

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

- Sí
- No

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

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

ACERCA DE USTED

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No
- No sé

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

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

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

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

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

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

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

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

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

- Sí
- No
- No sé

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

- Sí
- No
- No sé

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

- Sí
- No

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

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

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

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

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

- Sí
- No → **Pase a la pregunta 50**

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

- Sí
- No

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

- Sí
- No → **Pase a la pregunta 52**



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

- Sí
- No

52. ¿Qué edad tiene?

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

53. ¿Es usted hombre o mujer?

- Hombre
- Mujer

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

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

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

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

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

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

57. ¿Le ayudó alguien a completar esta encuesta?

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

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

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

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

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

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



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

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta 

Marca
Incorrecta   

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

Sí ➔ *Pase a la Pregunta 1*
 No

↓ **COMIENCE AQUI** ↓

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

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

Sí ➔ *Pase a la pregunta 3*
 No

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

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

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

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

Sí
 No → *Pase a la pregunta 5*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 7*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

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

Sí
 No

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

10. En los últimos 6 meses, ¿hablaron usted y el doctor u otro profesional médico de su niño sobre comenzar o suspender una medicina recetada?

- Sí
 No → Pase a la pregunta 14

11. ¿Hablaron usted y un doctor u otro profesional médico sobre las razones por las que tal vez usted quiera que su niño tome una medicina?

- Sí
 No

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

- Sí
 No

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

- Sí
 No

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

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

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

- Nunca
 A veces
 La mayoría de las veces
 Siempre

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

- Sí
 No → Pase a la pregunta 19

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

- Sí
 No → Pase a la pregunta 19

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

- Sí
 No

SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

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 --> 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 --> 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 --> TCPBLM

EZTHP

23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTHP

24. / HELPTHP

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TCPBLM

25. / TCPBLM

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

1. YES
2. NO -----> PLUSCARE

DK/REFUSAL/NOT ASCERTAINED --> PLUSCARE

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.

CLCSR4

49. / CLCSR4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

53. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

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 --> 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 --> MOREMED

WHYMEDA

61. / WHYMEDA

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

1. YES
2. NO -----> MOREMED

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDB

62. / WHYMEDB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MOREMED

63. / MOREMED

Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREA

64. / WHYMOREA

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

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREB

65. / WHYMOREB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

LIMITED

66. / LIMITED

Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMA

67. / WHYLIMA

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

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB

68. / WHYLIMB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

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

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA

70. / WHYSTA

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

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTB

71. / WHYSTB

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

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

1. YES
2. NO -----> CAGE

DK/REFUSAL/NOT ASCERTAINED --> CAGE

TIMCOUNA

73. / TIMCOUNA

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

(IWER: IF NEEDED CLARIFY, "Please answer based on your child's age as of their last birthday.")

___ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

(IF NEEDED: "Is your child male or female?")

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your child's race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

77.1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT

80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE
SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT
LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS
SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH
SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT

81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.