



PacificSource Gorge
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2016



Methodology

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

Sample Disposition

Response/Non-Response Comparison

Banner Tables

- Adult Tables
- Child Tables

Appendix

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

METHODOLOGY

Introduction

This banner book report summarizes the results of the 2016 CAHPS® Medicaid survey of PacificSource Gorge members. PacificSource Gorge 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	
	PacificSource Gorge	Overall	PacificSource Gorge	Overall
**First mailing - sent	900	17100	900	17100
*First mailing - usable survey returned	177	3058	175	2302
Second mailing - sent	717	13527	731	14026
*Second mailing - usable survey returned	67	1118	58	1027
*Phone - usable surveys	79	1495	143	2309
Total - usable surveys	323	5671	376	5638
†Ineligible: According to population criteria‡	14	431	12	323
†Ineligible: Deceased	1	38	0	2
†Ineligible: Mentally or physically unable to complete survey	4	166	0	0
†Ineligible: Language barrier	2	78	0	81
Incorrect address AND incorrect phone number	32	915	37	878
Refusal/Returned survey blank	37	871	27	905
Nonresponse - Unavailable by mail or phone	487	8930	448	9273
Adjusted Response Rate	36.7%	34.6%	42.3%	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	228 45.4%	126 39.0%	-6.41%
Female	274 54.6%	197 61.0%	6.41%
18-24	112 22.3%	45 13.9%	-8.38%
25-34	143 28.5%	48 14.9%	-13.63%
35-44	86 17.1%	51 15.8%	-1.34%
45-54	88 17.5%	81 25.1%	7.55%
55-64	66 13.1%	82 25.4%	12.24%
65-74	4 0.8%	11 3.4%	2.61%
75 or Older	3 0.6%	5 1.5%	0.95%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	210 46.4%	214 56.9%	10.56%
Female	243 53.6%	162 43.1%	-10.56%
<3	101 22.3%	64 17.0%	-5.27%
4-7	101 22.3%	97 25.8%	3.50%
8-12	140 30.9%	105 27.9%	-2.98%
13 or older	111 24.5%	110 29.3%	4.75%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PCG 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	MALE
Q1 YES	316	5577	41	45	49	68	79	13	159	~	~	~	~	~	96	201	216	79	114	185
	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	100%	100%	100%	100%	100%	100%
NOT ANSWERED	7	94	1		1	1	1	3	1						5	2	3	4	3	4
VALID CASES	316	5577	41	45	49	68	79	13	159						96	201	216	79	114	185
NUMBER OF RESPONDENTS	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
	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?

	PCG 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 PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q3 YES	106 34%	2267 41%*	8 19%~	19 43%~	19 39%~	21 31%	28 36%	5 31%~	54 34%	~	~	~	~	~	~	27 28%	73 36%	65 30%*	37 45%*	27 24%*	74 39%*
NO	205 66%	3221 59%*	34 81%~	25 57%~	30 61%~	46 69%	50 64%	11 69%~	104 66%	~	~	~	~	~	~	71 72%	128 64%	151 70%*	45 55%*	85 76%*	114 61%*
NOT ANSWERED	12	183		1	1	2	2		2							3	2	3	1	5	1
VALID CASES	311	5488	42	44	49	67	78	16	158							98	201	216	82	112	188
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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	
	PCG 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 PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
								WHTE	#	##	#	#	##	##						
Q4 NEVER	2 2%	61 3%	~	~	~	~	8%~	2 4%~	~	~	~	~	~	~	2 3%~	2 6%~	2 8%~	2 8%~	~	
SOMETIMES	10 10%	267 13%	~	17%~	6%~	14%~	12%~	7 14%~	~	~	~	~	~	2 7%~	8 12%~	7 12%~	3 8%~	1 4%~	9 13%~	
USUALLY	26 26%	526 26%	4 57%~	5 28%~	5 29%~	4 19%~	6 23%~	1 20%~	10 20%~	~	~	~	~	8 30%~	17 25%~	12 20%~	12 33%~	9 35%~	16 23%~	
ALWAYS	62 62%	1196 58%	3 43%~	10 56%~	11 65%~	14 67%~	15 58%~	4 80%~	30 61%~	~	~	~	~	17 63%~	40 60%~	41 68%~	19 53%~	14 54%~	44 64%~	
#ALWAYS + USUALLY (NET)	88 88%	1723 84%	7 100%~	15 83%~	16 94%~	18 86%~	21 81%~	5 100%~	40 82%~	~	~	~	~	25 93%~	57 85%~	53 88%~	31 86%~	23 88%~	60 87%~	
TOP BOX SCORE	62 62%	1196 58%	3 43%~	10 56%~	11 65%~	14 67%~	15 58%~	4 80%~	30 61%~	~	~	~	~	17 63%~	40 60%~	41 68%~	19 53%~	14 54%~	44 64%~	
NOT ANSWERED	6	187	1	1	2		2	5						6	5	1	1	5		
VALID CASES	100	2050	7	18	17	21	26	5	49					27	67	60	36	26	69	
NUMBER OF RESPONDENTS	106 100%	2237 100%	8 100%	19 100%	19 100%	21 100%	28 100%	5 100%	54 100%					27 100%	73 100%	65 100%	37 100%	27 100%	74 100%	

[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?

	PCG 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 & POOR	FAIR & POOR	MALE	FE- MALE	
Q5 YES	219 70%	3682 67%	18 44%~	31 69%~	40 82%~	49 72%	55 71%	13 81%~	114 73%	~	~	~	~	~	~	64 65%	144 72%	148 69%	62 76%	66 59%*	144 76%*
NO	92 30%	1794 33%	23 56%~	14 31%~	9 18%~	19 28%	23 29%	3 19%~	43 27%	~	~	~	~	~	~	35 35%	56 28%	68 31%	20 24%	46 41%*	45 24%*
NOT ANSWERED	12	196	1		1	1	2		3							2	3	3	1	5	
VALID CASES	311	5475	41	45	49	68	78	16	157							99	200	216	82	112	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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?

	PCG 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	FE-MALE	MALE
Q6 NEVER	5 2%	120 4%		1 3%		3 7%	1 2%	3 3%							1 2%	4 3%	4 3%	1 2%	2 3%	3 2%
SOMETIMES	46 23%	637 19%	4 27%	7 23%	14 37%	9 20%	9 18%	2 17%	20 19%						18 31%	28 21%	32 24%	13 22%	18 31%	28 21%
USUALLY	59 29%	905 27%	5 33%	12 39%	11 29%	11 24%	13 27%	6 50%	35 33%						15 26%	44 33%	41 30%	18 31%	16 28%	43 32%
ALWAYS	92 46%	1691 50%	6 40%	11 35%	13 34%	22 49%	26 53%	4 33%	48 45%						24 41%	58 43%	58 43%	27 46%	22 38%	62 46%
#ALWAYS + USUALLY (NET)	151 75%	2596 77%	11 73%	23 74%	24 63%	33 73%	39 80%	10 83%	83 78%						39 67%	102 76%	99 73%	45 76%	38 66%	105 77%
TOP BOX SCORE	92 46%	1691 50%	6 40%	11 35%	13 34%	22 49%	26 53%	4 33%	48 45%						24 41%	58 43%	58 43%	27 46%	22 38%	62 46%
NOT ANSWERED	17	330	3		2	4	6	1	8						6	10	13	3	8	8
VALID CASES	202	3353	15	31	38	45	49	12	106						58	134	135	59	58	136
NUMBER OF RESPONDENTS	219 100%	3683 100%	18 100%	31 100%	40 100%	49 100%	55 100%	13 100%	114 100%						64 100%	144 100%	148 100%	62 100%	66 100%	144 100%

[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?

	PCG 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 #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	18	22	50 MALE	39 MALE
Q7 NONE	90 29%	1469 27%	19 45%~	14 31%~	10 21%~	21 32%	20 25%	4 27%~	44 28%	~	~	~	~	~	~	35 35%	53 27%	69 32%	18 22%	50 44%*	39 21%*
1 TIME	59 19%	947 17%	4 10%~	8 18%~	11 23%~	14 21%	18 23%	2 13%~	33 21%	~	~	~	~	~	~	16 16%	42 21%	45 21%	11 13%	24 21%	34 18%
2	56 18%	900 17%	8 19%~	9 20%~	10 21%~	9 14%	15 19%	3 20%~	30 19%	~	~	~	~	~	~	16 16%	38 19%	41 19%	14 17%	14 12%*	39 21%
3	33 11%	659 12%	4 10%~	4 9%~	4 8%~	5 8%	10 13%	3 20%~	14 9%	~	~	~	~	~	~	16 16%	15 8%*	21 10%	10 12%	12 11%	19 10%
4	24 8%	465 9%	5 12%~	2 4%~	5 10%~	5 8%	5 6%	1 7%~	14 9%	~	~	~	~	~	~	5 5%	19 10%	15 7%	9 11%	5 4%	19 10%*
5 TO 9	30 10%	673 12%	1 2%~	5 11%~	6 13%~	10 15%	5 6%	2 13%~	13 8%	~	~	~	~	~	~	8 8%	19 10%	14 7%*	15 18%*	7 6%	22 12%
10 OR MORE TIMES	14 5%	305 6%	1 2%~	3 7%~	2 4%~	2 3%	6 8%	~	9 6%	~	~	~	~	~	~	3 3%	11 6%	9 4%	5 6%	2 2%*	12 7%*
NOT ANSWERED	17	254			2	3	1	1	3							2	6	5	1	3	5
VALID CASES	306	5417	42	45	48	66	79	15	157							99	197	214	82	114	184
NUMBER OF RESPONDENTS	323	5671	42	45	50	69	80	16	160							101	203	219	83	117	189
	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?

	PCG 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	FE- MALE	
Q8 #YES	155 73%	2759 72%	15 65%~	21 68%~	26 68%~	35 78%~	41 75%	9 82%~	84 76%	~	~	~	~	~	~	42 68%	106 75%	103 73%	49 78%	43 68%	106 75%
NO	57 27%	1087 28%	8 35%~	10 32%~	12 32%~	10 22%~	14 25%	2 18%~	27 24%	~	~	~	~	~	~	20 32%	36 25%	39 27%	14 22%	20 32%	36 25%
NOT ANSWERED	4	93						4	2							2	2	3	1	1	3
VALID CASES	212	3846	23	31	38	45	55	11	111							62	142	142	63	63	142
NUMBER OF RESPONDENTS	216 100%	3939 100%	23 100%	31 100%	38 100%	45 100%	55 100%	11 100%	113 100%							64 100%	144 100%	145 100%	64 100%	64 100%	145 100%

[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?

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q9 YES	105 50%	2168 56%	8 35%~	14 47%~	20 53%~	22 49%~	29 53%	7 64%~	61 55%	~	~	~	~	~	~	21 34%*	79 56%*	68 48%	34 54%	32 52%	69 49%
NO	106 50%	1687 44%	15 65%~	16 53%~	18 47%~	23 51%~	26 47%	4 36%~	50 45%	~	~	~	~	~	~	41 66%*	62 44%*	73 52%	29 46%	30 48%	73 51%
NOT ANSWERED	5	84	1				4		2							2	3	4	1	2	3
VALID CASES	211	3855	23	30	38	45	55	11	111							62	141	141	63	62	142
NUMBER OF RESPONDENTS	216	3939	23	31	38	45	59	11	113							64	144	145	64	64	145
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	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?

	PCG 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	
Q10 #YES	90 88%	1919 93%	7 100%	13 93%	18 95%	16 76%	28 97%	3 43%	52 87%	~	~	~	~	~	16 84%	69 88%	60 91%	27 82%	26 87%	60 88%
NO	12 12%	152 7%	~	1 7%	1 5%	5 24%	1 3%	4 57%	8 13%	~	~	~	~	~	3 16%	9 12%	6 9%	6 18%	4 13%	8 12%
NOT ANSWERED	25	379	1	1	3	4	5	1	6						6	10	11	3	7	9
VALID CASES	102	2072	7	14	19	21	29	7	60						19	78	66	33	30	68
NUMBER OF RESPONDENTS	127 100%	2451 100%	8 100%	15 100%	22 100%	25 100%	34 100%	8 100%	66 100%						25 100%	88 100%	77 100%	36 100%	37 100%	77 100%

[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?

	PCG 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 & POOR	FAIR & POOR	MALE	FE- MALE	
Q11 #YES	72 70%	1506 73%	7 100%~	9 64%~	12 63%~	16 73%~	21 72%~	5 71%~	43 72%~	~	~	~	~	~	15 75%~	55 71%~	45 68%~	26 76%~	17 57%~	53 77%~
NO	31 30%	555 27%	~	5 36%~	7 37%~	6 27%~	8 28%~	2 29%~	17 28%~	~	~	~	~	~	5 25%~	23 29%~	21 32%~	8 24%~	13 43%~	16 23%~
NOT ANSWERED	2	53	1		1				1						1	1	2		2	
VALID CASES	103	2061	7	14	19	22	29	7	60						20	78	66	34	30	69
NUMBER OF RESPONDENTS	105	2114	8	14	20	22	29	7	61						21	79	68	34	32	69
	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?

	PCG 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 #	AMER IND/ ALSK #	MUL- TI ##	OTHR #	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	FE- MALE
Q12 #YES	78 76%	1561 76%	7 100%~	11 79%~	16 84%~	16 76%~	22 76%~	3 43%~	46 78%~	~	~	~	~	~	16 80%~	58 75%~	53 82%~	23 68%~	20 69%~	55 80%~
NO	24 24%	492 24%	~	3 21%~	3 16%~	5 24%~	7 24%~	4 57%~	13 22%~	~	~	~	~	~	4 20%~	19 25%~	12 18%~	11 32%~	9 31%~	14 20%~
NOT ANSWERED	3	61	1		1	1			2						1	2	3		3	
VALID CASES	102	2053	7	14	19	21	29	7	59						20	77	65	34	29	69
NUMBER OF RESPONDENTS	105	2114	8	14	20	22	29	7	61						21	79	68	34	32	69
	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?

	PCG 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 #	AMER IND/ ALSK #	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE			
Q13 WORST HEALTH CARE POSSIBLE	3 1%	27 0.7%	~	~	~	2%~	4%	~	2%	~	~	~	~	~	~	3 2%	~	3 5%	1 2%	2 1%
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		49 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	1 0.5%	78 2%*	~	3%~	~	~	~	~	~	~	~	~	~	1 2%~	~	1 2%~	~	1 2%~	~	1 ~0.7%~
04	3 1%	87 2%	~	~	5%~	2%~	~	~	1 0.9%	~	~	~	~	~	2 3%	1 0.7%	2 1%	1 2%	1 2%	2 1%
05	13 6%	281 7%	~	3%~	8%~	5%~	11%~	~	7 6%	~	~	~	~	~	3 5%	9 6%	5 4%	7 11%	3 5%	10 7%
06	10 5%	233 6%	4%~	3%~	8%~	5%~	2%~	20%~	3 3%	~	~	~	~	~	2 3%	8 6%	5 4%	5 8%	4 7%	6 4%
07	30 14%	502 13%	13%~	17%~	11%~	16%~	16%~	10%~	18 16%	~	~	~	~	~	9 15%	20 14%	22 16%	8 13%	9 15%	21 15%
08	48 23%	866 23%	22%~	40%~	37%~	14%~	16%~	10%~	26 24%	~	~	~	~	~	14 23%	33 24%	36 26%	11 17%	15 25%	31 22%
09	36 17%	651 17%	26%~	20%~	5%~	16%~	14%~	20%~	19 17%	~	~	~	~	~	9 15%	23 16%	21 15%	12 19%	8 13%	24 17%
BEST HEALTH CARE POSSIBLE	65 31%	1054 27%	35%~	13%~	26%~	40%~	39%~	40%~	34 31%	~	~	~	~	~	22 35%	43 31%	49 35%	16 25%	20 33%	45 32%
#8-10 (NET)	149 71%	2571 67%	83%~	73%~	68%~	70%~	68%~	70%~	79 72%	~	~	~	~	~	45 73%	99 71%	106 76%	39 61%*	43 70%	100 70%

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			
	PCG 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	TI	HIS- IC	HIS- IC	NOT VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
9-10 (NET)	101 48%	1705 44%	14 61%~	10 33%~	12 32%~	24 56%~	30 53%	6 60%~	53 48%	~	~	~	~	~	~	31 50%	66 47%	70 50%	28 44%	28 46%	69 49%
NOT ANSWERED	7	105		1		2	2	1	3							2	4	5		3	3
VALID CASES	209	3834	23	30	38	43	57	10	110							62	140	140	64	61	142
NUMBER OF RESPONDENTS	216 100%	3939 100%	23 100%	31 100%	38 100%	45 100%	59 100%	11 100%	113 100%							64 100%	144 100%	145 100%	64 100%	64 100%	145 100%
MEAN	8.17	7.91	8.74	7.97	7.87	8.28	8.12	8.50	8.20							8.29	8.13	8.46	7.56	8.16	8.15
p stat_(*=Sig @ p<=.05)		.067	~	~	~	~.839	~	.826	~	~	~	~	~	~.547	.638	.010*	.010*	.968	.849		

[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?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PCG 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 PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE	
								WHTE	#	##	#	#	##	##						
Q14 NEVER	9 4%	112 3%	2 9%~	2 6%~	1 ~	4 2%~	4 7%	4 ~	~	~	~	~	~	4 ~	5 4%	4 3%	3 5%	5 8%	3 2%	
SOMETIMES	27 13%	652 17%	3 13%~	5 16%~	9 24%~	3 7%~	6 11%	11 ~	~	~	~	~	~	12 ~	15 11%	16 11%	11 17%	6 10%	21 15%	
USUALLY	77 36%	1292 34%	7 30%~	15 48%~	15 41%~	18 41%~	15 26%*	6 55%~	43 38%	~	~	~	~	21 ~	55 39%	50 35%	27 42%	22 35%	55 39%	
ALWAYS	98 46%	1764 46%	11 48%~	9 29%~	13 35%~	22 50%~	32 56%	5 45%~	54 48%	~	~	~	~	25 ~	67 47%	71 50%	23 36%*	30 48%	63 44%	
#ALWAYS + USUALLY (NET)	175 83%	3056 80%	18 78%~	24 77%~	28 76%~	40 91%~	47 82%	11 100%~	97 87%	~	~	~	~	46 ~	122 86%	121 86%	50 78%	52 83%	118 83%	
TOP BOX SCORE	98 46%	1764 46%	11 48%~	9 29%~	13 35%~	22 50%~	32 56%	5 45%~	54 48%	~	~	~	~	25 ~	67 47%	71 50%	23 36%*	30 48%	63 44%	
NOT ANSWERED	5	119			1	1	2		1					2	2	4		1	3	
VALID CASES	211	3820	23	31	37	44	57	11	112					62	142	141	64	63	142	
NUMBER OF RESPONDENTS	216 100%	3939 100%	23 100%	31 100%	38 100%	45 100%	59 100%	11 100%	113 100%					64 100%	144 100%	145 100%	64 100%	64 100%	145 100%	

[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?

	PCG 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	FE- MALE	FE- MALE		
Q15 YES	259 85%	4350 80%*	34 85%~	34 76%~	41 84%~	58 88%	70 89%	13 81%~	137 87%	~	~	~	~	~	~	78 79%	173 87%	179 84%	73 89%	89 78%*	165 89%*
NO	47 15%	1094 20%*	6 15%~	11 24%~	8 16%~	8 12%	9 11%	3 19%~	20 13%	~	~	~	~	~	~	21 21%	25 13%	34 16%	9 11%	25 22%*	20 11%*
NOT ANSWERED	17	228	2		1	3	1		3							2	5	6	1	3	4
VALID CASES	306	5443	40	45	49	66	79	16	157							99	198	213	82	114	185
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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	
Q16 NONE	61 25%	890 22%	16 47%~	6 18%~	6 16%~	15 26%	14 22%	3 23%~	35 27%	~	~	~	~	~	~	19 25%	41 25%	44 26%	14 21%	32 39%*	29 18%*
1 TIME	66 27%	1017 25%	6 18%~	8 24%~	11 30%~	17 30%	17 27%	4 31%~	39 30%	~	~	~	~	~	~	17 23%	47 29%	53 31%*	11 16%*	22 27%	42 27%
2	42 17%	826 20%	5 15%~	9 27%~	7 19%~	5 9%*	12 19%	2 15%~	21 16%	~	~	~	~	~	~	14 19%	26 16%	28 16%	13 19%	13 16%	27 17%
3	30 12%	578 14%	4 12%~	3 9%~	7 19%~	5 9%	9 14%	1 8%~	15 12%	~	~	~	~	~	~	13 17%	17 10%	21 12%	8 12%	7 8%	23 15%
4	21 9%	309 7%	2 6%~	2 6%~	2 5%~	6 11%	7 11%	1 8%~	13 10%	~	~	~	~	~	~	5 7%	15 9%	13 8%	8 12%	2 2%*	19 12%*
5 TO 9	22 9%	401 10%	1 3%~	5 15%~	3 8%~	9 16%	2 3%*	2 15%~	5 4%*	~	~	~	~	~	~	7 9%	14 9%	10 6%*	12 18%*	6 7%	16 10%
10 OR MORE TIMES	3 1%	98 2%	~	~	1 3%~	~	2 3%	~	1 0.8%	~	~	~	~	~	~	~	3 2%~	1 0.6%	2 3%	1 1%	2 1%
NOT ANSWERED	14	232		1	4	1	7		8							3	10	9	5	6	7
VALID CASES	245	4118	34	33	37	57	63	13	129							75	163	170	68	83	158
NUMBER OF RESPONDENTS	259	4350	34	34	41	58	70	13	137							78	173	179	73	89	165
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES]

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PCG 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
Q17 NEVER	4 2%	58 2%	1 6%~	1 4%~	1 ~	1 2%~	1 2%~	2 ~	~	~	~	~	~	~	1 2%	3 2%	2 2%	2 4%	~	4 3%~
SOMETIMES	3 2%	230 7%*	1 6%~	1 4%~	~	~	1 2%~	~	~	~	~	~	~	~	2 4%	1 0.8%	1 0.8%	2 4%	1 2%	2 2%
USUALLY	31 17%	675 21%	5 28%~	4 15%~	7 23%~	8 19%~	5 10%~	1 10%~	15 16%	~	~	~	~	~	11 20%	19 16%	17 14%	13 24%	11 22%	19 15%
ALWAYS	144 79%	2229 70%*	11 61%~	21 78%~	24 77%~	33 79%~	41 85%~	9 90%~	76 82%	~	~	~	~	~	41 75%	98 81%	105 84%*	37 69%*	38 76%	103 80%
#ALWAYS + USUALLY (NET)	175 96%	2905 91%*	16 89%~	25 93%~	31 100%~	41 98%~	46 96%~	10 100%~	91 98%	~	~	~	~	~	52 95%	117 97%	122 98%	50 93%	49 98%	122 95%
TOP BOX SCORE	144 79%	2229 70%*	11 61%~	21 78%~	24 77%~	33 79%~	41 85%~	9 90%~	76 82%	~	~	~	~	~	41 75%	98 81%	105 84%*	37 69%*	38 76%	103 80%
NOT ANSWERED	2	27					1	1							1	1	1		1	1
VALID CASES	182	3193	18	27	31	42	48	10	93						55	121	125	54	50	128
NUMBER OF RESPONDENTS	184	3220	18	27	31	42	49	10	94						56	122	126	54	51	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PCG 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	HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
								WHTE	#	##	#	#	##	##	IC	IC					
Q18 NEVER	2 1%	63 2%		1 ~ 4%	1 ~ 2%			1 1%								2 2%	2 2%			2 2%	
SOMETIMES	6 3%	266 8%*		1 ~ 4%	1 3%	2 5%	2 4%	2 2%								2 4%	4 3%	4 3%	2 4%	3 6%	3 2%
USUALLY	30 16%	675 21%	4 22%	4 15%	8 26%	6 14%	5 11%	2 20%	13 14%							11 20%	19 16%	18 14%	11 21%	11 22%	19 15%
ALWAYS	144 79%	2196 69%*	14 78%	21 78%	22 71%	33 79%	40 85%	8 80%	76 83%							43 77%	95 79%	101 81%	40 75%	37 73%	103 81%
#ALWAYS + USUALLY (NET)	174 96%	2872 90%*	18 100%	25 93%	30 97%	39 93%	45 96%	10 100%	89 97%							54 96%	114 95%	119 95%	51 96%	48 94%	122 96%
TOP BOX SCORE	144 79%	2196 69%*	14 78%	21 78%	22 71%	33 79%	40 85%	8 80%	76 83%							43 77%	95 79%	101 81%	40 75%	37 73%	103 81%
NOT ANSWERED	2	19					2	2								2	1	1		2	
VALID CASES	182	3201	18	27	31	42	47	10	92							56	120	125	53	51	127
NUMBER OF RESPONDENTS	184	3220	18	27	31	42	49	10	94							56	122	126	54	51	129
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PCG 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- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q19 NEVER	2 1%	78 2%	~	1 4%	~	1 2%	~	1 1%	~	~	~	~	~	~	2 2%	2 2%	~	~	2 2%	
SOMETIMES	6 3%	205 6%*	~	1 4%	~	1 2%	3 6%	1 10%	2 2%	~	~	~	~	~	2 4%	4 3%	2 2%	4 7%	3 6%	3 2%
USUALLY	29 16%	539 17%	6 33%	3 11%	6 19%	6 14%	6 12%	1 10%	12 13%	~	~	~	~	~	11 20%	17 14%	18 14%	11 20%	9 18%	20 16%
ALWAYS	147 80%	2374 74%	12 67%	22 81%	25 81%	34 81%	40 82%	8 80%	79 84%	~	~	~	~	~	43 77%	99 81%	104 83%	39 72%	39 76%	104 81%
#ALWAYS + USUALLY (NET)	176 96%	2913 91%*	18 100%	25 93%	31 100%	40 95%	46 94%	9 90%	91 97%	~	~	~	~	~	54 96%	116 95%	122 97%	50 93%	48 94%	124 96%
TOP BOX SCORE	147 80%	2374 74%	12 67%	22 81%	25 81%	34 81%	40 82%	8 80%	79 84%	~	~	~	~	~	43 77%	99 81%	104 83%	39 72%	39 76%	104 81%
NOT ANSWERED		24																		
VALID CASES	184	3196	18	27	31	42	49	10	94						56	122	126	54	51	129
NUMBER OF RESPONDENTS	184	3220	18	27	31	42	49	10	94						56	122	126	54	51	129
	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	
	PCG 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
								WHITE	#	##	#	#	##	##						
Q20 NEVER	4 2%	89 3%	~	1 4%	~	3 7%	~	2 2%	~	~	~	~	~	~	1 2%	3 2%	3 2%	1 2%	1 2%	3 2%
SOMETIMES	14 8%	317 10%	~	2 8%	4 13%	2 5%	4 8%	4 4%	~	~	~	~	~	~	5 9%	7 6%	7 6%	6 11%	3 6%	9 7%
USUALLY	42 23%	782 24%	39%	7 31%	8 26%	8 24%	10 12%	6 10%	1 17%*	~	~	~	~	~	20 36%*	22 18%*	28 22%	13 25%	13 25%	29 23%
ALWAYS	123 67%	2009 63%	61%	11 58%	15 61%	19 64%	27 80%	39 90%	9 77%*	~	~	~	~	~	29 53%*	90 74%*	88 70%	33 62%	34 67%	87 68%
#ALWAYS + USUALLY (NET)	165 90%	2790 87%	100%	18 88%	23 87%	27 88%	37 92%	45 100%	10 94%	~	~	~	~	~	49 89%	112 92%	116 92%	46 87%	47 92%	116 91%
TOP BOX SCORE	123 67%	2009 63%	61%	11 58%	15 61%	19 64%	27 80%	39 90%	9 77%*	~	~	~	~	~	29 53%*	90 74%*	88 70%	33 62%	34 67%	87 68%
NOT ANSWERED	1	24		1											1			1		1
VALID CASES	183	3196	18	26	31	42	49	10	94						55	122	126	53	51	128
NUMBER OF RESPONDENTS	184	3220	18	27	31	42	49	10	94						56	122	126	54	51	129
	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?

	PCG 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	FE- MALE	MALE		
Q21 YES	97 54%	2002 63%*	6 33%~	10 37%~	17 57%~	23 56%~	31 63%~	7 78%~	52 57%	~	~	~	~	~	25 45%	69 58%	63 50%	32 62%	19 37%*	76 60%*
NO	84 46%	1173 37%*	12 67%~	17 63%~	13 43%~	18 44%~	18 37%~	2 22%~	39 43%	~	~	~	~	~	31 55%	50 42%	62 50%	20 38%	32 63%*	50 40%*
NOT ANSWERED	3	45			1	1		1	3							3	1	2		3
VALID CASES	181	3175	18	27	30	41	49	9	91						56	119	125	52	51	126
NUMBER OF RESPONDENTS	184	3220	18	27	31	42	49	10	94						56	122	126	54	51	129
	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?

	PCG 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	FE- MALE		
Q22 NEVER	4 4%	115 6%	~	~	7%~	5%~	7%~	~	~	~	~	~	~	~	~	2 8%~	2 3%~	2 3%~	2 6%~	4 ~	4 5%~
SOMETIMES	9 10%	272 14%	17%~	10%~	5 33%~	~	1 3%~	1 14%~	4 8%~	~	~	~	~	~	~	2 8%~	7 11%~	7 12%~	2 6%~	1 6%~	8 11%~
USUALLY	24 26%	568 30%	50%~	20%~	4 27%~	5 23%~	7 23%~	2 29%~	12 24%~	~	~	~	~	~	~	6 25%~	17 26%~	12 20%~	11 34%~	6 33%~	17 23%~
ALWAYS	56 60%	925 49%*	33%~	70%~	5 33%~	16 73%~	20 67%~	4 57%~	33 67%~	~	~	~	~	~	~	14 58%~	40 61%~	38 64%~	17 53%~	11 61%~	44 60%~
#ALWAYS + USUALLY (NET)	80 86%	1493 79%	83%~	90%~	9 60%~	21 95%~	27 90%~	6 86%~	45 92%~	~	~	~	~	~	~	20 83%~	57 86%~	50 85%~	28 88%~	17 94%~	61 84%~
TOP BOX SCORE	56 60%	925 49%*	33%~	70%~	5 33%~	16 73%~	20 67%~	4 57%~	33 67%~	~	~	~	~	~	~	14 58%~	40 61%~	38 64%~	17 53%~	11 61%~	44 60%~
NOT ANSWERED	4	69			2	1	1		3							1	3	4		1	3
VALID CASES	93	1881	6	10	15	22	30	7	49							24	66	59	32	18	73
NUMBER OF RESPONDENTS	97	1950	6	10	17	23	31	7	52							25	69	63	32	19	76
	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?

	PCG 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 #	AMER IND/ ALSK #	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE			
Q23 WORST PERSONAL DOCTOR POSSIBLE		21 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
01		38 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
02	2 0.8%	42 1%	~	~	~	2% 4%	~	~	1 0.8%	~	~	~	~	~	1 0.6%	1 0.6%	1 1%	2 ~		
03	3 1%	61 2%	1 3%	1 3%	~	1 2%	~	~	2 2%	~	~	~	~	~	1 1%	2 1%	1 0.6%	2 3%	2 2%	1 0.6%
04	3 1%	88 2%	~	~	2 5%	~	~	~	1 2%	3 2%	~	~	~	~	~	3 2%	3 2%	~	1 1%	2 1%
05	8 3%	212 5%	1 3%	1 3%	1 3%	1 2%	2 3%	1 8%	6 5%	~	~	~	~	~	1 1%	6 4%	3 2%	5 7%	3 4%	4 3%
06	8 3%	181 4%	2 6%	1 3%	1 3%	1 2%	2 3%	1 8%	4 3%	~	~	~	~	~	4 5%	4 3%	7 4%	1 1%	3 4%	5 3%
07	20 8%	352 9%	~	6 18%	5 14%	3 5%	5 8%	1 8%	11 9%	~	~	~	~	~	2 3%	18 11%	15 9%	5 7%	5 6%	15 10%
08	28 12%	703 17%	7 21%	2 6%	5 14%	7 13%	6 10%	1 8%	12 10%	~	~	~	~	~	11 15%	17 11%	16 10%	11 16%	14 17%	14 9%
09	52 22%	736 18%	7 21%	10 30%	7 19%	9 16%	14 24%	1 8%	24 19%	~	~	~	~	~	18 24%	31 19%	35 21%	14 20%	16 20%	34 22%
BEST PERSONAL DOCTOR POSSIBLE	117 49%	1648 40%	16 47%	12 36%	16 43%	32 57%	30 51%	7 54%	62 50%	~	~	~	~	~	37 49%	77 48%	84 51%	30 43%	36 44%	79 51%
#8-10 (NET)	197 82%	3087 76%	30 88%	24 73%	28 76%	48 86%	50 85%	9 69%	98 78%	~	~	~	~	~	66 88%	125 79%	135 82%	55 80%	66 80%	127 82%

Continued

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

	AGE								RACE						ETHNICITY		HEALTH STATUS		GENDER		
	PCG 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	TI	HIS- IC	HIS- IC	NOT VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
9-10 (NET)	169 70%	2384 58%*	23 68%~	22 67%~	23 62%~	41 73%	44 75%	8 62%~	86 69%	~	~	~	~	~	~	55 73%	108 68%	119 72%	44 64%	52 63%	113 73%
NOT ANSWERED	18	266		1	4	2	11		12							3	14	14	4	7	11
VALID CASES	241	4084	34	33	37	56	59	13	125							75	159	165	69	82	154
NUMBER OF RESPONDENTS	259 100%	4350 100%	34 100%	34 100%	41 100%	58 100%	70 100%	13 100%	137 100%							78 100%	173 100%	179 100%	73 100%	89 100%	165 100%
MEAN	8.78	8.33	8.79	8.55	8.57	8.86	9.00	8.38	8.66							8.91	8.71	8.86	8.52	8.51	8.92
p stat_(*=Sig @ p<=.05)		.000*	~	~	~.687	.183		~.289	~	~	~	~	~	~.428	.404	.261	.179	.086	.107		

[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?

	PCG TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO	25 TO	35 TO	45 TO	55 TO	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	FE- MALE	FE- MALE		
Q24 YES	97 31%	2150 40%*	7 17%~	10 22%~	16 33%~	23 34%	29 37%	8 50%~	59 38%*	~	~	~	~	~	19 19%*	74 37%*	59 28%*	35 42%*	27 23%*	67 36%*
NO	211 69%	3272 60%*	34 83%~	35 78%~	33 67%~	45 66%	50 63%	8 50%~	97 62%*	~	~	~	~	~	81 81%*	125 63%*	155 72%*	48 58%*	88 77%*	119 64%*
NOT ANSWERED	15	249	1		1	1	1		4						1	4	5		2	3
VALID CASES	308	5422	41	45	49	68	79	16	156						100	199	214	83	115	186
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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	GOOD & POOR	MALE	FE- MALE		
			#	##	#	#	##	##	#	##	#	#	##	##	#	#	#	#	#	#	
Q25 NEVER	3 3%	123 6%	~	~	1 6%	1 5%	1 4%	~	1 2%	~	~	~	~	~	~	3 4%	3 9%	1 4%	2 3%		
SOMETIMES	17 18%	379 19%	2 29%	2 20%	4 25%	3 15%	5 19%	1 13%	10 18%	~	~	~	~	~	~	3 18%	14 20%	11 19%	6 19%	4 17%	13 20%
USUALLY	27 29%	576 29%	4 57%	4 40%	2 13%	8 40%	6 22%	1 13%	16 29%	~	~	~	~	~	~	6 35%	19 27%	12 21%	15 47%	5 21%	21 32%
ALWAYS	45 49%	938 46%	1 14%	4 40%	9 56%	8 40%	15 56%	6 75%	29 52%	~	~	~	~	~	~	8 47%	35 49%	34 60%	8 25%	14 58%	29 45%
#ALWAYS + USUALLY (NET)	72 78%	1514 75%	5 71%	8 80%	11 69%	16 80%	21 78%	7 88%	45 80%	~	~	~	~	~	~	14 82%	54 76%	46 81%	23 72%	19 79%	50 77%
TOP BOX SCORE	45 49%	938 46%	1 14%	4 40%	9 56%	8 40%	15 56%	6 75%	29 52%	~	~	~	~	~	~	8 47%	35 49%	34 60%	8 25%	14 58%	29 45%
NOT ANSWERED	5	70				3	2		3							2	3	2	3	3	2
VALID CASES	92	2016	7	10	16	20	27	8	56							17	71	57	32	24	65
NUMBER OF RESPONDENTS	97	2086	7	10	16	23	29	8	59							19	74	59	35	27	67
	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?

	PCG 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	GOOD & POOR	MALE	FE- MALE	
			~	~	6%~	14%~	4%~	~	4%~	~	~	~	~	~	17%~	3%~	4%~	6%~	~	8%~
Q26 NONE	5 5%	110 5%	~	~	1 6%~	3 14%~	1 4%~	2 4%~	~	~	~	~	~	3 17%~	2 3%~	2 4%~	2 6%~	~	5 8%~	
1 SPECIALIST	65 70%	1016 50%*	5 71%~	7 70%~	10 63%~	14 64%~	20 74%~	5 71%~	38 68%~	~	~	~	~	12 67%~	50 70%~	43 75%~	20 61%~	19 79%~	43 65%~	
2	13 14%	508 25%*	2 29%~	3 30%~	3 19%~	1 5%~	3 11%~	1 14%~	9 16%~	~	~	~	~	1 6%~	11 15%~	9 16%~	4 12%~	3 12%~	10 15%~	
3	8 9%	258 13%	~	~	2 13%~	3 14%~	2 7%~	1 14%~	6 11%~	~	~	~	~	1 6%~	7 10%~	3 5%~	5 15%~	2 8%~	6 9%~	
4	69 3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
5 OR MORE SPECIALISTS	2 2%	55 3%	~	~	~	1 5%~	1 4%~	~	1 2%~	~	~	~	~	1 6%~	1 1%~	~	2 6%~	~	2 3%~	
NOT ANSWERED	4	71				1	2	1	3					1	3	2	2	3	1	
VALID CASES	93	2015	7	10	16	22	27	7	56					18	71	57	33	24	66	
NUMBER OF RESPONDENTS	97	2086	7	10	16	23	29	8	59					19	74	59	35	27	67	
	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?

	PCG 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 #	AMER IND/ ALSK #	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	MALE	FE- MALE	
Q27 WORST SPECIALIST POSSIBLE		19 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	1 1%	7 0.4%	~	~	1 7%~	~	~	~	~	~	~	~	~	1 1%~	1 2%~	~	~	1 2%~	
02		19 1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03		32 2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
04	3 3%	32 2%	~	~	~	1 5%~	2 8%~	~	~	~	~	~	~	3 4%~	3 10%~	1 4%~	2 3%~	~	
05	1 1%	67 4%*	~	~	1 7%~	~	~	~	~	~	~	~	~	1 1%~	1 3%~	1 4%~	~	~	
06	2 2%	73 4%	~	1 10%~	~	~	1 4%~	~	~	~	~	~	~	1 7%~	1 1%~	1 2%~	1 3%~	1 4%~	
07	7 8%	158 8%	~	2 20%~	1 7%~	3 16%~	1 4%~	~	~	~	~	~	~	1 7%~	5 7%~	4 7%~	3 10%~	1 4%~	6 10%~
08	18 21%	318 17%	2 29%~	2 20%~	2 14%~	3 16%~	8 31%~	1 14%~	~	~	~	~	~	4 27%~	14 21%~	14 25%~	4 13%~	5 21%~	13 22%~
09	16 18%	355 19%	~	2 20%~	4 29%~	1 5%~	4 15%~	3 43%~	~	~	~	~	~	1 7%~	13 19%~	9 16%~	6 20%~	6 25%~	8 13%~
BEST SPECIALIST POSSIBLE	39 45%	797 42%	5 71%~	3 30%~	5 36%~	11 58%~	10 38%~	3 43%~	~	~	~	~	~	8 53%~	30 44%~	26 47%~	12 40%~	9 38%~	29 48%~
#8-10 (NET)	73 84%	1470 78%	7 100%~	7 70%~	11 79%~	15 79%~	22 85%~	7 100%~	~	~	~	~	~	13 87%~	57 84%~	49 89%~	22 73%~	20 83%~	50 83%~

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		
	PCG 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 ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE	
9-10 (NET)	55 63%	1152 61%	5 71%~	5 50%~	9 64%~	12 63%~	14 54%~	6 86%~	33 61%~	~	~	~	~	~	9 60%~	43 63%~	35 64%~	18 60%~	15 63%~	37 62%~
NOT ANSWERED	1	16			1										1		1		1	
VALID CASES	87	1878	7	10	14	19	26	7	54						15	68	55	30	24	60
NUMBER OF RESPONDENTS	88 100%	1894 100%	7 100%	10 100%	15 100%	19 100%	26 100%	7 100%	54 100%						15 100%	69 100%	55 100%	31 100%	24 100%	61 100%
MEAN	8.70	8.45	9.43	8.40	8.21	8.84	8.50	9.29	8.67						8.93	8.65	8.87	8.33	8.58	8.72
p stat_(*=Sig @ p<=.05)		.247	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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?

	PCG 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- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q28 YES	56 18%	1069 20%	4 10%	9 20%	11 22%	9 13%	18 23%	3 20%	31 20%	~	~	~	~	~	~	13 13%	42 21%	41 19%	13 16%	22 19%	33 18%
NO	252 82%	4323 80%	37 90%	36 80%	39 78%	59 87%	61 77%	12 80%	127 80%	~	~	~	~	~	~	86 87%	158 79%	174 81%	69 84%	94 81%	153 82%
NOT ANSWERED	15	279	1			1	1	1	2							2	3	4	1	1	3
VALID CASES	308	5392	41	45	50	68	79	15	158							99	200	215	82	116	186
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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?

	PCG 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	HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q29 NEVER	4 8%	102 11%			2 18%	1 11%	1 6%	3 10%							1 8%	3 8%	1 3%	2 18%	2 9%	2 7%
SOMETIMES	19 36%	354 37%	3 75%	4 44%	4 36%	2 22%	3 19%	2 100%	13 45%						5 38%	14 36%	15 38%	4 36%	7 32%	12 40%
USUALLY	17 32%	333 35%		3 33%	3 27%	4 44%	6 38%	8 28%							3 23%	13 33%	13 33%	3 27%	9 41%	7 23%
ALWAYS	13 25%	171 18%	1 25%	2 22%	2 18%	2 22%	6 38%	5 17%							4 31%	9 23%	11 28%	2 18%	4 18%	9 30%
#ALWAYS + USUALLY (NET)	30 57%	504 52%	1 25%	5 56%	5 45%	6 67%	12 75%	13 45%							7 54%	22 56%	24 60%	5 45%	13 59%	16 53%
TOP BOX SCORE	13 25%	171 18%	1 25%	2 22%	2 18%	2 22%	6 38%	5 17%							4 31%	9 23%	11 28%	2 18%	4 18%	9 30%
NOT ANSWERED	3	35				2	1	2								3	1	2		3
VALID CASES	53	961	4	9	11	9	16	2	29						13	39	40	11	22	30
NUMBER OF RESPONDENTS	56	996	4	9	11	9	18	3	31						13	42	41	13	22	33
	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?

	PCG 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 & GOOD	FAIR & POOR	MALE	FE- MALE
Q30 YES	76 25%	1502 28%	11 26%~	12 27%~	10 20%	19 31%	2 24%	2 13%~	29 18%*	~	~	~	~	~	28 29%	46 23%	54 25%	20 25%	26 23%	49 27%
NO	229 75%	3866 72%	31 74%~	33 73%~	40 80%	45 69%	59 76%	13 87%~	128 82%*	~	~	~	~	~	69 71%	153 77%	159 75%	61 75%	88 77%	135 73%
NOT ANSWERED	18	303				4	2	1	3						4	4	6	2	3	5
VALID CASES	305	5368	42	45	50	65	78	15	157						97	199	213	81	114	184
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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	
			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
Q31 NEVER		56 4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	12 17%	267 20%	1 9%	3 27%	3 33%	2 10%	2 12%	6 22%	~	~	~	~	~	2 7%	10 23%	10 20%	2 11%	5 20%	7 15%	
USUALLY	19 26%	405 30%	4 36%	3 27%	1 11%	9 45%	2 12%	5 19%	~	~	~	~	~	11 41%	8 19%	13 25%	5 26%	7 28%	12 26%	
ALWAYS	41 57%	624 46%	6 55%	5 45%	5 56%	9 45%	13 76%	2 100%	16 59%	~	~	~	~	~	14 52%	25 58%	28 55%	12 63%	13 52%	27 59%
#ALWAYS + USUALLY (NET)	60 83%	1029 76%	10 91%	8 73%	6 67%	18 90%	15 88%	2 100%	21 78%	~	~	~	~	~	25 93%	33 77%	41 80%	17 89%	20 80%	39 85%
TOP BOX SCORE	41 57%	624 46%	6 55%	5 45%	5 56%	9 45%	13 76%	2 100%	16 59%	~	~	~	~	~	14 52%	25 58%	28 55%	12 63%	13 52%	27 59%
NOT ANSWERED	4	48		1	1		2		2					1	3	3	1	1	3	
VALID CASES	72	1351	11	11	9	20	17	2	27					27	43	51	19	25	46	
NUMBER OF RESPONDENTS	76	1399	11	12	10	20	19	2	29					28	46	54	20	26	49	
	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	
	PCG TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	MALE	FE- MALE
									#	##	#	#	##	##						
Q32 NEVER	1 1%	18 1%	~	~	~	~	6%~	~	4%~	~	~	~	~	~	~	2%~	~	5%~	4%~	~
SOMETIMES	2 3%	102 8%*	1 9%~	~	~	~	6%~	~	4%~	~	~	~	~	~	4%~	2%~	2%~	5%~	4%~	2%~
USUALLY	12 17%	291 21%	2 18%~	2 18%~	4 44%~	4 20%~	~	~	19%~	~	~	~	~	~	11%~	21%~	18%~	11%~	16%~	17%~
ALWAYS	57 79%	946 70%	8 73%~	9 82%~	5 56%~	16 80%~	15 88%~	2 100%~	20 74%~	~	~	~	~	~	85%~	74%~	80%~	79%~	76%~	80%~
#ALWAYS + USUALLY (NET)	69 96%	1237 91%	10 91%~	11 100%~	9 100%~	20 100%~	15 88%~	2 100%~	25 93%~	~	~	~	~	~	96%~	95%~	98%~	89%~	92%~	98%~
TOP BOX SCORE	57 79%	946 70%	8 73%~	9 82%~	5 56%~	16 80%~	15 88%~	2 100%~	20 74%~	~	~	~	~	~	85%~	74%~	80%~	79%~	76%~	80%~
NOT ANSWERED	4	41		1	1		2		2						1	3	3	1	1	3
VALID CASES	72	1358	11	11	9	20	17	2	27						27	43	51	19	25	46
NUMBER OF RESPONDENTS	76	1399	11	12	10	20	19	2	29						28	46	54	20	26	49
	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?

	PCG 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 & POOR	FAIR & POOR	FE- MALE	MALE	
Q33 YES	86 28%	1713 32%	17 41%~	14 32%~	11 22%~	24 36%	14 18%*	1 7%~	24 15%*	~	~	~	~	~	39 41%*	43 22%*	55 26%	26 33%	26 23%	56 31%
NO	216 72%	3590 68%	24 59%~	30 68%~	38 78%~	42 64%	64 82%*	14 93%~	134 85%*	~	~	~	~	~	55 59%*	156 78%*	158 74%	53 67%	87 77%	127 69%
NOT ANSWERED	21	368	1	1	1	3	2	1	2						7	4	6	4	4	6
VALID CASES	302	5303	41	44	49	66	78	15	158						94	199	213	79	113	183
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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	
PQ34 NEVER	2 0.7%	82 2%	~	~	2%~	~	1%	~	~	~	~	~	~	~	1 1%	1 0.5%	~	3%	~	1%
SOMETIMES	20 7%	286 5%	4 10%~	4 9%~	4 8%~	5 8%	2 3%*	~	4%*	~	~	~	~	~	9 10%	11 6%	13 6%	7 9%	3 3%*	17 9%*
USUALLY	25 8%	671 13%*	4 10%~	5 11%~	3 6%~	8 13%	4 5%	~	7%	~	~	~	~	~	7 8%	17 9%	16 8%	7 9%	10 9%	14 8%
ALWAYS	250 84%	4198 80%	33 80%~	35 80%~	41 84%~	50 79%	69 91%*100%~	15 89%*	140	~	~	~	~	~	75 82%	167 85%	180 86%	62 79%	96 88%	149 82%
#ALWAYS + USUALLY (NET)	275 93%	4868 93%	37 90%~	40 91%~	44 90%~	58 92%	73 96%	15 100%~	151 96%*	~	~	~	~	~	82 89%	184 94%	196 94%	69 88%	106 97%*	163 90%*
TOP BOX SCORE	250 84%	4198 80%	33 80%~	35 80%~	41 84%~	50 79%	69 91%*100%~	15 89%*	140	~	~	~	~	~	75 82%	167 85%	180 86%	62 79%	96 88%	149 82%
NOT ANSWERED	5	86				3	2		1						2	3	4	1	4	1
VALID CASES	297	5236	41	44	49	63	76	15	157						92	196	209	78	109	182
NUMBER OF RESPONDENTS	302 100%	5322 100%	41 100%	44 100%	49 100%	66 100%	78 100%	15 100%	158 100%						94 100%	199 100%	213 100%	79 100%	113 100%	183 100%

[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?

	PCG 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- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE
Q35 WORST HEALTH PLAN POSSIBLE	5 2%	41 0.8%	~	~	1 2%	1 2%	3 4%	4 3%	~	~	~	~	~	~	1 1%	3 2%	3 2%	2 3%	3 3%	2 1%
01	2 0.7%	47 0.9%	~	~	~	~	2 1%	~	~	~	~	~	~	~	2 1%	~	2 3%	2 3%	2 2%	~
02	2 0.7%	52 1%	~	~	1 2%	~	~	1 0.7%	~	~	~	~	~	~	1 0.6%	2 1%	~	~	~	1 0.6%
03	5 2%	102 2%	1 3%	2 5%	1 2%	~	1 1%	3 2%	~	~	~	~	~	~	1 1%	4 2%	3 2%	2 3%	1 1%	4 2%
04	11 4%	122 2%	1 3%	1 3%	3 7%	2 3%	3 4%	6 4%	~	~	~	~	~	~	2 2%	9 5%	5 3%	6 8%	3 3%	8 5%
05	25 9%	466 9%	1 3%	4 10%	5 11%	6 10%	7 10%	1 7%	18 13%*	~	~	~	~	~	2 2%*	22 12%*	18 9%	6 8%	9 9%	15 9%
06	15 5%	327 6%	4 10%	1 3%	3 7%	2 3%	3 4%	2 14%	11 8%	~	~	~	~	~	2 2%*	13 7%*	11 6%	4 5%	4 4%	11 6%
07	29 10%	646 13%	4 10%	5 13%	3 7%	9 15%	7 10%	16 11%	~	~	~	~	~	~	7 7%	21 12%	20 10%	8 11%	10 10%	18 10%
08	51 18%	1048 21%	6 15%	7 18%	10 22%	9 15%	16 22%	2 14%	27 19%	~	~	~	~	~	15 16%	34 19%	38 19%	10 13%	25 24%	25 15%
09	40 14%	797 16%	3 7%	12 30%	5 11%	8 13%	7 10%	3 21%	22 16%	~	~	~	~	~	12 13%	26 14%	26 13%	12 16%	12 11%	27 16%
BEST HEALTH PLAN POSSIBLE	97 34%	1383 27%*	20 50%	8 20%	14 30%	24 39%	24 33%	6 43%	30 21%*	~	~	~	~	~	52 55%*	45 25%*	71 36%	24 32%	36 34%	61 35%
#8-10 (NET)	188 67%	3229 64%	29 73%	27 68%	29 63%	41 67%	47 64%	11 79%	79 56%*	~	~	~	~	~	79 84%*	105 58%*	135 69%	46 61%	73 70%	113 66%

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		
	PCG TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	VERY GOOD & FAIR	POOR	FE-MALE	MALE	
9-10 (NET)	137 49%	2180 43%	23 58%~	20 50%~	19 41%~	32 52%	31 42%	9 64%~	52 37%*	~	~	~	~	~	~	64 68%*	71 39%*	97 49%	36 47%	48 46%	88 51%
NOT ANSWERED	41	640	2	5	4	8	7	2	20						7	23	22	7	12	17	
VALID CASES	282	5031	40	40	46	61	73	14	140						94	180	197	76	105	172	
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%	
MEAN	7.88	7.78	8.47	7.88	7.52	8.15	7.53	8.57	7.28						8.83	7.46	8.01	7.50	7.85	7.94	
p stat_(*=Sig @ p<=.05)		.474	~	~	~.275	.194	~	.000*	~	~	~	~	~	~	~0.000*	.000*	.194	.137	.879	.567	

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?

	PCG 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	FE- MALE	FE- MALE	
Q35A YES	14 5%	663 12%*	1 2%	2 4%	3 6%	4 6%	4 5%	6 4%	~	~	~	~	~	~	4 4%	10 5%	7 3%	7 9%	3 3%	11 6%
NO	291 95%	4665 88%*	40 98%	43 96%	47 94%	62 94%	74 95%	15 100%	151 96%	~	~	~	~	~	92 96%	190 95%	206 97%	75 91%	109 97%	175 94%
NOT ANSWERED	18	342	1			3	2	1	3						5	3	6	1	5	3
VALID CASES	305	5329	41	45	50	66	78	15	157						96	200	213	82	112	186
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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
			#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
Q35B NEVER	3 27%	127 21%	1 ~ 50%	1 ~ 33%	1 33%	1 ~ 20%	1 ~ 20%	~	~	~	~	~	1 33%	2 25%	1 14%	2 50%	3 ~ 38%		
SOMETIMES	1 9%	93 16%	1 ~ 50%	~	~	~	1 ~ 20%	~	~	~	~	~	1 ~ 13%	1 14%	~	1 ~ 33%	~		
USUALLY	3 27%	141 24%	~	2 ~ 100%	1 ~ 33%	1 ~ 20%	1 ~ 20%	~	~	~	~	~	1 33%	2 25%	2 29%	1 25%	1 33%	2 25%	
ALWAYS	4 36%	234 39%	1 ~ 100%	~	2 ~ 67%	1 33%	2 ~ 40%	~	~	~	~	~	1 33%	3 38%	3 43%	1 25%	1 33%	3 38%	
#ALWAYS + USUALLY (NET)	7 64%	375 63%	1 ~ 100%	2 ~ 100%	2 67%	2 67%	3 ~ 60%	~	~	~	~	~	2 67%	5 63%	5 71%	2 50%	2 67%	5 63%	
TOP BOX SCORE	4 36%	234 39%	1 ~ 100%	~	2 ~ 67%	1 33%	2 ~ 40%	~	~	~	~	~	1 33%	3 38%	3 43%	1 25%	1 33%	3 38%	
NOT ANSWERED	3	32		1	1	1	1						1	2		3		3	
VALID CASES	11	595	1	2	2	3	3	5					3	8	7	4	3	8	
NUMBER OF RESPONDENTS	14	627	1	2	3	4	4	6					4	10	7	7	3	11	
	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?

	PCG 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	
Q35C YES	36 12%	814 15%	3 8%~	5 11%~	8 16%	8 12%	9 12%	1 7%~	25 16%*	~	~	~	~	~	~	2 2%*	32 16%*	20 9%	16 20%*	7 6%*	28 15%*
NO	266 88%	4498 85%	36 92%~	40 89%~	42 84%	60 88%	68 88%	13 93%~	130 84%*	~	~	~	~	~	~	93 98%*	167 84%*	191 91%	66 80%*	104 94%*	156 85%*
NOT ANSWERED	21	359	3			1	3	2	5							6	4	8	1	6	5
VALID CASES	302	5312	39	45	50	68	77	14	155							95	199	211	82	111	184
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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	
			#	#	#	#	#	#	#	#	#	#	#	#	#	%	%	%	%	
Q35D NEVER	8 24%	169 23%	3 ~	2 60%	1 25%	2 17%	2 22%	7 30%	~	~	~	~	~	~	8 27%	5 25%	3 21%	1 17%	7 26%	
SOMETIMES	8 24%	128 17%	1 33%	1 20%	1 13%	2 33%	1 11%	5 22%	~	~	~	~	~	1 50%	6 20%	5 25%	3 21%	2 33%	5 19%	
USUALLY	11 32%	197 26%	2 67%	1 20%	4 50%	3 50%	1 11%	6 26%	~	~	~	~	~	1 50%	9 30%	7 35%	4 29%	2 33%	9 33%	
ALWAYS	7 21%	251 34%	~	~	1 13%	5 56%	1 100%	5 22%	~	~	~	~	~	7 23%	3 15%	4 29%	1 17%	6 22%		
#ALWAYS + USUALLY (NET)	18 53%	448 60%	2 67%	1 20%	5 63%	3 50%	6 67%	1 100%	11 48%	~	~	~	~	1 50%	16 53%	10 50%	8 57%	3 50%	15 56%	
TOP BOX SCORE	7 21%	251 34%	~	~	1 13%	5 56%	1 100%	5 22%	~	~	~	~	~	7 23%	3 15%	4 29%	1 17%	6 22%		
NOT ANSWERED	2	29				2		2						2		2		1	1	
VALID CASES	34	745	3	5	8	6	9	1	23					2	30	20	14	6	27	
NUMBER OF RESPONDENTS	36	774	3	5	8	8	9	1	25					2	32	20	16	7	28	
	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?

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	FE- MALE	FE- MALE
Q35E YES	135 44%	2942 55%*	11 27%~	15 35%~	25 50%	26 38%	45 58%*	7 44%~	79 50%*	~	~	~	~	~	24 25%*	105 53%*	87 41%	45 55%*	29 25%*	100 54%*
NO	171 56%	2408 45%*	30 73%~	28 65%~	25 50%	43 62%	33 42%*	9 56%~	80 50%*	~	~	~	~	~	73 75%*	95 47%*	127 59%	37 45%*	85 75%*	85 46%*
NOT ANSWERED	17	321	1	2			2		1						4	3	5	1	3	4
VALID CASES	306	5350	41	43	50	69	78	16	159						97	200	214	82	114	185
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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	6 5%	101 4%	~	~	~	4%~	12%~	~	5%	~	~	~	~	~	~	2 9%~	4 4%~	3 4%~	3 7%~	1 4%~	5 5%~
A LITTLE EFFORT WAS MADE	6 5%	195 7%	1 9%~	1 7%~	1 4%~	1 4%~	1 2%~	~	2 3%	~	~	~	~	~	~	4 17%~	2 2%~	3 4%~	3 7%~	1 4%~	5 5%~
SOME EFFORT WAS MADE	27 21%	696 25%	2 18%~	6 40%~	7 28%~	5 21%~	6 14%~	~	15 19%	~	~	~	~	~	~	3 13%~	23 23%~	18 21%~	9 21%~	7 25%~	19 20%~
A LOT OF EFFORT WAS MADE	92 70%	1801 64%	8 73%~	8 53%~	17 68%~	17 71%~	31 72%~	7 100%~	57 73%	~	~	~	~	~	~	14 61%~	73 72%~	61 72%~	28 65%~	19 68%~	68 70%~
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	119 91%	2497 89%	10 91%~	14 93%~	24 96%~	22 92%~	37 86%~	7 100%~	72 92%	~	~	~	~	~	~	17 74%~	96 94%~	79 93%~	37 86%~	26 93%~	87 90%~
TOP BOX SCORE	92 70%	1801 64%	8 73%~	8 53%~	17 68%~	17 71%~	31 72%~	7 100%~	57 73%	~	~	~	~	~	~	14 61%~	73 72%~	61 72%~	28 65%~	19 68%~	68 70%~
NOT ANSWERED	4	82				2	2		1							1	3	2	2	1	3
VALID CASES	131	2794	11	15	25	24	43	7	78							23	102	85	43	28	97
NUMBER OF RESPONDENTS	135	2876	11	15	25	26	45	7	79							24	105	87	45	29	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	PCG 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		
			#	##	#	#	##	##	#	##	#	#	##	##	#	#					
Q35G NO EFFORT AT ALL	3 2%	101 4%	~	~	~	4%~	5%~	~	3%	~	~	~	~	~	~	4%~	2%~	~	7%~	~	3%~
A LITTLE EFFORT WAS MADE	7 5%	226 8%	18%~	7%~	4%~	~	7%~	~	4%	~	~	~	~	~	~	13%~	4%~	5%~	7%~	7%~	5%~
SOME EFFORT WAS MADE	30 23%	717 26%	9%~	33%~	32%~	24%~	19%~	14%~	22%	~	~	~	~	~	~	22%~	23%~	25%~	20%~	19%~	24%~
A LOT OF EFFORT WAS MADE	92 70%	1741 63%	73%~	60%~	64%~	72%~	70%~	86%~	72%	~	~	~	~	~	~	61%~	71%~	70%~	67%~	74%~	68%~
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	122 92%	2458 88%	82%~	93%~	96%~	96%~	88%~	100%~	94%	~	~	~	~	~	~	83%~	94%~	95%~	87%~	93%~	92%~
TOP BOX SCORE	92 70%	1741 63%	73%~	60%~	64%~	72%~	70%~	86%~	72%	~	~	~	~	~	~	61%~	71%~	70%~	67%~	74%~	68%~
NOT ANSWERED	3	91				1	2		1							1	2	3		2	1
VALID CASES	132	2785	11	15	25	25	43	7	78							23	103	84	45	27	99
NUMBER OF RESPONDENTS	135	2876	11	15	25	26	45	7	79							24	105	87	45	29	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	PCG 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/ PAC	ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
			#	##	#	#	##	##	#	##	#	#	##	##	#	#	#	#	#	#	#
Q35H NO EFFORT AT ALL	7 5%	190 7%	2 18%~	~	~	2 8%~	3 7%~	~	4 5%	~	~	~	~	~	~	3 13%~	4 4%~	3 4%~	4 9%~	1 4%~	6 6%~
A LITTLE EFFORT WAS MADE	9 7%	238 9%	~	4 27%~	1 4%~	1 4%~	2 5%~	~	4 5%	~	~	~	~	~	~	3 13%~	6 6%~	4 5%~	5 11%~	2 7%~	7 7%~
SOME EFFORT WAS MADE	32 24%	749 27%	3 27%~	1 7%~	11 44%~	6 24%~	10 23%~	~	16 21%	~	~	~	~	~	~	7 30%~	24 23%~	21 25%~	11 24%~	8 30%~	23 23%~
A LOT OF EFFORT WAS MADE	84 64%	1596 58%	6 55%~	10 67%~	13 52%~	16 64%~	28 65%~	7 100%~	54 69%	~	~	~	~	~	~	10 43%~	69 67%~	56 67%~	25 56%~	16 59%~	63 64%~
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	116 88%	2345 85%	9 82%~	11 73%~	24 96%~	22 88%~	38 88%~	7 100%~	70 90%	~	~	~	~	~	~	17 74%~	93 90%~	77 92%~	36 80%~	24 89%~	86 87%~
TOP BOX SCORE	84 64%	1596 58%	6 55%~	10 67%~	13 52%~	16 64%~	28 65%~	7 100%~	54 69%	~	~	~	~	~	~	10 43%~	69 67%~	56 67%~	25 56%~	16 59%~	63 64%~
NOT ANSWERED	3	103				1	2		1							1	2	3		2	1
VALID CASES	132	2773	11	15	25	25	43	7	78							23	103	84	45	27	99
NUMBER OF RESPONDENTS	135	2876	11	15	25	26	45	7	79							24	105	87	45	29	100
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	PCG 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 #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q35I YES	108 35%	1870 35%	15 36%~	13 29%~	18 36%	22 32%	31 40%	5 33%~	59 38%	~	~	~	~	~	~	27 28%*	77 39%	77 36%	30 37%	24 21%*	81 44%*
NO	198 65%	3406 65%	27 64%~	32 71%~	32 64%	46 68%	46 60%	10 67%~	98 62%	~	~	~	~	~	~	71 72%*	122 61%	137 64%	52 63%	91 79%*	103 56%*
NOT ANSWERED	17	394				1	3	1	3							3	4	5	1	2	5
VALID CASES	306	5277	42	45	50	68	77	15	157							98	199	214	82	115	184
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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?

	PCG 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	GOOD & FAIR & POOR	FE- MALE	FE- MALE		
Q35J #YES	95 90%	1588 89%	12 86%~	11 85%~	17 94%~	20 91%~	29 97%~	5 100%~	55 95%~	~	~	~	~	~	~	24 92%~	69 91%~	70 93%~	25 83%~	19 83%~	75 94%~
NO	10 10%	204 11%	2 14%~	2 15%~	1 6%~	2 9%~	1 3%~	3 5%~	~	~	~	~	~	~	~	2 8%~	7 9%~	5 7%~	5 17%~	4 17%~	5 6%~
NOT ANSWERED	3	60	1				1	1							1	1	2		1	1	
VALID CASES	105	1792	14	13	18	22	30	5	58							26	76	75	30	23	80
NUMBER OF RESPONDENTS	108 100%	1852 100%	15 100%	13 100%	18 100%	22 100%	31 100%	5 100%	59 100%							27 100%	77 100%	77 100%	30 100%	24 100%	81 100%

[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?

	PCG 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 #	AMER IND/ ALSK #	MUL- OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE MALE	FE- MALE MALE
Q35K #YES	90 86%	1484 84%	12 86%~	12 92%~	15 83%~	19 86%~	28 93%~	3 60%~	52 90%~	~	~	~	~	~	24 92%~	64 84%~	64 85%~	26 87%~	17 74%~	72 90%~
NO	15 14%	292 16%	2 14%~	1 8%~	3 17%~	3 14%~	2 7%~	2 40%~	6 10%~	~	~	~	~	~	2 8%~	12 16%~	11 15%~	4 13%~	6 26%~	8 10%~
NOT ANSWERED	3	76	1				1		1					1	1	2		1	1	
VALID CASES	105	1776	14	13	18	22	30	5	58						26	76	75	30	23	80
NUMBER OF RESPONDENTS	108 100%	1852 100%	15 100%	13 100%	18 100%	22 100%	31 100%	5 100%	59 100%						27 100%	77 100%	77 100%	30 100%	24 100%	81 100%

[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?

	PCG 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		
			#	##	#	#	##	##	#	##	#	#	##	##	#	#	#	#	#	#	
Q35L NEVER	45 15%	692 13%	3 7%	7 16%	8 16%	10 16%	12 19%	3 13%	19 13%	~	~	~	~	~	~	19 19%	25 13%	29 14%	13 16%	24 22%*	20 11%*
SOMETIMES	40 13%	623 12%	7 17%	5 11%	9 18%	7 11%	9 12%	1 6%	14 9%*	~	~	~	~	~	~	20 20%*	20 10%	22 11%*	15 19%	11 10%	29 16%
USUALLY	65 22%	1195 23%	11 26%	16 36%	13 27%	11 17%	8 11%*	2 13%*	28 19%	~	~	~	~	~	~	20 20%*	42 22%	44 21%	18 23%	26 24%	36 20%
ALWAYS	148 50%	2698 52%	21 50%	16 36%	19 39%	36 56%	44 60%*	10 63%*	90 60%*	~	~	~	~	~	~	39 40%*	106 55%*	114 55%*	33 42%	49 45%	97 53%
#ALWAYS + USUALLY (NET)	213 71%	3894 75%	32 76%	32 73%	32 65%	47 73%	52 71%	12 75%*	118 78%*	~	~	~	~	~	~	59 60%*	148 77%*	158 76%*	51 65%	75 68%	133 73%
TOP BOX SCORE	148 50%	2698 52%	21 50%	16 36%	19 39%	36 56%	44 60%*	10 63%*	90 60%*	~	~	~	~	~	~	39 40%*	106 55%*	114 55%*	33 42%	49 45%	97 53%
NOT ANSWERED	25	462		1	1	5	7		9							3	10	10	4	7	7
VALID CASES	298	5209	42	44	49	64	73	16	151							98	193	209	79	110	182
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
			#	#	#	#	#	#	#	#	#	#	#	#	#	#	%	%	%	%	
Q35M ALWAYS	18 6%	310 6%	5 12%	~	1 2%	2 3%	6 8%	2 12%	4 3%*	~	~	~	~	~	~	10%	6 3%*	12 6%	5 6%	9 8%	7 4%
USUALLY	20 7%	270 5%	1 2%	6 14%	2 4%	6 9%	4 5%	~	7 5%	~	~	~	~	~	~	6%	14 7%	12 6%	8 10%	3 3%*	17 9%*
SOMETIMES	48 16%	952 18%	7 17%	10 24%	13 26%	5 8%*	9 12%	~	19 13%	~	~	~	~	~	~	20%	26 14%	31 15%	16 20%	13 12%	33 18%
NEVER	211 71%	3697 71%	29 69%	26 62%	34 68%	51 80%	55 74%	14 88%	119 80%*	~	~	~	~	~	~	65 64%	143 76%*	152 73%	52 64%	85 77%	125 69%
#NEVER + SOMETIMES (NET)	259 87%	4649 89%	36 86%	36 86%	47 94%*	56 87%	64 86%	14 88%	138 93%*	~	~	~	~	~	~	85 84%	169 89%	183 88%	68 84%	98 89%	158 87%
TOP BOX SCORE	211 71%	3697 71%	29 69%	26 62%	34 68%	51 80%	55 74%	14 88%	119 80%*	~	~	~	~	~	~	65 64%	143 76%*	152 73%	52 64%	85 77%	125 69%
NOT ANSWERED	26	442	3	3	5	6	6	11	11							14	14	12	2	7	7
VALID CASES	297	5229	42	42	50	64	74	16	149							101	189	207	81	110	182
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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	
	PCG 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- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
								WHTE	#	##	#	#	##	##						
Q35N ALWAYS	2 0.7%	79 2%	~	~	1 2%	~	1 1%	~	1 1%	~	~	~	~	~	~	2 1%	1 0.5%	1 1%	~	2 1%
USUALLY	4 1%	129 2%	~	1 2%	1 2%	~	2 3%	~	~	~	~	~	~	~	1 1%	3 2%	2 1%	2 2%	2 2%	2 1%
SOMETIMES	42 14%	739 14%	6 14%	5 12%	8 16%	9 13%	11 15%	2 12%	14 9%*	~	~	~	~	~	13 13%	29 15%	24 12%	18 22%*	9 8%*	32 17%*
NEVER	251 84%	4276 82%	36 86%	36 86%	39 80%	58 87%	60 81%	14 88%	134 89%*	~	~	~	~	~	86 86%	158 82%	181 87%*	61 74%*	100 90%*	147 80%*
#NEVER + SOMETIMES (NET)	293 98%	5015 96%*	42 100%	41 98%	47 96%	67 100%	71 96%	16 100%	148 99%	~	~	~	~	~	99 99%	187 97%	205 99%	79 96%	109 98%	179 98%
TOP BOX SCORE	251 84%	4276 82%	36 86%	36 86%	39 80%	58 87%	60 81%	14 88%	134 89%*	~	~	~	~	~	86 86%	158 82%	181 87%*	61 74%*	100 90%*	147 80%*
NOT ANSWERED	24	448		3	1	2	6		10						1	11	11	1	6	6
VALID CASES	299	5223	42	42	49	67	74	16	150						100	192	208	82	111	183
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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?

	PCG TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	NOT HIS-IC	HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE			
Q350 ALWAYS	4 1%	62 1%	~	~	2%~	2%	3%	~	2 1%	~	~	~	~	~	~	2%~	2%~	3%~	1%~	~	2%~	4%~
USUALLY	2 0.7%	77 1%	2%~	~	~	~	1%	~	~	~	~	~	~	~	1%~	0.5%~	0.5%~	1%~	1%~	2%~	~	~
SOMETIMES	24 8%	505 10%	~	4%~	5%~	7%~	5%~	~	13 9%	~	~	~	~	~	6%~	17%~	13%~	11%~	5%~	18%~	~	~
NEVER	268 90%	4589 88%	98%~	41%~	39%~	43%~	58%~	88%~	65%~	16%~	135 90%	~	~	~	~	~	91%~	171%~	192%~	67%~	105%~	159%~
#NEVER + SOMETIMES (NET)	292 98%	5094 97%	98%~	41%~	43%~	48%~	65%~	70%~	16%~	148 99%	~	~	~	~	~	~	97%~	188%~	205%~	78%~	110%~	177%~
TOP BOX SCORE	268 90%	4589 88%	98%~	41%~	39%~	43%~	58%~	88%~	65%~	16%~	135 90%	~	~	~	~	~	91%~	171%~	192%~	67%~	105%~	159%~
NOT ANSWERED	25	438		2	1	3	7		10						1	12	10	3	5	8		
VALID CASES	298	5233	42	43	49	66	73	16	150						100	191	209	80	112	181		
NUMBER OF RESPONDENTS	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189		
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%		

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

	PCG 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			
			#	##	#	#	##	##	#	##	#	##	#	##	#	##	#	##	#	##	
Q35P																					
#YES DEFINITELY	206 70%	3547 69%	35 83%~	27 64%~	33 69%~	42 66%	51 70%	11 69%~	108 72%	~	~	~	~	~	~	68 71%	132 69%	153 74%*	46 58%*	72 67%	130 71%
YES SOMEWHAT	68 23%	1203 23%	6 14%~	12 29%~	11 23%~	18 28%	16 22%	4 25%~	31 21%	~	~	~	~	~	~	21 22%	46 24%	43 21%	25 32%*	26 24%	41 23%
NO	20 7%	417 8%	1 2%~	3 7%~	4 8%~	4 6%	6 8%	1 6%~	11 7%	~	~	~	~	~	~	7 7%	13 7%	10 5%	8 10%	9 8%	11 6%
NOT ANSWERED	29	503		3	2	5	7		10							5	12	13	4	10	7
VALID CASES	294	5168	42	42	48	64	73	16	150							96	191	206	79	107	182
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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?

	PCG 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	FE- MALE	
Q35Q YES	191 63%	2983 57%*	26 62%~	32 71%~	32 65%~	36 55%	50 64%	11 69%~	105 66%	~	~	~	~	~	~	56 58%	132 66%	135 63%	53 64%	61 53%*	128 70%*
NO	113 37%	2289 43%*	16 38%~	13 29%~	17 35%~	30 45%	28 36%	5 31%~	53 34%	~	~	~	~	~	~	41 42%	69 34%	81 37%	30 36%	55 47%*	56 30%*
NOT ANSWERED	19	399			1	3	2		2							4	2	3		1	5
VALID CASES	304	5272	42	45	49	66	78	16	158							97	201	216	83	116	184
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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?

	PCG 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 #	AMER IND/ ALSK #	MUL- OTHR ##	MUL- TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE	FE- MALE MALE
Q35R NEVER	51 36%	917 37%	6 32%~	7 35%~	11 38%~	13 42%~	11 35%~	2 33%~	25 44%	~	~	~	~	~	18 32%	32 41%	37 37%~	13 36%~	23 40%	27 33%
SOMETIMES	33 24%	468 19%	5 26%~	8 40%~	9 31%~	6 19%~	3 10%~	1 17%~	12 21%	~	~	~	~	~	18 32%	15 19%	22 22%~	10 28%~	12 21%	21 26%
USUALLY	21 15%	470 19%	3 16%~	2 10%~	7 24%~	3 10%~	4 13%~	1 17%~	7 12%	~	~	~	~	~	9 16%	11 14%	15 15%~	5 14%~	12 21%	9 11%
ALWAYS	35 25%	619 25%	5 26%~	3 15%~	2 7%~	9 29%~	13 42%~	2 33%~	13 23%	~	~	~	~	~	11 20%	21 27%	26 26%~	8 22%~	10 18%	24 30%
#ALWAYS + USUALLY (NET)	56 40%	1089 44%	8 42%~	5 25%~	9 31%~	12 39%~	17 55%~	3 50%~	20 35%	~	~	~	~	~	20 36%	32 41%	41 41%~	13 36%~	22 39%	33 41%
TOP BOX SCORE	35 25%	619 25%	5 26%~	3 15%~	2 7%~	9 29%~	13 42%~	2 33%~	13 23%	~	~	~	~	~	11 20%	21 27%	26 26%~	8 22%~	10 18%	24 30%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	162	2730	23	24	20	34	47	10	100						41	120	117	44	57	103
NOT ANSWERED	21	467		1	1	4	2		3						4	4	2	3	3	5
VALID CASES	140	2474	19	20	29	31	31	6	57						56	79	100	36	57	81
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PCG 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	
			%	%	%	%	%	%	#	##	#	#	##	##	##	%	%	%	%	
Q36																				
EXCELLENT	44 15%	556 10%*	14 33%~	5 11%~	7 14%~	11 17%	6 8%*	1 6%~	22 14%	~	~	~	~	~	14 15%	30 15%	44 20%~	~	16 14%	28 15%
VERY GOOD	68 23%	1282 24%	12 29%~	14 31%~	14 29%~	11 17%	15 19%	2 13%~	37 23%	~	~	~	~	~	20 21%	47 23%	68 31%*	~	26 23%	41 22%
GOOD	107 35%	1849 35%	11 26%~	17 38%~	21 43%~	21 32%	29 37%	5 31%~	62 39%	~	~	~	~	~	33 35%	71 35%	107 49%*	~	43 38%	63 34%
FAIR	62 21%	1201 23%	4 10%~	8 18%~	7 14%~	15 23%	19 24%	6 38%~	27 17%	~	~	~	~	~	25 26%	36 18%	62 ~	75%*	23 20%	38 20%
POOR	21 7%	406 8%	1 2%~	1 2%~	~	7 11%	10 13%	2 13%~	11 7%	~	~	~	~	~	3 3%*	18 9%*	21 ~	25%*	5 4%	16 9%
#EXCELLENT + VERY GOOD + GOOD (NET)	219 73%	3686 70%	37 88%~	36 80%~	42 86%~	43 66%	50 63%*	8 50%~	121 76%	~	~	~	~	~	67 71%	148 73%	219 100%~	~	85 75%	132 71%
NOT ANSWERED	21	377			1	4	1		1						6	1			4	3
VALID CASES	302	5294	42	45	49	65	79	16	159						95	202	219	83	113	186
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PCG 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	
									#	##	#	#	##	##						
Q37																				
EXCELLENT	55 18%	956 18%	15 36%~	6 13%~	6 12%~	16 25%	11 14%	1 6%~	22 14%*	~	~	~	~	~	22 23%	33 16%	52 24%*	3 4%*	27 24%	27 15%*
VERY GOOD	73 24%	1444 27%	12 29%~	13 29%~	17 35%~	13 20%	3 19%	3 19%~	41 26%	~	~	~	~	~	19 20%	54 27%	66 30%*	7 9%*	29 25%	44 24%
GOOD	95 32%	1591 30%	7 17%~	13 29%~	15 31%~	19 29%	30 38%	9 56%~	52 33%	~	~	~	~	~	32 33%	61 30%	71 33%	23 28%	36 32%	59 32%
FAIR	60 20%	1030 19%	8 19%~	10 22%~	7 14%~	13 20%	17 22%	2 12%~	34 21%	~	~	~	~	~	21 22%	38 19%	27 12%*	32 40%*	18 16%	42 23%
POOR	18 6%	303 6%	~	3 7%~	4 8%~	4 6%	6 8%	1 6%~	10 6%	~	~	~	~	~	3 3%	15 7%	2 0.9%*	16 20%*	4 4%	14 8%
#EXCELLENT + VERY GOOD + GOOD (NET)	223 74%	3991 75%	34 81%~	32 71%~	38 78%~	48 74%	56 71%	13 81%~	115 72%	~	~	~	~	~	73 75%	148 74%	189 87%*	33 41%*	92 81%*	130 70%*
NOT ANSWERED	22	348			1	4	1		1						4	2	1	2	3	3
VALID CASES	301	5323	42	45	49	65	79	16	159						97	201	218	81	114	186
NUMBER OF RESPONDENTS	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
	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?

	PCG 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-	EX & VERY GOOD & FAIR & POOR	FE- MALE	FE- MALE			
Q38 #YES	118 40%	1949 37%	14 34%	12 28%	21 44%	26 39%	33 42%	9 56%	59 38%	~	~	~	~	~	~	41 42%	76 38%	84 39%	31 39%	39 34%	79 43%
NO	180 60%	3261 63%	27 66%	31 72%	27 56%	40 61%	46 58%	7 44%	96 62%	~	~	~	~	~	~	56 58%	122 62%	131 61%	48 61%	75 66%	104 57%
DON'T KNOW	3	134		1	1		1		2							1	2		3	1	2
NOT ANSWERED	22	327	1	1	1	3			3							3	3	4	1	2	4
VALID CASES	298	5210	41	43	48	66	79	16	155							97	198	215	79	114	183
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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		FE- MALE			
Q39 EVERY DAY	46 15%	1034 20%*	2 5%	5 11%	9 18%	13 19%	14 18%	2 13%	29 18%	~	~	~	~	~	~	4 4%*	40 20%*	28 13%	17 21%	18 15%	28 15%
SOME DAYS	20 7%	461 9%	3 7%	1 2%	2 4%	6 9%	5 6%	3 19%	13 8%	~	~	~	~	~	~	3 3%*	17 8%*	15 7%	5 6%	9 8%	11 6%
NOT AT ALL	238 78%	3773 72%*	36 88%	38 86%	38 78%	50 72%	61 76%	11 69%	116 73%*	~	~	~	~	~	~	93 93%*	144 72%*	172 80%	60 73%	90 77%	147 79%
DON'T KNOW	3	42	1	1	1				2						1	2	3				3
NOT ANSWERED	16	360																1	1		
VALID CASES	304	5269	41	44	49	69	80	16	158						100	201	215	82	117	186	
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%	

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?

	PCG 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 & GOOD POOR	MALE	MALE		
Q40 NEVER	21 33%	477 30%	3 60%~	4 ~	6 36%~	4 32%~	3 24%~	3 60%~	13 32%~	~	~	~	~	~	4 57%~	16 29%~	17 40%~	3 14%~	11 44%~	10 26%~
SOMETIMES	15 23%	309 20%	~	3 50%~	3 27%~	2 11%~	6 35%~	1 20%~	8 20%~	~	~	~	~	~	2 29%~	12 22%~	7 17%~	8 38%~	3 12%~	12 31%~
USUALLY	13 20%	270 17%	1 20%~	3 50%~	~	5 26%~	3 18%~	1 20%~	7 17%~	~	~	~	~	~	1 14%~	12 22%~	7 17%~	6 29%~	4 16%~	9 23%~
ALWAYS	15 23%	513 33%	1 20%~	~	4 36%~	6 32%~	4 24%~	~	13 32%~	~	~	~	~	~	~	15 27%~	11 26%~	4 19%~	7 28%~	8 21%~
#ALWAYS + USUALLY (NET)	28 44%	782 50%	2 40%~	3 50%~	4 36%~	11 58%~	7 41%~	1 20%~	20 49%~	~	~	~	~	~	1 14%~	27 49%~	18 43%~	10 48%~	11 44%~	17 44%~
TOP BOX SCORE	15 23%	513 33%	1 20%~	~	4 36%~	6 32%~	4 24%~	~	13 32%~	~	~	~	~	~	~	15 27%~	11 26%~	4 19%~	7 28%~	8 21%~
NOT ANSWERED	2	25					2		1						2	1	1		2	
VALID CASES	64	1569	5	6	11	19	17	5	41						7	55	42	21	25	39
NUMBER OF RESPONDENTS	66	1594	5	6	11	19	19	5	42						7	57	43	22	27	39
	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.

	PCG 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- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q41 NEVER	33 52%	796 51%	5 100%~	3 50%~	5 45%~	9 47%~	6 35%~	4 80%~	19 46%~	~	~	~	~	~	5 71%~	27 49%~	25 60%~	8 38%~	12 48%~	21 54%~
SOMETIMES	11 17%	318 20%	~	2 33%~	2 18%~	3 16%~	4 24%~	~	8 20%~	~	~	~	~	~	1 14%~	9 16%~	4 10%~	6 29%~	4 16%~	7 18%~
USUALLY	11 17%	179 11%	~	1 17%~	3 27%~	3 16%~	3 18%~	1 20%~	8 20%~	~	~	~	~	~	1 14%~	10 18%~	7 17%~	4 19%~	5 20%~	6 15%~
ALWAYS	9 14%	266 17%	~	~	1 9%~	4 21%~	4 24%~	~	6 15%~	~	~	~	~	~	~	9 16%~	6 14%~	3 14%~	4 16%~	5 13%~
#ALWAYS + USUALLY (NET)	20 31%	445 29%	~	1 17%~	4 36%~	7 37%~	7 41%~	1 20%~	14 34%~	~	~	~	~	~	1 14%~	19 35%~	13 31%~	7 33%~	9 36%~	11 28%~
TOP BOX SCORE	9 14%	266 17%	~	~	1 9%~	4 21%~	4 24%~	~	6 15%~	~	~	~	~	~	~	9 16%~	6 14%~	3 14%~	4 16%~	5 13%~
NOT ANSWERED	2	34					2		1							2	1	1	2	
VALID CASES	64	1560	5	6	11	19	17	5	41						7	55	42	21	25	39
NUMBER OF RESPONDENTS	66	1594	5	6	11	19	19	5	42						7	57	43	22	27	39
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	PCG TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	NATV AS- IAN ##	AMER HAW/ IND/ PAC ALSK #	ILND NATV #	OTHR #	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE
Q42																				
NEVER	35 55%	888 57%	5 100%~	3 50%~	5 45%~	8 42%~	9 53%~	4 80%~	22 54%~	~	~	~	~	~	5 71%~	29 53%~	23 55%~	11 52%~	13 52%~	22 56%~
SOMETIMES	16 25%	301 19%	~	2 33%~	4 36%~	7 37%~	3 18%~	~	8 20%~	~	~	~	~	~	2 29%~	13 24%~	10 24%~	6 29%~	6 24%~	10 26%~
USUALLY	7 11%	175 11%	~	1 17%~	2 18%~	1 5%~	3 18%~	~	6 15%~	~	~	~	~	~	~	7 13%~	4 10%~	3 14%~	3 12%~	4 10%~
ALWAYS	6 9%	191 12%	~	~	~	3 16%~	2 12%~	1 20%~	5 12%~	~	~	~	~	~	~	6 11%~	5 12%~	1 5%~	3 12%~	3 8%~
#ALWAYS + USUALLY (NET)	13 20%	367 24%	~	1 17%~	2 18%~	4 21%~	5 29%~	1 20%~	11 27%~	~	~	~	~	~	~	13 24%~	9 21%~	4 19%~	6 24%~	7 18%~
TOP BOX SCORE	6 9%	191 12%	~	~	~	3 16%~	2 12%~	1 20%~	5 12%~	~	~	~	~	~	~	6 11%~	5 12%~	1 5%~	3 12%~	3 8%~
NOT ANSWERED	2	39					2		1							2	1	1	2	
VALID CASES	64	1555	5	6	11	19	17	5	41						7	55	42	21	25	39
NUMBER OF RESPONDENTS	66	1594	5	6	11	19	19	5	42						7	57	43	22	27	39
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

	PCG 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			
Q43 YES	64 21%	1073 20%	3 7%~	2 5%~	6 12%~	15 22%	30 38%*	6 38%~	40 25%*	~	~	~	~	~	~	14 14%*	50 25%*	37 17%*	24 30%*	28 24%	36 19%
NO	240 79%	4210 80%	39 93%~	41 95%~	43 88%~	54 78%	50 62%*	10 63%~	117 75%*	~	~	~	~	~	~	87 86%*	150 75%*	179 83%*	57 70%*	87 76%	152 81%
DON'T KNOW	2	36		1	1				2								2	1	1	1	1
NOT ANSWERED	17	352		1					1								1	2	1	1	
VALID CASES	304	5283	42	43	49	69	80	16	157							101	200	216	81	115	188
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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 & GOOD	FAIR & POOR	MALE	FE- MALE		
Q44 YES	11 4%	481 10%*	1 3%~	1 2%~	1 2%~	4 7%	3 4%	1 7%~	8 6%	~	~	~	~	~	~	1 1%*	10 6%*	7 3%	4 6%	1 0.9%*	10 6%*
NO	263 96%	4399 90%*	37 97%~	41 98%~	43 98%~	55 93%	69 96%	14 93%~	135 94%	~	~	~	~	~	~	90 99%*	171 94%*	196 97%	61 94%	105 99%*	157 94%*
DON'T KNOW	32	432	4	2	6	10	8	1	16							10	21	14	17	11	21
NOT ANSWERED	17	359		1					1								1	2	1		1
VALID CASES	274	4880	38	42	44	59	72	15	143							91	181	203	65	106	167
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q45 YES	84 27%	1760 33%*	9 21%~	8 18%~	7 14%*	19 28%	33 41%*	7 44%~	49 31%	~	~	~	~	~	25 ~ 25%	59 29%	57 26%	26 32%	38 33%	46 24%
NO	222 73%	3528 67%*	33 79%~	37 82%~	43 86%*	49 72%	47 59%*	9 56%~	111 69%	~	~	~	~	~	76 ~ 75%	143 71%	160 74%	56 68%	78 67%	143 76%
NOT ANSWERED	17	383				1										1	2	1	1	
VALID CASES	306	5288	42	45	50	68	80	16	160						101	202	217	82	116	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	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	MALE	FE-MALE		
Q46.1	PCG TOT ADLT	18	25	35	45	55	65														
	OHP TOT ADLT	24	34	44	54	64	OVER	WHTE													
YES	65	2	1	8	16	31	4	34							21	44	39	24	28	37	
	20%	5%	2%	16%	23%	39%*	25%	21%	~	~	~	~	~	~	21%	22%	18%	29%*	24%	20%	
NO	258	40	44	42	53	49	12	126							80	159	180	59	89	152	
	80%	95%	98%	84%	77%	61%*	75%	79%	~	~	~	~	~	~	79%	78%	82%	71%*	76%	80%	
VALID CASES	323	42	45	50	69	80	16	160							101	203	219	83	117	189	
NUMBER OF RESPONDENTS	323	42	45	50	69	80	16	160							101	203	219	83	117	189	
	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%	

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

	PCG 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	GOOD & POOR	FE- MALE MALE			
Q46.2 YES	82 25%	1634 29%	3 7%~	3 7%~	12 24%	22 32%	31 39%*	9 56%~	47 29%	~	~	~	~	~	~	20 20%	60 30%*	44 20%*	35 42%*	38 32%*	44 23%
NO	241 75%	4037 71%	39 93%~	42 93%~	38 76%	47 68%	49 61%*	7 44%~	113 71%	~	~	~	~	~	~	81 80%	143 70%*	175 80%*	48 58%*	79 68%*	145 77%
VALID CASES	323	5671	42	45	50	69	80	16	160							101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & GOOD POOR	FE- MALE MALE		
Q46.3 YES	35 11%	883 16%*	1 2%~	3 7%~	6 12%	10 14%	15 19%*	24 15%*	~	~	~	~	~	~	6 6%*	29 14%*	19 9%	16 19%*	8 7%	27 14%*
NO	288 89%	4788 84%*	41 98%~	42 93%~	44 88%	59 86%	65 81%*100%~	16 85%*	~	~	~	~	~	~	95 94%*	174 86%*	200 91%	67 81%*	109 93%	162 86%*
VALID CASES	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
NUMBER OF RESPONDENTS	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE
Q47.1 YES	8 2%	231 4%	~	~	~	4 6%	2 3%	2 12%	5 3%	~	~	~	~	~	3 3%	5 2%	4 2%	4 5%	6 5%	2 1%
NO	315 98%	5440 96%	42 100%	45 100%	50 100%	65 94%	78 98%	14 88%	155 97%	~	~	~	~	~	98 97%	198 98%	215 98%	79 95%	111 95%	187 99%
VALID CASES	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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	
	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
Q47.2 YES	4 1%	220 4%*	~	~	~	~	4% 6%~	3 2%	~	~	~	~	~	~	~	4 2%	2 0.9%	2 2%	1 0.9%	3 2%
NO	319 99%	5451 96%*	100% 100%	100% 100%	100% 100%	100% 100%	96% 94%~	157 98%	~	~	~	~	~	101 100%	199 98%*	217 99%	81 98%	116 99%	186 98%	
VALID CASES	323	5671	42	45	50	69	80	16	160					101	203	219	83	117	189	
NUMBER OF RESPONDENTS	323 100%	5671 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%	

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

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE
Q47.3 YES	10 3%	243 4%	2 ~	4 4%	5 ~	1 7%	2 12%	2 1%	~	~	~	~	~	~	5 5%	5 2%	4 2%	6 7%	4 3%	6 3%
NO	313 97%	5428 96%	42 100%	43 100%	50 100%	64 93%	79 99%	14 88%	158 99%	~	~	~	~	~	96 95%	198 98%	215 98%	77 93%	113 97%	183 97%
VALID CASES	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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		
		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 #	MUL-OTHR ##	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q47.4																					
YES	56 17%	955 17%	1 2%	3 7%	5 10%	15 22%	24 30%*	7 44%	29 18%	~	~	~	~	~	~	23 23%	31 15%	35 16%	18 22%	20 17%	36 19%
NO	267 83%	4716 83%	41 98%	42 93%	45 90%	54 78%	56 70%*	9 56%	131 82%	~	~	~	~	~	~	78 77%	172 85%	184 84%	65 78%	97 83%	153 81%
VALID CASES	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189	
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%	

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

	PCG 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 & POOR	FAIR & POOR	MALE	FE- MALE		
Q48 YES	80 26%	1695 32%*	8 20%~	8 18%~	12 24%	21 31%	25 31%	4 25%~	47 30%	~	~	~	~	~	~	16 16%*	63 31%*	42 19%*	36 45%*	23 20%*	57 30%*
NO	223 74%	3585 68%*	33 80%~	36 82%~	38 76%	46 69%	55 69%	12 75%~	112 70%	~	~	~	~	~	~	83 84%*	138 69%*	175 81%*	44 55%*	92 80%*	130 70%*
NOT ANSWERED	20	392	1	1	2				1						2	2	2	3	2	2	
VALID CASES	303	5279	41	44	50	67	80	16	159						99	201	217	80	115	187	
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%	

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

	PCG 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	66 87%	1392 87%	4 57%~	5 71%~	10 91%~	19 90%~	23 92%~	4 100%~	36 82%~	~	~	~	~	~	~	14 93%~	51 85%~	34 87%~	32 89%~	21 91%~	45 85%~
NO	10 13%	208 13%	3 43%~	2 29%~	1 9%~	2 10%~	2 8%~	~	8 18%~	~	~	~	~	~	~	1 7%~	9 15%~	5 13%~	4 11%~	2 9%~	8 15%~
NOT ANSWERED	4	69	1	1	1				3							1	3	3			4
VALID CASES	76	1600	7	7	11	21	25	4	44							15	60	39	36	23	53
NUMBER OF RESPONDENTS	80 100%	1669 100%	8 100%	8 100%	12 100%	21 100%	25 100%	4 100%	47 100%							16 100%	63 100%	42 100%	36 100%	23 100%	57 100%

[ASKED IF Q48 = YES]

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

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q50 YES	169 55%	3271 62%*	7 17%~	22 49%~	28 56%	38 76%*	61 75%~	12 64%*	103 64%*	~	~	~	~	~	~	36 36%*	131 65%*	105 48%*	61 74%*	58 50%	111 59%
NO	136 45%	2030 38%*	35 83%~	23 51%~	22 44%	30 44%	19 24%*	4 25%~	57 36%*	~	~	~	~	~	~	63 64%*	72 35%*	112 52%*	21 26%*	58 50%	77 41%
NOT ANSWERED	18	369				1										2		2	1	1	1
VALID CASES	305	5302	42	45	50	68	80	16	160							99	203	217	82	116	188
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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		
Q51 YES	150 92%	2939 94%	6 86%~	20 95%~	25 93%~	31 84%~	55 95%	12 100%~	98 98%*	~	~	~	~	~	23 70%~	126 98%~	97 95%	52 90%	53 95%	97 91%
NO	13 8%	176 6%	1 14%~	1 5%~	2 7%~	6 16%~	3 5%	~	2 2%*	~	~	~	~	~	10 30%~	2 2%~	5 5%	6 10%	3 5%	10 9%
NOT ANSWERED	6	111	1	1	1	3		3						3	3	3	3	2	4	
VALID CASES	163	3115	7	21	27	37	58	12	100						33	128	102	58	56	107
NUMBER OF RESPONDENTS	169 100%	3226 100%	7 100%	22 100%	28 100%	38 100%	61 100%	12 100%	103 100%						36 100%	131 100%	105 100%	61 100%	58 100%	111 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
	PCG 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 PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
								WHTE	#	##	#	#	##	##					
NQ52																			
18 TO 24	46 14%	544 10%*	42 100%	~	~	~	~	11 7%*	~	~	~	~	~	28 28%*	15 7%*	38 17%*	5 6%*	21 18%	21 11%
25 TO 34	47 15%	1042 18%	~	45 ~100%	~	~	~	23 14%	~	~	~	~	~	14 14%	31 15%	37 17%	9 11%	12 10%	33 17%
35 TO 44	51 16%	924 16%	~	~	50 ~100%	~	~	26 16%	~	~	~	~	~	14 14%	36 18%	42 19%*	7 8%*	15 13%	35 19%
45 TO 54	79 24%	1138 20%	~	~	~	69 ~100%	~	31 19%*	~	~	~	~	~	23 23%	45 22%	43 20%*	24 29%	30 26%	40 21%
55 TO 64	84 26%	1472 26%	~	~	~	80 ~100%	~	56 35%*	~	~	~	~	~	20 20%	62 31%*	51 23%	30 36%*	32 27%	51 27%
65 TO 74	12 4%	326 6%	~	~	~	~	12 75%~	11 7%*	~	~	~	~	~	1 1%*	11 5%*	7 3%	5 6%	7 6%	5 3%
75 OR OLDER	4 1%	225 4%*	~	~	~	~	4 25%~	2 1%	~	~	~	~	~	1 1%	3 1%	1 0.5%	3 4%	~	4 2%*
VALID CASES	323	5671	42	45	50	69	80	16	160					101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%					101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

NQ53 ARE YOU MALE OR FEMALE?

	PCG 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		
			#	##	#	#	##	##	#	##	#	#	##	##	#	#	GOOD	POOR	MALE	MALE
NQ53	123	2300	21	12	15	30	31	7	58						42	74	85	28	117	
MALE	38%	41%	50%~	27%~	30%	43%	39%	44%~	36%	~	~	~	~	~	42%	36%	39%	34%	100%~	~
FEMALE	200	3371	21	33	35	39	49	9	102						59	129	134	55	189	
	62%	59%	50%~	73%~	70%	57%	61%	56%~	64%	~	~	~	~	~	58%	64%	61%	66%	~100%~	
VALID CASES	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
NUMBER OF RESPONDENTS	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
	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?

	PCG 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	
			24	34	44	54	64	OVER	WHITE	#	##	#	#	##	##	IC	IC	GOOD	POOR	MALE
Q54																				
8TH GRADE OR LESS	43 14%	328 6%*	~	11%~	10%~	20%	19%~	3%*	~	~	~	~	~	~	39%*	3%*	9%*	25%*	18%	12%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	39 13%	614 12%	15%~	7%~	20%~	14%	10%	19%~	6%*	~	~	~	~	~	19%	9%*	12%	16%	11%	14%
HIGH SCHOOL GRADUATE OR GED	112 37%	1659 31%*	61%~	48%~	24%~	35%	29%	38%~	45%*	~	~	~	~	~	31%	41%*	40%	32%	43%	34%
SOME COLLEGE OR 2-YEAR DEGREE	71 24%	1998 38%*	22%~	23%~	31%~	17%	28%	25%~	30%*	~	~	~	~	~	11%*	30%*	25%	22%	19%	27%
4-YEAR COLLEGE GRADUATE	21 7%	437 8%	2%~	9%~	8%~	12%	5%	~	9%	~	~	~	~	~	1%*	10%*	8%	4%	5%	8%
MORE THAN 4-YEAR COLLEGE DEGREE	13 4%	242 5%	~	2%~	6%~	3%	9%	~	8%*	~	~	~	~	~	~	6%*	6%*	1%*	3%	5%
NOT ANSWERED	24	392	1	1	1	3		1						6	2	7	2	2	2	6
VALID CASES	299	5279	41	44	49	66	80	16	159					95	201	212	81	115	183	
NUMBER OF RESPONDENTS	323	5671	42	45	50	69	80	16	160					101	203	219	83	117	189	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

	PCG 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	101 33%	668 13%*	27 64%~	14 31%~	14 28%	22 33%	18 23%*	2 12%~	~	~	~	~	~	~	~	101 ~100%~	~	67 31%	28 34%	42 36%	59 32%
NO NOT HISPANIC OR LATINO	203 67%	4589 87%*	15 36%~	31 69%~	36 72%	45 67%	61 77%*	14 88%~	158 100%~	~	~	~	~	~	~	203 ~100%~	~	148 69%	54 66%	74 64%	128 68%
NOT ANSWERED	19	413				2	1		2									4	1	1	2
VALID CASES	304	5258	42	45	50	67	79	16	158							101	203	215	82	116	187
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

	PCG 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	FE- MALE	FE- MALE		
Q56.1 YES	218 67%	3500 62%*	27 64%~	32 71%~	32 64%	46 67%	65 81%*	15 94%~	160 100%~	~	~	~	~	~	~	50 50%*	166 82%*	156 71%*	57 69%	80 68%	138 73%*
NO	105 33%	2171 38%*	15 36%~	13 29%~	18 36%	23 33%	15 19%*	1 6%~	~	~	~	~	~	~	~	51 50%*	37 18%*	63 29%*	26 31%	37 32%	51 27%*
VALID CASES	323	5671	42	45	50	69	80	16	160							101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%							101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q56.2 YES		117 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	323 100%	5554 98%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%	~	~	~	~	~	101 100%	203 100%	219 100%	83 100%	117 100%	189 100%
VALID CASES	323	5671	42	45	50	69	80	16	160						101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%						101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

	PCG 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 & GOOD	FAIR & POOR	MALE	FE- MALE
Q56.3 YES	1 0.3%	212 4%*	~	~	~	1%~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	322 100%	5459 96%*	100%~	100%~	100%~	99%~	100%~	100%~	100%~	100%~	~	~	~	~	~	~	~	~	~
VALID CASES	323	5671	42	45	50	69	80	16	160					101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%					101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	FE-MALE	FE-MALE	
Q56.4	PCG TOT ADLT	2	34	1		1								1	1		2		2	
YES	OHP TOT ADLT	0.6%	0.6%	~ 2%	~	~ 1%	~	~	~	~	~	~	~	1%	0.5%	~ 2%	~	~ 1%	~	
NO	PCG TOT ADLT	321	5637	42	44	50	69	79	16	160				100	202	219	81	117	187	
	OHP TOT ADLT	99%	99%	100%	~ 98%	~ 100%	~ 100%	~ 99%	100%	~ 100%	~	~	~	~ 99%	100%	100%	~ 98%	100%	~ 99%	
VALID CASES	PCG TOT ADLT	323	5671	42	45	50	69	80	16	160				101	203	219	83	117	189	
NUMBER OF RESPONDENTS	OHP TOT ADLT	323	5671	42	45	50	69	80	16	160				101	203	219	83	117	189	
	OHP TOT ADLT	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	

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

	PCG 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	GOOD & POOR	FE- MALE	FE- MALE			
Q56.5 YES	5 2%	211 4%*	18 24	25 34	35 44	45 54	55 64	65 OVER	~	~	~	~	~	~	~	~	5 2%	1 0.5%	4 5%	5 3%~		
NO	318 98%	5460 96%*	42 100%~	44 100%~	50 100%~	68 100%~	77 100%~	16 100%~	160 100%~	~	~	~	~	~	~	~	101 100%~	198 98%*	218 100%~	79 95%	117 100%~	184 97%*
VALID CASES	323	5671	42	45	50	69	80	16	160								101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%								101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER		
	PCG 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
Q56.6 YES	22 7%	307 5%	6 14%~	4 9%~	3 6%	4 6%	5 6%	~	~	~	~	~	~	16 16%*	6 3%*	16 7%	6 7%	11 9%	10 5%
NO	301 93%	5364 95%	36 86%~	41 91%~	47 94%	65 94%	75 94%	16 100%~	160 100%~	~	~	~	~	85 84%*	197 97%*	203 93%	77 93%	106 91%	179 95%
VALID CASES	323	5671	42	45	50	69	80	16	160					101	203	219	83	117	189
NUMBER OF RESPONDENTS	323 100%	5671 100%	42 100%	45 100%	50 100%	69 100%	80 100%	16 100%	160 100%					101 100%	203 100%	219 100%	83 100%	117 100%	189 100%

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q57 YES	31 13%	630 15%	7 22%~	4 12%~	2 6%~	6 12%	7 10%	5 33%~	15 9%*	~	~	~	~	~	~	16 24%*	15 9%*	19 11%	9 15%	14 16%	17 11%
NO	211 87%	3507 85%	25 78%~	29 88%~	32 94%~	46 88%	65 90%	10 67%~	145 91%*	~	~	~	~	~	~	52 76%*	156 91%*	156 89%	51 85%	75 84%	135 89%
NOT ANSWERED	2	39				1										1		1	1		1
VALID CASES	242	4137	32	33	34	52	72	15	160							68	171	175	60	89	152
NUMBER OF RESPONDENTS	244	4176	32	33	34	53	72	15	160							69	171	176	61	89	153
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	PCG 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	GOOD & POOR	MALE	FE- MALE		
Q58.1 YES	15 48%	257 48%	1 14%	1 25%	2 100%	5 83%	2 29%	4 80%	7 47%	~	~	~	~	~	~	8 50%	7 47%	9 47%	5 56%	7 50%	8 47%
NO	16 52%	281 52%	6 86%	3 75%	~	1 17%	5 71%	1 20%	8 53%	~	~	~	~	~	~	8 50%	8 53%	10 53%	4 44%	7 50%	9 53%
VALID CASES	31	538	7	4	2	6	7	5	15							16	15	19	9	14	17
NUMBER OF RESPONDENTS	31 100%	538 100%	7 100%	4 100%	2 100%	6 100%	7 100%	5 100%	15 100%							16 100%	15 100%	19 100%	9 100%	14 100%	17 100%

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

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

	PCG 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	
Q58.2 YES	11 35%	220 41%	2 29%	1 25%	2 100%	3 50%	1 14%	2 40%	5 33%	~	~	~	~	~	6 38%	5 33%	6 32%	5 56%	5 36%	6 35%
NO	20 65%	318 59%	5 71%	3 75%	~	3 50%	6 86%	3 60%	10 67%	~	~	~	~	~	10 63%	10 67%	13 68%	4 44%	9 64%	11 65%
VALID CASES	31	538	7	4	2	6	7	5	15						16	15	19	9	14	17
NUMBER OF RESPONDENTS	31 100%	538 100%	7 100%	4 100%	2 100%	6 100%	7 100%	5 100%	15 100%						16 100%	15 100%	19 100%	9 100%	14 100%	17 100%

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

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

	PCG 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	GOOD & POOR	MALE	FE- MALE		
Q58.3 YES	13 42%	203 38%	5 71%	3 75%	1 ~	2 17%	2 29%	2 40%	7 47%	~	~	~	~	~	~	6 38%	7 47%	8 42%	4 44%	6 43%	7 41%
NO	18 58%	335 62%	2 29%	1 25%	2 100%	5 83%	5 71%	3 60%	8 53%	~	~	~	~	~	~	10 63%	8 53%	11 58%	5 56%	8 57%	10 59%
VALID CASES	31	538	7	4	2	6	7	5	15							16	15	19	9	14	17
NUMBER OF RESPONDENTS	31 100%	538 100%	7 100%	4 100%	2 100%	6 100%	7 100%	5 100%	15 100%							16 100%	15 100%	19 100%	9 100%	14 100%	17 100%

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

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

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
Q58.4	PCG																		
	TOT																		
	ADLT																		
YES	5	79	1		2	2							5		2	2	2	3	
	16%	15%	14%	~	~	33%	29%	~	~	~	~	~	~	31%	~	11%	22%	14%	18%
NO	26	459	6	4	2	4	5	5	15					11	15	17	7	12	14
	84%	85%	86%	100%	100%	67%	71%	100%	100%	~	~	~	~	69%	100%	89%	78%	86%	82%
VALID CASES	31	538	7	4	2	6	7	5	15					16	15	19	9	14	17
NUMBER OF RESPONDENTS	31	538	7	4	2	6	7	5	15					16	15	19	9	14	17
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

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

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
		18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	MALE	FE-MALE		
Q58.5																					
YES	1 3%	32 6%	~	~	~	~	14%~	1 7%~	~	~	~	~	~	~	~	7%~	1 5%~	~	1 6%~		
NO	30 97%	506 94%~	7 100%~	4 100%~	2 100%~	6 100%~	6 86%~	5 100%~	14 93%~	~	~	~	~	~	~	100%~	14 93%~	18 95%~	9 100%~	14 100%~	16 94%~
VALID CASES	31	538	7	4	2	6	7	5	15						16	15	19	9	14	17	
NUMBER OF RESPONDENTS	31 100%	538 100%	7 100%	4 100%	2 100%	6 100%	7 100%	5 100%	15 100%						16 100%	15 100%	19 100%	9 100%	14 100%	17 100%	

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

NQ13 RATING OF ALL HEALTH CARE

	PCG 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	
NQ13 0-6	30 14%	761 20%*	1 4%~	3 10%~	8 21%~	6 14%~	9 16%	2 20%~	13 12%	~	~	~	~	~	~	8 13%	21 15%	12 9%*	17 27%*	9 15%	21 15%
7-8	78 37%	1368 36%	8 35%~	17 57%~	18 47%~	13 30%~	18 32%	2 20%~	44 40%	~	~	~	~	~	~	23 37%	53 38%	58 41%	19 30%	24 39%	52 37%
9-10	101 48%	1705 44%	14 61%~	10 33%~	12 32%~	24 56%~	30 53%	6 60%~	53 48%	~	~	~	~	~	~	31 50%	66 47%	70 50%	28 44%	28 46%	69 49%
VALID CASES	209	3835	23	30	38	43	57	10	110							62	140	140	64	61	142
NUMBER OF RESPONDENTS	209 100%	3835 100%	23 100%	30 100%	38 100%	43 100%	57 100%	10 100%	110 100%							62 100%	140 100%	140 100%	64 100%	61 100%	142 100%
MEAN	2.34	2.25	2.57	2.23	2.11	2.42	2.37	2.40	2.36							2.37	2.32	2.41	2.17	2.31	2.34
p stat_(*=Sig @ p<=.05)		.081	~	~	~	~.726	~	~.618	~	~	~	~	~	~	~.682	.606	.055	.025*	.718	.961	

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

	PCG 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 & FAIR & POOR	MALE	FE- MALE
NQ23 0-6	24 10%	642 16%*	4 12%~	3 9%~	4 11%~	5 9%	4 7%	3 23%~	16 13%	~	~	~	~	~	7 9%	16 10%	15 9%	9 13%	11 13%	12 8%
7-8	48 20%	1053 26%*	7 21%~	8 24%~	10 27%~	10 18%	11 19%	2 15%~	23 18%	~	~	~	~	~	13 17%	35 22%	31 19%	16 23%	19 23%	29 19%
9-10	169 70%	2378 58%*	23 68%~	22 67%~	23 62%~	41 73%	44 75%	8 62%~	86 69%	~	~	~	~	~	55 73%	108 68%	119 72%	44 64%	52 63%	113 73%
VALID CASES	241	4074	34	33	37	56	59	13	125						75	159	165	69	82	154
NUMBER OF RESPONDENTS	241 100%	4074 100%	34 100%	33 100%	37 100%	56 100%	59 100%	13 100%	125 100%						75 100%	159 100%	165 100%	69 100%	82 100%	154 100%
MEAN	2.60	2.43	2.56	2.58	2.51	2.64	2.68	2.38	2.56						2.64	2.58	2.63	2.51	2.50	2.66
p stat_(*=Sig @ p<=.05)		.000*	~	~	~.591	.315	~	.314	~	~	~	~	~	~	.551	.458	.330	.187	.090	.114

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	PCG 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 ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ27 0-6	7 8%	249 13%	1 ~ 10%	2 ~ 14%	1 ~ 5%	3 ~ 12%	4 ~ 7%	~	~	~	~	~	~	1 ~ 7%	6 ~ 9%	2 ~ 4%	5 ~ 17%	3 ~ 12%	4 ~ 7%	
7-8	25 29%	475 25%	2 29%	4 40%	3 21%	6 32%	9 35%	1 14%	17 31%	~	~	~	~	~	5 33%	19 28%	18 33%	7 23%	6 25%	19 32%
9-10	55 63%	1151 61%	5 71%	5 50%	9 64%	12 63%	14 54%	6 86%	33 61%	~	~	~	~	~	9 60%	43 63%	35 64%	18 60%	15 63%	37 62%
VALID CASES	87	1875	7	10	14	19	26	7	54						15	68	55	30	24	60
NUMBER OF RESPONDENTS	87 100%	1875 100%	7 100%	10 100%	14 100%	19 100%	26 100%	7 100%	54 100%						15 100%	68 100%	55 100%	30 100%	24 100%	60 100%
MEAN	2.55	2.48	2.71	2.40	2.50	2.58	2.42	2.86	2.54						2.53	2.54	2.60	2.43	2.50	2.55
p stat_(*=Sig @ p<=.05)		.362	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ35 RATING OF HEALTH PLAN

	PCG 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 PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
NQ35 0-6	65 23%	1160 23%	7 18%~	8 20%~	14 30%~	11 18%	19 26%	3 21%~	45 32%*	~	~	~	~	~	8 9%*	54 30%*	42 21%	22 29%	22 21%	41 24%
7-8	80 28%	1699 34%	10 25%~	12 30%~	13 28%~	18 30%	23 32%	2 14%~	43 31%	~	~	~	~	~	22 23%	55 31%	58 29%	18 24%	35 33%	43 25%
9-10	137 49%	2187 43%	23 58%~	20 50%~	19 41%~	32 52%	31 42%	9 64%~	52 37%*	~	~	~	~	~	64 68%*	71 39%*	97 49%	36 47%	48 46%	88 51%
VALID CASES	282	5046	40	40	46	61	73	14	140						94	180	197	76	105	172
NUMBER OF RESPONDENTS	282 100%	5046 100%	40 100%	40 100%	46 100%	61 100%	73 100%	14 100%	140 100%						94 100%	180 100%	197 100%	76 100%	105 100%	172 100%
MEAN	2.26	2.20	2.40	2.30	2.11	2.34	2.16	2.43	2.05						2.60	2.09	2.28	2.18	2.25	2.27
p stat_(*=Sig @ p<=.05)		.279	~	~	~.319	.271	~	.000*	~	~	~	~	~	~	~.000*	.000*	.471	.391	.901	.643

GETTING NEEDED CARE

		AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER				
PCG 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- NATV OTHR ##	MUL- TI ##	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & POOR	EX & FAIR & POOR	FE- MALE MALE				
NPRBSEE4	NQ25	2.27	2.22	1.86	2.20	2.25	2.20	2.33	2.63	2.32				2.29	2.25	2.40	1.97	2.37	2.22			
p stat_(*=Sig @ p<=.05)		.517	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
NCARNES4	NQ14	2.29	2.26	2.26	2.06	2.11	2.41	2.39	2.45	2.35				2.15	2.33	2.36	2.14	2.30	2.27			
p stat_(*=Sig @ p<=.05)		.551	~	~	~	~.279	~	.268	~	~	~	~	~	.063	.330	.062	.050*	.922	.604			
COMPOSITE		2.28	2.24	2.06	2.13	2.18	2.30	2.36	2.54	2.33	x	x	x	x	x	x	2.22	2.29	2.38	2.05	2.34	2.25
p stat_(*=Sig @ p<=.05)		.823	~	~	~	~.832	~	.789	~	~	~	~	~	.835	.947	.479	.480	.862	.794			

GETTING CARE QUICKLY

	PCG 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	HIS- PAN- IC	NOT VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
NCARSN4 NQ4	2.50	2.42	2.43	2.39	2.59	2.52	2.38	2.80	2.43							2.56	2.45	2.57	2.39	2.42	2.51
p stat_(*=Sig @ p<=.05)		.318	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.20	2.28	2.13	2.10	1.97	2.22	2.33	2.17	2.24							2.09	2.19	2.16	2.22	2.03	2.23
p stat_(*=Sig @ p<=.05)		.192	~	~	~	~	~	~	.557	~	~	~	~	~	~	.204	.836	.335	.847	.066	.556
COMPOSITE	2.35	2.35	2.28	2.24	2.28	2.37	2.36	2.48	2.33	x	x	x	x	x	x	2.32	2.32	2.36	2.30	2.23	2.37
p stat_(*=Sig @ p<=.05)		1.00	~	~	~	~.992	~	~.933	~	~	~	~	~	~	~	.931	.858	.937	.899	.721	.922

HOW WELL DOCTORS COMMUNICATE

	PCG 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- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE	
NDREXPL4 NQ17	2.75	2.61	2.50	2.70	2.77	2.76	2.81	2.90	2.80						2.69	2.78	2.82	2.61	2.74	2.76
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~	~	~	.260	~	~	~	~	~	.321	.407	.035*	.036*	.833	.837
NDRLSTN4 NQ18	2.75	2.58	2.78	2.70	2.68	2.71	2.81	2.80	2.79						2.73	2.74	2.76	2.72	2.67	2.77
p stat_(*=Sig @ p<=.05)		.000*	~	~	~	~	~	~	.241	~	~	~	~	~	.797	.843	.635	.625	.236	.383
NDRESPU4 NQ19	2.76	2.65	2.67	2.74	2.81	2.76	2.76	2.70	2.81						2.73	2.76	2.79	2.65	2.71	2.77
p stat_(*=Sig @ p<=.05)		.012*	~	~	~	~	~	~	.168	~	~	~	~	~	.692	.806	.194	.111	.432	.658
NDRTMEN4 NQ20	2.57	2.50	2.61	2.46	2.48	2.52	2.71	2.90	2.70						2.42	2.66	2.62	2.49	2.59	2.59
p stat_(*=Sig @ p<=.05)		.176	~	~	~	~	~	~	.008*	~	~	~	~	~	.040*	.028*	.212	.287	.857	.711
COMPOSITE	2.71	2.59	2.64	2.65	2.69	2.69	2.77	2.82	2.77	x	x	x	x	x	2.64	2.73	2.75	2.62	2.68	2.72
p stat_(*=Sig @ p<=.05)		.732	~	~	~	~	~	~	.852	~	~	~	~	~	.909	.919	.871	.872	.957	.956

CUSTOMER SERVICE

	PCG 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	FE- MALE	FE- MALE	
NPBCLCS4 NQ31	2.40	2.22	2.45	2.18	2.22	2.35	2.65	3.00	2.37							2.44	2.35	2.35	2.53	2.32	2.43
p stat_(*=Sig @ p<=.05)		.063	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.75	2.61	2.64	2.82	2.56	2.80	2.76	3.00	2.67							2.81	2.70	2.78	2.68	2.68	2.78
p stat_(*=Sig @ p<=.05)		.066	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.58	2.42	2.55	2.50	2.39	2.57	2.71	3.00	2.52	x	x	x	x	x	x	2.63	2.52	2.57	2.61	2.50	2.61
p stat_(*=Sig @ p<=.05)		.742	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	PCG 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 ##	OTHR #	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	2.40	2.46	3.00	2.29	2.26	2.45	2.45	2.43	2.43						2.50	2.41	2.36	2.53	2.13	2.54
p stat_(*=Sig @ p<=.05)	.479		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ12	2.53	2.52	3.00	2.57	2.68	2.52	2.52	1.86	2.56						2.60	2.51	2.63	2.35	2.38	2.59
p stat_(*=Sig @ p<=.05)	.916		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.46	2.49	3.00	2.43	2.47	2.49	2.48	2.14	2.50	x	x	x	x	x	2.55	2.46	2.50	2.44	2.26	2.57
p stat_(*=Sig @ p<=.05)	.922		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

	PCG TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
PRBSEE4 Q25	78%	75%	71%	80%	69%	80%	78%	88%	80%								82%	76%	81%	72%	79%	77%
CARNES4 Q14	83%	80%	78%	77%	76%	91%	82%	100%	87%								74%	86%	86%	78%	83%	83%
AVERAGE	80.60	77.53	74.84	78.71	72.21	85.45	80.12	93.75	83.48	x	x	x	x	x	x		78.27	80.99	83.26	75.00	80.85	80.01

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

	PCG TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
CARSN4 Q4	88%	84%	100%	83%	94%	86%	81%	100%	82%							93%	85%	88%	86%	88%	87%
APGET4 Q6	75%	77%	73%	74%	63%	73%	80%	83%	78%							67%	76%	73%	76%	66%	77%
AVERAGE	81.38	80.73	86.67	78.76	78.64	79.52	80.18	83.33	79.97	x	x	x	x	x	x	79.92	80.60	80.83	81.19	76.99	82.08

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

	PCG 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	FE- MALE	FE- MALE		
DREXPL4 Q17	96%	91%	89%	93%	100%	98%	96%	100%	98%							95%	97%	98%	93%	98%	95%
DRLSTN4 Q18	96%	90%	100%	93%	97%	93%	96%	100%	97%							96%	95%	95%	96%	94%	96%
DRESPU4 Q19	96%	91%	100%	93%	100%	95%	94%	90%	97%							96%	95%	97%	93%	94%	96%
DRTMEN4 Q20	90%	87%	100%	88%	87%	88%	92%	100%	94%							89%	92%	92%	87%	92%	91%
AVERAGE	94.4	89.8	97.2	91.6	96.0	93.5	94.3	97.5	96.3	x	x	x	x	x	x	94.1	94.6	95.4	92.1	94.6	94.5

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

	PCG TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV #	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
PBCLCS4 Q31	83%	76%	91%	73%	67%	90%	88%	100%	78%							93%	77%	80%	89%	80%	85%
CSRESP Q32	96%	91%	91%	100%	100%	100%	88%	100%	93%						96%	95%	98%	89%	92%	98%	
AVERAGE	89.58	83.64	90.91	86.36	83.33	95.00	88.24	x	85.19	x	x	x	x	x	x	94.44	86.05	89.22	89.47	86.00	91.30

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	PCG 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			
NRXWHY Q10	88%	93%	100%	93%	95%	76%	97%	43%	87%							84%	88%	91%	82%	87%	88%
NRXWYNT Q11	70%	73%	100%	64%	63%	73%	72%	71%	72%							75%	71%	68%	76%	57%	77%
RXBST Q12	76%	76%	100%	79%	84%	76%	76%	43%	78%							80%	75%	82%	68%	69%	80%
AVERAGE	78.2	80.6	100	78.6	80.7	75.0	81.6	52.4	78.8	x	x	x	x	x	x	79.7	78.1	80.2	75.3	70.8	81.6

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ PAC ALSK ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q1 YES	368	5578	62	93	102	111	77	~	~	~	~	~	~	229	125	337	18	301	67
	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	100%
NOT ANSWERED	8	60	1	2	3	2	3							5	2	8		7	1
VALID CASES	368	5578	62	93	102	111	77							229	125	337	18	301	67
NUMBER OF RESPONDENTS	376	5638	63	95	105	113	80							234	127	345	18	308	68
	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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q3 YES	104 28%	1643 30%	19 31%	29 32%	26 25%	30 27%	26 33%	~	~	~	~	~	~	62 27%	37 29%	91 27%	9 50%	82 27%	22 33%
NO	262 72%	3803 70%	43 69%	62 68%	77 75%	80 73%	53 67%	~	~	~	~	~	~	164 73%	89 71%	245 73%	9 50%	217 73%	45 67%
NOT ANSWERED	10	191	1	4	2	3	1							8	1	9		9	1
VALID CASES	366	5447	62	91	103	110	79							226	126	336	18	299	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC
Q4 NEVER	2 2%	21 1%	~	4%~	~	4%~	1 5%~	~	~	~	~	~	1 2%~	1 3%~	2 2%~	~	2 3%~	~
SOMETIMES	11 12%	109 7%	11%~	19%~	4%~	12%~	2 10%~	~	~	~	~	~	7 12%~	4 12%~	9 11%~	1 14%~	10 13%~	1 5%~
USUALLY	26 28%	253 16%*	17%~	26%~	33%~	32%~	5 24%~	~	~	~	~	~	17 29%~	8 25%~	25 30%~	~	21 28%~	5 26%~
ALWAYS	55 59%	1212 76%*	72%~	52%~	63%~	52%~	13 62%~	~	~	~	~	~	33 57%~	19 59%~	48 57%~	6 86%~	42 56%~	13 68%~
#ALWAYS + USUALLY (NET)	81 86%	1464 92%	89%~	78%~	96%~	84%~	18 86%~	~	~	~	~	~	50 86%~	27 84%~	73 87%~	6 86%~	63 84%~	18 95%~
TOP BOX SCORE	55 59%	1212 76%*	72%~	52%~	63%~	52%~	13 62%~	~	~	~	~	~	33 57%~	19 59%~	48 57%~	6 86%~	42 56%~	13 68%~
NOT ANSWERED	10	102	1	2	2	5	5						4	5	7	2	7	3
VALID CASES	94	1594	18	27	24	25	21						58	32	84	7	75	19
NUMBER OF RESPONDENTS	104	1696	19	29	26	30	26						62	37	91	9	82	22
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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		
Q5 YES	230 63%	3547 65%	48 81%*	59 64%	59 57%	64 58%	54 68%	~	~	~	~	~	~	145 64%	76 61%	211 62%~	13 72%~	177 59%*	53 82%*
Q5 NO	136 37%	1877 35%	11 19%*	33 36%	45 43%	47 42%	26 33%	~	~	~	~	~	~	83 36%	49 39%	127 38%~	5 28%~	124 41%*	12 18%*
NOT ANSWERED	10	214	4	3	1	2								6	2	7		7	3
VALID CASES	366	5424	59	92	104	111	80							228	125	338	18	301	65
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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	
	PCG TOT CHLD	OHP TOT CHLD	<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	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q6 NEVER	3 1%	50 2%	~	~	2%	3%	~	~	~	~	~	~	2 2%	1 0.5%	1 8%	3 2%	~	
SOMETIMES	28 13%	468 14%	3 7%	10 20%	6 11%	9 15%	4 8%	~	~	~	~	~	22 17%*	6 9%	25 13%	2 17%	19 12%	9 18%
USUALLY	67 32%	881 27%	12 27%	15 30%	14 26%	26 43%*	19 40%	~	~	~	~	~	40 31%	23 33%	61 32%	5 42%	50 31%	17 34%
ALWAYS	111 53%	1910 58%	30 67%	25 50%	33 61%	23 38%*	25 52%	~	~	~	~	~	67 51%	41 59%	104 54%	4 33%	87 55%	24 48%
#ALWAYS + USUALLY (NET)	178 85%	2792 84%	42 93%	40 80%	47 87%	49 82%	44 92%	~	~	~	~	~	107 82%*	64 91%*	165 86%	9 75%	137 86%	41 82%
TOP BOX SCORE	111 53%	1910 58%	30 67%	25 50%	33 61%	23 38%*	25 52%	~	~	~	~	~	67 51%	41 59%	104 54%	4 33%	87 55%	24 48%
NOT ANSWERED	21	232	3	9	5	4	6						14	6	20	1	18	3
VALID CASES	209	3310	45	50	54	60	48						131	70	191	12	159	50
NUMBER OF RESPONDENTS	230	3542	48	59	59	64	54						145	76	211	13	177	53
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q7 NONE	130 36%	1626 30%*	11 19%*	31 34%	47 47%*	41 38%	25 32%	~	~	~	~	~	~	84 38%	41 34%	122 37%~	5 29%~	115 40%*	15 22%*
1 TIME	89 25%	1614 30%*	17 29%	25 28%	21 21%	26 24%	21 27%	~	~	~	~	~	~	52 23%	32 26%	82 25%~	4 24%~	76 26%	13 19%
2	77 22%	1048 20%	17 29%	13 14%*	23 23%	24 22%	14 18%	~	~	~	~	~	~	52 23%	23 19%	71 21%~	4 24%~	56 19%	21 31%
3	31 9%	512 10%	8 14%	14 16%*	3 3%*	6 6%	7 9%	~	~	~	~	~	~	20 9%	11 9%	31 9%~	~	24 8%	7 10%
4	14 4%	232 4%	3 5%	3 3%	3 3%	5 5%	4 5%	~	~	~	~	~	~	7 3%	7 6%	13 4%~	1 6%~	8 3%	6 9%
5 TO 9	14 4%	256 5%	3 5%	3 3%	3 3%	5 5%	6 8%	~	~	~	~	~	~	7 3%	7 6%	11 3%~	3 18%~	9 3%	5 7%
10 OR MORE TIMES	3 0.8%	57 1%	~	1 1%	1 1%	1 0.9%	1 1%	~	~	~	~	~	~	2 0.9%	1 0.8%	3 0.9%~	~	2 0.7%	1 1%
NOT ANSWERED	18	293	4	5	4	5	2							10	5	12	1	18	
VALID CASES	358	5345	59	90	101	108	78							224	122	333	17	290	68
NUMBER OF RESPONDENTS	376	5638	63	95	105	113	80							234	127	345	18	308	68
	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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK #	MUL- OTHR #	TI #	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q8 #YES	156 70%	2462 67%	37 79%	40 70%	38 70%	41 64%	34 65%	~	~	~	~	~	~	96 71%	57 71%	144 70%	9 75%	114 67%*	42 81%*
NO	66 30%	1197 33%	10 21%	17 30%	16 30%	23 36%	18 35%	~	~	~	~	~	~	40 29%	23 29%	62 30%	3 25%	56 33%*	10 19%*
NOT ANSWERED	6	87	1	2		3	1							4	1	5		5	1
VALID CASES	222	3659	47	57	54	64	52							136	80	206	12	170	52
NUMBER OF RESPONDENTS	228 100%	3746 100%	48 100%	59 100%	54 100%	67 100%	53 100%							140 100%	81 100%	211 100%	12 100%	175 100%	53 100%

[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		
	PCG TOT CHLD	OHP TOT CHLD	<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	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q9 NEVER	9 4%	111 3%	~	5%	4%	6%	4 8%	~	~	~	~	~	~	4 3%	5 6%	8 4%	1 8%	7 4%	2 4%
SOMETIMES	18 8%	330 9%	6%~	7%	15%	5%	2 4%	~	~	~	~	~	~	13 9%	5 6%	13 6%	5 42%	14 8%	4 8%
USUALLY	52 23%	815 22%	21%~	23%	30%	20%	9 17%	~	~	~	~	~	~	36 26%	13 16%*	51 24%	~	37 22%	15 28%
ALWAYS	146 65%	2400 66%	73%~	65%	52%*	70%	38 72%	~	~	~	~	~	~	85 62%	58 72%	137 66%	6 50%	114 66%	32 60%
#ALWAYS + USUALLY (NET)	198 88%	3215 88%	94%~	88%	81%	89%	47 89%	~	~	~	~	~	~	121 88%	71 88%	188 90%	6 50%	151 88%	47 89%
TOP BOX SCORE	146 65%	2400 66%	73%~	65%	52%*	70%	38 72%	~	~	~	~	~	~	85 62%	58 72%	137 66%	6 50%	114 66%	32 60%
NOT ANSWERED	3	90		2		1								2		2		3	
VALID CASES	225	3656	48	57	54	66	53							138	81	209	12	172	53
NUMBER OF RESPONDENTS	228	3746	48	59	54	67	53							140	81	211	12	175	53
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q10 YES	61 27%	1058 29%	10 21%	15 26%	16 30%	20 30%	16 30%	~	~	~	~	~	40 29%	20 25%	53 25%	7 58%	40 23%*	21 40%*
Q10 NO	163 73%	2578 71%	38 79%	42 74%	37 70%	46 70%	37 70%	~	~	~	~	~	97 71%	61 75%	155 75%	5 42%	131 77%*	32 60%*
Q10 NOT ANSWERED	4	110		2	1	1							3		3		4	
VALID CASES	224	3636	48	57	53	66	53						137	81	208	12	171	53
NUMBER OF RESPONDENTS	228	3746	48	59	54	67	53						140	81	211	12	175	53
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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	HIS-PAN-IC	NOT VERY GOOD & POOR	EX & FAIR &	NO CCC	CCC		
Q11 #YES	56 95%	931 93%	9 100%	15 100%	14 93%	18 90%	15 100%	~	~	~	~	~	~	36 92%	19 100%	50 96%	5 83%	36 92%	20 100%
NO	3 5%	71 7%	~	~	1 7%	2 10%	~	~	~	~	~	~	~	3 8%	~	2 4%	1 17%	3 8%	~
NOT ANSWERED	24	408	5	7	6	6	3							14	6	16	2	23	1
VALID CASES	59	1002	9	15	15	20	15							39	19	52	6	39	20
NUMBER OF RESPONDENTS	83 100%	1410 100%	14 100%	22 100%	21 100%	26 100%	18 100%							53 100%	25 100%	68 100%	8 100%	62 100%	21 100%

[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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q12 #YES	45 76%	722 71%	6 67%~	13 87%~	10 67%~	16 80%~	14 93%~	~	~	~	~	~	~	26 67%~	18 95%~	42 81%~	2 33%~	29 74%~	16 80%~
NO	14 24%	300 29%	3 33%~	2 13%~	5 33%~	4 20%~	1 7%~	~	~	~	~	~	~	13 33%~	1 5%~	10 19%~	4 67%~	10 26%~	4 20%~
NOT ANSWERED	2	19	1		1		1							1	1	1	1	1	1
VALID CASES	59	1022	9	15	15	20	15							39	19	52	6	39	20
NUMBER OF RESPONDENTS	61 100%	1041 100%	10 100%	15 100%	16 100%	20 100%	16 100%							40 100%	20 100%	53 100%	7 100%	40 100%	21 100%

[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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q13 #YES	48 83%	804 80%	8 89%~	15 100%~	10 67%~	15 79%~	14 93%~	~	~	~	~	~	~	29 76%~	18 95%~	44 86%~	3 50%~	30 79%~	18 90%~
NO	10 17%	202 20%	1 11%~	~	5 33%~	4 21%~	1 7%~	~	~	~	~	~	~	9 24%~	1 5%~	7 14%~	3 50%~	8 21%~	2 10%~
NOT ANSWERED	3	35	1		1	1	1							2	1	2	1	2	1
VALID CASES	58	1006	9	15	15	19	15							38	19	51	6	38	20
NUMBER OF RESPONDENTS	61 100%	1041 100%	10 100%	15 100%	16 100%	20 100%	16 100%							40 100%	20 100%	53 100%	7 100%	40 100%	21 100%

[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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q14 WORST HEALTH CARE POSSIBLE		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	2 0.9%	15 0.4%	1 2%	~	~	1 2%	~	~	~	~	~	~	2 1%	~	1 0.5%	1 8%	2 1%	~
03	1 0.4%	17 0.5%	~	~	~	1 2%	~	~	~	~	~	~	~	~	~	~	1 0.6%	~
04	2 0.9%	22 0.6%	~	~	2 4%	~	~	~	~	~	~	~	1 0.7%	1 1%	1 0.5%	1 8%	1 0.6%	1 2%
05	9 4%	133 4%	2 4%	2 3%	4 7%	1 2%	4 8%	~	~	~	~	~	4 3%	5 6%	6 3%	3 25%	7 4%	2 4%
06	3 1%	105 3%	2 4%	1 2%	~	~	~	~	~	~	~	~	3 2%	~	3 1%	~	1 0.6%	2 4%
07	18 8%	327 9%	~	6 10%	4 7%	8 12%	6 11%	~	~	~	~	~	8 6%	10 12%	17 8%	1 8%	12 7%	6 12%
08	48 21%	776 21%	12 25%	10 17%	13 24%	13 20%	10 19%	~	~	~	~	~	29 21%	18 22%	47 22%	1 8%	40 23%	8 15%
09	56 25%	815 22%	9 19%	17 29%	13 24%	17 26%	16 30%	~	~	~	~	~	34 25%	19 23%	52 25%	2 17%	42 24%	14 27%
BEST HEALTH CARE POSSIBLE	86 38%	1412 39%	22 46%	22 38%	18 33%	24 37%	17 32%	~	~	~	~	~	57 41%	28 35%	82 39%	3 25%	67 39%	19 37%
#8-10 (NET)	190 84%	3003 83%	43 90%	49 84%	44 81%	54 83%	43 81%	~	~	~	~	~	120 87%	65 80%	181 87%	6 50%	149 86%	41 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		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER PAC ALSK NATV ##	MUL-OTHR TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	NO CCC	CCC	
9-10 (NET)	142 63%	2227 61%	31 65%	39 67%	31 57%	41 63%	33 62%	~	~	~	~	~	~	91 66%	47 58%	134 64%	5 42%	109 63%	33 63%
NOT ANSWERED	3	109		1		2								2		2		2	1
VALID CASES	225	3637	48	58	54	65	53							138	81	209	12	173	52
NUMBER OF RESPONDENTS	228 100%	3746 100%	48 100%	59 100%	54 100%	67 100%	53 100%							140 100%	81 100%	211 100%	12 100%	175 100%	53 100%
MEAN	8.68	8.64	8.77	8.81	8.46	8.66	8.60							8.77	8.57	8.79	7.00	8.69	8.62
p stat_(*=Sig @ p<=.05)		.750	~.393	.252	.933	.703	~	~	~	~	~	~	~.268	.439	~	~.752	.748		

[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		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q15 NEVER	4 2%	66 2%	1 2%~	1 2%	1 2%	1 2%	1 2%	~	~	~	~	~	~	3 2%	1 1%	2 1%~	2 18%~	3 2%	1 2%
SOMETIMES	24 11%	356 10%	3 6%~	8 14%	8 15%	5 8%	3 6%	~	~	~	~	~	~	14 10%	10 12%	21 10%~	3 27%~	18 10%	6 12%
USUALLY	70 31%	1161 32%	11 23%~	21 36%	17 32%	21 33%	19 37%	~	~	~	~	~	~	42 31%	24 30%	67 32%~	1 9%~	53 31%	17 33%
ALWAYS	125 56%	2060 57%	33 69%~	28 48%	27 51%	37 58%	29 56%	~	~	~	~	~	~	78 57%	45 56%	118 57%~	5 45%~	98 57%	27 53%
#ALWAYS + USUALLY (NET)	195 87%	3220 88%	44 92%~	49 84%	44 83%	58 91%	48 92%	~	~	~	~	~	~	120 88%	69 86%	185 89%~	6 55%~	151 88%	44 86%
TOP BOX SCORE	125 56%	2060 57%	33 69%~	28 48%	27 51%	37 58%	29 56%	~	~	~	~	~	~	78 57%	45 56%	118 57%~	5 45%~	98 57%	27 53%
NOT ANSWERED	5	104		1	1	3	1							3	1	3	1	3	2
VALID CASES	223	3642	48	58	53	64	52							137	80	208	11	172	51
NUMBER OF RESPONDENTS	228	3746	48	59	54	67	53							140	81	211	12	175	53
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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		
Q16 YES	268 73%	3847 71%	19 31%*	81 89%*	84 80%*	84 75%	63 79%	~	~	~	~	~	~	164 71%	100 79%*	248 73%~	14 78%~	209 69%*	59 87%*
NO	101 27%	1561 29%	42 69%*	10 11%*	21 20%*	28 25%	17 21%	~	~	~	~	~	~	66 29%	27 21%*	93 27%~	4 22%~	92 31%*	9 13%*
NOT ANSWERED	7	230	2	4		1								4		4		7	
VALID CASES	369	5408	61	91	105	112	80							230	127	341	18	301	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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		
	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC		
Q17 YES	40 16%	421 11%*	5 26%~	16 21%	5 7%*	14 19%	7 13%	~	~	~	~	~	~	27 18%	11 12%	32 14%~	6 46%~	27 14%	13 23%
NO	206 84%	3279 89%*	14 74%~	60 79%	71 93%*	61 81%	47 87%	~	~	~	~	~	~	124 82%	80 88%	195 86%~	7 54%~	163 86%	43 77%
NOT ANSWERED	22	221		5	8	9	9							13	9	21	1	19	3
VALID CASES	246	3699	19	76	76	75	54							151	91	227	13	190	56
NUMBER OF RESPONDENTS	268	3920	19	81	84	84	63							164	100	248	14	209	59
	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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q18 #YES	35 88%	351 89%	5 100%	13 81%	4 80%	13 93%	6 86%	~	~	~	~	~	~	24 89%	10 91%	29 91%	5 83%	24 89%	11 85%
NO	5 12%	44 11%	~	3 19%	1 20%	1 7%	1 14%	~	~	~	~	~	~	3 11%	1 9%	3 9%	1 17%	3 11%	2 15%
NOT ANSWERED		4																	
VALID CASES	40	394	5	16	5	14	7							27	11	32	6	27	13
NUMBER OF RESPONDENTS	40 100%	398 100%	5 100%	16 100%	5 100%	14 100%	7 100%							27 100%	11 100%	32 100%	6 100%	27 100%	13 100%

[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		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER PAC ALSK ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q19 YES	17 5%	201 4%	3 5%	9 10%*	2 2%	3 3%	8 10%	~	~	~	~	~	~	9 4%	8 6%	17 5%~	14 ~	3 4%	
NO	350 95%	5179 96%	57 95%	84 90%*	101 98%	108 97%	72 90%	~	~	~	~	~	~	221 96%	119 94%	324 95%~	18 100%~	65 96%	
NOT ANSWERED	9	258	3	2	2	2								4	4		9		
VALID CASES	367	5380	60	93	103	111	80							230	127	341	18	299	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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	
	PCG 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	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	NO CCC	CCC
Q20 NEVER	1 7%	19 10%	~	~	50%	~	17%	~	~	~	~	~	~	17%	1 7%	1 7%	1 8%	~
SOMETIMES	3 20%	32 16%	~	38%	~	~	~	~	~	~	~	~	33%	3 20%	3 20%	3 23%	~	
USUALLY	2 13%	40 20%	33%	13%	~	~	17%	~	~	~	~	~	11%	1 17%	2 13%	2 15%	~	
ALWAYS	9 60%	107 54%	67%	50%	50%~100%	~	67%	~	~	~	~	~	56%	5 67%	4 60%	9 60%	7 54%	2 100%
#ALWAYS + USUALLY (NET)	11 73%	147 74%	100%	63%	50%~100%	~	83%	~	~	~	~	~	67%	6 83%	5 73%	11 73%	9 69%	2 100%
TOP BOX SCORE	9 60%	107 54%	67%	50%	50%~100%	~	67%	~	~	~	~	~	56%	5 67%	4 60%	9 60%	7 54%	2 100%
NOT ANSWERED	2	9		1		1	2							2	2		1	1
VALID CASES	15	198	3	8	2	2	6							9	6	15	13	2
NUMBER OF RESPONDENTS	17	207	3	9	2	3	8							9	8	17	14	3
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALS ##	MUL- OTHR ##	TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q21 #YES	11 79%	166 83%~100%	3 75%~	6 50%~	1 100%	1 100%	4 80%~	~	~	~	~	~	~	7 78%~	4 80%~	11 79%~	10 83%~	1 50%~
NO	3 21%	35 17%~	~	2 25%~	1 50%~	1 20%~	~	~	~	~	~	~	2 22%~	1 20%~	3 21%~	2 17%~	1 50%~	
NOT ANSWERED	3	6		1	2	3							3	3	2	1		
VALID CASES	14	201	3	8	2	1	5						9	5	14	12	2	
NUMBER OF RESPONDENTS	17	207	3	9	2	3	8						9	8	17	14	3	
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	

[ASKED IF Q19 = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q22 YES	43 12%	487 9%	10 17%	11 12%	9 9%	13 12%	11 14%	~	~	~	~	~	~	24 11%	17 13%	38 11%~	4 22%~	20 7%*	23 34%*
NO	320 88%	4887 91%	50 83%	79 88%	93 91%	98 88%	68 86%	~	~	~	~	~	~	203 89%	109 87%	300 89%~	14 78%~	276 93%*	44 66%*
NOT ANSWERED	13	264	3	5	3	2	1							7	1	7		12	1
VALID CASES	363	5374	60	90	102	111	79							227	126	338	18	296	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

	PCG TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
		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 & FAIR & POOR	NO CCC	CCC	
Q23 NEVER	7 17%	64 14%~	2 20%~	1 ~ 11%~	4 31%~	4 36%~	~	~	~	~	~	2 9%~	5 29%~	6 16%~	1 33%~	2 10%~	5 23%~
SOMETIMES	12 29%	82 18%~	2 20%~	4 40%~	2 22%~	4 31%~	2 18%~	~	~	~	~	5 22%~	6 35%~	10 26%~	2 67%~	5 25%~	7 32%~
USUALLY	4 10%	105 23%~	~	1 10%~	2 22%~	1 8%~	~	~	~	~	~	3 13%~	1 6%~	4 11%~	~	3 15%~	1 5%~
ALWAYS	19 45%	198 44%~	6 60%~	5 50%~	4 44%~	4 31%~	5 45%~	~	~	~	~	13 57%~	5 29%~	18 47%~	~	10 50%~	9 41%~
#ALWAYS + USUALLY (NET)	23 55%	303 68%~	6 60%~	6 60%~	6 67%~	5 38%~	5 45%~	~	~	~	~	16 70%~	6 35%~	22 58%~	~	13 65%~	10 45%~
TOP BOX SCORE	19 45%	198 44%~	6 60%~	5 50%~	4 44%~	4 31%~	5 45%~	~	~	~	~	13 57%~	5 29%~	18 47%~	~	10 50%~	9 41%~
NOT ANSWERED	1	21	1									1			1		1
VALID CASES	42	448	10	10	9	13	11					23	17	38	3	20	22
NUMBER OF RESPONDENTS	43	469	10	11	9	13	11					24	17	38	4	20	23
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

	PCG 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		
Q24 #YES	32 74%	310 69%~	9 90%~	8 73%~	5 56%~	10 77%~	6 55%~	~	~	~	~	~	~	19 ~ 79%~	11 65%~	28 74%~	3 75%~	15 75%~	17 74%~
NO	11 26%	142 31%~	1 10%~	3 27%~	4 44%~	3 23%~	5 45%~	~	~	~	~	~	~	5 ~ 21%~	6 35%~	10 26%~	1 25%~	5 25%~	6 26%~
NOT ANSWERED		17																	
VALID CASES	43	452	10	11	9	13	11							24	17	38	4	20	23
NUMBER OF RESPONDENTS	43 100%	469 100%	10 100%	11 100%	9 100%	13 100%	11 100%							24 100%	17 100%	38 100%	4 100%	20 100%	23 100%

[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		
	PCG 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		
Q25																			
YES	50 14%	692 13%	6 10%	12 13%	14 14%	18 16%	14 18%	~	~	~	~	~	~	28 12%	20 16%	44 13%~	5 28%~	18 6%*	32 47%*
NO	314 86%	4667 87%	52 90%	80 87%	89 86%	93 84%	65 82%	~	~	~	~	~	~	200 88%	106 84%	294 87%~	13 72%~	278 94%*	36 53%*
NOT ANSWERED	12	279	5	3	2	2	1							6	1	7		12	
VALID CASES	364	5359	58	92	103	111	79							228	126	338	18	296	68
NUMBER OF RESPONDENTS	376	5638	63	95	105	113	80							234	127	345	18	308	68
	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?

	PCG TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
		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
Q26 NEVER	4 8%	86 13%~	1 17%~	1 ~	2 11%~	2 15%~	~	~	~	~	~	2 7%~	2 11%~	3 7%~	1 20%~	1 6%~	3 10%~
SOMETIMES	12 24%	135 20%~	2 33%~	3 27%~	4 29%~	3 17%~	2 15%~	~	~	~	~	5 18%~	6 32%~	10 23%~	2 40%~	4 22%~	8 26%~
USUALLY	12 24%	147 22%~	1 17%~	3 27%~	4 29%~	4 22%~	5 38%~	~	~	~	~	7 25%~	5 26%~	10 23%~	2 40%~	2 11%~	10 32%~
ALWAYS	21 43%	290 44%~	2 33%~	5 45%~	5 36%~	9 50%~	4 31%~	~	~	~	~	14 50%~	6 32%~	20 47%~	~	11 61%~	10 32%~
#ALWAYS + USUALLY (NET)	33 67%	437 66%~	3 50%~	8 73%~	9 64%~	13 72%~	9 69%~	~	~	~	~	21 75%~	11 58%~	30 70%~	2 40%~	13 72%~	20 65%~
TOP BOX SCORE	21 43%	290 44%~	2 33%~	5 45%~	5 36%~	9 50%~	4 31%~	~	~	~	~	14 50%~	6 32%~	20 47%~	~	11 61%~	10 32%~
NOT ANSWERED	1	25	1				1						1	1			1
VALID CASES	49	658	6	11	14	18	13					28	19	43	5	18	31
NUMBER OF RESPONDENTS	50	683	6	12	14	18	14					28	20	44	5	18	32
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q27 #YES	37 76%	342 52%~	5 83%~	8 73%~	11 79%~	13 72%~	10 77%~	~	~	~	~	~	~	21 75%~	15 79%~	32 74%~	4 80%~	16 89%~	21 68%~
NO	12 24%	320 48%~	1 17%~	3 27%~	3 21%~	5 28%~	3 23%~	~	~	~	~	~	~	7 25%~	4 21%~	11 26%~	1 20%~	2 11%~	10 32%~
NOT ANSWERED	1	21		1			1								1	1			1
VALID CASES	49	662	6	11	14	18	13							28	19	43	5	18	31
NUMBER OF RESPONDENTS	50 100%	683 100%	6 100%	12 100%	14 100%	18 100%	14 100%							28 100%	20 100%	44 100%	5 100%	18 100%	32 100%

[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?

	PCG 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 & GOOD	FAIR & POOR	NO CCC	CCC	
Q28 YES	76 21%	1125 21%	15 25%	16 17%	21 21%	24 22%	22 27%	~	~	~	~	~	~	40 17%	35 28%*	67 20%~	8 44%~	50 17%*	26 38%*
NO	290 79%	4219 79%	45 75%	77 83%	81 79%	87 78%	58 73%	~	~	~	~	~	~	189 83%	92 72%*	273 80%~	10 56%~	248 83%*	42 62%*
NOT ANSWERED	10	294	3	2	3	2								5		5		10	
VALID CASES	366	5344	60	93	102	111	80							229	127	340	18	298	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- OTHR #	TI #	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q29 #YES	52 70%	616 57%*	11 73%~	12 80%~	13 62%~	16 70%~	13 65%~	~	~	~	~	~	~	31 78%~	20 61%~	47 72%~	4 50%~	36 72%~	16 67%~
NO	22 30%	465 43%*	4 27%~	3 20%~	8 38%~	7 30%~	7 35%~	~	~	~	~	~	~	9 22%~	13 39%~	18 28%~	4 50%~	14 28%~	8 33%~
NOT ANSWERED	2	36		1		1	2								2	2			2
VALID CASES	74	1081	15	15	21	23	20							40	33	65	8	50	24
NUMBER OF RESPONDENTS	76	1117	15	16	21	24	22							40	35	67	8	50	26
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q28 = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- OTHR #	TI #	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q30 YES	326 90%	4642 88%	56 93%	88 97%*	93 91%	89 81%*	71 92%	~	~	~	~	~	~	205 90%	115 93%	305 90%~	17 94%~	261 88%*	65 97%*
NO	37 10%	640 12%	4 7%	3 3%*	9 9%	21 19%*	6 8%	~	~	~	~	~	~	24 10%	9 7%	34 10%~	1 6%~	35 12%*	2 3%*
NOT ANSWERED	13	357	3	4	3	3	3							5	3	6		12	1
VALID CASES	363	5281	60	91	102	110	77							229	124	339	18	296	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

	PCG 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		
Q31 NONE	95 31%	1245 28%	8 15%*	30 37%	35 39%*	22 26%	18 27%	~	~	~	~	~	~	58 30%	35 32%	90 31%~	5 33%~	83 34%*	12 19%*
1 TIME	105 34%	1677 37%	20 38%	23 28%	30 34%	32 38%	28 42%	~	~	~	~	~	~	65 34%	38 35%	99 34%~	5 33%~	79 32%	26 42%
2	62 20%	850 19%	11 21%	18 22%	16 18%	17 20%	12 18%	~	~	~	~	~	~	39 20%	21 19%	59 20%~	1 7%~	50 20%	12 19%
3	27 9%	387 9%	10 19%*	8 10%	4 4%*	5 6%	3 4%	~	~	~	~	~	~	22 11%*	5 5%*	27 9%~	~	22 9%	5 8%
4	13 4%	160 4%	2 4%	2 2%	3 3%	6 7%	6 9%	~	~	~	~	~	~	4 2%*	9 8%*	11 4%~	2 13%~	8 3%	5 8%
5 TO 9	6 2%	163 4%*	2 4%	1 1%	1 1%	2 2%	~	~	~	~	~	~	~	5 3%	1 0.9%	4 1%~	2 13%~	4 2%	2 3%
10 OR MORE TIMES		21 0.5%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	18	173	3	6	4	5	4							12	6	15	2	15	3
VALID CASES	308	4503	53	82	89	84	67							193	109	290	15	246	62
NUMBER OF RESPONDENTS	326	4676	56	88	93	89	71							205	115	305	17	261	65
	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		
	PCG 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		
Q31A ALWAYS	11 5%	87 3%	2 4%~	3 6%	3 6%	3 5%	~	~	~	~	~	~	10 7%*	1 1%*	11 6%~	~	8 5%	3 6%	
USUALLY	6 3%	60 2%	1 2%~	2 4%	2 4%	1 2%	~	~	~	~	~	~	6 4%*	~	6 3%~	~	5 3%	1 2%	
SOMETIMES	23 11%	220 7%	4 9%~	8 16%	4 7%	7 11%	1 2%~	~	~	~	~	~	20 15%*	3 4%*	20 10%~	3 30%~	18 11%	5 10%	
NEVER	171 81%	2850 89%*	38 84%~	37 74%	45 83%	51 82%	48 98%~	~	~	~	~	~	98 73%*	70 95%*	162 81%~	7 70%~	130 81%	41 82%	
#NEVER + SOMETIMES (NET)	194 92%	3070 95%	42 93%~	45 90%	49 91%	58 94%	49 100%~	~	~	~	~	~	118 88%*	73 99%*	182 91%~	10 100%~	148 92%	46 92%	
TOP BOX SCORE	171 81%	2850 89%*	38 84%~	37 74%	45 83%	51 82%	48 98%~	~	~	~	~	~	98 73%*	70 95%*	162 81%~	7 70%~	130 81%	41 82%	
NOT ANSWERED	2	23	2										1		1	2			
VALID CASES	211	3216	45	50	54	62	49							134	74	199	10	161	50
NUMBER OF RESPONDENTS	213	3239	45	52	54	62	49							135	74	200	10	163	50
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER			
	PCG 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/ ALSK ##	MUL-OTHR TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q32 NEVER	5 2%	78 2%	1 2%~	1 2%	2 4%	1 2%	~	~	~	~	~	~	5 4%*	5 3%~	3 2%	2 4%		
SOMETIMES	9 4%	156 5%	2 4%~	2 4%	1 2%	4 6%	1 2%~	~	~	~	~	~	7 5%	2 3%	8 4%~	1 10%~	8 5%	1 2%
USUALLY	45 21%	485 15%*	8 18%~	12 24%	10 19%	15 24%	8 17%~	~	~	~	~	~	33 24%	12 16%	40 20%~	5 50%~	31 19%	14 28%
ALWAYS	152 72%	2499 78%	34 76%~	35 70%	41 76%	42 68%	39 81%~	~	~	~	~	~	90 67%*	59 81%*	146 73%~	4 40%~	119 74%	33 66%
#ALWAYS + USUALLY (NET)	197 93%	2984 93%	42 93%~	47 94%	51 94%	57 92%	47 98%~	~	~	~	~	~	123 91%*	71 97%	186 93%~	9 90%~	150 93%	47 94%
TOP BOX SCORE	152 72%	2499 78%	34 76%~	35 70%	41 76%	42 68%	39 81%~	~	~	~	~	~	90 67%*	59 81%*	146 73%~	4 40%~	119 74%	33 66%
NOT ANSWERED	2	21		2			1							1	1		2	
VALID CASES	211	3218	45	50	54	62	48						135	73	199	10	161	50
NUMBER OF RESPONDENTS	213	3239	45	52	54	62	49						135	74	200	10	163	50
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q33 NEVER	4 2%	35 1%	~	4%	4%	~	~	~	~	~	~	~	4 3%	~	4 2%	3 2%	1 2%	
SOMETIMES	4 2%	139 4%*	~	2%	4%	2%	1 2%	~	~	~	~	~	2 1%	2 3%	3 2%	1 10%	2 1%	2 4%
USUALLY	34 16%	518 16%	9 20%	6 12%	6 11%	13 21%	6 12%	~	~	~	~	~	24 18%	10 14%	33 17%	1 10%	25 16%	9 18%
ALWAYS	169 80%	2521 78%	36 80%	42 82%	44 81%	47 77%	41 85%	~	~	~	~	~	105 78%	61 84%	159 80%	8 80%	131 81%	38 76%
#ALWAYS + USUALLY (NET)	203 96%	3039 95%	45 100%	48 94%	50 93%	60 98%	47 98%	~	~	~	~	~	129 96%	71 97%	192 96%	9 90%	156 97%	47 94%
TOP BOX SCORE	169 80%	2521 78%	36 80%	42 82%	44 81%	47 77%	41 85%	~	~	~	~	~	105 78%	61 84%	159 80%	8 80%	131 81%	38 76%
NOT ANSWERED	2	26		1		1	1							1	1		2	
VALID CASES	211	3213	45	51	54	61	48						135	73	199	10	161	50
NUMBER OF RESPONDENTS	213 100%	3239 100%	45 100%	52 100%	54 100%	62 100%	49 100%						135 100%	74 100%	200 100%	10 100%	163 100%	50 100%

[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	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q34 NEVER	3 1%	28 0.9%	~	2 4%	1 2%	~	~	~	~	~	~	~	3 2%	~	3 1%	~	2 1%	1 2%
SOMETIMES	5 2%	104 3%	2%~	1 2%	2 4%	1 2%	2 4%	~	~	~	~	~	2 1%	3 4%	5 2%	~	4 2%	1 2%
USUALLY	29 14%	398 12%	18%~	6 12%	7 13%	8 13%	6 12%	~	~	~	~	~	21 16%	8 11%	26 13%	3 30%	23 14%	6 12%
ALWAYS	175 83%	2679 83%	80%~	42 82%	44 81%	53 85%	41 84%	~	~	~	~	~	109 81%	63 85%	166 83%	7 70%	133 82%	42 84%
#ALWAYS + USUALLY (NET)	204 96%	3077 96%	98%~	48 94%	51 94%	61 98%	47 96%	~	~	~	~	~	130 96%	71 96%	192 96%	10 100%	156 96%	48 96%
TOP BOX SCORE	175 83%	2679 83%	80%~	42 82%	44 81%	53 85%	41 84%	~	~	~	~	~	109 81%	63 85%	166 83%	7 70%	133 82%	42 84%
NOT ANSWERED	1	30		1													1	
VALID CASES	212	3209	45	51	54	62	49						135	74	200	10	162	50
NUMBER OF RESPONDENTS	213	3239	45	52	54	62	49						135	74	200	10	163	50
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	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	
	PCG 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	
Q35 YES	154 74%	2175 68%	8 18%~	38 76%	49 94%*	59 95%*	35 73%~	~	~	~	~	~	96 73%	56 77%	146 74%~	7 70%~	116 73%	38 76%
NO	54 26%	1015 32%	36 82%~	12 24%	3 6%*	3 5%*	13 27%~	~	~	~	~	~	36 27%	17 23%	50 26%~	3 30%~	42 27%	12 24%
NOT ANSWERED	5	49	1	2	2		1						3	1	4		5	
VALID CASES	208	3190	44	50	52	62	48						132	73	196	10	158	50
NUMBER OF RESPONDENTS	213 100%	3239 100%	45 100%	52 100%	54 100%	62 100%	49 100%						135 100%	74 100%	200 100%	10 100%	163 100%	50 100%

[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?

	PCG 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-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q36 NEVER	1 0.7%	30 1%	~	~	2%~	~	~	~	~	~	~	~	1 1%	1	1 ~0.7%~	1	1 ~0.9%~	~
SOMETIMES	2 1%	137 6%*	~	5%~	~	~	~	~	~	~	~	~	1 1%	1 2%	2 1%~	2	2 2%~	~
USUALLY	44 29%	493 23%	3 38%~	12 32%~	11 23%~	18 32%	9 28%~	~	~	~	~	~	29 30%	15 28%	41 28%~	3 50%~	33 29%~	11 31%~
ALWAYS	103 69%	1509 70%	5 63%~	24 63%~	35 74%~	39 68%	22 69%~	~	~	~	~	~	65 68%	37 70%	100 69%~	3 50%~	79 69%~	24 69%~
#ALWAYS + USUALLY (NET)	147 98%	2002 92%*	8 100%~	36 95%~	46 98%~	57 100%~	31 97%~	~	~	~	~	~	94 98%	52 98%	141 98%~	6 100%~	112 97%~	35 100%~
TOP BOX SCORE	103 69%	1509 70%	5 63%~	24 63%~	35 74%~	39 68%	22 69%~	~	~	~	~	~	65 68%	37 70%	100 69%~	3 50%~	79 69%~	24 69%~
NOT ANSWERED	4	40			2	2	3							3	2	1	1	3
VALID CASES	150	2170	8	38	47	57	32						96	53	144	6	115	35
NUMBER OF RESPONDENTS	154 100%	2210 100%	8 100%	38 100%	49 100%	59 100%	35 100%						96 100%	56 100%	146 100%	7 100%	116 100%	38 100%

[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	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q37 NEVER	3 1%	96 3%	1 2%~	1 2%	1 2%	~	1 2%~	~	~	~	~	~	2 2%	1 1%	3 2%~	~	2 1%	1 2%
SOMETIMES	18 9%	305 10%	5 11%~	4 8%	5 9%	4 7%	1 2%~	~	~	~	~	~	14 11%	4 5%	17 9%~	1 11%~	15 9%	3 6%
USUALLY	64 31%	799 25%	9 20%~	15 29%	17 32%	23 38%	12 24%~	~	~	~	~	~	48 36%*	16 22%*	59 30%~	5 56%~	46 29%	18 36%
ALWAYS	124 59%	1981 62%	30 67%~	31 61%	30 57%	33 55%	35 71%~	~	~	~	~	~	69 52%*	53 72%*	120 60%~	3 33%~	96 60%	28 56%
#ALWAYS + USUALLY (NET)	188 90%	2780 87%	39 87%~	46 90%	47 89%	56 93%	47 96%~	~	~	~	~	~	117 88%	69 93%	179 90%~	8 89%~	142 89%	46 92%
TOP BOX SCORE	124 59%	1981 62%	30 67%~	31 61%	30 57%	33 55%	35 71%~	~	~	~	~	~	69 52%*	53 72%*	120 60%~	3 33%~	96 60%	28 56%
NOT ANSWERED	4	58		1	1	2							2		1	1	4	
VALID CASES	209	3181	45	51	53	60	49						133	74	199	9	159	50
NUMBER OF RESPONDENTS	213 100%	3239 100%	45 100%	52 100%	54 100%	62 100%	49 100%						135 100%	74 100%	200 100%	10 100%	163 100%	50 100%

[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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q38 #YES	179 86%	2742 86%	41 93%~	43 86%	48 91%	47 76%*	38 79%~	~	~	~	~	~	~	118 ~88%	59 81%	169 85%~	9 90%~	140 88%	39 78%
NO	30 14%	440 14%	3 7%~	7 14%	5 9%	15 24%*	10 21%~	~	~	~	~	~	~	16 ~12%	14 19%	29 15%~	1 10%~	19 12%	11 22%
NOT ANSWERED	4	57	1	2	1		1							1	1	2		4	
VALID CASES	209	3182	44	50	53	62	48							134	73	198	10	159	50
NUMBER OF RESPONDENTS	213 100%	3239 100%	45 100%	52 100%	54 100%	62 100%	49 100%							135 100%	74 100%	200 100%	10 100%	163 100%	50 100%

[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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q39 YES	81 39%	1245 39%	14 32%~	21 41%	20 38%	26 42%	19 40%~	~	~	~	~	~	~	51 38%	29 40%	75 38%~	5 50%~	62 39%	19 38%
NO	128 61%	1935 61%	30 68%~	30 59%	32 62%	36 58%	29 60%~	~	~	~	~	~	~	83 62%	44 60%	123 62%~	5 50%~	97 61%	31 62%
NOT ANSWERED	4	59	1	1	2		1							1	1	2		4	
VALID CASES	209	3180	44	51	52	62	48							134	73	198	10	159	50
NUMBER OF RESPONDENTS	213 100%	3239 100%	45 100%	52 100%	54 100%	62 100%	49 100%							135 100%	74 100%	200 100%	10 100%	163 100%	50 100%

[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?

	PCG 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	HIS-PAN-IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q40 NEVER	2 2%	77 7%	~	~	10%~	2	~	~	~	~	~	~	~	2 4%~	~	1 1%~	1 20%~	2 3%~	~
SOMETIMES	9 11%	132 11%	4 29%~	1 5%~	1 5%~	3 12%~	3 17%~	~	~	~	~	~	~	5 10%~	4 14%~	8 11%~	1 20%~	8 13%~	1 5%~
USUALLY	27 34%	337 29%	2 14%~	7 33%~	6 30%~	12 48%~	3 17%~	~	~	~	~	~	~	18 35%~	9 32%~	25 34%~	2 40%~	20 33%~	7 37%~
ALWAYS	42 53%	626 53%	8 57%~	13 62%~	11 55%~	10 40%~	12 67%~	~	~	~	~	~	~	26 51%~	15 54%~	40 54%~	1 20%~	31 51%~	11 58%~
#ALWAYS + USUALLY (NET)	69 86%	962 82%	10 71%~	20 95%~	17 85%~	22 88%~	15 83%~	~	~	~	~	~	~	44 86%~	24 86%~	65 88%~	3 60%~	51 84%~	18 95%~
TOP BOX SCORE	42 53%	626 53%	8 57%~	13 62%~	11 55%~	10 40%~	12 67%~	~	~	~	~	~	~	26 51%~	15 54%~	40 54%~	1 20%~	31 51%~	11 58%~
NOT ANSWERED	1	42				1	1								1	1		1	
VALID CASES	80	1171	14	21	20	25	18							51	28	74	5	61	19
NUMBER OF RESPONDENTS	81 100%	1213 100%	14 100%	21 100%	20 100%	26 100%	19 100%							51 100%	29 100%	75 100%	5 100%	62 100%	19 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	MUL-TI OTHR ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE	1	8			1								1		1			1
	0.3%	0.2%	~	~	1%	~	~	~	~	~	~	~	~0.5%	~	~0.3%	~	~	~2%
01		20																
		0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		19																
		0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	1	22				1							1		1			1
	0.3%	0.5%	~	~	~	1%	~	~	~	~	~	~	~0.5%	~	~0.3%	~	~	~2%
04	3	26			1	2	1							3	3		3	
	1%	0.6%	~	~	1%	2%	2%	~	~	~	~	~	~	3%	1%	~	1%	~
05	8	122	1	1	3	3	4						2	5	8		6	2
	3%	3%	2%	1%	3%	3%	6%	~	~	~	~	~	1%	5%	3%	~	2%	3%
06	5	114	1	2	1	1							4	1	5		4	1
	2%	3%	2%	2%	1%	1%	~	~	~	~	~	~	2%	0.9%	2%	~	2%	2%
07	13	260	3	3	2	5	5						6	7	10	3	11	2
	4%	6%	6%	4%	2%	6%	8%	~	~	~	~	~	3%	6%	3%	19%	4%	3%
08	56	703	6	20	13	17	7						37	19	54	2	46	10
	18%	16%	11%	24%	15%	20%	11%*	~	~	~	~	~	19%	18%	19%	13%	19%	16%
09	73	904	10	17	29	17	21						44	28	67	5	57	16
	24%	20%	19%	21%	33%*	20%	32%	~	~	~	~	~	22%	26%	23%	31%	23%	25%
BEST PERSONAL DOCTOR POSSIBLE	149	2271	32	39	38	40	28						102	45	142	6	119	30
	48%	51%	60%*	48%	43%	47%	42%	~	~	~	~	~	52%	42%	49%	38%	48%	48%
#8-10 (NET)	278	3877	48	76	80	74	56						183	92	263	13	222	56
	90%	87%	91%	93%	91%	86%	85%	~	~	~	~	~	93%*	85%	90%	81%	90%	89%

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			
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
9-10 (NET)	222 72%	3175 71%	42 79%	56 68%	67 76%	57 66%	49 74%	~	~	~	~	~	~	146 74%	73 68%	209 72%	11 69%	176 72%	46 73%
NOT ANSWERED	17	208	3	6	5	3	5							8	7	14	1	15	2
VALID CASES	309	4468	53	82	88	86	66							197	108	291	16	246	63
NUMBER OF RESPONDENTS	326 100%	4676 100%	56 100%	88 100%	93 100%	89 100%	71 100%							205 100%	115 100%	305 100%	17 100%	261 100%	65 100%
MEAN	8.97	8.91	9.25	9.04	8.91	8.79	8.85							9.09	8.76	8.97	8.88	9.00	8.84
p stat_(*=Sig @ p<=.05)	.469	.120	.561	.650	.177	.446	~	~	~	~	~	~	~	.044*	.060	~	~	.526	.516

[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		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q42 YES	59 19%	1079 24%*	8 15%	14 17%	14 16%	23 26%	20 30%*	~	~	~	~	~	~	26 13%*	31 28%*	47 16%~	11 69%~	17 7%*	42 66%*
NO	250 81%	3404 76%*	44 85%	69 83%	73 84%	64 74%	46 70%*	~	~	~	~	~	~	170 87%*	78 72%*	244 84%~	5 31%~	228 93%*	22 34%*
NOT ANSWERED	17	193	4	5	6	2	5							9	6	14	1	16	1
VALID CASES	309	4483	52	83	87	87	66							196	109	291	16	245	64
NUMBER OF RESPONDENTS	326 100%	4676 100%	56 100%	88 100%	93 100%	89 100%	71 100%							205 100%	115 100%	305 100%	17 100%	261 100%	65 100%

[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	
	PCG 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
Q43 #YES	52 91%	932 89%	8 100%	13 100%	12 86%	19 86%	17 89%	~	~	~	~	~	22 88%	28 93%	42 93%	9 82%	14 93%	38 90%
NO	5 9%	112 11%	~	~	14 14%	3 14%	2 11%	~	~	~	~	~	3 12%	2 7%	3 7%	2 18%	1 7%	4 10%
NOT ANSWERED	2	26		1		1							1	1	2		2	
VALID CASES	57	1045	8	13	14	22	19						25	30	45	11	15	42
NUMBER OF RESPONDENTS	59 100%	1071 100%	8 100%	14 100%	14 100%	23 100%	20 100%						26 100%	31 100%	47 100%	11 100%	17 100%	42 100%

[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	
	PCG 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
Q44 #YES	49 86%	903 87%	8 100%	13 100%	11 79%	17 77%	16 84%	~	~	~	~	~	22 88%	26 87%	41 91%	7 64%	13 87%	36 86%
NO	8 14%	141 13%	~	~	21 21%	5 23%	3 16%	~	~	~	~	~	3 12%	4 13%	4 9%	4 36%	2 13%	6 14%
NOT ANSWERED	2	27		1		1	1						1	1	2		2	
VALID CASES	57	1044	8	13	14	22	19						25	30	45	11	15	42
NUMBER OF RESPONDENTS	59	1071	8	14	14	23	20						26	31	47	11	17	42
	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		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	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	48 13%	851 16%	12 20%	11 12%	10 10%	15 14%	16 20%	~	~	~	~	~	~	24 10%	22 17%	40 12%~	7 41%~	27 9%*	21 31%*
NO	317 87%	4406 84%	48 80%	83 88%	91 90%	95 86%	63 80%	~	~	~	~	~	~	207 90%	104 83%	302 88%~	10 59%~	270 91%*	47 69%*
NOT ANSWERED	11	381	3	1	4	3	1							3	1	3	1	11	
VALID CASES	365	5257	60	94	101	110	79							231	126	342	17	297	68
NUMBER OF RESPONDENTS	376	5638	63	95	105	113	80							234	127	345	18	308	68
	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		
	PCG 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	
Q46 NEVER	4 9%	36 5%	1 9%	1 ~	1 10%	2 13%	1 6%	~	~	~	~	~	~	2 9%	1 5%	2 5%	2 33%	2 8%	2 10%
SOMETIMES	8 17%	163 21%	1 9%	~	2 20%	5 33%	3 19%	~	~	~	~	~	~	5 22%	3 14%	8 20%	~	4 15%	4 19%
USUALLY	8 17%	221 28%	3 27%	3 27%	1 10%	1 7%	3 19%	~	~	~	~	~	~	4 17%	3 14%	6 15%	1 17%	6 23%	2 10%
ALWAYS	27 57%	367 47%	6 55%	8 73%	6 60%	7 47%	9 56%	~	~	~	~	~	~	12 52%	15 68%	24 60%	3 50%	14 54%	13 62%
#ALWAYS + USUALLY (NET)	35 74%	589 75%	9 82%	11 100%	7 70%	8 53%	12 75%	~	~	~	~	~	~	16 70%	18 82%	30 75%	4 67%	20 77%	15 71%
TOP BOX SCORE	27 57%	367 47%	6 55%	8 73%	6 60%	7 47%	9 56%	~	~	~	~	~	~	12 52%	15 68%	24 60%	3 50%	14 54%	13 62%
NOT ANSWERED	1	15	1											1		1		1	
VALID CASES	47	787	11	11	10	15	16							23	22	40	6	26	21
NUMBER OF RESPONDENTS	48	802	12	11	10	15	16							24	22	40	7	27	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		
	PCG 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	NOT VERY GOOD & POOR	EX & FAIR & POOR	NO CCC	CCC
Q47 NONE	3 7%	55 7%	1 9%	~	~	2 14%	~	~	~	~	~	~	2 9%	~	2 5%	1 17%	2 8%	1 5%
1 SPECIALIST	29 63%	514 65%	5 45%	9 82%	6 60%	9 64%	11 73%	~	~	~	~	~	12 52%	17 81%	27 69%	2 33%	17 68%	12 57%
2	10 22%	134 17%	3 27%	1 9%	3 30%	3 21%	3 20%	~	~	~	~	~	6 26%	4 19%	9 23%	1 17%	3 12%	7 33%
3	3 7%	51 6%	1 9%	1 9%	1 10%	~	1 7%	~	~	~	~	~	2 9%	~	2 ~	2 33%	2 8%	1 5%
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	1 2%	19 2%	1 9%	~	~	~	~	~	~	~	~	~	1 4%	~	1 3%	~	1 4%	~
NOT ANSWERED	2	16	1			1	1						1	1	1	1	2	
VALID CASES	46	786	11	11	10	14	15						23	21	39	6	25	21
NUMBER OF RESPONDENTS	48	802	12	11	10	15	16						24	22	40	7	27	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?

	PCG 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 ILND #	AMER IND/ ALSK ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q48 WORST SPECIALIST POSSIBLE		7 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		4 0.5%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03	1 2%	5 0.6%~	~	~	~	1 8%~	~	~	~	~	~	~	1 5%~	~	1 3%~	~	~	1 5%~
04		6 0.9%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05	3 7%	29 4%	~	1 9%~	2 20%~	~	2 13%~	~	~	~	~	~	1 5%~	2 10%~	2 5%~	1 20%~	3 13%~	~
06		32 4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
07	2 5%	59 8%	~	~	~	2 17%~	1 7%~	~	~	~	~	~	1 5%~	1 5%~	2 5%~	~	1 4%~	1 5%~
08	9 21%	116 16%~	2 20%~	2 18%~	2 20%~	3 25%~	2 13%~	~	~	~	~	~	2 10%~	7 33%~	8 22%~	1 20%~	5 22%~	4 20%~
09	6 14%	143 20%~	~	1 9%~	2 20%~	3 25%~	4 27%~	~	~	~	~	~	2 10%~	4 19%~	5 14%~	1 20%~	3 13%~	3 15%~
BEST SPECIALIST POSSIBLE	22 51%	312 43%~	8 80%~	7 64%~	4 40%~	3 25%~	6 40%~	~	~	~	~	~	14 67%~	7 33%~	19 51%~	2 40%~	11 48%~	11 55%~

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		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER #	AS- IAN ##	NATV ILND #	AMER ALSK ##	MUL- TI ##	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
#8-10 (NET)	37 86%	570 80%	10 100%	10 91%	8 80%	9 75%	12 80%	~	~	~	~	~	~	18 86%	18 86%	32 86%	4 80%	19 83%	18 90%
9-10 (NET)	28 65%	455 63%	8 80%	8 73%	6 60%	6 50%	10 67%	~	~	~	~	~	~	16 76%	11 52%	24 65%	3 60%	14 61%	14 70%
NOT ANSWERED		7																	
VALID CASES	43	717	10	11	10	12	15							21	21	37	5	23	20
NUMBER OF RESPONDENTS	43	724	10	11	10	12	15							21	21	37	5	23	20
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%
MEAN	8.79	8.55	9.60	9.09	8.40	8.17	8.60							9.00	8.52	8.81	8.40	8.65	8.95
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	
	PCG 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	
Q49 YES	121 34%	1347 26%*	23 39%	31 34%	28 28%	39 35%	22 27%	~	~	~	~	~	87 38%*	34 27%*	114 34%~	6 33%~	100 34%	21 31%
NO	240 66%	3870 74%*	36 61%	59 66%	73 72%	72 65%	58 73%	~	~	~	~	~	140 62%*	92 73%*	224 66%~	12 67%~	194 66%	46 69%
NOT ANSWERED	15	421	4	5	4	2							7	1	7		14	1
VALID CASES	361	5217	59	90	101	111	80						227	126	338	18	294	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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	
	PCG 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
Q50 NEVER	1 0.9%	45 3%	~	~	~	3%	~	~	~	~	~	~	1 1%	1 0.9%	~	~	~	1 5%
SOMETIMES	23 20%	221 17%	3 14%	5 17%	6 23%	9 24%	5 23%	~	~	~	~	~	13 16%	10 29%	20 18%	3 60%	14 15%	9 43%
USUALLY	40 34%	378 29%	9 41%	8 27%	11 42%	12 32%	9 41%	~	~	~	~	~	28 34%	12 35%	38 35%	1 20%	36 38%	4 19%
ALWAYS	52 45%	651 50%	10 45%	17 57%	9 35%	16 42%	8 36%	~	~	~	~	~	40 49%	12 35%	51 46%	1 20%	45 47%	7 33%
#ALWAYS + USUALLY (NET)	92 79%	1029 79%	19 86%	25 83%	20 77%	28 74%	17 77%	~	~	~	~	~	68 83%	24 71%	89 81%	2 40%	81 85%	11 52%
TOP BOX SCORE	52 45%	651 50%	10 45%	17 57%	9 35%	16 42%	8 36%	~	~	~	~	~	40 49%	12 35%	51 46%	1 20%	45 47%	7 33%
NOT ANSWERED	5	28	1	1	2	1							5		4	1	5	
VALID CASES	116	1295	22	30	26	38	22						82	34	110	5	95	21
NUMBER OF RESPONDENTS	121 100%	1323 100%	23 100%	31 100%	28 100%	39 100%	22 100%						87 100%	34 100%	114 100%	6 100%	100 100%	21 100%

[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		
	PCG 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	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q51 NEVER	1 0.9%	23 2%	~	~	~	3%~	~	~	~	~	~	~	1 1%~	1 0.9%~	~	~	1 5%~	
SOMETIMES	6 5%	90 7%	2 9%~	2 6%~	1 4%~	1 3%~	1 5%~	~	~	~	~	~	4 5%~	2 6%~	6 5%~	4 4%~	2 10%~	
USUALLY	31 27%	268 21%	6 27%~	8 26%~	8 31%~	9 24%~	6 27%~	~	~	~	~	~	20 24%~	11 32%~	28 25%~	3 60%~	22 23%~	9 43%~
ALWAYS	78 67%	903 70%	14 64%~	21 68%~	17 65%~	26 70%~	15 68%~	~	~	~	~	~	57 70%~	21 62%~	75 68%~	2 40%~	69 73%~	9 43%~
#ALWAYS + USUALLY (NET)	109 94%	1171 91%	20 91%~	29 94%~	25 96%~	35 95%~	21 95%~	~	~	~	~	~	77 94%~	32 94%~	103 94%~	5 100%~	91 96%~	18 86%~
TOP BOX SCORE	78 67%	903 70%	14 64%~	21 68%~	17 65%~	26 70%~	15 68%~	~	~	~	~	~	57 70%~	21 62%~	75 68%~	2 40%~	69 73%~	9 43%~
NOT ANSWERED	5	39	1		2	2							5		4	1	5	
VALID CASES	116	1284	22	31	26	37	22						82	34	110	5	95	21
NUMBER OF RESPONDENTS	121	1323	23	31	28	39	22						87	34	114	6	100	21
	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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q52 YES	150 42%	1805 35%*	27 46%	39 44%	43 42%	41 38%	14 18%*	~	~	~	~	~	~	110 49%*	38 30%*	141 42%~	9 53%~	133 46%*	17 26%*
NO	207 58%	3343 65%*	32 54%	49 56%	59 58%	67 62%	65 82%*	~	~	~	~	~	~	114 51%*	87 70%*	194 58%~	8 47%~	158 54%*	49 74%*
NOT ANSWERED	19	490	4	7	3	5	1							10	2	10	1	17	2
VALID CASES	357	5148	59	88	102	108	79							224	125	335	17	291	66
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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		
	PCG 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	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	NO CCC	CCC	
							WHITE												
PQ53 NEVER	6 2%	124 2%	~	1%	2%	3%	1%	~	~	~	~	~	~	4 2%	2 2%	6 2%	~	5 2%	1 2%
SOMETIMES	39 11%	397 8%*	9%	16%	12%	7%	1%*	~	~	~	~	~	~	33 15%*	6 5%*	37 11%	2 13%	36 13%*	3 5%*
USUALLY	45 13%	575 11%	18%	11%	13%	12%	5 6%*	~	~	~	~	~	~	29 13%	15 12%	39 12%	6 38%	36 13%	9 14%
ALWAYS	258 74%	3983 78%	74%	72%	73%	78%	71 91%*	~	~	~	~	~	~	152 70%*	100 81%*	245 75%	8 50%	205 73%	53 80%
#ALWAYS + USUALLY (NET)	303 87%	4559 90%	91%	82%	86%	90%	76 97%*	~	~	~	~	~	~	181 83%*	115 93%*	284 87%	14 87%	241 85%*	62 94%*
TOP BOX SCORE	258 74%	3983 78%	74%	72%	73%	78%	71 91%*	~	~	~	~	~	~	152 70%*	100 81%*	245 75%	8 50%	205 73%	53 80%
NOT ANSWERED	28	559	6	10	6	6	2							16	4	18	2	26	2
VALID CASES	348	5079	57	85	99	107	78							218	123	327	16	282	66
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

[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?

	PCG 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 #	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC
Q54 WORST HEALTH PLAN POSSIBLE		17 0.3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		27 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	1 0.3%	33 0.6%	~	~	~	1 ~0.9%	~	~	~	~	~	~	1 ~0.4%	~	~	1 6%	1 0.3%	~
03	1 0.3%	44 0.9%	1 2%	~	~	1 1%	~	~	~	~	~	~	1 ~0.8%	~	~	1 6%	~	1 2%
04	2 0.6%	62 1%	~	~	2 2%	1 1%	~	~	~	~	~	~	2 2%	2 0.6%	~	~	~	2 3%
05	18 5%	275 5%	2 3%	2 2%	5 5%	9 8%	11 14%*	~	~	~	~	~	3 1%*	14 11%*	16 5%	2 12%	14 5%	4 6%
06	15 4%	233 5%	1 2%	3 3%	5 5%	6 6%	3 4%	~	~	~	~	~	7 3%	8 6%	13 4%	1 6%	13 4%	2 3%
07	26 7%	496 10%	4 7%	6 7%	8 8%	8 7%	7 9%	~	~	~	~	~	10 4%*	15 12%*	25 7%	1 6%	22 8%	4 6%
08	59 16%	982 19%	7 12%	20 22%	13 13%	19 18%	16 21%	~	~	~	~	~	34 15%	25 20%	54 16%	3 18%	49 17%	10 15%
09	67 19%	974 19%	9 15%	16 17%	20 20%	22 20%	13 17%	~	~	~	~	~	47 21%	19 15%	64 19%	2 12%	55 19%	12 18%
BEST HEALTH PLAN POSSIBLE	170 47%	2033 39%*	36 60%*	45 49%	46 46%	43 40%	25 32%*	~	~	~	~	~	126 55%*	40 32%*	163 48%	6 35%	139 47%	31 47%
#8-10 (NET)	296 82%	3988 77%*	52 87%	81 88%	79 80%	84 78%	54 70%*	~	~	~	~	~	207 91%*	84 68%*	281 83%	11 65%	243 83%	53 80%

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		
	PCG 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		
9-10 (NET)	237 66%	3007 58%*	45 75%	61 66%	66 67%	65 60%	38 49%*	~	~	~	~	~	~	173 76%*	59 48%*	227 67%~	8 47%~	194 66%	43 65%
NOT ANSWERED	17	462	3	3	6	5	3							6	3	8	1	15	2
VALID CASES	359	5176	60	92	99	108	77							228	124	337	17	293	66
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%
MEAN	8.77	8.44	9.07	8.96	8.72	8.51	8.10							9.14	8.10	8.84	7.65	8.81	8.62
p stat_(*=Sig @ p<=.05)		.000*	.108	.144	.677	.035*	.000*	~	~	~	~	~	~	0.000*	.000*	~	~	.382	.381

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC	
Q55																		
YES	133 37%	1994 38%	20 34%	42 46%*	28 28%*	43 39%	27 34%	~	~	~	~	~	87 38%	44 35%	121 36%~	12 67%~	90 31%*	43 63%*
NO	229 63%	3218 62%	39 66%	50 54%*	72 72%*	68 61%	53 66%	~	~	~	~	~	142 62%	82 65%	218 64%~	6 33%~	204 69%*	25 37%*
NOT ANSWERED	14	425	4	3	5	2							5	1	6		14	
VALID CASES	362	5213	59	92	100	111	80						229	126	339	18	294	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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	
	PCG 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	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q56 NEVER	1 0.8%	36 2%	~	~	4%	1	~	~	~	~	~	~	1 1%	1 0.9%	~	~	1 2%	1
SOMETIMES	11 9%	176 9%	3 15%	4 10%	1 4%	3 7%	1 4%	~	~	~	~	~	8 10%	3 7%	10 9%	1 8%	9 10%	2 5%
USUALLY	29 22%	474 24%	2 10%	5 12%	9 32%	13 32%	8 30%	~	~	~	~	~	18 22%	10 23%	23 20%	6 50%	19 22%	10 23%
ALWAYS	88 68%	1301 65%	15 75%	31 78%	17 61%	25 61%	18 67%	~	~	~	~	~	56 67%	31 70%	83 71%	5 42%	58 67%	30 70%
#ALWAYS + USUALLY (NET)	117 91%	1775 89%	17 85%	36 90%	26 93%	38 93%	26 96%	~	~	~	~	~	74 89%	41 93%	106 91%	11 92%	77 90%	40 93%
TOP BOX SCORE	88 68%	1301 65%	15 75%	31 78%	17 61%	25 61%	18 67%	~	~	~	~	~	56 67%	31 70%	83 71%	5 42%	58 67%	30 70%
NOT ANSWERED	4	29	2	2	2	2							4	4	4	4	4	
VALID CASES	129	1988	20	40	28	41	27						83	44	117	12	86	43
NUMBER OF RESPONDENTS	133	2017	20	42	28	43	27						87	44	121	12	90	43
	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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- OTHR #	TI #	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57 #YES	86 66%	1177 60%	11 55%~	29 73%~	13 46%~	33 77%~	14 52%~	~	~	~	~	~	~	62 73%~	23 52%~	79 66%~	7 58%~	59 67%~	27 63%~
NO	45 34%	795 40%	9 45%~	11 27%~	15 54%~	10 23%~	13 48%~	~	~	~	~	~	~	23 27%~	21 48%~	40 34%~	5 42%~	29 33%~	16 37%~
NOT ANSWERED	2	45	2										2		2		2		
VALID CASES	131	1972	20	40	28	43	27							85	44	119	12	88	43
NUMBER OF RESPONDENTS	133	2017	20	42	28	43	27							87	44	121	12	90	43
	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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57A YES	302 85%	4014 79%*	42 71%*	80 90%	92 92%*	88 83%	61 80%	~	~	~	~	~	~	204 91%*	95 77%*	283 85%~	15 88%~	241 84%	61 91%
NO	52 15%	1085 21%*	17 29%*	9 10%	8 8%*	18 17%	15 20%	~	~	~	~	~	~	21 9%*	28 23%*	49 15%~	2 12%~	46 16%	6 9%
NOT ANSWERED	22	539	4	6	5	7	4							9	4	13	1	21	1
VALID CASES	354	5099	59	89	100	106	76							225	123	332	17	287	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALSK ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q57B NEVER	51 27%	667 28%	13 48%~	13 27%~	11 19%	14 26%	7 35%~	~	~	~	~	~	~	35 25%~	15 34%~	46 26%~	5 42%~	41 26%~	10 32%~
SOMETIMES	31 16%	484 20%	3 11%~	10 20%~	6 10%	12 23%	1 5%~	~	~	~	~	~	~	24 17%~	5 11%~	29 17%~	1 8%~	26 17%~	5 16%~
USUALLY	44 23%	468 20%	4 15%~	10 20%~	14 24%	16 30%	6 30%~	~	~	~	~	~	~	35 25%~	9 20%~	39 22%~	4 33%~	37 24%~	7 23%~
ALWAYS	62 33%	771 32%	7 26%~	16 33%~	28 47%*	11 21%*	6 30%~	~	~	~	~	~	~	47 33%~	15 34%~	60 34%~	2 17%~	53 34%~	9 29%~
#ALWAYS + USUALLY (NET)	106 56%	1239 52%	11 41%~	26 53%~	42 71%*	27 51%	12 60%~	~	~	~	~	~	~	82 58%~	24 55%~	99 57%~	6 50%~	90 57%~	16 52%~
TOP BOX SCORE	62 33%	771 32%	7 26%~	16 33%~	28 47%*	11 21%*	6 30%~	~	~	~	~	~	~	47 33%~	15 34%~	60 34%~	2 17%~	53 34%~	9 29%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	164	2768	32	41	41	50	58							82	78	156	6	128	36
NOT ANSWERED	24	480	4	5	5	10	2							11	5	15		23	1
VALID CASES	188	2390	27	49	59	53	20							141	44	174	12	157	31
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
Q57C YES	92 26%	1124 22%	16 28%	24 27%	25 25%	27 26%	17 22%	~	~	~	~	~	63 29%	28 22%	84 26%	7 39%	~	74 26%	18 27%
NO	259 74%	3960 78%	41 72%	66 73%	74 75%	78 74%	61 78%	~	~	~	~	~	157 71%	97 78%	245 74%	11 61%	~	210 74%	49 73%
NOT ANSWERED	25	553	6	5	6	8	2						14	2	16			24	1
VALID CASES	351	5085	57	90	99	105	78						220	125	329	18		284	67
NUMBER OF RESPONDENTS	376	5638	63	95	105	113	80						234	127	345	18		308	68
	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?

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ PAC #	AMER IND/ ALS ##	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q57D #YES	82 90%	945 87%	15 94%~	23 96%~	20 83%~	24 89%~	16 94%~	~	~	~	~	~	~	55 89%~	26 93%~	77 93%~	4 57%~	65 89%~	17 94%~
NO	9 10%	135 13%	1 6%~	1 4%~	4 17%~	3 11%~	1 6%~	~	~	~	~	~	~	7 11%~	2 7%~	6 7%~	3 43%~	8 11%~	1 6%~
NOT ANSWERED	1	16				1								1		1		1	
VALID CASES	91	1081	16	24	24	27	17							62	28	83	7	73	18
NUMBER OF RESPONDENTS	92 100%	1097 100%	16 100%	24 100%	25 100%	27 100%	17 100%							63 100%	28 100%	84 100%	7 100%	74 100%	18 100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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
Q57E #YES	81 90%	905 84%	13 87%~	23 96%~	22 92%~	23 85%~	16 94%~	~	~	~	~	~	56 ~90%~	24 89%~	76 93%~	4 57%~	64 89%~	17 94%~
NO	9 10%	169 16%	2 13%~	1 4%~	2 8%~	4 15%~	1 6%~	~	~	~	~	~	6 ~10%~	3 11%~	6 7%~	3 43%~	8 11%~	1 6%~
NOT ANSWERED	2	24	1		1								1	1	2		2	
VALID CASES	90	1073	15	24	24	27	17						62	27	82	7	72	18
NUMBER OF RESPONDENTS	92 100%	1097 100%	16 100%	24 100%	25 100%	27 100%	17 100%						63 100%	28 100%	84 100%	7 100%	74 100%	18 100%

[ASKED IF Q57C = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER ALSK NATV	MUL- OTHR	TI	HIS- IC	HIS- IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q57F NEVER		20 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	9 10%	94 9%	1 6%	4 17%	4 ~	15 ~	~	~	~	~	~	~	9 15%	7 8%	2 29%	9 12%	~	
USUALLY	27 30%	257 24%	5 31%	5 21%	7 29%	10 37%	2 12%	~	~	~	~	~	21 34%	5 18%	25 30%	1 14%	24 33%	3 17%
ALWAYS	55 60%	704 66%	10 63%	15 63%	17 71%	13 48%	15 88%	~	~	~	~	~	32 52%	23 82%	51 61%	4 57%	40 55%	15 83%
#ALWAYS + USUALLY (NET)	82 90%	960 89%	15 94%	20 83%	24 100%	23 85%	17 100%	~	~	~	~	~	53 85%	28 100%	76 92%	5 71%	64 88%	18 100%
TOP BOX SCORE	55 60%	704 66%	10 63%	15 63%	17 71%	13 48%	15 88%	~	~	~	~	~	32 52%	23 82%	51 61%	4 57%	40 55%	15 83%
NOT ANSWERED	1	23			1								1		1		1	
VALID CASES	91	1074	16	24	24	27	17						62	28	83	7	73	18
NUMBER OF RESPONDENTS	92 100%	1097 100%	16 100%	24 100%	25 100%	27 100%	17 100%						63 100%	28 100%	84 100%	7 100%	74 100%	18 100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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		
Q57G NEVER	3 3%	53 5%	1 6%~	1 ~	1 4%~	1 4%~	~	~	~	~	~	~	~	2 3%~	2 2%~	3 4%~	~	
SOMETIMES	9 10%	120 11%	2 13%~	1 4%~	3 12%~	3 11%~	1 6%~	~	~	~	~	~	~	7 11%~	2 7%~	8 11%~	1 6%~	
USUALLY	16 18%	238 22%	2 13%~	5 21%~	3 12%~	6 22%~	2 12%~	~	~	~	~	~	~	13 21%~	3 11%~	14 19%~	2 11%~	
ALWAYS	63 69%	662 62%	11 69%~	18 75%~	17 71%~	17 63%~	14 82%~	~	~	~	~	~	~	40 65%~	23 82%~	58 70%~	5 71%~	15 66%~
#ALWAYS + USUALLY (NET)	79 87%	901 84%	13 81%~	23 96%~	20 83%~	23 85%~	16 94%~	~	~	~	~	~	~	53 85%~	26 93%~	74 89%~	5 71%~	17 85%~
TOP BOX SCORE	63 69%	662 62%	11 69%~	18 75%~	17 71%~	17 63%~	14 82%~	~	~	~	~	~	~	40 65%~	23 82%~	58 70%~	5 71%~	15 66%~
NOT ANSWERED	1	23			1									1	1	1		
VALID CASES	91	1074	16	24	24	27	17							62	28	83	7	18
NUMBER OF RESPONDENTS	92	1097	16	24	25	27	17							63	28	84	7	18
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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-IC	HIS-PAN-IC	NOT VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q57H NEVER	2 2%	23 2%	~	4%~	~	4%~	1 6%~	~	~	~	~	~	1 2%~	1 4%~	2 2%~	~	2 3%~	~
SOMETIMES	5 6%	97 9%	1 6%~	1 4%~	2 8%~	1 4%~	~	~	~	~	~	~	4 7%~	1 4%~	3 4%~	2 29%~	4 6%~	1 6%~
USUALLY	24 27%	214 20%	3 19%~	7 30%~	6 25%~	8 31%~	~	~	~	~	~	~	22 36%~	2 7%~	23 28%~	1 14%~	23 32%~	1 6%~
ALWAYS	58 65%	741 69%	12 75%~	14 61%~	16 67%~	16 62%~	16 94%~	~	~	~	~	~	34 56%~	24 86%~	54 66%~	4 57%~	42 59%~	16 89%~
#ALWAYS + USUALLY (NET)	82 92%	955 89%	15 94%~	21 91%~	22 92%~	24 92%~	16 94%~	~	~	~	~	~	56 92%~	26 93%~	77 94%~	5 71%~	65 92%~	17 94%~
TOP BOX SCORE	58 65%	741 69%	12 75%~	14 61%~	16 67%~	16 62%~	16 94%~	~	~	~	~	~	34 56%~	24 86%~	54 66%~	4 57%~	42 59%~	16 89%~
NOT ANSWERED	3	23	~	1	1	1	~	~	~	~	~	~	2	~	2	~	3	~
VALID CASES	89	1074	16	23	24	26	17	~	~	~	~	~	61	28	82	7	71	18
NUMBER OF RESPONDENTS	92 100%	1097 100%	16 100%	24 100%	25 100%	27 100%	17 100%	~	~	~	~	~	63 100%	28 100%	84 100%	7 100%	74 100%	18 100%

[ASKED IF Q57C = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
							#	##	#	##	##	##	##					
Q58																		
EXCELLENT	141 39%	2143 41%	30 51%*	36 39%	42 42%	33 30%*	41 53%*	~	~	~	~	~	72 31%*	67 53%*	141 41%~	~	130 44%*	11 16%*
VERY GOOD	131 36%	1856 36%	16 27%	39 42%	37 37%	39 35%	25 32%	~	~	~	~	~	86 37%	44 35%	131 38%~	~	107 36%	24 36%
GOOD	73 20%	944 18%	9 15%	16 17%	17 17%	31 28%*	8 10%*	~	~	~	~	~	63 27%*	9 7%*	73 21%~	~	51 17%*	22 33%*
FAIR	17 5%	237 5%	4 7%	2 2%	4 4%	7 6%	3 4%	~	~	~	~	~	11 5%	5 4%	~	17 94%~	8 3%*	9 13%*
POOR	1 0.3%	15 0.3%	~	~	1 1%	~	1 1%~	~	~	~	~	~	~	1 ~0.8%	~	1 6%~	~	1 1%
#EXCELLENT + VERY GOOD + GOOD (NET)	345 95%	4943 95%	55 93%	91 98%	96 95%	103 94%	74 95%	~	~	~	~	~	221 95%	120 95%	345 100%~	~	288 97%*	57 85%*
NOT ANSWERED	13	443	4	2	4	3	2						2	1			12	1
VALID CASES	363	5195	59	93	101	110	78						232	126	345	18	296	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
							#	##	#	##	##	##	IC	IC	GOOD	POOR	CCC	CCC
Q59																		
EXCELLENT	153 42%	2231 43%	37 63%*	41 44%	44 44%	31 28%*	38 48%	~	~	~	~	~	92 40%	60 47%	150 44%~	3 18%~	137 47%*	16 24%*
VERY GOOD	102 28%	1483 29%	12 20%	26 28%	29 29%	35 32%	21 27%	~	~	~	~	~	65 28%	35 28%	99 29%~	3 18%~	88 30%	14 21%
GOOD	75 21%	1030 20%	9 15%	22 24%	15 15%	29 27%	11 14%	~	~	~	~	~	55 24%*	19 15%*	72 21%~	2 12%~	59 20%	16 24%
FAIR	31 9%	368 7%	1 2%*	4 4%*	12 12%	14 13%	8 10%	~	~	~	~	~	18 8%	12 9%	22 6%~	8 47%~	10 3%*	21 31%*
POOR	1 0.3%	70 1%*	~	~	1 1%~	~	1 1%	~	~	~	~	~	~	1 ~0.8%~	~	1 6%~	~	1 1%
#EXCELLENT + VERY GOOD + GOOD (NET)	330 91%	4745 92%	58 98%*	89 96%*	88 87%	95 87%	70 89%	~	~	~	~	~	212 92%	114 90%	321 94%~	8 47%~	284 97%*	46 68%*
NOT ANSWERED	14	455	4	2	4	4	1						4		2	1	14	
VALID CASES	362	5183	59	93	101	109	79						230	127	343	17	294	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q60 YES	57 16%	1055 20%*	6 10%	14 16%	12 12%	25 23%*	17 22%	~	~	~	~	~	30 13%	26 21%	49 15%~	8 44%~	18 6%*	39 57%*
NO	301 84%	4144 80%*	52 90%	76 84%	89 88%	84 77%*	62 78%	~	~	~	~	~	197 87%	100 79%	288 85%~	10 56%~	272 94%*	29 43%*
NOT ANSWERED	18	439	5	5	4	4	1						7	1	8		18	
VALID CASES	358	5199	58	90	101	109	79						227	126	337	18	290	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC		
Q61 YES	43 75%	796 77%	6 100%~	9 64%~	9 75%~	19 76%~	13 76%~	~	~	~	~	~	~	22 ~ 73%~	20 77%~	36 73%~	7 88%~	6 33%~	37 95%~
NO	14 25%	235 23%	~	5 36%~	3 25%~	6 24%~	4 24%~	~	~	~	~	~	~	8 ~ 27%~	6 23%~	13 27%~	1 13%~	12 67%~	2 5%~
NOT ANSWERED		22																	
VALID CASES	57	1030	6	14	12	25	17							30	26	49	8	18	39
NUMBER OF RESPONDENTS	57 100%	1052 100%	6 100%	14 100%	12 100%	25 100%	17 100%							30 100%	26 100%	49 100%	8 100%	18 100%	39 100%

[ASKED IF Q60 = YES]

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

	PCG 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		
Q62 YES	35 83%	716 91%~100%	6 78%~	7 88%~	7 79%~	13 100%~	~	~	~	~	~	~	15 68%~	19 100%~	28 80%~	7 100%~	35 97%~	
NO	7 17%	75 9%~	~ 22%~	2 13%~	1 21%~	4 21%~	~	~	~	~	~	~	7 32%~	~	7 20%~	~	6 100%~	1 3%~
NOT ANSWERED	1	15			1									1	1		1	
VALID CASES	42	791	6	9	8	19	13						22	19	35	7	6	36
NUMBER OF RESPONDENTS	43	806	6	9	9	19	13						22	20	36	7	6	37
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES AND Q61 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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		NO CCC	CCC		
Q63 YES	42 12%	788 15%	5 9%	11 12%	12 12%	14 13%	15 19%	~	~	~	~	~	~	21 9%	20 16%	33 10%~	9 53%~	8 3%*	34 52%*
NO	311 88%	4394 85%	52 91%	79 88%	87 88%	93 87%	63 81%	~	~	~	~	~	~	203 91%	104 84%	300 90%~	8 47%~	280 97%*	31 48%*
NOT ANSWERED	23	456	6	5	6	6	2							10	3	12	1	20	3
VALID CASES	353	5182	57	90	99	107	78							224	124	333	17	288	65
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

	PCG 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		
Q64 YES	33 83%	637 85%	3 75%	9 82%	10 83%	11 85%	13 93%	~	~	~	~	~	~	14 70%	18 95%	24 77%	9 100%	3 38%	30 94%
NO	7 17%	110 15%	1 25%	2 18%	2 17%	2 15%	1 7%	~	~	~	~	~	~	6 30%	1 5%	7 23%	~	5 63%	2 6%
NOT ANSWERED	2	19	1			1								1	1	2			2
VALID CASES	40	747	4	11	12	13	14							20	19	31	9	8	32
NUMBER OF RESPONDENTS	42 100%	766 100%	5 100%	11 100%	12 100%	14 100%	15 100%							21 100%	20 100%	33 100%	9 100%	8 100%	34 100%

[ASKED IF Q63 = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q65 YES	29 88%	591 96%	2 67%	8 89%	10 100%	9 82%	13 100%	~	~	~	~	~	~	11 79%	17 94%	20 83%	9 100%	29 97%	
NO	4 12%	26 4%	1 33%	1 11%	2 18%	~	~	~	~	~	~	~	~	3 21%	1 6%	4 17%	~	3 100%	1 3%
NOT ANSWERED		7																	
VALID CASES	33	617	3	9	10	11	13							14	18	24	9	3	30
NUMBER OF RESPONDENTS	33 100%	624 100%	3 100%	9 100%	10 100%	11 100%	13 100%							14 100%	18 100%	24 100%	9 100%	3 100%	30 100%

[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		
	PCG 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	
Q66 YES	34 10%	639 12%	3 5%	11 12%	7 7%	13 12%	10 13%	~	~	~	~	~	~	16 7%	17 13%	27 8%~	6 38%~	13 4%*	21 31%*
NO	322 90%	4546 88%	54 95%	79 88%	93 93%	96 88%	69 87%	~	~	~	~	~	~	209 93%	109 87%	310 92%~	10 63%~	276 96%*	46 69%*
NOT ANSWERED	20	453	6	5	5	4	1							9	1	8	2	19	1
VALID CASES	356	5185	57	90	100	109	79							225	126	337	16	289	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

	PCG 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	22 65%	445 77%~100%	3 36%~	4 71%~	5 77%~	10 90%~	9	~	~	~	~	~	~	8 50%~	13 76%~	15 56%~	6 100%~	1 8%~	21 100%~	
NO	12 35%	136 23%~	~	7 64%~	2 29%~	3 23%~	1 10%~	~	~	~	~	~	~	8 50%~	4 24%~	12 44%~	~	12 92%~	~	
NOT ANSWERED		22																		
VALID CASES	34	582	3	11	7	13	10							16	17	27	6	13	21	
NUMBER OF RESPONDENTS	34 100%	604 100%	3 100%	11 100%	7 100%	13 100%	10 100%							16 100%	17 100%	27 100%	6 100%	13 100%	21 100%	

[ASKED IF Q66 = YES]

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

	PCG 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		
Q68 YES	19 95%	427 96%	2 67%	4 100%	5 100%	8 100%	9 100%	~	~	~	~	~	~	7 ~100%	12 92%	13 93%	5 100%	19 ~100%	
NO	1 5%	17 4%	1 33%	~	~	~	~	~	~	~	~	~	~	~	1 8%	1 7%	1 ~100%	~	
NOT ANSWERED	2	6				2								1		1	1	2	
VALID CASES	20	444	3	4	5	8	9							7	13	14	5	1	19
NUMBER OF RESPONDENTS	22	450	3	4	5	10	9							8	13	15	6	1	21
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES AND Q67 = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q69 YES	38 11%	531 10%	7 12%	9 10%	15 15%	7 6%	11 14%	~	~	~	~	~	~	22 10%	16 13%	31 9%~	6 38%~	13 4%*	25 37%*
NO	320 89%	4648 90%	52 88%	82 90%	85 85%	101 94%	68 86%	~	~	~	~	~	~	205 90%	111 87%	308 91%~	10 63%~	278 96%*	42 63%*
NOT ANSWERED	18	459	4	4	5	5	1							7		6	2	17	1
VALID CASES	358	5179	59	91	100	108	79							227	127	339	16	291	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC	
Q70 YES	27 73%	336 68%	4 67%	5 56%	11 73%	7 100%	9 82%	~	~	~	~	~	13 62%	14 88%	20 67%	6 100%	3 25%	24 96%
NO	10 27%	157 32%	2 33%	4 44%	4 27%	~	2 18%	~	~	~	~	~	8 38%	2 12%	10 33%	~	9 75%	1 4%
NOT ANSWERED	1	8	1										1		1		1	
VALID CASES	37	493	6	9	15	7	11						21	16	30	6	12	25
NUMBER OF RESPONDENTS	38	501	7	9	15	7	11						22	16	31	6	13	25
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q71 YES	23 88%	293 92%	3 75%	5 100%	10 91%	5 83%	9 100%	~	~	~	~	~	11 92%	12 86%	16 84%	6 100%	23 100%	
NO	3 12%	24 8%	1 25%	~	1 9%	1 17%	~	~	~	~	~	~	1 8%	2 14%	3 16%	~	3 100%	
NOT ANSWERED	1	3				1							1		1		1	
VALID CASES	26	317	4	5	11	6	9						12	14	19	6	3	23
NUMBER OF RESPONDENTS	27	320	4	5	11	7	9						13	14	20	6	3	24
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q69 = YES AND Q70 = YES]

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER #	AS- IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL- OTHR ##	TI ##	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q72 YES	38 11%	736 14%*	4 7%	9 10%	10 10%	15 14%	13 16%	~	~	~	~	~	~	18 8%*	20 16%*	33 10%~	5 31%~	4 1%*	34 52%*
NO	317 89%	4444 86%*	54 93%	81 90%	89 90%	93 86%	66 84%	~	~	~	~	~	~	206 92%*	107 84%*	304 90%~	11 69%~	285 99%*	32 48%*
NOT ANSWERED	21	458	5	5	6	5	1							10		8	2	19	2
VALID CASES	355	5180	58	90	99	108	79							224	127	337	16	289	66
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q73 YES	34 92%	628 90%	3 75%	8 89%	9 100%	14 93%	13 100%	~	~	~	~	~	~	15 88%	19 95%	29 91%	5 100%	34 100%	
NO	3 8%	72 10%	1 25%	1 11%	~	1 7%	~	~	~	~	~	~	~	2 12%	1 5%	3 9%	~	3 100%	
NOT ANSWERED	1	16			1									1		1		1	
VALID CASES	37	700	4	9	9	15	13							17	20	32	5	3	34
NUMBER OF RESPONDENTS	38 100%	716 100%	4 100%	9 100%	10 100%	15 100%	13 100%							18 100%	20 100%	33 100%	5 100%	4 100%	34 100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ74																		
3 YEARS OLD OR LESS	63 17%	971 17%	63 100%	~	~	~	14 17%	~	~	~	~	~	33 14%	25 20%	55 16%	4 22%	54 18%	9 13%
4 TO 7 YEARS OLD	95 25%	1380 24%	~	95 ~100%	~	~	19 24%	~	~	~	~	~	66 28%	28 22%	91 26%	2 11%	79 26%	16 24%
8 TO 12 YEARS OLD	105 28%	1689 30%	~	~	105 ~100%	~	24 30%	~	~	~	~	~	65 28%	36 28%	96 28%	5 28%	86 28%	19 28%
13 OR OLDER	113 30%	1597 28%	~	~	113 ~100%	~	23 29%	~	~	~	~	~	70 30%	38 30%	103 30%	7 39%	89 29%	24 35%
VALID CASES	376	5638	63	95	105	113	80						234	127	345	18	308	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

[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	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ75 MALE	217 58%	2948 52%*	39 62%	56 59%	58 55%	64 57%	48 60%	~	~	~	~	~	130 56%	76 60%	199 58%~	9 50%~	171 56%	46 68%
FEMALE	159 42%	2690 48%*	24 38%	39 41%	47 45%	49 43%	32 40%	~	~	~	~	~	104 44%	51 40%	146 42%~	9 50%~	137 44%	22 32%
VALID CASES	376	5638	63	95	105	113	80						234	127	345	18	308	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

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

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q76																			
HISPANIC OR LATINO	234 65%	2037 40%*	33 57%	66 70%	65 64%	70 65%	~	~	~	~	~	~	~	234 ~100%~	127 ~65%~	11 65%~	201 68%*	33 49%*	
NOT HISPANIC OR LATINO	127 35%	3094 60%*	25 43%	28 30%	36 36%	38 35%	77 100%~	~	~	~	~	~	~	127 ~100%~	120 35%~	6 35%~	93 32%*	34 51%*	
NOT ANSWERED	15	507	5	1	4	5	3								4	1	14	1	
VALID CASES	361	5131	58	94	101	108	77							234	127	341	17	294	67
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%							234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	NO CCC	CCC
							WHITE											
Q77.1 YES	198 53%	2548 45%*	30 48%	52 55%	57 54%	59 52%	80 100%~	~	~	~	~	~	109 ~ 47%*	86 68%*	184 53%~	10 56%~	154 50%*	44 65%*
NO	178 47%	3090 55%*	33 52%	43 45%	48 46%	54 48%	~	~	~	~	~	~	125 ~ 53%*	41 32%*	161 47%~	8 44%~	154 50%*	24 35%*
VALID CASES	376	5638	63	95	105	113	80						234	127	345	18	308	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q77.2 YES	6 2%	139 2%	1 2%	1 1%	1 1%	3 3%	~	~	~	~	~	~	3 1%	3 2%	6 2%	~	3 1%	3 4%
NO	370 98%	5499 98%	62 98%	94 99%	104 99%	110 97%	80 100%	~	~	~	~	~	231 99%	124 98%	339 98%	18 100%	305 99%	65 96%
VALID CASES	376	5638	63	95	105	113	80						234	127	345	18	308	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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	
Q77.3 YES	5 1%	186 3%*	1 2%	1 1%		3 ~ 3%	~	~	~	~	~	~	5 4%*	5 1%~	~	4 1%	1 1%	
NO	371 99%	5452 97%*	62 98%	94 99%	105 100%	110 ~ 97%	80 100%~	~	~	~	~	~	234 ~100%	122 ~ 96%*	340 99%~	18 ~100%	304 99%	67 99%
VALID CASES	376	5638	63	95	105	113	80						234	127	345	18	308	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q77.4 YES	1 0.3%	61 1%*	~	~	~	0.9%	~	~	~	~	~	~	~	1 ~0.8%	1 ~0.3%	~	~	1 1%
NO	375 100%	5577 99%*	63 100%	95 100%	105 100%	112 99%	80 100%	~	~	~	~	~	234 ~100%	126 99%	344 100%	18 100%	308 100%	67 99%
VALID CASES	376	5638	63	95	105	113	80						234	127	345	18	308	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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 HAW/ ILND #	AMER IND/ ALSK ##	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.5	PCG TOT CHLD																
YES	10 3%	168 3%	3 5%	2 ~	5 4%	~	~	~	~	~	~	4 2%	6 5%	10 3%~	8 ~	2 3%	
NO	366 97%	5470 97%	60 95%	95 100%~	103 98%	108 96%	80 100%~	~	~	~	~	230 98%	121 95%	335 97%~	18 100%~	300 97%	66 97%
VALID CASES	376	5638	63	95	105	113	80					234	127	345	18	308	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%					234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC	
Q77.6 YES	39 10%	486 9%	6 10%	7 7%	10 10%	16 14%	~	~	~	~	~	~	35 15%*	3 2%*	37 11%~	1 6%~	35 11%	4 6%
NO	337 90%	5152 91%	57 90%	88 93%	95 90%	97 86%	80 100%~	~	~	~	~	~	199 85%*	124 98%*	308 89%~	17 94%~	273 89%	64 94%
VALID CASES	376	5638	63	95	105	113	80						234	127	345	18	308	68
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

Q78 WHAT IS YOUR AGE?

	PCG 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 & FAIR & POOR	NO CCC	CCC			
Q78 UNDER 18	19 5%	196 4%	3 5%	2 2%*	9 9%	5 5%	5 6%	~	~	~	~	~	~	12 5%	7 6%	19 6%~	~	12 4%	7 11%
18 TO 24	10 3%	176 3%	8 14%*	~	~	2 2%	3 4%	~	~	~	~	~	~	5 2%	5 4%	9 3%~	1 6%~	8 3%	2 3%
25 TO 34	93 26%	1691 33%*	28 48%*	30 32%	23 23%	12 11%*	15 19%	~	~	~	~	~	~	65 28%	25 20%	90 26%~	2 12%~	79 27%	14 21%
35 TO 44	158 44%	2049 40%	16 28%*	48 52%	47 47%	47 44%	34 43%	~	~	~	~	~	~	105 46%	53 42%	147 43%~	9 53%~	129 44%	29 44%
45 TO 54	58 16%	738 14%	2 3%*	10 11%	19 19%	27 25%*	12 15%	~	~	~	~	~	~	37 16%	19 15%	53 16%~	5 29%~	51 17%	7 11%
55 TO 64	16 4%	229 4%	1 2%	2 2%	1 1%*	12 11%*	9 11%*	~	~	~	~	~	~	4 2%*	12 10%*	16 5%~	~	10 3%	6 9%
65 TO 74	5 1%	87 2%	~	1 1%	1 1%	3 3%	2 2%	~	~	~	~	~	~	1 0.4%	4 3%	5 1%~	~	4 1%	1 2%
75 OR OLDER	1 0.3%	15 0.3%	~	~	1 1%	~	~	~	~	~	~	~	~	1 0.4%	~	1 0.3%~	~	1 0.3%	~
NOT ANSWERED	16	457	5	2	4	5								4	2	5	1	14	2
VALID CASES	360	5181	58	93	101	108	80							230	125	340	17	294	66
NUMBER OF RESPONDENTS	376	5638	63	95	105	113	80							234	127	345	18	308	68
	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	
	PCG 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	
Q79 MALE	58 16%	711 14%	8 14%	19 20%	13 13%	18 17%	9 11%	~	~	~	~	~	41 18%	16 13%	55 16%	3 18%	50 17%	8 12%
FEMALE	302 84%	4484 86%	51 86%	75 80%	86 87%	90 83%	70 89%	~	~	~	~	~	189 82%	109 87%	284 84%	14 82%	244 83%	58 88%
NOT ANSWERED	16	443	4	1	6	5	1						4	2	6	1	14	2
VALID CASES	360	5195	59	94	99	108	79						230	125	339	17	294	66
NUMBER OF RESPONDENTS	376 100%	5638 100%	63 100%	95 100%	105 100%	113 100%	80 100%						234 100%	127 100%	345 100%	18 100%	308 100%	68 100%

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

	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC				
Q80																					
8TH GRADE OR LESS	78 22%	593 12%*	7 12%*	24 26%	23 23%	24 22%	~	~	~	~	~	~	~	32%*	3%*	74 22%~	4 24%~	72 25%*	6 9%*		
SOME HIGH SCHOOL BUT DID NOT GRADUATE	60 17%	565 11%*	12 21%	16 17%	16 16%	16 15%	5 6%*	~	~	~	~	~	~	22%*	7%*	51 16%~	9 24%~	45 15%	15 22%		
HIGH SCHOOL GRADUATE OR GED	95 26%	1483 29%	15 26%	24 26%	31 31%	25 23%	21 27%	~	~	~	~	~	~	29%	20%*	67 27%~	25 18%~	79 27%	16 24%		
SOME COLLEGE OR 2-YEAR DEGREE	96 27%	1722 33%*	16 28%	24 26%	23 23%	33 31%	38 48%*	~	~	~	~	~	~	15%*	49%*	34 27%~	61 29%~	90 25%	5 36%	72 25%	24 36%
4-YEAR COLLEGE GRADUATE	22 6%	491 10%*	6 10%	5 5%	3 3%	8 7%	11 14%*	~	~	~	~	~	~	1%*	15%*	3 6%~	19 6%~	21 6%~	1 6%~	17 6%	5 7%
MORE THAN 4-YEAR COLLEGE DEGREE	8 2%	290 6%*	2 3%	~	4 4%	2 2%	4 5%	~	~	~	~	~	~	0.4%*	6%*	1 ~	7 ~	8 ~	~	7 2%	1 1%
NOT ANSWERED	17	495	5	2	5	5	1									4	2	7	1	16	1
VALID CASES	359	5143	58	93	100	108	79									230	125	338	17	292	67
NUMBER OF RESPONDENTS	376	5638	63	95	105	113	80									234	127	345	18	308	68
	100%	100%	100%	100%	100%	100%	100%									100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

	PCG 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		
Q81																			
MOTHER OR FATHER	339 95%	4883 95%	55 95%	88 95%	96 96%	100 93%	67 87%*	~	~	~	~	~	~	226 98%*	109 89%*	318 94%~	17 100%~	282 96%	57 89%
GRANDPARENT	13 4%	145 3%	2 3%	3 3%	3 3%	5 5%	10 13%*	~	~	~	~	~	~	2 0.9%*	11 9%*	13 4%~	~	8 3%	5 8%
AUNT OR UNCLE		13 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OLDER BROTHER OR SISTER	1 0.3%	12 0.2%	~	~	~	1 0.9%	~	~	~	~	~	~	~	1 0.4%	~	1 0.3%~	~	1 0.3%~	~
OTHER RELATIVE		4 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	3 0.8%	51 1%	1 2%	1 1%	1 1%	~	~	~	~	~	~	~	~	~	3 2%~	3 0.9%~	~	2 0.7%	1 2%
SOMEONE ELSE	2 0.6%	36 0.7%	~	1 1%	~	1 0.9%	~	~	~	~	~	~	~	2 0.9%	~	2 0.6%~	~	1 0.3%	1 2%
NOT ANSWERED	18	494	5	2	5	6	3							3	4	8	1	14	4
VALID CASES	358	5144	58	93	100	107	77							231	123	337	17	294	64
NUMBER OF RESPONDENTS	376	5638	63	95	105	113	80							234	127	345	18	308	68
	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			
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q82 YES	21 9%	143 4%*	1 3%~	8 14%	1 2%*	11 15%	2 2%*	~	~	~	~	~	~	16 12%*	5 5%	20 9%~	1 9%~	18 10%~	3 6%~
NO	204 91%	3143 96%*	34 97%~	51 86%	58 98%*	61 85%	78 98%*	~	~	~	~	~	~	112 88%*	88 95%	191 91%~	10 91%~	159 90%~	45 94%~
NOT ANSWERED	8	43		1	2	5								7	1	8		7	1
VALID CASES	225	3286	35	59	59	72	80							128	93	211	11	177	48
NUMBER OF RESPONDENTS	233 100%	3329 100%	35 100%	60 100%	61 100%	77 100%	80 100%							135 100%	94 100%	219 100%	11 100%	184 100%	49 100%

[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	
	PCG 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	
Q83.1 YES	7 33%	56 41%	~	3 38%	~	4 36%	1 50%	~	~	~	~	~	6 38%	1 20%	7 35%	~	7 39%	~
NO	14 67%	79 59%	1 100%	5 63%	1 100%	7 64%	1 50%	~	~	~	~	~	10 63%	4 80%	13 65%	1 100%	11 61%	3 100%
VALID CASES	21	135	1	8	1	11	2						16	5	20	1	18	3
NUMBER OF RESPONDENTS	21 100%	135 100%	1 100%	8 100%	1 100%	11 100%	2 100%						16 100%	5 100%	20 100%	1 100%	18 100%	3 100%

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

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

	PCG 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 & FAIR & POOR	NO CCC	CCC				
Q83.2 YES	3 14%	44 32%	~	2 25%	~	1 9%	~	~	~	~	~	~	~	~	3 19%	3 15%	3 17%	~		
NO	18 86%	91 68%	1 100%	6 75%	1 100%	10 91%	2 100%	~	~	~	~	~	~	~	13 81%	5 100%	17 85%	1 100%	15 83%	3 100%
VALID CASES	21	135	1	8	1	11	2								16	5	20	1	18	3
NUMBER OF RESPONDENTS	21 100%	135 100%	1 100%	8 100%	1 100%	11 100%	2 100%								16 100%	5 100%	20 100%	1 100%	18 100%	3 100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q83.3 YES	4 19%	11 8%	~	13%	100%	18%	1 50%	~	~	~	~	~	3 19%	1 20%	4 20%	~	4 22%	~
NO	17 81%	124 92%	1 100%	7 88%	~	9 82%	1 50%	~	~	~	~	~	13 81%	4 80%	16 80%	1 100%	14 78%	3 100%
VALID CASES	21	135	1	8	1	11	2						16	5	20	1	18	3
NUMBER OF RESPONDENTS	21 100%	135 100%	1 100%	8 100%	1 100%	11 100%	2 100%						16 100%	5 100%	20 100%	1 100%	18 100%	3 100%

[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	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV ILND #	AMER PAC ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC	
Q83.4 YES	13 62%	76 56%	1 100%	7 88%		5 45%	~	~	~	~	~	~	11 69%	2 40%	12 60%	1 100%	11 61%	2 67%
NO	8 38%	59 44%		1 13%	1 100%	6 55%	2 100%	~	~	~	~	~	5 31%	3 60%	8 40%		7 39%	1 33%
VALID CASES	21	135	1	8	1	11	2						16	5	20	1	18	3
NUMBER OF RESPONDENTS	21 100%	135 100%	1 100%	8 100%	1 100%	11 100%	2 100%						16 100%	5 100%	20 100%	1 100%	18 100%	3 100%

[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		
	PCG 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		
Q83.5 YES	2 10%	7 5%	~	13%	~	9%	~	~	~	~	~	~	~	40%	10%	~	6%	33%	
NO	19 90%	128 95%	100%	88%	100%	91%	100%	~	~	~	~	~	~	100%	60%	90%	100%	94%	67%
VALID CASES	21	135	1	8	1	11	2							16	5	20	1	18	3
NUMBER OF RESPONDENTS	21 100%	135 100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ14 0-6	178%	3078%	510%~	35%	611%	35%	48%	~	~	~	~	~	107%	67%	115%~	542%~	127%	510%
7-8	6629%	110730%	1225%~	1628%	1731%	2132%	1630%	~	~	~	~	~	3727%	2835%	6431%~	217%~	5230%	1427%
9-10	14263%	223461%	3165%~	3967%	3157%	4163%	3362%	~	~	~	~	~	9166%	4758%	13464%~	542%~	10963%	3363%
VALID CASES	225	3648	48	58	54	65	53						138	81	209	12	173	52
NUMBER OF RESPONDENTS	225100%	3648100%	48100%	58100%	54100%	65100%	53100%						138100%	81100%	209100%	12100%	173100%	52100%
MEAN	2.56	2.53	2.54	2.62	2.46	2.58	2.55						2.59	2.51	2.59	2.00	2.56	2.54
p stat_(*=Sig @ p<=.05)		.532	~.343	.221	.664		.913	~	~	~	~	~	.359	.384	~	~	.826	.826

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ41 0-6	18 6%	330 7%	2 4%	3 4%	6 7%	7 8%	5 8%	~	~	~	~	~	8 4%	9 8%	18 6%	~	13 5%	5 8%
7-8	69 22%	960 22%	9 17%	23 28%	15 17%	22 26%	12 18%	~	~	~	~	~	43 22%	26 24%	64 22%	5 31%	57 23%	12 19%
9-10	222 72%	3168 71%	42 79%	56 68%	67 76%	57 66%	49 74%	~	~	~	~	~	146 74%	73 68%	209 72%	11 69%	176 72%	46 73%
VALID CASES	309	4459	53	82	88	86	66						197	108	291	16	246	63
NUMBER OF RESPONDENTS	309 100%	4459 100%	53 100%	82 100%	88 100%	86 100%	66 100%						197 100%	108 100%	291 100%	16 100%	246 100%	63 100%
MEAN	2.66	2.64	2.75	2.65	2.69	2.58	2.67						2.70	2.59	2.66	2.69	2.66	2.65
p stat_(*=Sig @ p<=.05)		.503	.199	.796	.535	.144	.920	~	~	~	~	~	.111	.139	~	~	.895	.893

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
NQ48 0-6	4 9%	88 12%	~	1 9%	2 20%	1 8%	2 13%	~	~	~	~	~	2 10%	2 10%	3 8%	1 20%	3 13%	1 5%
7-8	11 26%	175 24%	2 20%	2 18%	2 20%	5 42%	3 20%	~	~	~	~	~	3 14%	8 38%	10 27%	1 20%	6 26%	5 25%
9-10	28 65%	456 63%	8 80%	8 73%	6 60%	6 50%	10 67%	~	~	~	~	~	16 76%	11 52%	24 65%	3 60%	14 61%	14 70%
VALID CASES	43	718	10	11	10	12	15						21	21	37	5	23	20
NUMBER OF RESPONDENTS	43 100%	718 100%	10 100%	11 100%	10 100%	12 100%	15 100%						21 100%	21 100%	37 100%	5 100%	23 100%	20 100%
MEAN	2.56	2.51	2.80	2.64	2.40	2.42	2.53						2.67	2.43	2.57	2.40	2.48	2.65
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ54 RATING OF CHILD'S HEALTH PLAN

	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC		
NQ54 0-6	37 10%	696 13%	4 7%	5 5%*	12 12%	16 15%	16 21%*	~	~	~	~	~	~	11 5%*	25 20%*	31 9%~	5 29%~	28 10%	9 14%
7-8	85 24%	1488 29%*	11 18%	26 28%	21 21%	27 25%	23 30%	~	~	~	~	~	~	44 19%*	40 32%*	79 23%~	4 24%~	71 24%	14 21%
9-10	237 66%	3026 58%*	45 75%	61 66%	66 67%	65 60%	38 49%*	~	~	~	~	~	~	173 76%*	59 48%*	227 67%~	8 47%~	194 66%	43 65%
VALID CASES	359	5210	60	92	99	108	77							228	124	337	17	293	66
NUMBER OF RESPONDENTS	359 100%	5210 100%	60 100%	92 100%	99 100%	108 100%	77 100%							228 100%	124 100%	337 100%	17 100%	293 100%	66 100%
MEAN	2.56	2.45	2.68	2.61	2.55	2.45	2.29							2.71	2.27	2.58	2.18	2.57	2.52
p stat_(*=Sig @ p<=.05)		.004*	.084	.358	.845	.058	.001*	~	~	~	~	~	~	~.000*	.000*	~	~	~.579	.578

GETTING NEEDED CARE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER #	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK #	MUL-OTHR ##	TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC
NPRBSEE4 NQ46	2.32	2.21	2.36	2.73	2.30	2.00	2.31						2.22	2.50	2.35	2.17	2.31	2.33	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.43	2.45	2.60	2.33	2.34	2.48	2.48						2.45	2.42	2.46	2.00	2.45	2.39	
p stat_(*=Sig @ p<=.05)		.754	~.182	.265	.496	.571	~	~	~	~	~	~.786	.876	~	~	~.626	.626		
COMPOSITE	2.38	2.33	2.48	2.53	2.32	2.24	2.40	x	x	x	x	x	2.33	2.46	2.40	2.08	2.38	2.36	
p stat_(*=Sig @ p<=.05)		.764	~.576	.844	.573	.950	~	~	~	~	~	~.718	.709	~	~	~.994	.960		

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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	2.45	2.68	2.61	2.30	2.58	2.36	2.48						2.43	2.44	2.44	2.71	2.40	2.63	
p stat_(*=Sig @ p<=.05)		.003*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.38	2.42	2.60	2.30	2.48	2.20	2.44						2.33	2.50	2.41	2.08	2.41	2.30	
p stat_(*=Sig @ p<=.05)		.471	~	.364	.249	.023*	~	~	~	~	~	~	.153	.086	~	~	.365	.364	
COMPOSITE	2.41	2.55	2.61	2.30	2.53	2.28	2.46	x	x	x	x	x	2.38	2.47	2.42	2.40	2.40	2.47	
p stat_(*=Sig @ p<=.05)		.456	~	.732	.737	.637	.905	~	~	~	~	~	.817	.840	~	~	.922	.884	

HOW WELL DOCTORS COMMUNICATE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	PCG 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
NDREXPL4 NQ32	2.65	2.70	2.69	2.64	2.70	2.60	2.79						2.58	2.78	2.67	2.30	2.67	2.60
p stat_(*=Sig @ p<=.05)		.231	~.851	.470	.377		~	~	~	~	~	~	~.008*	.015*	~	~	~.472	.473
NDRLSTN4 NQ33	2.76	2.73	2.80	2.76	2.74	2.75	2.83						2.73	2.81	2.76	2.70	2.78	2.70
p stat_(*=Sig @ p<=.05)		.397	~.979	.712	.872		~	~	~	~	~	~	~.243	.353	~	~	~.322	.320
NDRESPU4 NQ34	2.79	2.79	2.78	2.76	2.76	2.84	2.80						2.77	2.81	2.79	2.70	2.78	2.80
p stat_(*=Sig @ p<=.05)		.862	~.725	.627	.291		~	~	~	~	~	~	~.500	.619	~	~	~.843	.842
NDRTMEN4 NQ37	2.49	2.50	2.53	2.51	2.45	2.48	2.67						2.40	2.65	2.50	2.22	2.50	2.48
p stat_(*=Sig @ p<=.05)		.934	~.838	.621	.893		~	~	~	~	~	~	~.006*	.010*	~	~	~.878	.875
COMPOSITE	2.67	2.68	2.70	2.67	2.66	2.67	2.77	x	x	x	x	x	2.62	2.76	2.68	2.48	2.68	2.64
p stat_(*=Sig @ p<=.05)		.980	~.993	.984	.989		~	~	~	~	~	~	~.811	.832	~	~	~.955	.955

CUSTOMER SERVICE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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	2.24	2.30	2.32	2.40	2.12	2.16	2.14							2.32	2.06	2.27	1.60	2.33	1.86
p stat_(*=Sig @ p<=.05)	.456		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.61	2.62	2.55	2.61	2.62	2.65	2.64							2.63	2.56	2.62	2.40	2.68	2.29
p stat_(*=Sig @ p<=.05)	.957		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.43	2.46	2.43	2.51	2.37	2.40	2.39	x	x	x	x	x	x	2.48	2.31	2.45	2.00	2.51	2.07
p stat_(*=Sig @ p<=.05)	.922		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	PCG TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNIC- ITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ PAC	ALSK NATV	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ12	2.53	2.41	2.33	2.73	2.33	2.60	2.87						2.33	2.89	2.62	1.67	2.49	2.60	
p stat_(*=Sig @ p<=.05)	.327		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ13	2.66	2.60	2.78	3.00	2.33	2.58	2.87						2.53	2.89	2.73	2.00	2.58	2.80	
p stat_(*=Sig @ p<=.05)	.581		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.59	2.51	2.56	2.87	2.33	2.59	2.87	x	x	x	x	x	x	2.43	2.89	2.67	1.83	2.53	2.70
p stat_(*=Sig @ p<=.05)	.802		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NEZMDEQ NQ20	2.33	2.28	2.67	2.13	2.00	3.00	2.50						2.22	2.50	2.33		2.23	3.00	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTHP NQ23	2.00	2.12	2.20	2.10	2.11	1.69	1.91						2.26	1.65	2.05	1.00	2.15	1.86	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTC NQ26	2.10	2.11	1.83	2.18	2.00	2.22	2.00						2.25	1.89	2.16	1.40	2.33	1.97	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.15	2.17	2.23	2.14	2.04	2.30	2.14	x	x	x	x	x	x	2.24	2.01	2.18	1.20	2.24	2.28
p stat_(*=Sig @ p<=.05)		.921	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG TOT CHLD	OHP TOT CHLD	<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 & FAIR & POOR	NO CCC	CCC	
PRBSEE4 Q46	74%	75%	82%	100%	70%	53%	75%							70%	82%	75%	67%	77%	71%
CARNES4 Q15	87%	88%	92%	84%	83%	91%	92%							88%	86%	89%	55%	88%	86%
AVERAGE	80.96	81.59	86.74	92.24	76.51	71.98	83.65	x	x	x	x	x	x	78.58	84.03	81.97	60.61	82.36	78.85

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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	86%	92%	89%	78%	96%	84%	86%							86%	84%	87%	86%	84%	95%
APGET4 Q6	85%	84%	93%	80%	87%	82%	92%							82%	91%	86%	75%	86%	82%
AVERAGE	85.67	88.10	91.11	78.89	91.44	82.83	88.69	x	x	x	x	x	x	83.94	87.90	86.65	80.36	85.08	88.37

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

	PCG 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		
DREXPL4 Q32	93%	93%	93%	94%	94%	92%	98%							91%	97%	93%	90%	93%	94%
DRLSTN4 Q33	96%	95%	100%	94%	93%	98%	98%							96%	97%	96%	90%	97%	94%
DRESPU4 Q34	96%	96%	98%	94%	94%	98%	96%							96%	96%	96%	100%	96%	96%
DRTMEN4 Q37	90%	87%	87%	90%	89%	93%	96%							88%	93%	90%	89%	89%	92%
AVERAGE	93.9	92.6	94.4	93.1	92.5	95.5	96.9	x	x	x	x	x	x	92.7	95.9	94.0	92.2	93.9	94.0

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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 ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	POOR	NO CCC	CCC
PBCLCS4 Q50	79%	79%	86%	83%	77%	74%	77%						83%	71%	81%	40%		85%	52%
CSRESP Q51	94%	91%	91%	94%	96%	95%	95%						94%	94%	94%	100%		96%	86%
AVERAGE	86.64	85.33	88.64	88.44	86.54	84.14	86.36	x	x	x	x	x	x	88.41	82.35	87.27	70.00	90.53	69.05

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	PCG 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	95%	93%	100%	100%	93%	90%	100%							92%	100%	96%	83%	92%	100%
NRXWYNT Q12	76%	71%	67%	87%	67%	80%	93%							67%	95%	81%	33%	74%	80%
RXBST Q13	83%	80%	89%	100%	67%	79%	93%							76%	95%	86%	50%	79%	90%
AVERAGE	84.6	81.2	85.2	95.6	75.6	83.0	95.6	x	x	x	x	x	x	78.4	96.5	87.7	55.6	81.9	90.0

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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	NO CCC	CCC		
EZMDEQ Q20	73%	74%	100%	63%	50%	100%	83%							67%	83%	73%		69%	100%
EZTHP Q23	55%	68%	60%	60%	67%	38%	45%							70%	35%	58%	0%	65%	45%
EZTC Q26	67%	66%	50%	73%	64%	72%	69%							75%	58%	70%	40%	72%	65%
AVERAGE	65.1	69.4	55.0	65.1	65.5	55.3	66.0	x	x	x	x	x	x	70.4	58.8	67.0	40.0	68.8	55.0

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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		
DRTLKU Q38	86%	86%	93%	86%	91%	76%	79%							88%	81%	85%	90%	88%	78%
DRUNCON Q43	91%	89%	100%	100%	86%	86%	89%							88%	93%	93%	82%	93%	90%
DRUNFAM Q44	86%	87%	100%	100%	79%	77%	84%							88%	87%	91%	64%	87%	86%
AVERAGE	87.6	87.3	97.7	95.3	85.0	79.8	84.3	x	x	x	x	x	x	88.0	86.9	89.9	78.5	89.4	84.7

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	PCG 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 & POOR	FAIR & POOR	NO CCC	CCC		
HELPCONT Q18	88%	89%	100%	81%	80%	93%	86%							89%	91%	91%	83%	89%	85%
HLPCOORD Q29	70%	57%	73%	80%	62%	70%	65%							78%	61%	72%	50%	72%	67%
AVERAGE	78.9	73.0	86.7	80.6	71.0	81.2	75.4	x	x	x	x	x	x	83.2	75.8	81.5	66.7	80.4	75.6

INDEX OF ADULT TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

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

2. YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

3 Q4 IN THE LAST 6 MONTHS, WHEN YOU NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOU GET CARE AS SOON AS YOU NEEDED? [ASKED IF Q3 = YES]

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

5 Q6 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU GET AN APPOINTMENT FOR A CHECK-UP OR ROUTINE CARE AT A DOCTOR'S OFFICE OR CLINIC AS SOON AS YOU NEEDED? [ASKED IF Q5 = YES]

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

7 Q8 IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT SPECIFIC THINGS YOU COULD DO TO PREVENT ILLNESS? [ASKED IF Q7 >= 1 TIME]

8 Q9 IN THE LAST 6 MONTHS, DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE? [ASKED IF Q7 >= 1 TIME]

9 Q10 DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]

10 Q11 DID YOU AND A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]

11 Q12 WHEN YOU TALKED ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOU? [ASKED IF Q7 >= 1 TIME AND Q9 = YES]

12 Q13 USING ANY NUMBER FROM 0 TO 10, WHERE 0 IS THE WORST HEALTH CARE POSSIBLE AND 10 IS THE BEST HEALTH CARE POSSIBLE, WHAT NUMBER WOULD YOU USE TO RATE ALL YOUR HEALTH CARE IN THE LAST 6 MONTHS? [ASKED IF Q7 >= 1 TIME]

13 Q14 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS OR TREATMENT YOU NEEDED? [ASKED IF Q7 >= 1 TIME]

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

5. ACCESS TO DENTAL CARE

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

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

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

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

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

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

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

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

INDEX OF CHILD TABLES

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

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

3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING

110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

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

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

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

118 CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks   

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

Yes → *Go to Question 1*
 No

↓ **START HERE** ↓

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

- Yes → *Go to Question 3*
- No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

- Never
 Sometimes
 Usually
 Always

YOUR PERSONAL DOCTOR

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

- Yes
 No → **Go to Question 24**

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

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

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → **Go to Question 23**

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

- Never
 Sometimes
 Usually
 Always

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

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



GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
 No → *Go to Question 28*

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

- Never
 Sometimes
 Usually
 Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
 No → *Go to Question 30*

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 33*

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 35*



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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → *Go to Question 35c*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 35e*

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

- Never
- Sometimes
- Usually
- Always

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.

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

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

- Yes → *Go to Question 3*
- No

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



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

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

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

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

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

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

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

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

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

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always



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

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

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*

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

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

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

- | | | | | | | | | | | |
|-------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8 | <input type="radio"/> 9 | <input type="radio"/> 10 |
| El peor plan de salud posible | | | | | El mejor plan de salud posible | | | | | |

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

- Sí
- No → *Pase a la pregunta 35c*

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

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

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

- Sí
- No → *Pase a la pregunta 35e*

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

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

PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 35i*

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

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

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

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

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

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

35i. Opciones para su tratamiento o atención médica pueden ser opciones sobre medicinas, cirugías u otros tratamientos. En los últimos 6 meses, ¿le dijo este profesional médico que había más de una opción para su tratamiento o atención médica?

- Sí
- No → *Pase a la pregunta 35l*

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

- Sí
- No



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

- Sí
- No

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

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

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

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

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

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

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

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

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

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

- Sí, definitivamente
- Sí, algo
- No

ACCESO A CUIDADO DENTAL

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

- Sí
- No

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

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

ACERCA DE USTED

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No
- No sé



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

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

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

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

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

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

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

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

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

- Sí
- No
- No sé

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

- Sí
- No
- No sé

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

- Sí
- No

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

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

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

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

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

- Sí
- No → **Pase a la pregunta 50**

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

- Sí
- No

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

- Sí
- No → **Pase a la pregunta 52**



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

- Sí
- No

52. ¿Qué edad tiene?

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

53. ¿Es usted hombre o mujer?

- Hombre
- Mujer

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

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

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

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

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

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

57. ¿Le ayudó alguien a completar esta encuesta?

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

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

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

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

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

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



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

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta ●

Marca
Incorrecta 

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

● Sí ➔ *Pase a la Pregunta 1*
○ No

↓ **COMIENCE AQUI** ↓

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

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

○ Sí ➔ *Pase a la pregunta 3*
○ No

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

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

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

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

Sí
 No → *Pase a la pregunta 5*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 7*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

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

Sí
 No

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

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

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

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 37*

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

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

EL DOCTOR PERSONAL DE SU NIÑO

30. El doctor personal es aquel a quien su niño va si necesita un chequeo, tiene un problema de salud o si se enferma o lastima. ¿Tiene su niño un doctor personal?

- Sí
- No → *Pase a la pregunta 45*

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

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

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

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



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 45*

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

- Sí
- No

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

- Sí
- No



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 49*

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

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

47. ¿Cuántos especialistas ha visto su niño en los últimos 6 meses?

- Ninguno → *Pase a la pregunta 49*
- 1 especialista
- 2
- 3
- 4
- 5 especialistas o más

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

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

EL PLAN DE SALUD DE SU NIÑO

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

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

- Sí
- No → *Pase a la pregunta 52*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 54*

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

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

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

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

MEDICINAS RECETADAS

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

- Sí
- No → *Pase a la pregunta 57a*

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

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

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

- Sí
- No

ACCESO A CUIDADO DENTAL

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

- Sí
- No

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

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



PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 58*

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

- Sí
- No

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

- Sí
- No

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