



Cascade Comprehensive Care
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2015



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METHODOLOGY

Introduction

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

Survey Milestones

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

Sampling

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

Questionnaires

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

Selection of Cases for Analysis

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

Composites, Overall Ratings, and Measures for Reporting

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

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

Composite: Getting Needed Care

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

Q25/46. Getting appointments with specialists

Composite: Getting Care Quickly

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

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

Composite: How Well Doctors Communicate

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

Q18/33. Personal doctor listened carefully to you

Q29/34. Personal doctor showed respect for what you had to say

Q20/37. Personal doctor spent enough time with you

Composite: Customer Service

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

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

Composite: Shared Decision Making

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

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

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

Rating Questions

Q13/14. Rating of all health care

Q23/41. Rating of personal doctor

Q27/47. Rating of specialist doctor

Q35/54. Rating of health plan

Composite: Access to Specialized Services (Child only)

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

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

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

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

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

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

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

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

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

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

Comparisons, Statistical Testing, Scoring, and Weighting

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

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

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

Sample Disposition

Category	Adult		Child	
	Cascade Comprehensive Care	Overall	Cascade Comprehensive Care	Overall
**First mailing - sent	900	15300	900	15300
*First mailing - usable survey returned	191	3240	152	2377
Second mailing - sent	705	12007	715	12648
*Second mailing - usable survey returned	57	979	64	987
*Phone - usable surveys	67	1234	120	1999
Total - usable surveys	315	5453	336	5363
†Ineligible: According to population criteria‡	8	261	13	158
†Ineligible: Deceased	4	39	0	1
†Ineligible: Mentally or physically unable to complete survey	16	207	0	0
†Ineligible: Language barrier	1	52	0	40
Incorrect address AND incorrect phone number	69	1173	84	1296
Refusal/Returned survey blank	35	667	27	729
Nonresponse - Unavailable by mail or phone	452	7448	440	7713
Adjusted Response Rate	36.2%	37.0%	37.9%	35.5%

*Included in response rate numerator

†Excluded from adjusted response rate denominator

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

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

Response/Non-Response Comparison

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

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

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

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

Adult

Gender / Age	Non-Respondents	Respondents	Difference
Male	192 39.4%	110 34.9%	-4.50%
Female	295 60.6%	205 65.1%	4.50%
18-24	130 26.7%	55 17.5%	-9.23%
25-34	117 24.0%	38 12.1%	-11.96%
35-44	77 15.8%	39 12.4%	-3.43%
45-54	76 15.6%	60 19.0%	3.44%
55-64	53 10.9%	90 28.6%	17.69%
65-74	25 5.1%	21 6.7%	1.53%
75 or Older	9 1.8%	12 3.8%	1.96%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	228 48.8%	181 53.9%	5.05%
Female	239 51.2%	155 46.1%	-5.05%
<3	112 24.0%	60 17.9%	-6.13%
4-7	122 26.1%	80 23.8%	-2.31%
8-12	130 27.8%	103 30.7%	2.82%
13 or older	103 22.1%	93 27.7%	5.62%

Q1 OUR RECORDS SHOW THAT YOU ARE NOW IN <CASCADE COMPREHENSIVE CARE>. IS THAT RIGHT?

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC	IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE
Q1 YES	307 100%	5345 100%	42 100%	34 100%	37 100%	59 100%	86 100%	32 100%	222 100%	3 100%	1 100%	6 100%	12 100%	34 100%	33 100%	254 100%	183 100%	101 100%	101 100%	190 100%
NOT ANSWERED	8	108	4	1			1	2	4		1			1	4	4	5	3	2	6
VALID CASES	307	5345	42	34	37	59	86	32	222	3	1	6	12	34	33	254	183	101	101	190
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
Q3 YES	115 38%	2233 43%	13 30%~	14 41%~	13 35%~	31 53%*	31 36%	11 33%~	88 39%	1 33%~	1 50%~	2 ~	4 33%~	14 42%~	11 33%~	102 40%~	59 32%*	52 50%*	39 39%	74 38%
Q3 NO	185 62%	2997 57%	31 70%~	20 59%~	24 65%~	28 47%*	55 64%	22 67%~	135 61%	2 67%~	1 50%~	4 ~	9 67%~	19 58%~	22 67%~	155 60%~	126 68%*	51 50%*	60 61%	121 62%
NOT ANSWERED	15	223	2	1			1	1	3					1	4	1	3	1	4	1
VALID CASES	300	5230	44	34	37	59	86	33	223	3	2	6	13	33	33	257	185	103	99	195
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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	
	CCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV PAC ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q4 NEVER	4 4%	63 3%	1 10%~	1 7%~	1 ~	1 4%~	~	1 1%~	~	~	~	~	~	2 14%~	3 ~	2 4%	1 2%~	1 3%~	2 3%~	
SOMETIMES	23 23%	285 14%*	4 40%~	3 21%~	2 17%~	7 25%~	6 24%~	1 10%~	16 21%~	1 ~100%~	~	~	~	4 29%~	3 27%~	20 23%~	9 18%	13 28%~	8 24%~	15 23%~
USUALLY	26 26%	563 28%	1 10%~	6 43%~	5 42%~	5 18%~	8 32%~	1 10%~	21 28%~	~	~	1 ~100%~	1 25%~	3 21%~	3 27%~	23 26%~	13 26%	13 28%~	5 15%~	21 32%~
ALWAYS	47 47%	1115 55%	4 40%~	4 29%~	5 42%~	15 54%~	11 44%~	8 80%~	37 49%~	1 100%~	~	~	3 ~ 75%~	5 36%~	5 45%~	42 48%~	26 52%	20 43%~	20 59%~	27 42%~
#ALWAYS + USUALLY (NET)	73 73%	1678 83%*	5 50%~	10 71%~	10 83%~	20 71%~	19 76%~	9 90%~	58 77%~	1 100%~	~	1 ~100%~	4 100%~	8 57%~	8 73%~	65 74%~	39 78%	33 70%~	25 74%~	48 74%~
TOP BOX SCORE	47 47%	1115 55%	4 40%~	4 29%~	5 42%~	15 54%~	11 44%~	8 80%~	37 49%~	1 100%~	~	~	3 ~ 75%~	5 36%~	5 45%~	42 48%~	26 52%	20 43%~	20 59%~	27 42%~
NOT ANSWERED	15	220	3		1	3	6	1	13				1		14	9	5	5	9	
VALID CASES	100	2026	10	14	12	28	25	10	75	1	1	1	4	14	11	88	50	47	34	65
NUMBER OF RESPONDENTS	115	2246	13	14	13	31	31	11	88	1	1	2	4	14	11	102	59	52	39	74
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q5 YES	194 65%	3616 70%	20 45%~	24 69%~	23 62%~	39 66%	58 68%	26 79%~	152 68%*	3 100%~	2 100%~	1 ~	5 20%~	20 38%~	59 59%~	17 49%~	171 67%~	107 58%*	82 80%*	59 58%	132 68%
Q5 NO	105 35%	1586 30%	24 55%~	11 31%~	14 38%~	20 34%	27 32%	7 21%~	71 32%*	~	~	4 ~	8 62%~	14 41%~	18 51%~	84 33%~	79 42%*	20 20%*	42 42%	61 32%	
NOT ANSWERED	16	251	2				2	1	3			1			2	3	2	2	2	3	
VALID CASES	299	5202	44	35	37	59	85	33	223	3	2	5	13	34	35	255	186	102	101	193	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE	
Q6 NEVER	3 2%	100 3%	2 ~	9% ~	~	~	1 4%	2 2%	~	~	~	~	~	1 5%	3 ~	2 2%	1 1%	2 3%	1 2%	2 2%	
SOMETIMES	38 22%	562 17%	5 28%	7 30%	5 28%	8 22%	10 20%	1 4%	27 21%	~	~	~	~	1 20%	6 30%	4 24%	31 21%	16 16%	21 29%	8 15%	28 24%
USUALLY	53 31%	870 27%	4 22%	8 35%	6 33%	11 31%	15 30%	9 36%	39 30%	2 67%	1 50%	~	~	1 20%	6 30%	7 41%	45 30%	28 29%	25 35%	11 21%*	42 36%*
ALWAYS	79 46%	1715 53%	9 50%	6 26%	7 39%	17 47%	25 50%	14 56%	63 48%	1 33%	1 50%	~	1 100%	3 60%	7 35%	6 35%	71 47%	52 54%*	24 33%*	33 62%*	45 38%*
#ALWAYS + USUALLY (NET)	132 76%	2585 80%	13 72%	14 61%	13 72%	28 78%	40 80%	23 92%	102 78%	3 100%	2 100%	~	1 100%	4 80%	13 65%	13 76%	116 77%	80 82%*	49 68%*	44 83%	87 74%
TOP BOX SCORE	79 46%	1715 53%	9 50%	6 26%	7 39%	17 47%	25 50%	14 56%	63 48%	1 33%	1 50%	~	1 100%	3 60%	7 35%	6 35%	71 47%	52 54%*	24 33%*	33 62%*	45 38%*
NOT ANSWERED	21	326	2	1	5	3	8	1	21						21		10	10	6	15	
VALID CASES	173	3247	18	23	18	36	50	25	131	3	2		1	5	20	17	150	97	72	53	117
NUMBER OF RESPONDENTS	194	3573	20	24	23	39	58	26	152	3	2		1	5	20	17	171	107	82	59	132
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q5 = YES]

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

	CCC TOT ADULT	OHP TOT ADULT	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	MALE	FE- MALE		
Q7 NONE	80 28%	1271 25%	23 53%~	11 33%~	15 41%~	11 20%	17 20%	3 9%~	55 25%	~	~	4 ~ 67%~	7 54%~	9 31%~	14 42%~	65 26%~	60 33%*	17 17%*	35 36%*	45 24%	
1 TIME	46 16%	975 19%	8 19%~	7 21%~	3 8%~	8 14%	14 17%	6 18%~	37 17%	~	1 ~ 50%~	1 ~ 17%~	1 8%~	3 10%~	6 18%~	39 16%~	39 21%*	6 6%*	12 12%	34 18%	
2	53 18%	973 19%	3 7%~	3 9%~	6 16%~	12 21%	20 24%	7 21%~	41 19%	~	1 ~ 50%~	~	3 ~ 23%~	4 14%~	6 18%~	45 18%~	29 16%	22 22%	19 19%	32 17%	
3	39 13%	600 12%	7 16%~	2 6%~	5 14%~	8 14%	9 11%	7 21%~	34 15%*	1 33%~	~	1 ~ 17%~	1 8%~	2 7%~	1 3%~	37 15%~	24 13%	15 15%	14 14%	25 13%	
4	25 9%	448 9%	~	3 9%~	4 11%~	7 13%	7 8%	4 12%~	17 8%	1 33%~	~	~	1 ~ 8%~	3 10%~	3 9%~	21 8%~	10 5%*	14 14%*	7 7%	18 10%	
5 TO 9	37 13%	631 12%	2 5%~	4 12%~	3 8%~	10 18%	14 17%	4 12%~	30 14%	1 33%~	~	~	~	6 ~ 21%~	3 9%~	34 14%~	18 10%	18 18%	10 10%	27 14%	
10 OR MORE TIMES	9 3%	265 5%	~	3 9%~	1 3%~	~	2 2%	3 9%~	7 3%	~	~	~	~	2 7%~	9 ~ 4%~	3 2%	6 6%	1 1%	8 4%		
NOT ANSWERED	26	290	3	2		3	4		5					5	4	8	5	6	5	7	
VALID CASES	289	5163	43	33	37	56	83	34	221	3	2	6	13	29	33	250	183	98	98	189	
NUMBER OF RESPONDENTS	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
Q8 #YES	136 68%	2683 71%	13 65%~	17 77%~	16 73%~	35 81%~	36 58%	18 62%~	106 67%~	2 67%~	1 100%~	1 ~	4 50%~	14 67%~	14 74%~	119 67%~	81 68%	54 69%	42 68%	93 68%	
NO	65 32%	1081 29%	7 35%~	5 23%~	6 27%~	8 19%~	26 42%	11 38%~	53 33%~	1 33%~	~	1 ~	2 50%~	6 33%~	6 30%~	5 26%~	58 33%~	39 32%	24 31%	20 32%	44 32%
NOT ANSWERED	8	79					2	4	2	7	1					8	3	3	1	7	
VALID CASES	201	3764	20	22	22	43	62	29	159	3	1		2	6	20	19	177	120	78	62	137
NUMBER OF RESPONDENTS	209 100%	3843 100%	20 100%	22 100%	22 100%	45 100%	66 100%	31 100%	166 100%	3 100%	2 100%		2 100%	6 100%	20 100%	19 100%	185 100%	123 100%	81 100%	63 100%	144 100%

[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?

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE	
Q9 YES	109 53%	2125 57%	11 55%~	13 59%~	11 50%~	22 50%~	33 52%	17 57%~	87 54%~	1 33%~	2 100%~	2 ~100%~	3 50%~	7 35%~	11 58%~	93 51%~	57 47%*	51 65%*	32 52%	75 53%
NO	96 47%	1611 43%	9 45%~	9 41%~	11 50%~	22 50%~	31 48%	13 43%~	75 46%~	2 67%~	~	~	3 ~50%~	13 65%~	8 42%~	88 49%~	65 53%*	28 35%*	30 48%	66 47%
NOT ANSWERED	4	107				1	2	1	4						4	1	2	1	3	
VALID CASES	205	3736	20	22	22	44	64	30	162	3	2	2	6	20	19	181	122	79	62	141
NUMBER OF RESPONDENTS	209 100%	3843 100%	20 100%	22 100%	22 100%	45 100%	66 100%	31 100%	166 100%	3 100%	2 100%	2 100%	6 100%	20 100%	19 100%	185 100%	123 100%	81 100%	63 100%	144 100%

[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?

	CCC 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- WHTE	AS- IAN AMER	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE				
Q10 #YES	96 91%	1887 92%	10 100%	12 92%	10 91%	20 95%	28 85%	14 88%	79 93%	1 ~	2 50%	3 ~	6 100%	8 80%	85 93%	48 87%	47 94%	29 91%	65 90%		
NO	10 9%	166 8%	~	1 8%	1 9%	1 5%	5 15%	2 13%	6 7%	1 100%	1 50%	~	~	1 14%	2 20%	6 7%	7 13%	3 6%	3 9%	7 10%	
NOT ANSWERED	33	436	4	2		5	6	2	11					5	5	14	8	9	6	13	
VALID CASES	106	2053	10	13	11	21	33	16	85	1	2		2	3	7	10	91	55	50	32	72
NUMBER OF RESPONDENTS	139 100%	2489 100%	14 100%	15 100%	11 100%	26 100%	39 100%	18 100%	96 100%	1 100%	2 100%		2 100%	3 100%	12 100%	15 100%	105 100%	63 100%	59 100%	38 100%	85 100%

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

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

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
CCC 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- WHTE	AS- IAN AMER	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	FE- MALE	MALE		
Q11 #YES	70 66%	1488 73%	8 80%	9 69%	5 45%	15 71%	22 67%	9 56%	53 62%	1 100%	2 100%	2 ~	2 ~	6 100%	4 40%	62 68%	37 67%	32 64%	17 53%	51 71%	
NO	36 34%	562 27%	2 20%	4 31%	6 55%	6 29%	11 33%	7 44%	32 38%	~	~	~	1 ~	1 33%	1 14%	6 60%	29 32%	18 33%	18 36%	15 47%	21 29%
NOT ANSWERED	3	44	1		1	1	2							1	2	2	1		3		
VALID CASES	106	2050	10	13	11	21	33	16	85	1	2	2	3	7	10	91	55	50	32	72	
NUMBER OF RESPONDENTS	109	2094	11	13	11	22	33	17	87	1	2	2	3	7	11	93	57	51	32	75	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE		
Q12 #YES	81 76%	1534 75%	8 73%~	11 85%~	8 73%~	16 76%~	25 76%~	11 69%~	63 74%~	1 100%~	2 100%~	2 ~100%~	2 67%~	7 100%~	7 64%~	71 78%~	42 75%	38 76%	24 75%~	55 75%~
NO	26 24%	511 25%	3 27%~	2 15%~	3 27%~	5 24%~	8 24%~	5 31%~	22 26%~	~	~	~	1 33%~	4 36%~	20 22%~	14 25%	12 24%	8 25%~	18 25%~	
NOT ANSWERED	2	49				1	1		2						2	1	1		2	
VALID CASES	107	2045	11	13	11	21	33	16	85	1	2	2	3	7	11	91	56	50	32	73
NUMBER OF RESPONDENTS	109	2094	11	13	11	22	33	17	87	1	2	2	3	7	11	93	57	51	32	75
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE				
Q13 WORST HEALTH CARE POSSIBLE	21%	29 0.8%	1 5%	~	~	~	1 2%	1 0.6%	~	~	~	~	~	1 5%	1 0.5%	1 0.8%	1 1%	1 2%	1 0.7%	
01		27 0.7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
02	4 2%	39 1%	~	~	~	3 7%	~	3 2%	~	~	~	~	~	~	3 2%	1 0.8%	2 3%	1 2%	2 1%	
03	4 2%	70 2%	~	2 9%	~	2 5%	~	3 2%	~	~	~	~	1 5%	~	4 2%	3 2%	1 1%	~	4 3%*	
04	4 2%	85 2%	~	~	~	1 2%	1 2%	2 6%	4 2%	~	~	~	~	~	4 2%	2 2%	2 3%	1 2%	3 2%	
05	19 9%	285 8%	1 5%	~	4 18%	5 11%	8 13%	1 3%	16 10%	1 50%	~	~	1 17%	1 5%	17 9%	11 9%	8 10%	7 11%	12 8%	
06	16 8%	223 6%	3 15%	3 14%	2 9%	5 11%	2 3%*	1 3%	12 7%	1 33%	~	~	~	2 10%	1 5%	15 8%	9 7%	6 8%	4 6%	12 8%
07	22 11%	493 13%	1 5%	4 18%	4 18%	4 9%	5 8%	4 13%	15 9%	~	~	~	2 33%	3 15%	3 16%	19 10%	9 7%	13 16%	5 8%	17 12%
08	48 23%	772 21%	5 25%	4 18%	7 32%	11 25%	16 25%	4 13%	41 25%	~	~	~	1 17%	5 25%	2 11%	43 24%	30 25%	16 20%	16 26%	31 22%
09	33 16%	616 16%	5 25%	4 18%	1 5%	4 9%	14 22%	5 16%	23 14%	1 33%	1 50%	~	2 33%	4 20%	6 32%	27 15%	21 17%	12 15%	13 21%	20 14%
BEST HEALTH CARE POSSIBLE	54 26%	1096 29%	4 20%	5 23%	4 18%	9 20%	17 27%	14 45%	45 28%	1 33%	~	2 100%	5 25%	5 26%	49 27%	35 29%	19 24%	14 23%	40 28%	
#8-10 (NET)	135 66%	2485 66%	14 70%	13 59%	12 55%	24 55%	47 73%	23 74%	109 67%	2 67%	1 50%	~	2 100%	3 50%	14 70%	119 68%	86 65%	47 70%	43 69%	91 64%

Continued

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

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER			
	CCC TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ IND/ PAC ALSK	AMER ILND NATV OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE			
9-10 (NET)	87 42%	1712 46%	9 45%~	9 41%~	5 23%~	13 30%~	31 48%	19 61%~	68 42%~	2 67%~	1 50%~	2 ~100%~	2 33%~	9 45%~	11 58%~	76 42%~	56 46%	31 39%	27 44%	60 42%
NOT ANSWERED	3	106				1	2		3						3	1	1	1	2	
VALID CASES	206	3737	20	22	22	44	64	31	163	3	2	2	6	20	19	182	122	80	62	142
NUMBER OF RESPONDENTS	209 100%	3843 100%	20 100%	22 100%	22 100%	45 100%	66 100%	31 100%	166 100%	3 100%	2 100%	2 100%	6 100%	20 100%	19 100%	185 100%	123 100%	81 100%	63 100%	144 100%
MEAN	7.78	7.91	7.75	7.73	7.50	7.11	8.05	8.52	7.81	8.33	7.00	10.0	7.50	8.10	8.00	7.80	7.95	7.60	7.82	7.80
p stat_(*=Sig @ p<=.05)		.372	~	~	~	~.212	~	~	~	~	~	~	~	~	~	~	~.184	.357	.840	.861

[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?

	CCC 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- WHT	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q14 NEVER	10 5%	104 3%	2 ~ 10%	1 5%	4 9%	1 2%	1 3%	7 4%	~	~	~	~	~	1 6%	1 5%	8 5%	2 2%*	6 8%	2 3%	7 5%
SOMETIMES	31 16%	575 15%	3 15%	8 38%	4 18%	5 12%	8 13%	3 10%	22 14%	~	~	1 50%	1 17%	4 22%	3 16%	26 15%	19 16%	12 15%	8 14%	23 17%
USUALLY	75 38%	1243 33%	8 40%	6 29%	12 55%	19 44%	22 35%	8 28%	62 39%	1 50%	1 50%	~	3 50%	7 39%	7 37%	68 39%	41 35%	34 44%	23 39%	52 38%
ALWAYS	83 42%	1797 48%	9 45%	5 24%	5 23%	15 35%	31 50%	17 59%	68 43%	1 50%	1 50%	1 50%	2 33%	6 33%	8 42%	73 42%	55 47%	26 33%	26 44%	56 41%
#ALWAYS + USUALLY (NET)	158 79%	3040 82%	17 85%	11 52%	17 77%	34 79%	53 85%	25 86%	130 82%	2 100%	2 100%	1 50%	5 83%	13 72%	15 79%	141 81%	96 82%	60 77%	49 83%	108 78%
TOP BOX SCORE	83 42%	1797 48%	9 45%	5 24%	5 23%	15 35%	31 50%	17 59%	68 43%	1 50%	1 50%	1 50%	2 33%	6 33%	8 42%	73 42%	55 47%	26 33%	26 44%	56 41%
NOT ANSWERED	10	124	1		2	4	2	7	1					2		10	6	3	4	6
VALID CASES	199	3719	20	21	22	43	62	29	159	2	2	2	6	18	19	175	117	78	59	138
NUMBER OF RESPONDENTS	209	3843	20	22	22	45	66	31	166	3	2	2	6	20	19	185	123	81	63	144
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
Q15 YES	243 81%	4201 81%	27 60%~	30 86%~	28 76%~	48 83%	76 88%*	30 88%~	189 84%	2 67%~	1 100%~	3 ~	8 50%~	27 62%~	24 67%~	213 83%~	148 80%	86 83%	83 81%	157 81%
NO	56 19%	995 19%	18 40%~	5 14%~	9 24%~	10 17%	10 12%*	4 12%~	36 16%	1 33%~	~	3 ~	5 50%~	7 38%~	12 33%~	43 17%~	37 20%	18 17%	19 19%	37 19%
NOT ANSWERED	16	257	1			1	1		1	1					1	2	3		1	2
VALID CASES	299	5196	45	35	37	58	86	34	225	3	1	6	13	34	36	256	185	104	102	194
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q16 NONE	45 20%	713 18%	10 38%~	10 36%~	6 23%~	7 16%~	10 14%	1 4%	35 19%~	~	~	~	~	3 43%~	6 26%~	2 9%~	41 21%~	39 28%*	5 6%*	17 22%	27 18%	
1 TIME	48 21%	973 24%	8 31%~	7 25%~	7 27%~	5 11%~	13 18%	7 26%~	38 21%~	1 50%~	1 100%~	~	1 ~100%~	~	3 ~13%~	5 23%~	41 21%~	37 26%*	10 12%*	19 25%	28 19%	
2	57 25%	1005 25%	5 19%~	4 14%~	6 23%~	12 27%~	21 30%	7 26%~	42 23%~	~	~	~	~	4 57%~	7 30%~	10 45%~	46 23%~	28 20%*	27 33%*	18 23%	38 26%	
3	29 13%	534 13%	2 8%~	1 4%~	3 12%~	8 18%~	9 13%	6 22%~	26 14%~	~	~	~	~	~	2 9%~	2 9%~	27 14%~	14 10%	15 18%	11 14%	18 12%	
4	21 9%	322 8%	~	2 7%~	3 12%~	5 11%~	8 11%	3 11%~	18 10%~	1 50%~	~	~	~	~	1 4%~	1 5%~	19 10%~	11 8%	9 11%	3 4%*	18 12%*	
5 TO 9	23 10%	403 10%	1 4%~	2 7%~	~	8 18%~	10 14%	2 7%~	18 10%~	~	~	~	~	~	4 17%~	2 9%~	21 11%~	10 7%	13 16%	9 12%	14 10%	
10 OR MORE TIMES	4 2%	75 2%	~	2 7%~	1 4%~	~	~	1 4%~	4 2%~	~	~	~	~	~	~	~	4 2%~	1 0.7%	3 4%	~	4 3%~	
NOT ANSWERED	16	238	1	2	2	3	5	3	8					2	1	4	2	14	8	4	6	10
VALID CASES	227	4026	26	28	26	45	71	27	181	2	1		1	7	23	22	199	140	82	77	147	
NUMBER OF RESPONDENTS	243	4264	27	30	28	48	76	30	189	2	1		3	8	27	24	213	148	86	83	157	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q15 = YES]

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q17 NEVER		47 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	9 5%	196 6%	~	1 6%	~	3 8%	3 5%	1 4%	7 5%	~	~	~	~	~	2 12%	~	9 6%	2 2%	7 9%*	5 8%	4 3%	
USUALLY	44 24%	719 22%	5 31%	4 22%	8 40%	6 16%	14 23%	6 23%	36 25%	1 50%	~	~	~	1 25%	3 18%	4 20%	39 25%	21 21%	22 29%	15 25%	28 23%	
ALWAYS	129 71%	2245 70%	11 69%	13 72%	12 60%	29 76%	44 72%	19 73%	103 71%	1 50%	1 100%	~	1 100%	3 75%	12 71%	16 80%	110 70%	78 77%*	48 62%*	40 67%	88 73%	
#ALWAYS + USUALLY (NET)	173 95%	2963 92%	16 100%	17 94%	20 100%	35 92%	58 95%	25 96%	139 95%	2 100%	1 100%	~	1 100%	4 100%	15 88%	20 100%	149 94%	99 98%	70 91%*	55 92%	116 97%	
TOP BOX SCORE	129 71%	2245 70%	11 69%	13 72%	12 60%	29 76%	44 72%	19 73%	103 71%	1 50%	1 100%	~	1 100%	3 75%	12 71%	16 80%	110 70%	78 77%*	48 62%*	40 67%	88 73%	
NOT ANSWERED		22																				
VALID CASES	182	3206	16	18	20	38	61	26	146	2	1		1	4	17	20	158	101	77	60	120	
NUMBER OF RESPONDENTS	182 100%	3228 100%	16 100%	18 100%	20 100%	38 100%	61 100%	26 100%	146 100%	2 100%	1 100%		1 100%	4 100%	17 100%	20 100%	158 100%	101 100%	77 100%	60 100%	120 100%	

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

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

	CCC 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- WHT	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q18 NEVER		67 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
SOMETIMES	16 9%	251 8%	1 6%	2 11%	6 ~	6 16%	1 10%	4 4%	12 8%	~	~	~	~	~	3 18%	15 ~	9 9%	7 7%	9 12%	5 8%	11 9%	
USUALLY	37 20%	665 21%	3 19%	3 17%	4 20%	7 18%	12 20%	6 23%	27 18%	1 50%	~	~	~	1 ~	5 25%	31 29%	16 25%	19 20%	16 16%	20 25%	27 27%	17 17%
ALWAYS	129 71%	2214 69%	12 75%	13 72%	16 80%	25 66%	43 70%	19 73%	107 73%	1 50%	1 100%	~	1 ~	3 75%	9 53%	15 75%	112 71%	78 77%*	49 64%	39 65%	89 74%	
#ALWAYS + USUALLY (NET)	166 91%	2879 90%	15 94%	16 89%	20 100%	32 84%	55 90%	25 96%	134 92%	2 100%	1 100%	~	1 ~	4 100%	14 82%	143 100%	94 91%	68 93%	55 88%	109 92%	91 91%	
TOP BOX SCORE	129 71%	2214 69%	12 75%	13 72%	16 80%	25 66%	43 70%	19 73%	107 73%	1 50%	1 100%	~	1 ~	3 75%	9 53%	15 75%	112 71%	78 77%*	49 64%	39 65%	89 74%	
NOT ANSWERED		31																				
VALID CASES	182	3197	16	18	20	38	61	26	146	2	1		1	4	17	20	158	101	77	60	120	
NUMBER OF RESPONDENTS	182	3228	16	18	20	38	61	26	146	2	1		1	4	17	20	158	101	77	60	120	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

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

	CCC 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- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q19 NEVER		85 3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	11 6%	193 6%	~	1 6%	1 5%	3 8%	3 5%	2 8%	8 6%	~	~	~	~	1 25%	1 6%	1 5%	9 6%	3 3%	7 9%	3 5%	7 6%	
USUALLY	37 21%	575 18%	3 20%	4 22%	4 20%	8 21%	15 25%	2 8%	29 20%	~	~	~	~	~	5 31%	4 21%	32 20%	14 14%*	22 29%*	16 27%	21 18%	
ALWAYS	132 73%	2339 73%	12 80%	13 72%	15 75%	27 71%	43 70%	21 84%	108 74%	2 100%	1 100%	~	~	1 ~100%	3 75%	10 63%	14 74%	116 74%	83 83%*	48 62%*	40 68%	91 76%
#ALWAYS + USUALLY (NET)	169 94%	2915 91%	15 100%	17 94%	19 95%	35 92%	58 95%	23 92%	137 94%	2 100%	1 100%	~	~	1 ~100%	3 75%	15 94%	18 95%	148 94%	97 97%	70 91%	56 95%	112 94%
TOP BOX SCORE	132 73%	2339 73%	12 80%	13 72%	15 75%	27 71%	43 70%	21 84%	108 74%	2 100%	1 100%	~	~	1 ~100%	3 75%	10 63%	14 74%	116 74%	83 83%*	48 62%*	40 68%	91 76%
NOT ANSWERED	2	35	1					1	1						1	1	1	1		1	1	
VALID CASES	180	3193	15	18	20	38	61	25	145	2	1			1	4	16	19	157	100	77	59	119
NUMBER OF RESPONDENTS	182	3228	16	18	20	38	61	26	146	2	1			1	4	17	20	158	101	77	60	120
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	CCC 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- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q20 NEVER	5 3%	95 3%	1 7%	~	~	2 5%	~	2 8%	5 3%	~	~	~	~	~	~	~	5 3%	1 1%	4 5%	1 2%	4 3%
SOMETIMES	10 6%	295 9%*	2 13%	2 11%	~	4 11%	2 3%	~	8 6%	~	~	~	~	~	1 6%	2 11%	8 5%	7 7%	3 4%	2 3%	8 7%
USUALLY	50 28%	856 27%	3 20%	6 33%	8 40%	6 16%	19 32%	6 23%	37 26%	~	~	~	~	2 50%	7 41%	42 32%	21 27%	27 35%	19 32%	30 25%	
ALWAYS	115 64%	1950 61%	9 60%	10 56%	12 60%	26 68%	39 65%	18 69%	94 65%	2 100%	1 100%	~	1 ~100%	2 50%	9 53%	11 58%	102 65%	71 71%*	43 56%	37 63%	77 65%
#ALWAYS + USUALLY (NET)	165 92%	2806 88%	12 80%	16 89%	20 100%	32 84%	58 97%*	24 92%	131 91%	2 100%	1 100%	~	1 ~100%	4 100%	16 94%	17 89%	144 92%	92 92%	70 91%	56 95%	107 90%
TOP BOX SCORE	115 64%	1950 61%	9 60%	10 56%	12 60%	26 68%	39 65%	18 69%	94 65%	2 100%	1 100%	~	1 ~100%	2 50%	9 53%	11 58%	102 65%	71 71%*	43 56%	37 63%	77 65%
NOT ANSWERED	2	31	1				1		2							1	1	1		1	1
VALID CASES	180	3197	15	18	20	38	60	26	144	2	1		1	4	17	19	157	100	77	59	119
NUMBER OF RESPONDENTS	182 100%	3228 100%	16 100%	18 100%	20 100%	38 100%	61 100%	26 100%	146 100%	2 100%	1 100%		1 100%	4 100%	17 100%	20 100%	158 100%	101 100%	77 100%	60 100%	120 100%

[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?

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q21 YES	105 58%	1943 61%	5 33%~	7 39%~	11 55%~	27 71%~	36 60%	17 65%~	86 59%~	1 50%~	~	~	~	2 50%~	10 63%~	9 47%~	94 60%~	48 48%*	56 73%*	34 58%	70 59%
NO	75 42%	1222 39%	10 67%~	11 61%~	9 45%~	11 29%~	24 40%	9 35%~	59 41%~	1 50%~	1 100%~	~	1 ~100%~	2 50%~	6 38%~	10 53%~	63 40%~	53 52%*	21 27%*	25 42%	49 41%
NOT ANSWERED	2	62	1				1		1					1		1				1	1
VALID CASES	180	3166	15	18	20	38	60	26	145	2	1		1	4	16	19	157	101	77	59	119
NUMBER OF RESPONDENTS	182 100%	3228 100%	16 100%	18 100%	20 100%	38 100%	61 100%	26 100%	146 100%	2 100%	1 100%		1 100%	4 100%	17 100%	20 100%	158 100%	101 100%	77 100%	60 100%	120 100%

[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?

	CCC TOT ADULT	OHP TOT ADULT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE MALE			
Q22 NEVER	5 5%	119 6%	2 ~ 29%	~	1 ~ 3%	2 13%	4 5%	~	~	~	~	~	1 11%	4 4%	2 4%	3 5%	3 9%	2 3%		
SOMETIMES	15 15%	265 14%	1 20%	2 ~ 18%	5 19%	4 12%	3 19%	14 17%	~	~	~	~	1 10%	1 11%	14 16%	5 11%	10 18%	5 16%	10 15%	
USUALLY	28 28%	545 29%	1 20%	2 29%	3 27%	7 26%	11 33%	3 19%	21 25%	~	~	~	1 50%	4 40%	3 33%	24 27%	10 22%	18 33%	9 28%	19 28%
ALWAYS	53 52%	927 50%	3 60%	3 43%	6 55%	15 56%	17 52%	8 50%	44 53%	~	~	~	1 50%	5 50%	4 44%	48 53%	28 62%	24 44%	15 47%	37 54%
#ALWAYS + USUALLY (NET)	81 80%	1472 79%	4 80%	5 71%	9 82%	22 81%	28 85%	11 69%	65 78%	~	~	~	2 100%	9 90%	7 78%	72 80%	38 84%	42 76%	24 75%	56 82%
TOP BOX SCORE	53 52%	927 50%	3 60%	3 43%	6 55%	15 56%	17 52%	8 50%	44 53%	~	~	~	1 50%	5 50%	4 44%	48 53%	28 62%	24 44%	15 47%	37 54%
NOT ANSWERED	4	61					3 1	1	3	1				4	3	1	2	2		
VALID CASES	101	1856	5	7	11	27	33	16	83				2	10	9	90	45	55	32	68
NUMBER OF RESPONDENTS	105	1917	5	7	11	27	36	17	86	1			2	10	9	94	48	56	34	70
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

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

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

	CCC 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- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q23 WORST PERSONAL DOCTOR POSSIBLE		60 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
01	2 0.9%	30 0.7%	~	~	~	1 2%	1 4%	2 1%	~	~	~	~	~	~	2 1%	1 0.7%	1 1%	~	2 1%		
02		27 0.7%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
03	2 0.9%	71 2%	1 4%	~	~	~	1 1%	2 1%	~	~	~	~	~	~	2 1%	2 1%	~	1 1%	1 0.7%		
04	6 3%	80 2%	~	2 7%	~	3 7%	1 4%	6 3%	~	~	~	~	~	~	6 3%	2 1%	4 5%	1 1%	5 3%		
05	13 6%	203 5%	3 12%	2 7%	1 4%	2 4%	3 4%	2 7%	10 6%	~	~	~	1 14%	2 8%	1 4%	11 5%	8 6%	5 6%	7 9%	6 4%	
06	7 3%	153 4%	1 4%	2 7%	~	~	3 4%	1 4%	5 3%	~	~	~	~	~	1 4%	1 4%	5 2%	6 4%	1 1%	6 4%	
07	20 9%	289 7%	2 8%	2 7%	4 15%	3 7%	7 10%	2 7%	18 10%	1 50%	~	~	~	~	1 4%	20 10%	10 7%	10 12%	8 10%	12 8%	
08	43 19%	720 18%	6 23%	4 15%	5 19%	11 24%	11 15%	4 14%	31 17%	~	~	~	~	3 43%	6 25%	4 17%	37 19%	27 19%	15 18%	21 27%*	21 14%*
09	39 17%	743 19%	3 12%	4 15%	9 35%	6 13%	14 19%	2 7%	28 15%	~	~	~	~	1 14%	6 25%	6 26%	32 16%	24 17%	14 17%	11 14%	27 18%
BEST PERSONAL DOCTOR POSSIBLE	96 42%	1623 41%	10 38%	11 41%	7 27%	19 42%	34 47%	15 54%	79 44%	1 50%	1 100%	~	1 ~100%	2 29%	8 33%	11 48%	85 43%	61 43%	33 40%	27 35%	69 46%
#8-10 (NET)	178 78%	3087 77%	19 73%	19 70%	21 81%	36 80%	59 81%	21 75%	138 76%	1 50%	1 100%	~	1 ~100%	6 86%	20 83%	21 91%	154 77%	112 79%	62 75%	59 77%	117 79%

Continued

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

	AGE							RACE					ETHNICITY		HEALTH STATUS		GENDER				
	CCC TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
9-10 (NET)	135 59%	2366 59%	13 50%~	15 56%~	16 62%~	25 56%~	48 66%	17 61%~	107 59%~	1 50%~	1 100%~	1 ~100%~	3 43%~	14 58%~	17 74%~	117 59%~	85 60%	47 57%	38 49%*	96 64%*	
NOT ANSWERED	15	265	1	3	2	3	3	2	8			2	1	3	1	13	7	3	6	8	
VALID CASES	228	3999	26	27	26	45	73	28	181	2	1	1	7	24	23	200	141	83	77	149	
NUMBER OF RESPONDENTS	243 100%	4264 100%	27 100%	30 100%	28 100%	48 100%	76 100%	30 100%	189 100%	2 100%	1 100%	3 100%	8 100%	27 100%	24 100%	213 100%	148 100%	86 100%	83 100%	157 100%	
MEAN	8.48	8.32	8.19	8.22	8.62	8.36	8.75	8.39	8.44	8.50	10.0	10.0	8.29	8.54	9.00	8.46	8.53	8.36	8.32	8.56	
p stat_(*=Sig @ p<=.05)		.189	~	~	~	~	.108	~	~	~	~	~	~	~	~	~	~	.628	.471	.351	.369

[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?

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q24 YES	125 42%	2074 40%	8 18%	10 29%	12 32%	28 48%	52 61%*	15 44%	97 43%	2 67%	~	2 ~	3 33%	16 23%	48%	11 31%	112 44%	56 30%*	66 64%*	41 41%	84 44%	
NO	171 58%	3119 60%	36 82%	25 71%	25 68%	30 52%	33 39%*	19 56%	126 57%	1 33%	2 100%	~	4 ~	10 67%	17 77%	52%	24 69%	143 56%	129 70%*	37 36%*	60 59%	109 56%
NOT ANSWERED	19	260	2			1	2		3					1	2	3	3	1		2	3	
VALID CASES	296	5193	44	35	37	58	85	34	223	3	2		6	13	33	35	255	185	103	101	193	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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

	CCC 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	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q25 NEVER	13 11%	135 7%	2 ~ 20%	2 17%	2 7%	5 10%	2 13%	8 8%	~	~	~	~	~	3 20%	3 27%	10 9%	5 9%	8 12%	3 7%	10 12%		
SOMETIMES	19 16%	292 15%	2 25%	2 20%	2 17%	3 11%	9 18%	1 7%	16 17%	~	~	~	~	1 7%	1 9%	17 16%	5 9%	14 22%*	5 12%	14 17%		
USUALLY	29 24%	614 31%	2 25%	1 10%	2 17%	8 30%	10 20%	6 40%	25 26%	~	~	1 50%	3 20%	3 20%	2 18%	27 25%	14 25%	14 22%	11 27%	18 22%		
ALWAYS	61 50%	926 47%	4 50%	5 50%	6 50%	14 52%	26 52%	6 40%	46 48%	2 100%	~	1 50%	3 100%	8 53%	5 45%	55 50%	31 56%	29 45%	22 54%	39 48%		
#ALWAYS + USUALLY (NET)	90 74%	1540 78%	6 75%	6 60%	8 67%	22 81%	36 72%	12 80%	71 75%	2 100%	~	2 100%	3 100%	11 73%	7 64%	82 75%	45 82%	43 66%*	33 80%	57 70%		
TOP BOX SCORE	61 50%	926 47%	4 50%	5 50%	6 50%	14 52%	26 52%	6 40%	46 48%	2 100%	~	1 50%	3 100%	8 53%	5 45%	55 50%	31 56%	29 45%	22 54%	39 48%		
NOT ANSWERED	3	78				1	2		2					1		3	1	1		3		
VALID CASES	122	1967	8	10	12	27	50	15	95	2			2	3	15	11	109	55	65	41	81	
NUMBER OF RESPONDENTS	125	2045	8	10	12	28	52	15	97	2			2	3	16	11	112	56	66	41	84	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q24 = YES]

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

	CCC 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	WHITE	BLK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	OTHER	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q26 NONE	8	93	1	1		1	3	2	3						4	3	5	5	3	1	7
	7%	5%	13%~	10%~	~	4%~	6%~	13%~	3%~	~	~	~	~	~	27%~	27%~	5%~	9%	5%	3%~	9%~
1 SPECIALIST	68	1033	6	7	9	14	25	7	56				2	2	6	4	63	32	34	23	45
	57%	52%	75%~	70%~	75%~	54%~	52%~	47%~	61%~	~	~	~	100%~	67%~	40%~	36%~	59%~	60%	53%	57%~	57%~
2	28	522	1	1	1	9	12	4	19	2				1	5	3	24	10	18	15	13
	24%	26%	13%~	10%~	8%~	35%~	25%~	27%~	21%~	100%~	~	~	~	33%~	33%~	27%~	23%~	19%	28%	38%~	16%~
3	13	217		1	2	2	6	2	12							1	12	4	9		13
	11%	11%	~	10%~	17%~	8%~	13%~	13%~	13%~	~	~	~	~	~	~	9%~	11%~	8%	14%	~	16%~
4	1	74					1		1								1	1			1
	0.8%	4%*	~	~	~	~	2%~	~	1%~	~	~	~	~	~	~	~	0.9%~	2%~	~	~	1%~
5 OR MORE SPECIALISTS	1	41					1		1								1	1		1	
	0.8%	2%	~	~	~	~	2%~	~	1%~	~	~	~	~	~	~	~	0.9%~	2%~	~	3%~	~
NOT ANSWERED	6	66				2	4		5						1		6	3	2	1	5
VALID CASES	119	1979	8	10	12	26	48	15	92	2			2	3	15	11	106	53	64	40	79
NUMBER OF RESPONDENTS	125	2045	8	10	12	28	52	15	97	2			2	3	16	11	112	56	66	41	84
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

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

	CCC TOT ADULT	OHP TOT ADULT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE			
Q27 WORST SPECIALIST POSSIBLE		21 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
01		7 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
02	1 0.9%	19 1%	~	~	1 4%	~	~	~	~	~	~	~	1 9%	~	1 1%	1 2%	~	~	1 1%		
03		28 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
04	2 2%	18 1%	~	~	~	2 4%	~	2 2%	~	~	~	~	~	~	2 2%	~	2 3%	1 3%	1 1%		
05	5 5%	88 5%	1 11%	1 8%	2 8%	1 8%	4 5%	~	~	1 50%	~	~	1 13%	4 4%	1 2%	4 7%	2 5%	4 4%			
06	5 5%	76 4%	~	2 17%	1 4%	1 2%	1 8%	4 5%	~	~	~	~	1 9%	~	5 5%	1 2%	3 5%	2 5%	3 4%		
07	8 7%	154 8%	1 11%	2 17%	2 8%	2 4%	1 8%	6 7%	~	~	~	1 33%	~	1 13%	7 7%	2 4%	6 10%	4 10%	4 6%		
08	17 15%	272 15%	1 14%	2 22%	2 17%	3 13%	7 16%	2 15%	12 14%	~	~	~	1 33%	3 27%	3 38%	14 14%	4 9%	13 21%	4 10%	13 18%	
09	16 15%	345 19%	1 14%	3 33%	~	5 21%	5 11%	2 15%	13 15%	1 50%	~	~	~	1 9%	1 13%	14 14%	11 23%	5 8%	3 8%	13 18%	
BEST SPECIALIST POSSIBLE	56 51%	812 44%	5 71%	2 22%	5 42%	10 42%	28 62%	6 46%	47 53%	1 50%	~	1 50%	1 33%	5 45%	2 25%	53 53%	27 57%	28 46%	23 59%	33 46%	
#8-10 (NET)	89 81%	1429 78%	7 100%	7 78%	7 58%	18 75%	40 89%	10 77%	72 82%	2 100%	~	~	1 50%	2 67%	9 82%	6 75%	81 81%	42 89%	46 75%	30 77%	59 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		
	CCC TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AMER AS-	NATV PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE		
9-10 (NET)	72 65%	1157 63%	6 86%~	5 56%~	5 42%~	15 63%~	33 73%~	8 62%~	60 68%~	2 100%~	1 ~	1 ~	1 50%~	1 33%~	6 55%~	3 38%~	67 67%~	38 81%~	33 54%~	26 67%~	46 65%~
NOT ANSWERED	1	34				1		1							1	1			1		
VALID CASES	110	1838	7	9	12	24	45	13	88	2		2	3	11	8	100	47	61	39	71	
NUMBER OF RESPONDENTS	111 100%	1872 100%	7 100%	9 100%	12 100%	25 100%	45 100%	13 100%	89 100%	2 100%		2 100%	3 100%	11 100%	8 100%	101 100%	48 100%	61 100%	39 100%	72 100%	
MEAN	8.74	8.47	9.57	8.33	8.08	8.38	9.09	8.62	8.83	9.50		7.50	8.33	8.27	8.13	8.77	9.11	8.48	8.79	8.70	
p stat_(*=Sig @ p<=.05)		.119	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

[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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE				
Q28 YES	37 12%	1182 23%*	3 7%	8 23%	5 14%	6 10%	12 14%	1 3%	29 13%	~	~	~	~	2 15%	4 12%	3 8%	33 13%	19 10%	16 15%	5 5%*	31 16%*	
NO	260 88%	3968 77%*	42 93%	27 77%	32 86%	53 90%	73 86%	32 97%	193 87%	3 100%	2 100%	~	~	6 ~100%	11 85%	30 88%	33 92%	222 87%	167 90%	88 85%	97 95%*	162 84%*
NOT ANSWERED	18	303	1				2	1	4							1	3	2		1	3	
VALID CASES	297	5150	45	35	37	59	85	33	222	3	2			6	13	34	36	255	186	104	102	193
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%			6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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?

	CCC 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-	NATV AS- IAN	AMER HAW/ IND/ PAC ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE MALE			
Q29 NEVER	1 3%	119 12%~	1 ~ 13%~					1 4%~						1 ~ 3%~	1 5%~	1 ~ 20%~			
SOMETIMES	14 40%	339 34%~	1 33%~	4 50%~	2 40%~	2 40%~	4 33%~	11 41%~				1 ~ 50%~	2 50%~	14 ~ 45%~	7 37%~	7 47%~	1 20%~	13 45%~	
USUALLY	13 37%	332 33%~	2 67%~	2 25%~		2 ~ 40%~	7 58%~	9 33%~				1 ~ 50%~	2 50%~	2 67%~	11 35%~	7 37%~	6 40%~	2 40%~	11 38%~
ALWAYS	7 20%	213 21%~	1 ~ 13%~	3 60%~	1 20%~	1 8%~		6 22%~						1 33%~	5 16%~	4 21%~	2 13%~	1 20%~	5 17%~
#ALWAYS + USUALLY (NET)	20 57%	545 54%~	2 67%~	3 38%~	3 60%~	3 60%~	8 67%~	15 56%~				1 ~ 50%~	2 50%~	3 100%~	16 52%~	11 58%~	8 53%~	3 60%~	16 55%~
TOP BOX SCORE	7 20%	213 21%~	1 ~ 13%~	3 60%~	1 20%~	1 8%~		6 22%~						1 33%~	5 16%~	4 21%~	2 13%~	1 20%~	5 17%~
NOT ANSWERED	2	19			1		1	2						2		1		2	
VALID CASES	35	1003	3	8	5	5	12	27				2	4	3	31	19	15	5	29
NUMBER OF RESPONDENTS	37	1022	3	8	5	6	12	29				2	4	3	33	19	16	5	31
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q28 = YES]

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q30 YES	62 21%	1525 30%*	11 24%~	12 34%~	4 11%~	13 22%	14 17%	8 24%~	45 20%	1 33%~	~	1 ~	4 17%~	7 31%~	22%~	11 31%~	51 20%~	38 21%	22 22%	17 17%	45 23%
NO	232 79%	3584 70%*	34 76%~	23 66%~	33 89%~	45 78%	68 83%	26 76%~	176 80%	2 67%~	2 100%~	5 ~	9 83%~	25 78%~	25 69%~	201 80%~	146 79%	80 78%	81 83%	149 77%	
NOT ANSWERED	21	344	1			1	5		5					2	1	6	4	2	5	2	
VALID CASES	294	5109	45	35	37	58	82	34	221	3	2	6	13	32	36	252	184	102	98	194	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	CCC TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q31 NEVER	4 7%	51 4%	1 ~	8%~	2 ~	15%~	1 7%~	3 ~	~	~	1 ~100%~	~	~	4 ~	8%~	2 5%~	1 5%~	2 12%~	2 5%~	
SOMETIMES	7 11%	295 21%*	1 9%~	1 8%~	1 25%~	1 8%~	3 21%~	5 ~	~	~	~	~	2 ~	29%~	7 ~	14%~	4 11%~	3 14%~	1 6%~	6 14%~
USUALLY	18 30%	400 28%	5 45%~	3 25%~	4 ~	5 31%~	1 36%~	13 30%~	~	~	~	~	1 ~	14%~	5 45%~	13 26%~	9 24%~	8 38%~	4 24%~	14 32%~
ALWAYS	32 52%	670 47%	5 45%~	7 58%~	3 75%~	6 46%~	5 36%~	6 86%~	23 52%~	1 100%~	~	~	4 ~	57%~	4 55%~	4 52%~	6 61%~	26 43%~	23 59%~	9 50%~
#ALWAYS + USUALLY (NET)	50 82%	1070 76%	10 91%~	10 83%~	3 75%~	10 77%~	10 71%~	7 100%~	36 82%~	1 100%~	~	~	4 ~	71%~	5 100%~	11 78%~	39 84%~	17 81%~	14 82%~	36 82%~
TOP BOX SCORE	32 52%	670 47%	5 45%~	7 58%~	3 75%~	6 46%~	5 36%~	6 86%~	23 52%~	1 100%~	~	~	4 ~	57%~	4 55%~	4 52%~	6 61%~	26 43%~	23 59%~	9 50%~
NOT ANSWERED	1	26						1	1						1		1		1	
VALID CASES	61	1415	11	12	4	13	14	7	44	1		1	4	7	11	50	38	21	17	44
NUMBER OF RESPONDENTS	62	1441	11	12	4	13	14	8	45	1		1	4	7	11	51	38	22	17	45
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

	CCC 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- WHT	AS- IAN	NATV ILND	AMER PAC ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q32 NEVER	3 5%	24 2%	1 ~ 8%	2 ~ 15%	~	~	2 5%	~	~	1 ~100%	~	~	~	3 6%	1 3%	1 5%	1 6%	2 5%			
SOMETIMES	5 8%	83 6%	1 9%	1 8%	~	3 ~ 21%	3 7%	~	~	~	~	2 ~ 29%	~	5 ~ 10%	4 11%	1 5%	2 12%	3 7%			
USUALLY	12 20%	312 22%	4 36%	2 17%	2 ~ 15%	3 21%	1 14%	8 18%	~	~	~	1 ~ 14%	3 27%	9 18%	6 16%	5 24%	5 29%	7 16%			
ALWAYS	41 67%	995 70%	6 55%	8 67%	4 100%	9 69%	8 57%	6 86%	31 70%	1 100%	~	~	4 ~100%	4 57%	8 73%	33 66%	27 71%	14 67%	9 53%	32 73%	
#ALWAYS + USUALLY (NET)	53 87%	1307 92%	10 91%	10 83%	4 100%	11 85%	11 79%	7 100%	39 89%	1 100%	~	~	4 ~100%	5 71%	11 100%	42 84%	33 87%	19 90%	14 82%	39 89%	
TOP BOX SCORE	41 67%	995 70%	6 55%	8 67%	4 100%	9 69%	8 57%	6 86%	31 70%	1 100%	~	~	4 ~100%	4 57%	8 73%	33 66%	27 71%	14 67%	9 53%	32 73%	
NOT ANSWERED	1	27					1	1						1		1		1			
VALID CASES	61	1414	11	12	4	13	14	7	44	1			1	4	7	11	50	38	21	17	44
NUMBER OF RESPONDENTS	62	1441	11	12	4	13	14	8	45	1			1	4	7	11	51	38	22	17	45
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES]

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q33 YES	85 29%	1804 36%*	14 31%~	15 44%~	9 25%~	19 32%	18 21%	9 27%~	66 30%	1 ~	1 50%~	3 ~	9 17%~	23%~	28%~	10 29%~	74 29%~	50 27%	33 32%	26 26%	58 30%
NO	209 71%	3261 64%*	31 69%~	19 56%~	27 75%~	40 68%	66 79%	24 73%~	155 70%	3 100%~	1 50%~	5 ~	10 83%~	23 77%~	23 72%~	25 71%~	179 71%~	134 73%	70 68%	74 74%	134 70%
NOT ANSWERED	21	388	1	1	1		3	1	5						2	2	5	4	1	3	4
VALID CASES	294	5065	45	34	36	59	84	33	221	3	2		6	13	32	35	253	184	103	100	192
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC 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	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
PQ34 NEVER	5 2%	97 2%	1 ~	1 3%~	1 3%~	1 2%	1 1%	1 3%~	4 2%	~	~	~	~	~	1 8%~	~	1 3%~	4 2%~	2 1%	3 3%	2 2%	3 2%
SOMETIMES	13 4%	322 6%	1 2%~	3 9%~	1 3%~	3 5%	3 4%	2 6%~	9 4%	~	1 50%~	~	~	~	~	3 9%~	1 3%~	12 5%~	8 4%	5 5%	5 5%	8 4%
USUALLY	29 10%	697 14%*	9 20%~	5 15%~	1 3%~	8 14%	5 6%	~	19 9%	~	~	~	~	~	2 15%~	4 13%~	5 15%~	23 9%~	16 9%	11 11%	8 8%	20 11%
ALWAYS	243 84%	3891 78%*	34 77%~	25 74%~	32 91%~	47 80%	75 89%	28 90%~	187 85%	3 100%~	1 50%~	~	~	5 ~100%~	10 77%~	25 78%~	27 79%~	211 84%~	156 86%	82 81%	84 85%	158 84%
#ALWAYS + USUALLY (NET)	272 94%	4589 92%	43 98%~	30 88%~	33 94%~	55 93%	80 95%	28 90%~	206 94%	3 100%~	1 50%~	~	~	5 ~100%~	12 92%~	29 91%~	32 94%~	234 94%~	172 95%	93 92%	92 93%	178 94%
TOP BOX SCORE	243 84%	3891 78%*	34 77%~	25 74%~	32 91%~	47 80%	75 89%	28 90%~	187 85%	3 100%~	1 50%~	~	~	5 ~100%~	10 77%~	25 78%~	27 79%~	211 84%~	156 86%	82 81%	84 85%	158 84%
NOT ANSWERED	4	87	1		1		2	2	2					1			1	3	2	2	1	3
VALID CASES	290	5008	44	34	35	59	84	31	219	3	2			5	13	32	34	250	182	101	99	189
NUMBER OF RESPONDENTS	294 100%	5095 100%	45 100%	34 100%	36 100%	59 100%	84 100%	33 100%	221 100%	3 100%	2 100%			6 100%	13 100%	32 100%	35 100%	253 100%	184 100%	103 100%	100 100%	192 100%

[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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35 WORST HEALTH PLAN POSSIBLE	5 2%	59 1%	1 2%	1 3%	~	1 2%	2 2%	~	4 2%	~	~	~	~	~	1 3%	~	5 2%	3 2%	2 2%	1 1%	4 2%
01	3 1%	31 0.6%	2 5%	~	~	1 2%	~	~	2 0.9%	~	~	~	~	~	1 3%	~	3 1%	2 1%	1 1%	~	3 2%
02	5 2%	40 0.8%	~	1 3%	1 3%	1 2%	1 1%	~	3 1%	~	~	~	~	~	1 3%	~	4 2%	1 0.6%	3 3%	1 1%	3 2%
03	9 3%	85 2%	~	1 3%	2 6%	3 6%	2 2%	1 3%	9 4%*	~	~	~	~	~	~	1 3%	8 3%	4 2%	4 4%	4 4%	5 3%
04	8 3%	121 2%	3 7%	1 3%	2 6%	2 4%	~	~	4 2%	~	~	~	~	2 15%	1 3%	2 6%	6 3%	7 4%	~	~	8 4%*
05	29 10%	451 9%	7 16%	7 21%	3 9%	5 10%	6 7%	1 3%	21 10%	~	~	1 25%	1 8%	5 17%	1 3%	26 11%	19 11%	9 9%	10 10%	19 10%	
06	16 6%	332 7%	1 2%	4 12%	2 6%	1 2%	5 6%	3 10%	14 7%	~	~	~	~	~	1 3%	1 3%	15 6%	7 4%	9 9%	6 6%	10 5%
07	39 14%	632 13%	7 16%	2 6%	4 11%	7 13%	15 18%	4 13%	30 14%	1 33%	~	~	1 25%	2 15%	3 10%	5 14%	33 14%	27 16%	12 12%	10 10%	29 16%
08	49 18%	921 19%	5 12%	6 18%	7 20%	13 25%	13 16%	4 13%	38 18%	1 33%	~	~	~	2 15%	6 20%	5 14%	43 18%	26 15%	21 21%	21 22%	27 15%
09	38 14%	768 16%	5 12%	4 12%	4 11%	7 13%	14 17%	3 10%	31 15%	1 33%	~	~	~	2 15%	3 10%	5 14%	32 13%	19 11%	18 18%	13 14%	25 14%
BEST HEALTH PLAN POSSIBLE	79 28%	1430 29%	12 28%	7 21%	10 29%	11 21%	24 29%	15 48%	56 26%	1 ~100%	~	2 ~50%	4 31%	8 27%	8 43%	15 27%	64 34%*	58 21%*	21 31%	21 27%	49 27%
#8-10 (NET)	166 59%	3119 64%	22 51%	17 50%	21 60%	31 60%	51 62%	22 71%	125 59%	2 67%	1 100%	~	2 50%	8 62%	17 57%	25 71%	139 58%	103 60%	60 60%	64 67%	101 55%

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	NOT HIS- PAN-	HIS- PAN-	EX & VERY GOOD & FAIR & POOR	FE- MALE MALE			
9-10 (NET)	117 42%	2198 45%	17 40%~	11 32%~	14 40%~	18 35%	38 46%	18 58%~	87 41%	1 33%~	1 100%~	2 ~	6 50%~	11 46%~	37 37%~	20 57%~	96 40%~	77 45%	39 39%	43 45%	74 41%
NOT ANSWERED	35	583	3	1	2	7	5	3	14		1	2		4	2	19	15	4	7	14	
VALID CASES	280	4870	43	34	35	52	82	31	212	3	1	4	13	30	35	239	173	100	96	182	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	
MEAN	7.54	7.82	7.19	6.94	7.51	7.25	7.84	8.48	7.51	8.00	10.0	8.00	7.77	7.13	8.34	7.46	7.68	7.42	7.86	7.39	
p stat_(*=Sig @ p<=.05)		.053	~	~	~.359	.163	~	.812	~	~	~	~	~	~	~	~	~.221	.558	.092	.174	

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q35A YES	48 16%	736 14%	3 7%	2 6%	2 6%	9 16%	20 23%	11 33%	39 17%	~	~	~	1 20%	7 22%	2 5%	45 18%	15 8%*	32 31%*	14 14%	33 17%	
NO	249 84%	4378 86%	43 93%	33 94%	34 94%	49 84%	66 77%	22 67%	186 83%	3 100%	2 100%	~	4 80%	13 100%	25 78%	35 95%	209 82%	169 92%*	72 69%*	86 86%	162 83%
NOT ANSWERED	18	339			1	1	1	1	1				1	2	4	4			3	1	
VALID CASES	297	5114	46	35	36	58	86	33	225	3	2		5	13	32	37	254	184	104	100	195
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC 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	WHITE	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE
Q35B NEVER	8 18%	123 19%	1 33%	1 50%	1 ~ 11%	3 16%	1 10%	5 14%	~	~	~	~	~	2 29%	7 ~ 17%	1 7%	6 20%	3 21%	4 13%	
SOMETIMES	4 9%	72 11%	1 ~ 50%	1 ~ 11%	2 11%	~	3 8%	~	~	~	~	~	1 14%	4 ~ 10%	1 7%	3 10%	~	4 13%		
USUALLY	16 36%	177 27%	1 33%	~	5 ~ 56%	5 26%	5 50%	13 35%	~	~	~	~	3 43%	1 50%	15 36%	4 29%	12 40%	5 36%	11 37%	
ALWAYS	17 38%	279 43%	1 33%	1 ~ 100%	2 22%	9 47%	4 40%	16 43%	~	~	~	~	1 14%	1 50%	16 38%	8 57%	9 30%	6 43%	11 37%	
#ALWAYS + USUALLY (NET)	33 73%	456 70%	2 67%	1 ~ 100%	7 78%	14 74%	9 90%	29 78%	~	~	~	~	4 57%	2 100%	31 74%	12 86%	21 70%	11 79%	22 73%	
TOP BOX SCORE	17 38%	279 43%	1 33%	1 ~ 100%	2 22%	9 47%	4 40%	16 43%	~	~	~	~	1 14%	1 50%	16 38%	8 57%	9 30%	6 43%	11 37%	
NOT ANSWERED	3	24		1	1	1	1	2				1			3	1	2		3	
VALID CASES	45	651	3	2	1	9	19	10	37					7	2	42	14	30	14	30
NUMBER OF RESPONDENTS	48	675	3	2	2	9	20	11	39			1		7	2	45	15	32	14	33
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35A = YES]

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q35C YES	39 13%	760 15%	3 7%~	4 12%~	2 5%~	9 15%	13 16%	7 22%~	26 12%	2 67%~	~	1 ~	1 17%~	1 8%~	8 25%~	1 3%~	37 15%~	19 10%	17 17%	13 13%	25 13%
NO	254 87%	4319 85%	42 93%~	30 88%~	35 95%~	50 85%	70 84%	25 78%~	195 88%	1 33%~	2 100%~	~	5 ~	12 83%~	24 92%~	34 75%~	215 97%~	165 90%	83 83%	85 87%	168 87%
NOT ANSWERED	22	373	1	1			4	2	5						2	2	6	4	4	5	3
VALID CASES	293	5080	45	34	37	59	83	32	221	3	2		6	13	32	35	252	184	100	98	193
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35D NEVER	15 41%	165 23%	2 67%	2 67%	1 50%	4 44%	4 31%	1 17%	8 32%	1 50%	~	~	~	~	5 63%	14 40%	7 37%	6 40%	6 46%	8 35%	
SOMETIMES	4 11%	141 19%	~	~	1 50%	~	1 8%	2 33%	2 8%	~	~	~	~	1 100%	1 13%	1 100%	3 9%	2 11%	2 13%	2 15%	2 9%
USUALLY	7 19%	179 25%	1 33%	1 33%	~	1 11%	3 23%	1 17%	6 24%	~	~	~	~	1 13%	7 20%	3 16%	3 20%	3 23%	4 17%		
ALWAYS	11 30%	239 33%	~	~	~	4 44%	5 38%	2 33%	9 36%	1 50%	~	~	~	1 13%	11 31%	7 37%	4 27%	2 15%	9 39%		
#ALWAYS + USUALLY (NET)	18 49%	418 58%	1 33%	1 33%	~	5 56%	8 62%	3 50%	15 60%	1 50%	~	~	~	2 25%	18 51%	10 53%	7 47%	5 38%	13 57%		
TOP BOX SCORE	11 30%	239 33%	~	~	~	4 44%	5 38%	2 33%	9 36%	1 50%	~	~	~	1 13%	11 31%	7 37%	4 27%	2 15%	9 39%		
NOT ANSWERED	2	20	~	1	~	~	~	1	1	~	~	~	~	~	2	~	2	~	2		
VALID CASES	37	725	3	3	2	9	13	6	25	2	~	~	~	1	35	19	15	13	23		
NUMBER OF RESPONDENTS	39	745	3	4	2	9	13	7	26	2	~	~	1	37	19	17	13	25			
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	100%	100%	100%	100%	100%	100%		

[ASKED IF Q35C = YES]

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
CCC TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q35E YES	164 56%	2872 56%	15 33%~	18 51%~	12 32%~	40 70%*	55 65%*	22 71%~	128 57%	~	~	2 ~	4 33%~	22 31%~	73%~	14 38%~	146 58%~	85 46%*	75 73%*	53 52%	110 58%
NO	129 44%	2261 44%	31 67%~	17 49%~	25 68%~	17 30%*	29 35%*	9 29%~	95 43%	3 100%~	1 100%~	4 ~	9 67%~	8 27%~	23 62%~	104 42%~	98 54%*	28 27%*	48 48%	80 42%	
NOT ANSWERED	22	320				2	3	3	3		1			4		8	5	1	2	6	
VALID CASES	293	5133	46	35	37	57	84	31	223	3	1	6	13	30	37	250	183	103	101	190	
NUMBER OF RESPONDENTS	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35F																					
NO EFFORT AT ALL	8 5%	94 3%	2 13%~	1 6%~	1 8%~	2 5%~	2 4%	4 3%~	~	~	~	~	~	~	2 9%~	2 14%~	6 4%~	6 7%	2 3%	3 6%	5 5%
A LITTLE EFFORT WAS MADE	12 7%	213 8%	3 20%~	2 11%~	~	4 10%~	1 2%* 10%~	2 6%~	~	~	~	~	~	~	3 14%~	2 14%~	10 7%~	5 6%	7 10%	5 10%	7 7%
SOME EFFORT WAS MADE	29 18%	662 24%	1 7%~	4 22%~	2 17%~	6 15%~	10 19%	5 25%~	22 18%~	~	~	~	~	2 50%~	5 23%~	2 14%~	26 18%~	17 20%	11 15%	12 23%	17 16%
A LOT OF EFFORT WAS MADE	111 69%	1793 65%	9 60%~	11 61%~	9 75%~	27 69%~	41 76%	13 65%~	91 73%~	~	~	~	1 100%~	2 50%~	12 55%~	8 57%~	100 70%~	57 67%	52 72%	32 62%	78 73%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	140 88%	2455 89%	10 67%~	15 83%~	11 92%~	33 85%~	51 94%* 90%~	18 90%~	113 90%~	~	~	~	1 100%~	4 100%~	17 77%~	10 71%~	126 89%~	74 87%	63 88%	44 85%	95 89%
TOP BOX SCORE	111 69%	1793 65%	9 60%~	11 61%~	9 75%~	27 69%~	41 76%	13 65%~	91 73%~	~	~	~	1 100%~	2 50%~	12 55%~	8 57%~	100 70%~	57 67%	52 72%	32 62%	78 73%
NOT ANSWERED	4	95				1	1	2	3				1				4		3	1	3
VALID CASES	160	2763	15	18	12	39	54	20	125				1	4	22	14	142	85	72	52	107
NUMBER OF RESPONDENTS	164	2858	15	18	12	40	55	22	128				2	4	22	14	146	85	75	53	110
	100%	100%	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?

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35G																					
NO EFFORT AT ALL	10 6%	135 5%	3 20%~	3 17%~	1 8%~	2 5%~	1 2%*	4 3%~	~	~	~	~	~	~	3 14%~	3 21%~	7 5%~	6 7%	4 6%	4 8%	6 6%
A LITTLE EFFORT WAS MADE	16 10%	226 8%	3 20%~	2 11%~	~	5 13%~	4 7%	2 10%~	12 10%~	~	~	~	~	~	3 14%~	3 21%~	13 9%~	8 9%	8 11%	7 13%	9 8%
SOME EFFORT WAS MADE	26 16%	652 24%*	1 7%~	2 11%~	~	9 23%~	9 17%	5 25%~	21 17%~	~	~	~	~	~	3 14%~	1 7%~	23 16%~	17 20%	8 11%	8 15%	18 17%
A LOT OF EFFORT WAS MADE	108 68%	1759 63%	8 53%~	11 61%~	11 92%~	23 59%~	40 74%	13 65%~	88 70%~	~	~	1 ~100%~	4 ~100%~	13 59%~	7 50%~	99 70%~	54 64%	52 72%	33 63%	74 69%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	134 84%	2411 87%	9 60%~	13 72%~	11 92%~	32 82%~	49 91%	18 90%~	109 87%~	~	~	1 ~100%~	4 ~100%~	16 73%~	8 57%~	122 86%~	71 84%	60 83%	41 79%	92 86%	
TOP BOX SCORE	108 68%	1759 63%	8 53%~	11 61%~	11 92%~	23 59%~	40 74%	13 65%~	88 70%~	~	~	1 ~100%~	4 ~100%~	13 59%~	7 50%~	99 70%~	54 64%	52 72%	33 63%	74 69%	
NOT ANSWERED	4	87				1	1	2	3			1				4			3	1	3
VALID CASES	160	2771	15	18	12	39	54	20	125			1	4	22	14	142	85	72	52	107	
NUMBER OF RESPONDENTS	164	2858	15	18	12	40	55	22	128			2	4	22	14	146	85	75	53	110	
	100%	100%	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?

	CCC TOT ADLT	OHP TOT ADLT	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- IC	HIS- NOT IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q35H NO EFFORT AT ALL	13 8%	191 7%	3 20%	1 6%	1 8%	3 8%	2 4%	2 11%	8 6%	~	~	~	~	~	2 10%	2 14%	10 7%	7 8%	4 6%	5 10%	7 7%
A LITTLE EFFORT WAS MADE	13 8%	242 9%	1 7%	2 12%	~	5 13%	5 9%	~	10 8%	~	~	~	~	~	2 10%	1 7%	12 9%	6 7%	7 10%	5 10%	8 8%
SOME EFFORT WAS MADE	34 22%	781 28%	3 20%	3 18%	4 33%	6 15%	14 26%	4 21%	23 19%	~	~	~	~	1 25%	7 33%	4 29%	29 21%	18 21%	16 23%	11 21%	23 22%
A LOT OF EFFORT WAS MADE	98 62%	1558 56%	8 53%	11 65%	7 58%	25 64%	33 61%	13 68%	83 67%	~	~	~	1 100%	3 75%	10 48%	7 50%	90 64%	53 63%	44 62%	31 60%	67 64%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	132 84%	2339 84%	11 73%	14 82%	11 92%	31 79%	47 87%	17 89%	106 85%	~	~	~	1 100%	4 100%	17 81%	11 79%	119 84%	71 85%	60 85%	42 81%	90 86%
TOP BOX SCORE	98 62%	1558 56%	8 53%	11 65%	7 58%	25 64%	33 61%	13 68%	83 67%	~	~	~	1 100%	3 75%	10 48%	7 50%	90 64%	53 63%	44 62%	31 60%	67 64%
NOT ANSWERED	6	85		1		1	1	3	4				1		1		5	1	4	1	5
VALID CASES	158	2773	15	17	12	39	54	19	124				1	4	21	14	141	84	71	52	105
NUMBER OF RESPONDENTS	164	2858	15	18	12	40	55	22	128				2	4	22	14	146	85	75	53	110
	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35E = YES]

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q35I YES	97 33%	1866 37%	8 18%	13 38%	6 16%	20 34%	34 40%	14 44%	73 33%	2 67%	~	~	1 17%	3 23%	12 38%	10 28%	83 33%	53 29%	42 41%*	36 36%	60 31%
NO	197 67%	3186 63%	37 82%	21 62%	31 84%	38 66%	51 60%	18 56%	150 67%	1 33%	1 100%	~	5 83%	10 77%	20 63%	26 72%	170 67%	130 71%	60 59%*	65 64%	131 69%
NOT ANSWERED	21	400	1	1		1	2	2	3		1				2	1	5	5	2	2	5
VALID CASES	294	5053	45	34	37	58	85	32	223	3	1		6	13	32	36	253	183	102	101	191
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q35J #YES	80 85%	1483 85%	6 75%	11 85%	3 60%	18 90%	27 84%	13 93%	58 83%	2 100%	~	~	1 100%	3 100%	10 83%	9 90%	68 85%	45 87%	33 83%	32 89%	47 82%
NO	14 15%	254 15%	2 25%	2 15%	2 40%	2 10%	5 16%	1 7%	12 17%	~	~	~	~	~	2 17%	1 10%	12 15%	7 13%	7 17%	4 11%	10 18%
NOT ANSWERED	3	58			1		2		3							3	1	2		3	
VALID CASES	94	1737	8	13	5	20	32	14	70	2			1	3	12	10	80	52	40	36	57
NUMBER OF RESPONDENTS	97	1795	8	13	6	20	34	14	73	2			1	3	12	10	83	53	42	36	60
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35I = YES]

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	FE- MALE	MALE
Q35K #YES	71 76%	1402 81%	4 67%	10 77%	2 33%	18 90%	26 79%	9 64%	53 75%	1 50%	~	1 ~100%	3 100%	8 73%	7 78%	61 75%	39 76%	30 73%	24 71%	46 78%
NO	23 24%	326 19%	2 33%	3 23%	4 67%	2 10%	7 21%	5 36%	18 25%	1 50%	~	~	~	3 27%	2 22%	20 25%	12 24%	11 27%	10 29%	13 22%
NOT ANSWERED	3	67	2				1		2					1	1	2	2	1	2	1
VALID CASES	94	1728	6	13	6	20	33	14	71	2		1	3	11	9	81	51	41	34	59
NUMBER OF RESPONDENTS	97	1795	8	13	6	20	34	14	73	2		1	3	12	10	83	53	42	36	60
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q35I = YES]

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

	CCC 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- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
Q35L NEVER	35 12%	654 13%	5 12%	5 15%	7 19%	7 12%	10 3%	1 3%	26 12%	~	~	~	2 33%	3 23%	3 9%	4 11%	31 12%	24 13%	11 11%	18 18%*	17 9%*
SOMETIMES	29 10%	567 11%	9 21%	4 12%	1 3%	6 10%	7 8%	2 6%	18 8%	~	~	~	~	2 15%	7 21%	5 14%	24 9%	15 8%	14 13%	11 11%	18 9%
USUALLY	68 23%	1126 23%	8 19%	9 27%	11 31%	14 24%	16 19%	9 26%	47 21%	1 33%	1 50%	~	1 17%	4 31%	9 27%	13 37%	53 21%	35 19%	31 30%	24 24%	43 23%
ALWAYS	162 55%	2613 53%	21 49%	15 45%	17 47%	32 54%	53 62%	22 65%	130 59%*	2 67%	1 50%	~	3 50%	4 31%	14 42%	13 37%	145 57%	108 59%	48 46%*	48 48%	113 59%
#ALWAYS + USUALLY (NET)	230 78%	3739 75%	29 67%	24 73%	28 78%	46 78%	69 80%	31 91%	177 80%	3 100%	2 100%	~	4 67%	8 62%	23 70%	26 74%	198 78%	143 79%	79 76%	72 71%*	156 82%
TOP BOX SCORE	162 55%	2613 53%	21 49%	15 45%	17 47%	32 54%	53 62%	22 65%	130 59%*	2 67%	1 50%	~	3 50%	4 31%	14 42%	13 37%	145 57%	108 59%	48 46%*	48 48%	113 59%
NOT ANSWERED	21	493	3	2	1		1		5						1	2	5	6		2	5
VALID CASES	294	4960	43	33	36	59	86	34	221	3	2		6	13	33	35	253	182	104	101	191
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q35M ALWAYS	238%	3878%	511%~	26%~	26%~	12%*	910%	26%~	167%	~	~	~	~	~	15%~	55%~	208%~	137%	1010%	1010%	126%
USUALLY	103%	2585%	49%~	26%~	13%~	~	22%3%~	13%3%	63%	~	~	~	~	8%~	6%~	55%~	33%~	22%2%	55%	22%	84%
SOMETIMES	5318%	88118%	818%~	1132%~	39%~	814%	1720%	515%~	3817%	133%~	150%~	~	125%~	~	24%~	411%~	4618%~	2514%*	2625%*	1919%	3317%
NEVER	21171%	345269%	2862%~	1956%~	2983%~	5085%*	5968%	2676%~	16473%	267%~	150%~	~	375%~	1292%~	1956%~	2978%~	18071%~	14377%*	6361%*	6969%	14273%
#NEVER + SOMETIMES (NET)	26489%	433387%	3680%~	3088%~	3291%~	5898%*	7687%	3191%~	20290%	3100%~	2100%~	~	4~100%~	1292%~	2779%~	3389%~	22689%~	16891%	8986%	8888%	17590%
TOP BOX SCORE	21171%	345269%	2862%~	1956%~	2983%~	5085%*	5968%	2676%~	16473%	267%~	150%~	~	375%~	1292%~	1956%~	2978%~	18071%~	14377%*	6361%*	6969%	14273%
NOT ANSWERED	18	476	1	1	2				2				2			4	3			3	1
VALID CASES	297	4977	45	34	35	59	87	34	224	3	2		4	13	34	37	254	185	104	100	195
NUMBER OF RESPONDENTS	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q35N ALWAYS	2 0.7%	113 2%*	1 2%~	1 3%~	~	~	~	~	1 ~0.4%	~	~	~	~	~	1 3%~	~	2 ~0.8%	1 0.5%	1 1%	~	2 1%~	
USUALLY	5 2%	124 2%	1 2%~	2 6%~	~	1 2%	1 1%	~	3 1%	~	~	~	~	~	2 6%~	~	5 2%	1 0.5%	4 4%	1 1%	4 2%	
SOMETIMES	54 18%	728 15%	10 22%~	7 21%~	5 14%~	9 15%	16 18%	6 18%~	41 18%	1 33%~	~	~	1 25%~	2 15%~	9 26%~	4 11%~	49 19%~	26 14%*	27 26%*	18 18%	36 18%	
NEVER	237 80%	4037 81%	34 74%~	24 71%~	30 86%~	49 83%	70 80%	28 82%~	180 80%	2 67%~	2 100%~	~	3 75%~	11 85%~	22 65%~	33 89%~	199 78%~	158 85%*	72 69%*	82 81%	153 78%	
#NEVER + SOMETIMES (NET)	291 98%	4765 95%*	44 96%~	31 91%~	35 100%~	58 98%	86 99%	34 100%~	221 98%	3 100%~	2 100%~	~	4 100%~	13 100%~	31 91%~	37 100%~	248 97%~	184 99%	99 95%	100 99%	189 97%	
TOP BOX SCORE	237 80%	4037 81%	34 74%~	24 71%~	30 86%~	49 83%	70 80%	28 82%~	180 80%	2 67%~	2 100%~	~	3 75%~	11 85%~	22 65%~	33 89%~	199 78%~	158 85%*	72 69%*	82 81%	153 78%	
NOT ANSWERED	17	451	~	1	2	~	~	~	1	~	~	~	2	~	~	3	2	~	2	1	1	
VALID CASES	298	5002	46	34	35	59	87	34	225	3	2	~	4	13	34	37	255	186	104	101	195	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	~	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER HAW/ IND/ PAC ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE MALE		
Q350 ALWAYS	3 1%	98 2%	1 2%	1 3%	~	~	1 1%	2 0.9%	~	~	~	~	~	1 3%	~	3 1%	1 0.5%	2 2%	1 1%	2 1%
USUALLY		112 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
SOMETIMES	24 8%	493 10%	3 7%	5 15%	1 3%	9 15%	4 5%	2 6%	19 9%	~	~	1 25%	2 15%	2 6%	2 6%	22 9%	10 5%*	13 13%	5 5%	19 10%
NEVER	266 91%	4278 86%*	41 91%	27 82%	34 97%	50 85%	81 94%	31 94%	202 91%	3 100%	2 100%	3 75%	11 85%	30 91%	34 94%	227 90%	174 94%*	88 85%*	95 94%	170 89%
#NEVER + SOMETIMES (NET)	290 99%	4771 96%*	44 98%	32 97%	35 100%	59 100%	85 99%	33 100%	221 99%	3 100%	2 100%	4 100%	13 100%	32 97%	36 100%	249 99%	184 99%	101 98%	100 99%	189 99%
TOP BOX SCORE	266 91%	4278 86%*	41 91%	27 82%	34 97%	50 85%	81 94%	31 94%	202 91%	3 100%	2 100%	3 75%	11 85%	30 91%	34 94%	227 90%	174 94%*	88 85%*	95 94%	170 89%
NOT ANSWERED	22	472	1	2	2	1	1	3				2		1	1	6	3	1	2	5
VALID CASES	293	4981	45	33	35	59	86	33	223	3	2	4	13	33	36	252	185	103	101	191
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q35P #YES DEFINITELY	208 71%	3312 67%	32 74%~	21 62%~	23 66%~	43 73%	62 71%	26 76%~	159 71%	3 100%	2 100%	3 ~	8 75%~	21 62%~	27 77%~	177 70%~	138 75%	66 64%	70 70%	138 72%	
YES SOMEWHAT	72 25%	1213 25%	9 21%~	12 35%~	9 26%~	12 20%	22 25%	8 24%~	56 25%	~	~	~	~	4 31%~	11 33%~	6 17%~	66 26%~	37 20%*	33 32%*	25 25%	47 24%
NO	13 4%	418 8%*	2 5%~	1 3%~	3 9%~	4 7%	3 3%	~	10 4%	~	~	~	1 25%~	1 8%~	1 3%~	2 6%~	11 4%~	9 5%	4 4%	5 5%	8 4%
NOT ANSWERED	22	511	3	1	2				1			2		1	2	4	4	1	3	3	
VALID CASES	293	4942	43	34	35	59	87	34	225	3	2		4	13	33	35	254	184	103	100	193
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
Q35Q YES	176 60%	2643 53%*	29 66%~	26 81%~	27 73%~	34 58%	44 51%*	15 45%~	131 60%	1 33%~	1 50%~	3 ~ 60%~	8 62%~	21 62%~	23 66%~	151 60%~	119 64%	52 51%*	57 56%	118 62%
NO	116 40%	2382 47%*	15 34%~	6 19%~	10 27%~	25 42%	42 49%*	18 55%~	89 40%	2 67%~	1 50%~	2 ~ 40%~	5 38%~	13 38%~	12 34%~	101 40%~	66 36%	50 49%*	44 44%	72 38%
NOT ANSWERED	23	428	2	3			1	1	6			1			2	6	3	2	2	6
VALID CASES	292	5025	44	32	37	59	86	33	220	3	2	5	13	34	35	252	185	102	101	190
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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?

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q35R NEVER	47 35%	799 36%	5 24%~	5 19%~	7 35%~	14 45%~	12 48%~	4 40%~	32 35%~	~	~	~	1 50%~	4 57%~	7 30%~	7 35%~	40 35%~	27 32%	18 39%~	19 41%~	28 32%~
SOMETIMES	37 27%	439 20%	6 29%~	10 37%~	3 15%~	6 19%~	8 32%~	3 30%~	21 23%~	2 100%~	1 100%~	~	1 50%~	~	9 39%~	4 20%~	32 28%~	26 31%	11 24%~	8 17%~	28 32%~
USUALLY	21 16%	421 19%	7 33%~	5 19%~	1 5%~	6 19%~	1 4%~	1 10%~	16 17%~	~	~	~	~	1 14%~	3 13%~	4 20%~	17 15%~	11 13%	8 17%~	10 22%~	11 12%~
ALWAYS	30 22%	564 25%	3 14%~	7 26%~	9 45%~	5 16%~	4 16%~	2 20%~	23 25%~	~	~	~	~	2 29%~	4 17%~	4 25%~	24 21%~	21 25%	9 20%~	9 20%~	21 24%~
#ALWAYS + USUALLY (NET)	51 38%	985 44%	10 48%~	12 44%~	10 50%~	11 35%~	5 20%~	3 30%~	39 42%~	~	~	~	~	3 43%~	7 30%~	9 45%~	41 36%~	32 38%	17 37%~	19 41%~	32 36%~
TOP BOX SCORE	30 22%	564 25%	3 14%~	7 26%~	9 45%~	5 16%~	4 16%~	2 20%~	23 25%~	~	~	~	~	2 29%~	4 17%~	4 25%~	24 21%~	21 25%	9 20%~	9 20%~	21 24%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	153	2730	22	7	17	27	57	22	125	1	1		3	6	10	15	135	99	54	53	100
NOT ANSWERED	27	500	3	1		1	5	2	9				1		1	2	10	4	4	4	8
VALID CASES	135	2223	21	27	20	31	25	10	92	2	1		2	7	23	20	113	85	46	46	88
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE		
Q36 EXCELLENT	22 8%	477 9%	9 20%~	3 9%~	3 8%~	~	3 3%*	4 12%~	18 8%	~	~	~	~	~	3 9%~	3 9%~	18 7%~	22 12%*	~	13 13%*	9 5%*	
VERY GOOD	53 18%	1176 23%*	17 39%~	5 15%~	7 19%~	9 16%	9 10%*	6 18%~	36 16%	~	1 50%~	~	2 40%~	3 23%~	7 21%~	9 26%~	44 17%~	53 28%*	~	17 17%	36 19%	
GOOD	113 39%	1761 35%	15 34%~	16 47%~	16 44%~	23 40%	35 41%	8 24%~	88 40%	2 67%~	1 50%~	~	2 40%~	4 31%~	11 33%~	12 34%~	98 39%~	113 60%~	~	37 37%	76 40%	
FAIR	70 24%	1244 25%	2 5%~	8 24%~	9 25%~	18 32%	24 28%	8 24%~	52 24%	~	~	~	1 20%~	6 46%~	6 18%~	11 31%~	58 23%~	~	70 67%*	22 22%	47 25%	
POOR	34 12%	405 8%	1 2%~	2 6%~	1 3%~	7 12%	15 17%	7 21%~	27 12%	1 33%~	~	~	~	~	6 18%~	~	34 13%~	~	34 33%*	11 11%	23 12%	
#EXCELLENT + VERY GOOD + GOOD (NET)	188 64%	3415 67%	41 93%~	24 71%~	26 72%~	32 56%	47 55%*	18 55%~	142 64%	2 67%~	2 100%~	~	4 80%~	7 54%~	21 64%~	24 69%~	160 63%~	188 100%~	~	67 67%	121 63%	
NOT ANSWERED	23	389	2	1	1	2	1	1	5				1	1	2	6				3	5	
VALID CASES	292	5064	44	34	36	57	86	33	221	3	2		5	13	33	35	252	188	104	100	191	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	WHITE	BLK OR AFR-	AS- IAN	NATV ILND	AMER PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE
Q37 EXCELLENT	52 18%	895 18%	14 31%~	4 12%~	6 16%~	11 19%	11 13%	6 18%~	37 17%	1 33%~	1 50%~	2 ~ 40%~	2 15%~	4 12%~	9 25%~	43 17%~	47 25%*	4 4%*	19 19%	33 17%
VERY GOOD	64 22%	1258 25%	12 27%~	10 29%~	9 24%~	14 24%	13 15%	6 18%~	47 21%	1 33%~	~	1 ~ 20%~	3 23%~	7 21%~	9 25%~	54 21%~	47 25%*	17 16%	23 23%	41 21%
GOOD	87 29%	1533 30%	12 27%~	11 32%~	13 35%~	11 19%*	31 36%	9 26%~	69 31%	1 ~ 50%~	~	1 ~ 20%~	4 31%~	8 24%~	10 28%~	74 29%~	65 35%*	20 19%*	32 32%	55 28%
FAIR	74 25%	1027 20%	5 11%~	8 24%~	6 16%~	19 33%	25 29%	10 29%~	58 26%	1 33%~	~	~	2 ~ 15%~	11 32%~	5 14%~	68 27%~	26 14%*	47 45%*	22 22%	51 26%
POOR	20 7%	363 7%	2 4%~	1 3%~	3 8%~	3 5%	7 8%	3 9%~	13 6%	~	~	1 ~ 20%~	2 15%~	4 12%~	3 8%~	17 7%~	3 2%*	16 15%*	5 5%	15 8%
#EXCELLENT + VERY GOOD + GOOD (NET)	203 68%	3685 73%	38 84%~	25 74%~	28 76%~	36 62%	55 63%	21 62%~	153 68%	2 67%~	2 100%~	4 ~ 80%~	9 69%~	19 56%~	28 78%~	171 67%~	159 85%*	41 39%*	74 73%	129 66%
NOT ANSWERED	18	378	1	1		1			2			1			1	2		2	1	
VALID CASES	297	5075	45	34	37	58	87	34	224	3	2	5	13	34	36	256	188	104	101	195
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	FE- MALE	MALE		
Q38 #YES	143 49%	2160 44%	14 31%	9 28%	18 49%	27 47%	51 59%*	23 68%	116 52%*	2 67%	2 100%	3 ~	3 60%	14 25%	12 34%	130 51%	80 43%*	60 58%*	39 39%*	104 54%*	
NO	151 51%	2803 56%	31 69%	23 72%	19 51%	30 53%	36 41%*	11 32%	107 48%*	1 33%	~	2 ~	9 40%	19 75%	23 66%	124 49%	105 57%*	43 42%*	60 61%*	90 46%*	
DON'T KNOW	3	112		2		1			1				1	1	1	2	2	1	2	1	
NOT ANSWERED	18	379	1	1		1			2				1		1	2	1		2	1	
VALID CASES	294	4963	45	32	37	57	87	34	223	3	2		5	12	33	35	254	185	103	99	194
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q39 EVERY DAY	68	1063	5	11	10	15	24	3	55	2				1	8	4	63	39	28	29	39
	23%	21%	11%~	32%~	27%~	26%	28%	9%~	25%	67%~	~	~	~	8%~	25%~	11%~	25%~	21%	27%	29%	20%
SOME DAYS	38	463	2	5	8	8	12	2	29				2	2	4	3	33	21	17	12	25
	13%	9%	4%~	15%~	22%~	14%	14%	6%~	13%	~	~	~	40%~	15%~	13%~	8%~	13%~	11%	16%	12%	13%
NOT AT ALL	188	3502	38	18	19	35	49	28	139	1	2		3	10	20	29	157	125	59	60	128
	64%	70%*	84%~	53%~	51%~	60%	58%	85%~	62%	33%~	100%~	~	60%~	77%~	63%~	81%~	62%~	68%	57%	59%	67%
DON'T KNOW	1	42						1	1								1				1
NOT ANSWERED	20	383	1	1		1	2		2				1		2	1	4	3		2	3
VALID CASES	294	5028	45	34	37	58	85	33	223	3	2		5	13	32	36	253	185	104	101	192
NUMBER OF RESPONDENTS	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & FAIR & POOR	MALE	FE- MALE		
Q40 NEVER	21 20%	435 26%	18 ~	25 31%	35 44%	45 9%	55 11%	65 40%	2 20%	2 ~	2 ~	2 ~	2 ~	2 67%	2 17%	20 ~	13 23%	7 16%	10 25%	10 16%	
SOMETIMES	22 21%	355 21%	2 29%	3 19%	4 25%	4 18%	9 25%	~	17 21%	2 100%	~	~	1 50%	2 17%	2 29%	19 20%	11 19%	11 24%	9 23%	13 21%	
USUALLY	20 19%	280 17%	2 29%	3 19%	2 13%	7 32%	5 14%	1 20%	17 21%	~	~	~	~	3 25%	1 14%	19 20%	15 26%	5 11%	11 28%	9 15%	
ALWAYS	40 39%	589 35%	3 43%	5 31%	3 19%	9 41%	18 50%	2 40%	31 38%	~	~	~	1 50%	1 33%	5 42%	4 57%	35 38%	18 32%	22 49%	10 25%	30 48%
#ALWAYS + USUALLY (NET)	60 58%	869 52%	5 71%	8 50%	5 31%	16 73%	23 64%	3 60%	48 59%	~	~	~	1 50%	1 33%	8 67%	5 71%	54 58%	33 58%	27 60%	21 53%	39 63%
TOP BOX SCORE	40 39%	589 35%	3 43%	5 31%	3 19%	9 41%	18 50%	2 40%	31 38%	~	~	~	1 50%	1 33%	5 42%	4 57%	35 38%	18 32%	22 49%	10 25%	30 48%
NOT ANSWERED	3	31			2	1			3							3	3		1	2	
VALID CASES	103	1659	7	16	16	22	36	5	81	2			2	3	12	7	93	57	45	40	62
NUMBER OF RESPONDENTS	106	1690	7	16	18	23	36	5	84	2			2	3	12	7	96	60	45	41	64
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	POOR	MALE	FE- MALE	
Q41 NEVER	47 45%	750 46%	3 43%	8 50%	9 50%	9 41%	15 42%	2 40%	38 46%	2 100%			1 50%	1 33%	4 33%	1 14%	44 46%	26 44%	20 44%	21 51%	25 40%
SOMETIMES	25 24%	380 23%	3 43%	5 31%	2 11%	5 23%	7 19%	3 60%	19 23%				1 50%		4 33%	4 57%	20 21%	5 34%	10 11%	15 24%	15 24%
USUALLY	14 13%	243 15%			3 17%	4 18%	7 19%		13 16%							1 14%	13 14%	4 7%	10 22%	4 10%	10 16%
ALWAYS	19 18%	267 16%	1 14%	3 19%	4 22%	4 18%	7 19%		13 16%					2 67%	4 33%	1 14%	18 19%	9 15%	10 22%	6 15%	13 21%
#ALWAYS + USUALLY (NET)	33 31%	510 31%	1 14%	3 19%	7 39%	8 36%	14 39%		26 31%					2 67%	4 33%	2 29%	31 33%	13 22%	20 44%	10 24%	23 37%
TOP BOX SCORE	19 18%	267 16%	1 14%	3 19%	4 22%	4 18%	7 19%		13 16%					2 67%	4 33%	1 14%	18 19%	9 15%	10 22%	6 15%	13 21%
NOT ANSWERED	1	51				1			1								1	1			1
VALID CASES	105	1639	7	16	18	22	36	5	83	2			2	3	12	7	95	59	45	41	63
NUMBER OF RESPONDENTS	106	1690	7	16	18	23	36	5	84	2			2	3	12	7	96	60	45	41	64
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

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.

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	GOOD & POOR	MALE	FE- MALE	
Q42 NEVER	52 50%	864 53%	2 29%	9 56%	9 50%	9 41%	20 56%	2 40%	39 47%	2 100%	~	~	~	2 67%	7 58%	2 29%	47 49%	29 49%	22 49%	21 51%	30 48%
SOMETIMES	24 23%	340 21%	3 43%	4 25%	5 28%	5 23%	4 11%	3 60%	20 24%	~	~	~	1 50%	3 25%	3 43%	21 22%	17 29%	7 16%	10 24%	14 22%	
USUALLY	12 11%	207 13%	1 14%	1 6%	2 11%	4 18%	4 11%	~	11 13%	~	~	~	~	~	1 14%	11 12%	6 10%	6 13%	6 15%	6 10%	
ALWAYS	17 16%	215 13%	1 14%	2 13%	2 11%	4 18%	8 22%	~	13 16%	~	~	~	1 50%	1 33%	2 17%	1 14%	16 17%	7 12%	10 22%	4 10%	13 21%
#ALWAYS + USUALLY (NET)	29 28%	422 26%	2 29%	3 19%	4 22%	8 36%	12 33%	~	24 29%	~	~	~	1 50%	1 33%	2 17%	2 29%	27 28%	13 22%	16 36%	10 24%	19 30%
TOP BOX SCORE	17 16%	215 13%	1 14%	2 13%	2 11%	4 18%	8 22%	~	13 16%	~	~	~	1 50%	1 33%	2 17%	1 14%	16 17%	7 12%	10 22%	4 10%	13 21%
NOT ANSWERED	1	64				1			1							1	1				1
VALID CASES	105	1626	7	16	18	22	36	5	83	2			2	3	12	7	95	59	45	41	63
NUMBER OF RESPONDENTS	106	1690	7	16	18	23	36	5	84	2			2	3	12	7	96	60	45	41	64
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q39 = EVERY DAY OR SOME DAYS]

Q43 DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE			
Q43 YES	81 28%	1180 23%	3 7%~	3 9%~	7 19%~	15 26%	34 40%*	19 58%~	64 29%	~	~	~	20%~	8%~	1 38%~	1 25%~	13 28%~	9 21%*	70 39%*	39 21%*	40 39%*	32 32%	49 25%
NO	213 72%	3848 77%	42 93%~	30 91%~	30 81%~	43 74%	52 60%*	14 42%~	158 71%	3 100%	1 100%	~	4 80%~	12 92%~	21 62%~	27 75%~	183 72%~	27 79%*	183 61%*	146 79%*	63 61%*	68 68%	144 75%
DON'T KNOW	2	55					1 1	1 1	2									2	1 1	1 1		2	
NOT ANSWERED	19	370	1	2		1			2		1		1			1	3	2				3	1
VALID CASES	294	5028	45	33	37	58	86	33	222	3	1		5	13	34	36	253	185	103	100	193		
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%		

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q44 YES	37 13%	460 10%	4 9%	2 7%	2 6%	8 15%	14 17%	6 19%	27 13%	~	~	~	2 40%	1 8%	7 22%	1 3%	36 15%	14 8%*	22 23%*	6 6%*	31 17%*
NO	242 87%	4154 90%	41 91%	28 93%	33 94%	47 85%	67 83%	25 81%	184 87%	3 100%	~	~	3 60%	11 92%	25 78%	34 97%	203 85%	164 92%*	74 77%*	91 94%*	150 83%*
DON'T KNOW	16	459		3	2	2	6	3	12		1			1	2	1	15	7	8	3	13
NOT ANSWERED	20	380	1	2		2			3		1		1			1	4	3		3	2
VALID CASES	279	4614	45	30	35	55	81	31	211	3			5	12	32	35	239	178	96	97	181
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q45 YES	123 42%	1742 35%*	12 27%~	5 15%~	11 30%~	25 44%	46 53%*	24 71%~	100 45%	2 67%~	~	3 ~	2 60%~	13 15%~	39%~	12 33%~	108 43%~	69 37%*	51 49%	42 42%	81 42%
NO	172 58%	3293 65%*	33 73%~	29 85%~	26 70%~	32 56%	40 47%*	10 29%~	124 55%	1 33%~	1 100%~	2 ~	11 40%~	20 85%~	61%~	24 67%~	146 57%~	116 63%*	53 51%	58 58%	113 58%
NOT ANSWERED	20	417	1	1		2	1		2		1		1		1	4	3		3	2	
VALID CASES	295	5036	45	34	37	57	86	34	224	3	1		5	13	33	36	254	185	104	100	194
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
CCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q46.1 YES	80 25%	1316 24%	1 ~	11 3%	24 30%	33 41%*	11 38%*	67 30%*	~	~	1 ~	2 15%	8 24%	4 11%	75 29%*	39 21%*	40 38%*	26 25%	54 28%	
NO	235 75%	4137 76%	46 100%	34 97%	26 70%	35 59%*	23 62%*	159 70%*	3 100%	2 100%	5 ~	11 83%	26 85%	33 76%	183 89%	149 79%*	64 62%*	77 75%	142 72%	
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
CCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE		
Q46.2 YES	111 35%	1635 30%	5 11%	5 14%	13 35%	26 44%	39 45%*	23 68%	89 39%*	2 67%	1 50%		2 ~	2 33%	11 32%	12 32%	98 38%*	55 29%*	54 52%*	44 43%	67 34%
NO	204 65%	3818 70%	41 89%	30 86%	24 65%	33 56%	48 55%*	11 32%	137 61%*	1 33%	1 50%		4 ~	11 67%	23 68%	25 68%	160 62%*	133 71%*	50 48%*	59 57%	129 66%
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
CCC TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE				
Q46.3																						
YES	59 19%	862 16%	5 11%~	7 20%~	8 22%~	12 20%	24 28%*	3 9%~	43 19%	1 33%~	~	1 ~	4 17%~	8 31%~	24%~	7 19%~	51 20%	28 15%*	31 30%*	17 17%	42 21%	
NO	256 81%	4591 84%	41 89%~	28 80%~	29 78%~	47 80%	63 72%*	31 91%~	183 81%	2 67%~	2 100%~	~	5 ~	9 83%~	26 69%~	76%~	30 81%~	207 80%	160 85%*	73 70%*	86 83%	154 79%
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196	
NUMBER OF RESPONDENTS	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE			
Q47.1 YES	24 8%	281 5%	~	~	3 8%	6 10%	8 9%	7 21%	18 8%	1 33%	~	~	1 17%	1 8%	3 9%	~	24 9%	7 4%*	17 16%*	10 10%	14 7%	
NO	291 92%	5172 95%	46 100%	35 100%	34 92%	53 90%	79 91%	27 79%	208 92%	2 67%	2 100%	~	5 83%	12 92%	31 91%	~	37 100%	234 91%*	181 96%*	87 84%*	93 90%	182 93%
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2		6	13	34		37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%		37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q47.2 YES	23 7%	284 5%	~	~	3 8%	3 5%	13 15%*	4 12%~	18 8%	~	~	~	~	~	5 15%~	2 5%~	21 8%	5 3%*	16 15%*	11 11%	12 6%
NO	292 93%	5169 95%	46 100%~	35 100%~	34 92%~	56 95%	74 85%*	30 88%~	208 92%	3 100%	2 100%~	6 ~100%	13 ~100%	29 85%~	35 95%~	237 92%	183 97%*	88 85%*	92 89%	184 94%	
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q47.3 YES	23 7%	221 4%*	1 ~	3 3%~	4 8%~	11 7%	4 13%	16 7%	1 33%~	~	2 ~	33%~	~	3 9%~	1 3%~	22 9%*	11 6%	12 12%	9 9%	14 7%
NO	292 93%	5232 96%*	46 100%~	34 97%~	34 92%~	55 93%	76 87%	30 88%~	210 93%	2 67%~	2 100%~	4 ~	13 67%~	31 100%~	36 97%~	236 91%*	177 94%	92 88%	94 91%	182 93%
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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		
CCC TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE			
Q47.4																					
YES	68 22%	1002 18%	1 2%	3 9%	9 24%	11 19%	34 39%*	9 26%	56 25%*	1 3%	~	~	~	1 8%	9 26%	3 8%	65 25%*	27 14%*	39 37%*	18 17%	50 26%*
NO	247 78%	4451 82%	45 98%	32 91%	28 76%	48 81%	53 61%*	25 74%	170 75%*	2 67%	2 100%	~	6 ~100%	12 92%	25 74%	34 92%	193 75%*	161 86%*	65 63%*	85 83%	146 74%*
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q48 YES	98 33%	1692 34%	7 16%	8 23%	9 24%	27 46%*	32 38%	14 41%	72 32%	2 67%	1 50%	1 ~	3 17%	16 23%	8 48%	89 35%	44 24%*	52 51%*	28 28%	70 36%	
NO	197 67%	3335 66%	37 84%	27 77%	28 76%	32 54%*	53 62%	20 59%	152 68%	1 33%	1 50%	5 ~	10 83%	17 77%	17 52%	167 77%	142 76%*	50 49%*	73 72%	124 64%	
NOT ANSWERED	20	426	2				2		2					1	2	2	2	2	2	2	
VALID CASES	295	5027	44	35	37	59	85	34	224	3	2	6	13	33	35	256	186	102	101	194	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q49 YES	80	1394	4	5	8	24	26	12	61	2	1			3	11	6	73	36	43	24	56
	85%	85%	57%~	62%~	89%~	92%~	84%~	100%~	88%~	100%~	100%~	~	~	~100%~	69%~	75%~	86%~	84%~	86%~	86%~	85%~
NO	14	240	3	3	1	2	5		8						5	2	12	7	7	4	10
	15%	15%	43%~	38%~	11%~	8%~	16%~	~	12%~	~	~	~	~	~	31%~	25%~	14%~	16%~	14%~	14%~	15%~
NOT ANSWERED	4	62				1	1	2	3					1			4	1	2		4
VALID CASES	94	1633	7	8	9	26	31	12	69	2	1			3	16	8	85	43	50	28	66
NUMBER OF RESPONDENTS	98	1695	7	8	9	27	32	14	72	2	1			3	16	8	89	44	52	28	70
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q48 = YES]

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & POOR	MALE	FE- MALE	
Q50 YES	212 72%	3255 65%*	15 34%~	20 57%~	27 73%~	47 81%	72 84%*	30 88%~	172 77%*	1 33%~	2 100%~	4 ~	6 67%~	21 46%~	16 46%~	194 76%~	114 62%*	92 89%*	67 66%	145 75%	
NO	83 28%	1781 35%*	29 66%~	15 43%~	10 27%~	11 19%	14 16%*	4 12%~	52 23%*	2 67%~	~	2 ~	7 33%~	12 54%~	19 36%~	62 54%~	24 24%~	71 38%*	11 11%*	34 34%	49 25%
NOT ANSWERED	20	417	2			1	1		2					1	2	2	3	1	2	2	
VALID CASES	295	5036	44	35	37	58	86	34	224	3	2		6	13	33	35	256	185	103	101	194
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER				
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q51 YES	198 96%	2975 94%	14 93%	16 80%	25 100%	44 96%	69 99%	29 100%	162 97%	2 ~100%	3 ~100%	6 ~100%	21 ~100%	14 88%	182 97%	105 95%	88 97%	64 97%	134 96%		
NO	8 4%	176 6%	1 7%	4 20%	~	2 4%	1 1%	~	5 3%	1 100%	~	~	~	~	2 13%	6 3%	5 5%	3 3%	2 3%	6 4%	
NOT ANSWERED	6	127				2	1	2	1	5			1		6	4	1	1	5		
VALID CASES	206	3151	15	20	25	46	70	29	167	1	2		3	6	21	16	188	110	91	66	140
NUMBER OF RESPONDENTS	212 100%	3278 100%	15 100%	20 100%	27 100%	47 100%	72 100%	30 100%	172 100%	1 100%	2 100%		4 100%	6 100%	21 100%	16 100%	194 100%	114 100%	92 100%	67 100%	145 100%

[ASKED IF Q50 = YES]

NQ52 WHAT IS YOUR AGE?

	AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER			
	CCC TOT ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
NQ52																					
18 TO 24	51 16%	547 10%*	46 100%~	~	~	~	~	~	14%	~	~	~	~	23%~	15%~	38%~	12%*	22%*	4%*	17%	15%
25 TO 34	39 12%	870 16%	~	35 ~100%~	~	~	~	~	11%	~	~	~	17%~	~	24%~	14%~	11%	13%	10%	12%	12%
35 TO 44	39 12%	802 15%	~	~	37 ~100%~	~	~	~	13%	~	~	~	17%~	38%~	3%~	8%~	13%	14%	10%	14%	12%
45 TO 54	62 20%	1153 21%	~	~	~	59 ~100%~	~	~	19%	67%~	50%~	~	33%~	38%~	18%~	19%~	21%	17%	25%	20%	20%
55 TO 64	88 28%	1412 26%	~	~	~	~	87 ~100%~	~	31%*	33%~	~	~	17%~	~	29%~	14%~	31%*	25%	38%*	27%	30%
65 TO 74	23 7%	405 7%	~	~	~	~	22 65%~	~	8%	~	~	~	~	~	9%~	5%~	8%	5%	11%	10%	12%
75 OR OLDER	13 4%	264 5%	~	~	~	~	12 35%~	~	4%	~	50%~	~	17%~	~	3%~	3%~	4%	4%	4%	1%*	6%
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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

NQ53 ARE YOU MALE OR FEMALE?

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
CCC 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- WHTE	AS- IAN AMER	NATV HAW/ LLND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
NQ53																					
MALE	109 35%	2159 40%	17 37%	12 34%	14 38%	21 36%	28 32%	11 32%	74 33%	2 67%	~	2 33%	5 38%	16 47%	12 32%	90 35%	67 36%	33 32%	103 100%	~	
FEMALE	206 65%	3294 60%	29 63%	23 66%	23 62%	38 64%	59 68%	23 68%	152 67%	1 33%	2 100%	~	4 67%	8 62%	18 53%	25 68%	168 65%	121 64%	71 68%	196 ~100%	~
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

[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?

	CCC 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- WHT	AS- AMER IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q54																						
8TH GRADE OR LESS	14 5%	312 6%	~	2 6%~	1 3%~	5 8%	1 1%*	5 15%~	11 5%	~	~	~	~	1 8%~	1 3%~	4 12%~	10 4%~	6 3%	8 8%	5 5%	9 5%	
SOME HIGH SCHOOL BUT DID NOT GRADUATE	43 15%	755 15%	23%~	10 3%~	1 11%~	4 15%	9 19%	16 6%~	2 13%	29 100%~	3 ~	~	~	1 8%~	7 22%~	7 21%~	36 14%~	22 12%	18 18%	15 15%	28 15%	
HIGH SCHOOL GRADUATE OR GED	126 43%	1615 32%*	59%~	26 41%~	14 51%~	18 36%	21 34%*	29 53%~	18 45%	101 45%	1 ~	50%~	~	3 50%~	5 42%~	9 28%~	18 53%~	106 41%~	79 43%	44 43%	52 52%*	74 38%*
SOME COLLEGE OR 2-YEAR DEGREE	94 32%	1732 34%	18%~	8 38%~	13 29%~	10 31%	18 42%*	36 26%~	9 32%	71 32%	1 ~	50%~	~	2 33%~	3 25%~	15 47%~	4 12%~	89 35%~	66 36%	26 25%	24 24%*	70 36%*
4-YEAR COLLEGE GRADUATE	12 4%	415 8%*	~	3 9%~	1 3%~	6 10%	2 2%	~	9 4%	~	~	~	~	1 17%~	2 17%~	~	1 3%~	11 4%~	8 4%	4 4%	4 4%	8 4%
MORE THAN 4-YEAR COLLEGE DEGREE	4 1%	214 4%*	~	1 3%~	1 3%~	~	2 2%	~	4 2%*	~	~	~	~	~	~	~	~	4 2%	2 1%	2 2%	~	4 2%~
NOT ANSWERED	22	410	2	1	2		1		1					1	2	3	2	5	2	3	3	
VALID CASES	293	5043	44	34	35	59	86	34	225	3	2			6	12	32	34	256	183	102	100	193
NUMBER OF RESPONDENTS	315	5453	46	35	37	59	87	34	226	3	2			6	13	34	37	258	188	104	103	196
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

Q55 ARE YOU OF HISPANIC OR LATINO ORIGIN OR DESCENT?

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q55																					
YES HISPANIC OR LATINO	37 13%	610 12%	14 30%~	5 15%~	3 8%~	7 12%	5 6%*	3 9%~	8 4%*	~	~	~	1 ~ 17%~	9 69%~	5 15%~	37 100%~	~	24 13%	11 11%	12 12%	25 13%
NO NOT HISPANIC OR LATINO	258 87%	4367 88%	32 70%~	29 85%~	34 92%~	52 88%	80 94%*	30 91%~	216 96%*	3 100%~	2 100%~	~	5 ~ 83%~	4 31%~	28 85%~	258 ~100%~	~	160 87%	92 89%	90 88%	168 87%
NOT ANSWERED	20	476		1			2	1	2						1			4	1	1	3
VALID CASES	295	4977	46	34	37	59	85	33	224	3	2		6	13	33	37	258	184	103	102	193
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER		
CCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q56.1 YES	258 82%	4262 78%	36 78%~	31 89%~	30 81%~	48 81%	80 92%*	32 94%~	226 100%~	~	~	~	~	~	32 94%~	12 32%~	243 94%*	161 86%*	91 88%	90 87%	168 86%*
NO	57 18%	1191 22%	10 22%~	4 11%~	7 19%~	11 19%	7 8%*	2 6%~	3 ~100%~	2 ~100%~	6 ~100%~	13 ~100%~	2 6%~	25 68%~	15 6%*	27 14%*	13 12%	13 13%	28 14%*		
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q56.2 YES	7 2%	133 2%	1 2%	1 3%	1 3%	2 3%	2 2%	3 ~100%	~	~	~	~	4 ~12%	1 3%	5 2%	5 3%	2 2%	4 4%	3 2%	
NO	308 98%	5320 98%	45 98%	34 97%	36 97%	57 97%	85 98%	34 100%	226 100%	2 ~100%	6 ~100%	13 ~100%	30 88%	36 97%	253 98%	183 97%	102 98%	99 96%	193 98%	
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

Q56.3 WHAT IS YOUR RACE? RESPONSE: ASIAN

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
CCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q56.3 YES	5 2%	225 4%*	1 ~	1 3%~	1 3%~	1 2%	1 1%	1 3%~	~	2 ~100%~	~	~	3 ~	9%~	~	5 2%~	5 3%~	~	1 1%	4 2%
NO	310 98%	5228 96%*	46 100%~	34 97%~	36 97%~	58 98%	86 99%	33 97%~	226 100%~	3 100%~	~	6 ~100%~	13 100%~	31 91%~	37 100%~	253 98%*	183 97%~	104 100%~	102 99%	192 98%
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	CCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN AMER	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q56.4 YES	2 0.6%	41 0.7%	~	~	~	2%	1%	~	~	~	~	~	~	2 6%	2 ~0.8%	1 0.5%	1 1%	1 1%	1 0.5%	
NO	313 99%	5412 99%	46 100%	35 100%	37 100%	58 98%	86 99%	34 100%	226 100%	3 100%	2 100%	6 ~100%	13 ~100%	32 94%	37 100%	256 99%	187 99%	103 99%	102 99%	195 99%
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q56.5 YES	31 10%	314 6%*	3 7%	8 23%	1 3%	8 14%	7 8%	4 12%					6 ~100%		25 ~74%	3 8%	27 10%	19 10%	11 11%	14 14%	17 9%
NO	284 90%	5139 94%*	43 93%	27 77%	36 97%	51 86%	80 92%	30 88%	226 100%	3 100%	2 100%			13 ~100%	9 26%	34 92%	231 90%	169 90%	93 89%	89 86%	179 91%
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2		6	13	34	37	258	188	104	103	196
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%		6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%

Q56.6 WHAT IS YOUR RACE? RESPONSE: OTHER

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	CCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	WHTE AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	FE- MALE	MALE
Q56.6 YES	22 7%	300 5%	5 11%	3 9%	5 14%	6 10%	2 2%*	1 3%	~	~	~	~	~	13 ~100%	9 26%	13 35%	9 3%*	13 7%	8 8%	9 9%	13 7%
NO	293 93%	5153 95%	41 89%	32 91%	32 86%	53 90%	85 98%*	33 97%	226 100%	3 100%	2 100%	6 ~100%	25 ~	24 74%	249 65%	175 97%*	96 93%	94 92%	183 91%	183 93%	
VALID CASES	315	5453	46	35	37	59	87	34	226	3	2	6	13	34	37	258	188	104	103	196	
NUMBER OF RESPONDENTS	315 100%	5453 100%	46 100%	35 100%	37 100%	59 100%	87 100%	34 100%	226 100%	3 100%	2 100%	6 100%	13 100%	34 100%	37 100%	258 100%	188 100%	104 100%	103 100%	196 100%	

Q57 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE
Q57 YES	36 15%	652 16%	7 20%~	6 29%~	8 25%~	2 4%*	5 7%*	8 28%~	29 15%	1 33%~	1 50%~	1 ~ 17%~	3 ~ 20%~	3 10%~	32 15%~	20 13%	14 17%	20 23%*	16 10%*	
NO	209 85%	3488 84%	28 80%~	15 71%~	24 75%~	49 96%*	71 93%*	21 72%~	165 85%	2 67%~	1 50%~	5 ~ 83%~	13 100%~	12 80%~	26 90%~	180 85%~	135 87%	69 83%	67 77%*	142 90%*
NOT ANSWERED	3	78	1				1		1						1	1	2	1	1	1
VALID CASES	245	4141	35	21	32	51	76	29	194	3	2	6	13	15	29	212	155	83	87	158
NUMBER OF RESPONDENTS	248 100%	4219 100%	36 100%	21 100%	32 100%	51 100%	77 100%	29 100%	195 100%	3 100%	2 100%	6 100%	13 100%	15 100%	30 100%	213 100%	157 100%	84 100%	88 100%	159 100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q58.1 YES	16 44%	253 47%	2 29%	4 67%	2 25%	3 ~	5 60%	10 34%	1 100%	1 100%	~	~	3 ~100%	2 67%	13 41%	8 40%	8 57%	10 50%	6 38%	
NO	20 56%	289 53%	5 71%	2 33%	6 75%	2 100%	2 40%	3 38%	19 66%	~	~	1 ~100%	~	1 ~	19 33%	19 59%	12 60%	6 43%	10 50%	10 63%
VALID CASES	36	542	7	6	8	2	5	8	29	1	1	1	3	3	32	20	14	20	16	
NUMBER OF RESPONDENTS	36 100%	542 100%	7 100%	6 100%	8 100%	2 100%	5 100%	8 100%	29 100%	1 100%	1 100%	1 100%	3 100%	3 100%	32 100%	20 100%	14 100%	20 100%	16 100%	

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

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

		AGE							RACE						ETHNICITY		HEALTH STATUS		GENDER	
CCC TOT ADLT	OHP TOT ADLT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q58.2 YES	18 50%	188 35%	2 29%	4 67%	2 25%	1 50%	3 60%	6 75%	13 45%	1 100%	1 100%	1 100%	1 33%	3 100%	14 44%	8 40%	8 57%	14 70%	4 25%	
NO	18 50%	354 65%	5 71%	2 33%	6 75%	1 50%	2 40%	2 25%	16 55%	~	~	~	~	2 67%	18 56%	12 60%	6 43%	6 30%	12 75%	
VALID CASES	36	542	7	6	8	2	5	8	29	1	1	1	3	3	32	20	14	20	16	
NUMBER OF RESPONDENTS	36 100%	542 100%	7 100%	6 100%	8 100%	2 100%	5 100%	8 100%	29 100%	1 100%	1 100%	1 100%	3 100%	3 100%	32 100%	20 100%	14 100%	20 100%	16 100%	

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

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	MALE	
Q58.3 YES	17 47%	197 36%	2 29%	1 17%	7 88%	1 50%	2 40%	4 50%	16 55%	1 100%	~	~	~	~	~	17 53%	10 50%	7 50%	8 40%	9 56%
NO	19 53%	345 64%	5 71%	5 83%	1 13%	1 50%	3 60%	4 50%	13 45%	1 100%	~	~	1 100%	3 100%	3 100%	15 47%	10 50%	7 50%	12 60%	7 44%
VALID CASES	36	542	7	6	8	2	5	8	29	1	1	1	3	3	32	20	14	20	16	
NUMBER OF RESPONDENTS	36 100%	542 100%	7 100%	6 100%	8 100%	2 100%	5 100%	8 100%	29 100%	1 100%	1 100%	1 100%	3 100%	3 100%	32 100%	20 100%	14 100%	20 100%	16 100%	

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

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE
Q58.4 YES	1 3%	81 15%	1 14%	~	~	~	~	~	~	~	~	~	~	~	1 33%	1 5%	~	~	1 6%	
NO	35 97%	461 85%	6 86%	6 100%	8 100%	2 100%	5 100%	8 100%	29 100%	1 100%	1 100%	1 100%	3 100%	3 100%	2 67%	32 100%	19 95%	14 100%	20 100%	15 94%
VALID CASES	36	542	7	6	8	2	5	8	29	1	1	1	3	3	32	20	14	20	16	
NUMBER OF RESPONDENTS	36 100%	542 100%	7 100%	6 100%	8 100%	2 100%	5 100%	8 100%	29 100%	1 100%	1 100%	1 100%	3 100%	3 100%	32 100%	20 100%	14 100%	20 100%	16 100%	

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

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

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	WHTE	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE
Q58.5 YES	2	44	2					2							2	2			2	
	6%	8%	29%	~	~	~	~	7%	~	~	~	~	~	~	6%	10%	~	~	13%	~
NO	34	498	5	6	8	2	5	8	27	1	1		1	3	3	30	18	14	20	14
	94%	92%	71%	100%	100%	100%	100%	100%	93%	100%	100%	~	100%	~	100%	94%	90%	100%	100%	88%
VALID CASES	36	542	7	6	8	2	5	8	29	1	1		1	3	3	32	20	14	20	16
NUMBER OF RESPONDENTS	36	542	7	6	8	2	5	8	29	1	1		1	3	3	32	20	14	20	16
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%

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

NQ13 RATING OF ALL HEALTH CARE

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR- WHTE	AS- IAN AMER	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
NQ13 0-6	49 24%	759 20%	5 25%	5 23%	6 27%	16 36%	12 19%	4 13%	39 24%	1 33%	1 50%	~	~	1 17%	3 15%	3 16%	44 24%	27 22%	20 25%	14 23%	34 24%
7-8	70 34%	1267 34%	6 30%	8 36%	11 50%	15 34%	21 33%	8 26%	56 34%	~	~	~	~	3 50%	8 40%	5 26%	62 34%	39 32%	29 36%	21 34%	48 34%
9-10	87 42%	1714 46%	9 45%	9 41%	5 23%	13 30%	31 48%	19 61%	68 42%	2 67%	1 50%	~	2 100%	2 33%	9 45%	11 58%	76 42%	56 46%	31 39%	27 44%	60 42%
VALID CASES	206	3741	20	22	22	44	64	31	163	3	2	~	2	6	20	19	182	122	80	62	142
NUMBER OF RESPONDENTS	206 100%	3741 100%	20 100%	22 100%	22 100%	44 100%	64 100%	31 100%	163 100%	3 100%	2 100%	~	2 100%	6 100%	20 100%	19 100%	182 100%	122 100%	80 100%	62 100%	142 100%
MEAN	2.18	2.26	2.20	2.18	1.95	1.93	2.30	2.48	2.18	2.33	2.00	~	3.00	2.17	2.30	2.42	2.18	2.24	2.14	2.21	2.18
p stat_(*=Sig @ p<=.05)		.199	~	~	~	~	.173	~	~	~	~	~	~	~	~	~	~	.267	.507	.768	.973

[ASKED IF Q7 >= 1 TIME]

NQ23 RATING OF PERSONAL DOCTOR

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
NQ23 0-6	30 13%	617 16%	5 19%	6 22%	1 4%	6 13%	7 10%	5 18%	25 14%	~	~	~	~	1 ~	3 13%	2 9%	26 13%	19 13%	11 13%	10 13%	20 13%
7-8	63 28%	999 25%	8 31%	6 22%	9 35%	14 31%	18 25%	6 21%	49 27%	1 50%	~	~	~	3 ~	7 29%	4 17%	57 29%	37 26%	25 30%	29 38%*	33 22%*
9-10	135 59%	2342 59%	13 50%	15 56%	16 62%	25 56%	48 66%	17 61%	107 59%	1 50%	1 100%	~	1 ~	3 43%	14 58%	17 74%	117 58%	85 60%	47 57%	38 49%*	96 64%*
VALID CASES	228	3959	26	27	26	45	73	28	181	2	1	~	1	7	24	23	200	141	83	77	149
NUMBER OF RESPONDENTS	228 100%	3959 100%	26 100%	27 100%	26 100%	45 100%	73 100%	28 100%	181 100%	2 100%	1 100%	~	1 100%	7 100%	24 100%	23 100%	200 100%	141 100%	83 100%	77 100%	149 100%
MEAN	2.46	2.44	2.31	2.33	2.58	2.42	2.56	2.43	2.45	2.50	3.00	~	3.00	2.29	2.46	2.65	2.46	2.47	2.43	2.36	2.51
p stat_(*=Sig @ p<=.05)		.624	~	~	~	~.136	~	~	~	~	~	~	~	~	~	~	~	.846	.675	.149	.169

[ASKED IF Q15 = YES]

NQ27 RATING OF SPECIALIST SEEN MOST OFTEN

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
NQ27 0-6	13 12%	257 14%	1 ~ 11%	3 ~ 25%	4 ~ 17%	3 ~ 7%	2 ~ 15%	10 11%	~	~	1 ~ 50%	2 ~ 18%	1 13%	12 12%	3 6%	9 15%	5 13%	8 11%		
7-8	25 23%	429 23%	1 14%	3 33%	4 33%	5 21%	9 20%	3 23%	18 20%	~	~	2 ~ 67%	3 27%	4 50%	21 21%	6 13%	19 31%	8 21%	17 24%	
9-10	72 65%	1164 63%	6 86%	5 56%	5 42%	15 63%	33 73%	8 62%	60 68%	2 100%	~	1 ~ 50%	1 33%	6 55%	3 38%	67 67%	38 81%	33 54%	26 67%	46 65%
VALID CASES	110	1850	7	9	12	24	45	13	88	2		2	3	11	8	100	47	61	39	71
NUMBER OF RESPONDENTS	110 100%	1850 100%	7 100%	9 100%	12 100%	24 100%	45 100%	13 100%	88 100%	2 100%		2 100%	3 100%	11 100%	8 100%	100 100%	47 100%	61 100%	39 100%	71 100%
MEAN	2.54	2.49	2.86	2.44	2.17	2.46	2.67	2.46	2.57	3.00		2.00	2.33	2.36	2.25	2.55	2.74	2.39	2.54	2.54
p stat_(*=Sig @ p<=.05)		.514	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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

NQ35 RATING OF HEALTH PLAN

	CCC TOT ADLT	OHP TOT ADLT	AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
NQ35 0-6	75 27%	1116 23%	14 33%	15 44%	10 29%	14 27%	16 20%	5 16%	57 27%	~	~	~	1 25%	3 23%	10 33%	5 14%	67 28%	43 25%	28 28%	22 23%	52 29%	
7-8	88 31%	1551 32%	12 28%	8 24%	11 31%	20 38%	28 34%	8 26%	68 32%	2 67%	~	~	1 25%	4 31%	9 30%	10 29%	76 32%	53 31%	33 33%	31 32%	56 31%	
9-10	117 42%	2193 45%	17 40%	11 32%	14 40%	18 35%	38 46%	18 58%	87 41%	1 33%	1 100%	~	2 50%	6 46%	11 37%	20 57%	96 40%	77 45%	39 39%	43 45%	74 41%	
VALID CASES	280	4860	43	34	35	52	82	31	212	3	1		4	13	30	35	239	173	100	96	182	
NUMBER OF RESPONDENTS	280 100%	4860 100%	43 100%	34 100%	35 100%	52 100%	82 100%	31 100%	212 100%	3 100%	1 100%		4 100%	13 100%	30 100%	35 100%	239 100%	173 100%	100 100%	96 100%	182 100%	
MEAN	2.15	2.22	2.07	1.88	2.11	2.08	2.27	2.42	2.14	2.33	3.00		2.25	2.23	2.03	2.43	2.12	2.20	2.11	2.22	2.12	
p stat_(*=Sig @ p<=.05)		.142	~	~	~.467	.111		~.777	~	~	~	~	~	~	~	~	~.243	.546		.310	.430	

GETTING NEEDED CARE

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NPRBSEE4 NQ25	2.24	2.25	2.25	2.10	2.17	2.33	2.24	2.20	2.23	3.00			2.50	3.00	2.27	2.09	2.26	2.38	2.11	2.34	2.19
p stat_(*=Sig @ p<=.05)	.824		~	~	~	~.981	~	~	~	~	~	~	~	~	~	~	~	.099	.082	~	~
NCARNES4 NQ14	2.21	2.30	2.30	1.76	2.00	2.14	2.35	2.45	2.25	2.50	2.50		2.00	2.17	2.06	2.21	2.22	2.29	2.10	2.27	2.19
p stat_(*=Sig @ p<=.05)	.104		~	~	~	~.072	~	~	~	~	~	~	~	~	~	~	~	.088	.113	.485	.555
COMPOSITE	2.22	2.28	2.28	1.93	2.08	2.24	2.30	2.32	2.24	2.75	2.50	x	2.25	2.58	2.16	2.15	2.24	2.34	2.11	2.31	2.19
p stat_(*=Sig @ p<=.05)	.884		~	~	~	~.902	~.947	~	~	~	~	~	~	~	~	~	~	.731	.804	.887	.886

GETTING CARE QUICKLY

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHER	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NCARSN4 NQ4	2.20	2.38	1.90	2.00	2.25	2.25	2.20	2.70	2.27	3.00	1.00		2.00	2.75	1.93	2.18	2.22	2.30	2.13	2.32	2.15
p stat_(*=Sig @ p<=.05)		.039*	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.269	~	~	~
NAPGET4 NQ6	2.22	2.32	2.22	1.87	2.11	2.25	2.30	2.48	2.26	2.33	2.50		3.00	2.40	2.00	2.12	2.25	2.36	2.01	2.45	2.13
p stat_(*=Sig @ p<=.05)		.089	~	~	~	~	.406	~	~	~	~	~	~	~	~	~	~	.012*	.006*	.014*	.037*
COMPOSITE	2.21	2.35	2.06	1.93	2.18	2.25	2.25	2.59	2.26	2.67	1.75	x	2.50	2.58	1.96	2.15	2.23	2.33	2.07	2.39	2.14
p stat_(*=Sig @ p<=.05)		.707	~	~	~	~	.949	~	~	~	~	~	~	~	~	~	~	.728	.773	.771	.805

HOW WELL DOCTORS COMMUNICATE

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTHER	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NDREXPL4 NQ17	2.66	2.62	2.69	2.67	2.60	2.68	2.67	2.69	2.66	2.50	3.00		3.00	2.75	2.59	2.80	2.64	2.75	2.53	2.58	2.70
p stat_(*=Sig @ p<=.05)		.457	~	~	~	~	.833	~	~	~	~	~	~	~	~	~	~	~.024*	.016*	.246	.245
NDRLSTN4 NQ18	2.62	2.59	2.69	2.61	2.80	2.50	2.61	2.69	2.65	2.50	3.00		3.00	2.75	2.35	2.75	2.61	2.70	2.52	2.57	2.65
p stat_(*=Sig @ p<=.05)		.577	~	~	~	~	.837	~	~	~	~	~	~	~	~	~	~	~.071	.082	.436	.413
NDRESPU4 NQ19	2.67	2.65	2.80	2.67	2.70	2.63	2.66	2.76	2.69	3.00	3.00		3.00	2.50	2.56	2.68	2.68	2.80	2.53	2.63	2.71
p stat_(*=Sig @ p<=.05)		.583	~	~	~	~	.789	~	~	~	~	~	~	~	~	~	~	~.003*	.009*	.479	.329
NDRTMEN4 NQ20	2.56	2.49	2.40	2.44	2.60	2.53	2.62	2.62	2.56	3.00	3.00		3.00	2.50	2.47	2.47	2.57	2.63	2.47	2.58	2.55
p stat_(*=Sig @ p<=.05)		.207	~	~	~	~	.347	~	~	~	~	~	~	~	~	~	~	~.099	.125	.759	.791
COMPOSITE	2.63	2.59	2.64	2.60	2.68	2.59	2.64	2.69	2.64	2.75	3.00	x	3.00	2.63	2.49	2.68	2.63	2.72	2.51	2.59	2.65
p stat_(*=Sig @ p<=.05)		.947	~	~	~	~	.990	~	~	~	~	~	~	~	~	~	~	~.865	.874	.965	.958

CUSTOMER SERVICE

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NPBCLCS4 NQ31	2.34	2.23	2.36	2.42	2.50	2.23	2.07	2.86	2.34	3.00			1.00	3.00	2.29	2.55	2.30	2.45	2.24	2.41	2.32
p stat_(*=Sig @ p<=.05)		.280	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.54	2.63	2.45	2.50	3.00	2.54	2.36	2.86	2.59	3.00			1.00	3.00	2.29	2.73	2.50	2.58	2.57	2.35	2.61
p stat_(*=Sig @ p<=.05)		.355	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.44	2.43	2.41	2.46	2.75	2.38	2.21	2.86	2.47	3.00	x	x	1.00	3.00	2.29	2.64	2.40	2.51	2.40	2.38	2.47
p stat_(*=Sig @ p<=.05)		.988	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC LLND	AMER IND/ ALSK	MUL- TI	OTHER	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NNRXWHY NQ10	2.81	2.84	3.00	2.85	2.82	2.90	2.70	2.75	2.86	1.00	2.00		3.00	3.00	2.71	2.60	2.87	2.75	2.88	2.81	2.81
p stat_(*=Sig @ p<=.05)		.626	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.252	.283	~	~
NNRXWYNT NQ11	2.32	2.45	2.60	2.38	1.91	2.43	2.33	2.13	2.25	3.00	3.00		3.00	2.33	2.71	1.80	2.36	2.35	2.28	2.06	2.42
p stat_(*=Sig @ p<=.05)		.142	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.796	.697	~	~
NRXBST NQ12	2.51	2.50	2.45	2.69	2.45	2.52	2.52	2.38	2.48	3.00	3.00		3.00	2.33	3.00	2.27	2.56	2.50	2.52	2.50	2.51
p stat_(*=Sig @ p<=.05)		.869	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.869	.950	~	~
COMPOSITE	2.55	2.60	2.68	2.64	2.39	2.62	2.52	2.42	2.53	2.33	2.67	x	3.00	2.56	2.81	2.22	2.60	2.53	2.56	2.46	2.58
p stat_(*=Sig @ p<=.05)		.954	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	.982	.990	~	~

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

	CCC 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- IAN	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	74%	78%	75%	60%	67%	81%	72%	80%	75%	100%				100%	100%	73%	64%	75%	82%	66%	80%	70%
CARNES4 Q14	79%	82%	85%	52%	77%	79%	85%	86%	82%	100%	100%			50%	83%	72%	79%	81%	82%	77%	83%	78%
AVERAGE	76.58	80.02	85.00	52.38	71.97	80.28	78.74	83.10	78.25	x	x	x	x	x	x	72.78	78.95	77.90	81.93	71.54	81.77	74.32

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

	CCC 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	73%	83%	50%	71%	83%	71%	76%	90%	77%	100%	0%		100%	100%	57%	73%	74%	78%	70%	74%	74%
APGET4 Q6	76%	80%	72%	61%	72%	78%	80%	92%	78%	100%	100%		100%	80%	65%	76%	77%	82%	68%	83%	74%
AVERAGE	74.65	81.23	72.22	66.15	77.78	74.60	78.00	92.00	77.60	x	x	x	x	x	61.07	76.47	75.60	80.24	69.13	78.27	74.10

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTHR	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
DREXPL4 Q17	95%	92%	100%	94%	100%	92%	95%	96%	95%	100%	100%		100%	100%	88%	100%	94%	98%	91%	92%	97%
DRLSTN4 Q18	91%	90%	94%	89%	100%	84%	90%	96%	92%	100%	100%		100%	100%	82%	100%	91%	93%	88%	92%	91%
DRESPU4 Q19	94%	91%	100%	94%	95%	92%	95%	92%	94%	100%	100%		100%	75%	94%	95%	94%	97%	91%	95%	94%
DRTMEN4 Q20	92%	88%	80%	89%	100%	84%	97%	92%	91%	100%	100%		100%	100%	94%	89%	92%	92%	91%	95%	90%
AVERAGE	93.0	90.4	93.4	91.7	98.8	88.2	94.2	94.2	93.1	x	x	x	x	x	89.6	96.1	92.7	95.0	90.3	93.3	92.9

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

	CCC 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	82%	76%	91%	83%	75%	77%	71%	100%	82%	100%			0%	100%	71%	100%	78%	84%	81%	82%	82%
CSRESP Q32	87%	92%	91%	83%	100%	85%	79%	100%	89%	100%			0%	100%	71%	100%	84%	87%	90%	82%	89%
AVERAGE	84.43	84.03	x	83.33	x	80.77	75.00	x	85.23	x	x	x	x	x	x	x	81.00	85.53	85.71	82.35	85.23

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH-	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NRXWHY Q10	91%	92%	100%	92%	91%	95%	85%	88%	93%	0%	50%		100%	100%	86%	80%	93%	87%	94%	91%	90%
NRXWYNT Q11	66%	73%	80%	69%	45%	71%	67%	56%	62%	100%	100%		100%	67%	86%	40%	68%	67%	64%	53%	71%
RXBST Q12	76%	75%	73%	85%	73%	76%	76%	69%	74%	100%	100%		100%	67%	100%	64%	78%	75%	76%	75%	75%
AVERAGE	77.4	79.8	x	82.1	x	81.0	75.8	70.8	76.5	x	x	x	x	x	x	x	79.9	76.5	78.0	72.9	78.8

Q1 OUR RECORDS SHOW THAT YOUR CHILD IS NOW IN <CASCADE COMPREHENSIVE CARE>. IS THAT RIGHT?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC
Q1 YES	332	5304	55	76	107	94	210	4	1		11	24	41	99	204	297	13	250	82
	100%	100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%	~100%
NOT ANSWERED	4	59	1		1	2						2		3		2	1	4	
VALID CASES	332	5304	55	76	107	94	210	4	1		11	24	41	99	204	297	13	250	82
NUMBER OF RESPONDENTS	336	5363	56	76	108	96	210	4	1		11	26	41	102	204	299	14	254	82
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q3 YES	102 31%	1687 32%	~ 36%	20 31%	23 26%	28 33%	31 33%	65 31%	1 25%	1 100%	3 ~ 27%	8 31%	15 37%	20 20%*	72 35%*	87 29%	8 62%	65 26%*	37 45%*
NO	229 69%	3541 68%	~ 64%	35 69%	51 74%	80 74%	63 67%	145 69%	3 75%	~	8 ~ 73%	18 69%	26 63%	81 80%*	132 65%*	212 71%	5 38%	184 74%*	45 55%*
NOT ANSWERED	5	135	1	2		2								1		1		5	
VALID CASES	331	5228	55	74	108	94	210	4	1		11	26	41	101	204	299	13	249	82
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q4 NEVER	1 1%	18 1%	~	~	~	~	4%~	2%~	~	~	~	~	~	2%~	1 1%	~	2%~	~		
SOMETIMES	11 12%	148 9%	~	1 6%~	2 9%~	5 20%~	3 12%~	5 8%~	~	~	~	1 14%~	3 21%~	2 13%~	7 11%~	7 9%~	2 29%~	5 8%~	6 19%~	
USUALLY	19 21%	323 20%	~	4 24%~	6 26%~	4 16%~	5 19%~	12 20%~	1 ~100%~	~	~	1 14%~	3 21%~	5 33%~	10 15%~	2 19%~	2 29%~	14 24%~	5 16%~	
ALWAYS	60 66%	1151 70%	~	12 71%~	15 65%~	16 64%~	17 65%~	42 70%~	1 100%~	~	2 ~100%~	5 71%~	8 57%~	8 53%~	48 73%~	3 70%~	3 43%~	39 66%~	21 66%~	
#ALWAYS + USUALLY (NET)	79 87%	1475 90%	~	16 94%~	21 91%~	20 80%~	22 85%~	54 90%~	1 100%~	1 100%~	2 ~100%~	6 86%~	11 79%~	13 87%~	58 88%~	5 90%~	5 71%~	53 90%~	26 81%~	
TOP BOX SCORE	60 66%	1151 70%	~	12 71%~	15 65%~	16 64%~	17 65%~	42 70%~	1 100%~	~	2 ~100%~	5 71%~	8 57%~	8 53%~	48 73%~	3 70%~	3 43%~	39 66%~	21 66%~	
NOT ANSWERED	11	142		3		3	5	5			1	1	1	5	6	10	1	6	5	
VALID CASES	91	1641		17	23	25	26	60	1	1		2	7	14	15	66	77	7	59	32
NUMBER OF RESPONDENTS	102	1783		20	23	28	31	65	1	1		3	8	15	20	72	87	8	65	37
	100%	100%		100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q3 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q5																		
YES	195 60%	3345 65%	~ 42% 78%*	49 67%	56 53%	48 52%	123 59%	2 67%	1 100%~	4 ~ 36%~	14 54%~	28 72%~	55 55%	123 62%	171 58%~	11 85%~	136 56%*	59 75%*
NO	129 40%	1824 35%	~ 12% 22%*	24 33%	49 47%	44 48%	84 41%	1 33%~	~	7 ~ 64%~	12 46%~	11 28%~	45 45%	76 38%	122 42%~	2 15%~	109 44%*	20 25%*
NOT ANSWERED	12	194	2	3	3	4	3	1				2	2	5	6	1	9	3
VALID CASES	324	5169	54	73	105	92	207	3	1	11	26	39	100	199	293	13	245	79
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q6 NEVER	4 2%	35 1%	~	~	1 2%	1 2%	2 5%	3 3%	~	~	~	~	1 8%	~	1 2%	3 9%	4 3%*	~		
SOMETIMES	24 13%	451 14%	~	2 5%	7 15%	11 21%	4 10%	16 14%	~	~	~	~	1 8%	4 15%	10 21%	13 18%	19 15%	5 9%		
USUALLY	46 26%	814 26%	~	10 26%	14 30%	13 25%	9 22%	28 24%	~	1 100%	~	~	3 25%	9 35%	19 40%	25 22%	31 25%	15 28%		
ALWAYS	104 58%	1829 58%	~	26 68%	24 52%	28 53%	26 63%	68 59%	2 100%	~	~	3 100%	7 58%	13 50%	18 37%	72 64%	5 45%	70 56%	34 63%	
#ALWAYS + USUALLY (NET)	150 84%	2643 84%	~	36 95%	38 83%	41 77%	35 85%	96 83%	2 100%	1 100%	~	~	3 100%	10 83%	22 85%	37 77%	97 86%	101 81%	49 91%	
TOP BOX SCORE	104 58%	1829 58%	~	26 68%	24 52%	28 53%	26 63%	68 59%	2 100%	~	~	~	3 100%	7 58%	13 50%	18 37%	72 64%	5 45%	70 56%	34 63%
NOT ANSWERED	17	215		4	3	3	7	8					1	2	2	7	10	12	5	
VALID CASES	178	3129		38	46	53	41	115	2	1			3	12	26	48	113	124	54	
NUMBER OF RESPONDENTS	195	3344		42	49	56	48	123	2	1			4	14	28	55	123	136	59	
	100%	100%		100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q5 = YES]

Q7 IN THE LAST 6 MONTHS, NOT COUNTING THE TIMES 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?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q7 NONE	98 30%	1553 31%	~	12 23%	16 22%	39 36%	31 33%	64 31%	1 25%	~	4 36%	10 38%	8 21%	37 37%	54 27%	91 31%	2 15%	88 36%*	10 12%*	
1 TIME	84 26%	1446 28%	~	9 17%	21 29%	27 25%	27 29%	53 25%	2 50%	1 100%	~	4 36%	4 15%	12 31%	26 26%	55 27%	79 27%	2 15%	69 28%	15 19%
2	74 23%	1007 20%	~	19 37%*	16 22%	24 22%	15 16%	46 22%	~	~	~	3 27%	6 23%	8 21%	18 18%	48 24%	67 23%	2 15%	51 21%	23 29%
3	31 10%	534 11%	~	3 6%	9 12%	8 7%	11 12%	20 10%	~	~	~	3 12%	4 10%	10 10%	18 9%	27 9%	2 15%	19 8%	12 15%	
4	15 5%	260 5%	~	3 6%	5 7%	3 3%	4 4%	10 5%	~	~	~	2 8%	3 8%	2 2%	13 6%*	13 4%	2 15%	7 3%*	8 10%*	
5 TO 9	16 5%	196 4%	~	3 6%	3 4%	5 5%	5 5%	13 6%	1 25%	~	~	~	2 5%	4 4%	11 5%	14 5%	2 15%	8 3%	8 10%	
10 OR MORE TIMES	7 2%	87 2%	~	3 6%	3 4%	1 0.9%	~	3 1%	~	~	~	1 4%	2 5%	2 2%	4 2%	5 2%	1 8%	3 1%	4 5%	
NOT ANSWERED	11	280		4	3	1	3	1					2	3	1	3	1	9	2	
VALID CASES	325	5083		52	73	107	93	209	4	1		11	26	39	99	203	296	13	245	80
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q8 #YES	150 68%	2386 68%	32 ~ 84%	37 ~ 66%	41 61%	40 68%	96 67%	2 67%	~	5 ~ 71%	11 79%	18 60%	36 62%	102 69%	134 67%	7 64%	107 69%	43 65%
NO	70 32%	1113 32%	6 ~ 16%	19 34%	26 39%	19 32%	48 33%	1 33%	1 100%	2 ~ 29%	3 21%	12 40%	22 38%	45 31%	65 33%	4 36%	47 31%	23 35%
NOT ANSWERED	7	69	2	1	1	3	1				2	1	4	2	6		3	4
VALID CASES	220	3499	38	56	67	59	144	3	1	7	14	30	58	147	199	11	154	66
NUMBER OF RESPONDENTS	227 100%	3568 100%	40 100%	57 100%	68 100%	62 100%	145 100%	3 100%	1 100%	7 100%	16 100%	31 100%	62 100%	149 100%	205 100%	11 100%	157 100%	70 100%

[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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	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
Q9 NEVER	3 1%	78 2%	~	~	~	5%~	~	2 1%	~	~	~	1 14%~	~	~	~	3 2%~	3 2%~	~	2 1%	1 2%
SOMETIMES	24 11%	344 10%	~	5%~	12%~	18%* 5%*	14 10%	~	1 100%~	~	~	~	1 8%~	6 20%~	8 14%	14 9%	20 10%~	3 27%~	16 10%	8 12%
USUALLY	52 24%	768 22%	~	18%~	29%~	24%~ 22%	28 19%*	2 67%~	~	~	~	2 29%~	3 23%~	7 23%~	20 35%*	27 18%*	45 23%~	3 27%~	35 23%	17 26%
ALWAYS	140 64%	2292 66%	~	76%~	59%~	53%* 73%	100 69%*	1 33%~	~	~	~	4 57%~	9 69%~	17 57%~	29 51%*	104 70%*	130 66%~	5 45%~	100 65%	40 61%
#ALWAYS + USUALLY (NET)	192 88%	3059 88%	~	95%~	88%~	77%* 95%*	128 89%	3 100%~	~	~	~	6 86%~	12 92%~	24 80%~	49 86%	131 89%	175 88%~	8 73%~	135 88%	57 86%
TOP BOX SCORE	140 64%	2292 66%	~	76%~	59%~	53%* 73%	100 69%*	1 33%~	~	~	~	4 57%~	9 69%~	17 57%~	29 51%*	104 70%*	130 66%~	5 45%~	100 65%	40 61%
NOT ANSWERED	8	87	~	2	1	2	3	1	~	~	~	~	3	1	5	1	7	~	4	4
VALID CASES	219	3481	~	38	56	66	59	144	3	1	~	7	13	30	57	148	198	11	153	66
NUMBER OF RESPONDENTS	227 100%	3568 100%	~	40 100%	57 100%	68 100%	62 100%	145 100%	3 100%	1 100%	~	7 100%	16 100%	31 100%	62 100%	149 100%	205 100%	11 100%	157 100%	70 100%

[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?

	CCC TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD POOR	NO CCC
Q10 YES	55 25%	1122 32%*	10 ~ 26%~	15 27%	16 24%	14 24%	38 26%	1 33%~	~	2 ~ 29%~	3 23%~	9 31%~	8 14%*	44 30%*	48 24%~	5 45%~	27 18%*	28 42%*
Q10 NO	164 75%	2348 68%*	28 ~ 74%~	40 73%	51 76%	45 76%	107 74%	2 67%~	1 100%~	5 ~ 71%~	10 77%~	20 69%~	48 86%*	104 70%*	150 76%~	6 55%~	125 82%*	39 58%*
NOT ANSWERED	8	97	2	2	1	3				3	2	6	1	7		5	3	
VALID CASES	219	3471	38	55	67	59	145	3	1	7	13	29	56	148	198	11	152	67
NUMBER OF RESPONDENTS	227 100%	3568 100%	40 100%	57 100%	68 100%	62 100%	145 100%	3 100%	1 100%	7 100%	16 100%	31 100%	62 100%	149 100%	205 100%	11 100%	157 100%	70 100%

[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		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q11 #YES	47 90%	947 94%	9 ~ 90%	13 93%	13 93%	12 86%	32 89%	1 100%	~	~	1 50%	2 100%	9 100%	5 100%	39 89%	41 89%	4 100%	23 92%	24 89%
NO	5 10%	63 6%	1 ~ 10%	1 7%	1 7%	2 14%	4 11%	~	~	1 50%	~	~	~	5 11%	5 11%	~	2 8%	3 11%	
NOT ANSWERED	22	450	6	6	4	6	3				4	4	12	2	12	2	16	6	
VALID CASES	52	1010	10	14	14	14	36	1		2	2	9	5	44	46	4	25	27	
NUMBER OF RESPONDENTS	74 100%	1460 100%	16 100%	20 100%	18 100%	20 100%	39 100%	1 100%		2 100%	6 100%	13 100%	17 100%	46 100%	58 100%	6 100%	41 100%	33 100%	

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q12 #YES	36 69%	718 70%	5 ~ 50%~	9 64%~	12 86%~	10 71%~	25 69%~				1 ~ 50%~	1 50%~	7 78%~	2 40%~	32 73%~	31 67%~	3 75%~	16 64%~	20 74%~
NO	16 31%	305 30%	5 ~ 50%~	5 36%~	2 14%~	4 29%~	11 31%~	1 100%~			1 ~ 50%~	1 50%~	2 22%~	3 60%~	12 27%~	15 33%~	1 25%~	9 36%~	7 26%~
NOT ANSWERED	3	87		1	2		2					1		3		2	1	2	1
VALID CASES	52	1023	10	14	14	14	36	1			2	2	9	5	44	46	4	25	27
NUMBER OF RESPONDENTS	55 100%	1110 100%	10 100%	15 100%	16 100%	14 100%	38 100%	1 100%			2 100%	3 100%	9 100%	8 100%	44 100%	48 100%	5 100%	27 100%	28 100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q13 #YES	40 75%	830 78%	8 ~ 80%~	10 67%~	10 71%~	12 86%~	28 78%~	1 100%~	~	~	~	2 67%~	7 78%~	5 71%~	32 74%~	34 74%~	4 80%~	19 76%~	21 75%~
NO	13 25%	241 22%	2 ~ 20%~	5 33%~	4 29%~	2 14%~	8 22%~	~	~	~	2 ~100%~	1 33%~	2 22%~	2 29%~	11 26%~	12 26%~	1 20%~	6 24%~	7 25%~
NOT ANSWERED	2	39			2		2						1	1	2		2		
VALID CASES	53	1071	10	15	14	14	36	1			2	3	9	7	43	46	5	25	28
NUMBER OF RESPONDENTS	55	1110	10	15	16	14	38	1			2	3	9	8	44	48	5	27	28
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	OTH	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC		
Q14 WORST HEALTH CARE POSSIBLE	1 0.5%	3 0.1%	~	~	~	~	1 2%	~	~	~	~	~	1 8%	~	1 2%	1 ~0.5%	~	1 ~0.7%	~		
01	1 0.5%	7 0.2%	~	~	~	1 2%	1 ~0.7%	~	~	~	~	~	~	~	1 ~0.7%	1 ~0.5%	~	1 ~0.7%	~		
02	2 0.9%	9 0.3%	~	1 3%	~	1 2%	~	1 1%	~	~	~	~	~	~	2 1%	2 1%	~	1 ~0.7%	1 1%		
03	5 2%	25 0.7%	~	1 3%	4 7%	~	1 ~0.7%	~	~	~	~	1 8%	3 10%	3 5%	2 1%	3 2%	2 18%	3 2%	2 3%		
04	5 2%	47 1%	~	1 3%	~	3 5%	1 2%	4 3%	~	~	~	~	~	1 3%	~	5 3%	4 2%	1 9%	2 1%	3 4%	
05	8 4%	121 3%	~	1 3%	1 2%	4 6%	2 3%	4 3%	~	~	~	~	2 15%	2 7%	2 4%	5 3%	8 4%	~	4 3%	4 6%	
06	12 6%	116 3%	~	3 8%	1 2%	7 11%	1 2%*	8 6%	~	~	~	~	1 8%	2 7%	3 5%	8 5%	10 5%	1 9%	7 5%	5 7%	
07	18 8%	300 9%	~	~	4 7%	6 9%	8 14%	15 10%	~	~	~	~	~	2 7%	6 11%	11 7%	17 9%	1 9%	13 9%	5 7%	
08	46 21%	813 23%	~	4 11%	17 31%	13 20%	12 20%	30 21%	1 33%	1 100%	~	1 14%	1 8%	9 30%	9 16%	35 24%	40 20%	3 27%	29 19%	17 25%	
09	45 21%	704 20%	~	10 26%	12 22%	7 11%*	16 27%	29 20%	2 67%	~	~	~	1 14%	3 23%	6 20%	11 19%	30 20%	41 21%	2 18%	30 20%	15 22%
BEST HEALTH CARE POSSIBLE	74 34%	1323 38%	~	17 45%	16 29%	23 35%	18 31%	50 35%	~	~	~	~	5 71%	4 31%	5 17%	22 39%	48 33%	71 36%	1 9%	59 39%*	15 22%*
#8-10 (NET)	165 76%	2841 82%*	~	31 82%	45 82%	43 66%*	46 78%	109 76%	3 100%	1 100%	~	~	7 100%	8 62%	20 67%	42 74%	113 77%	152 77%	6 55%	118 79%	47 70%

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	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
9-10 (NET)	119 55%	2027 58%	27 ~ 71%	28 ~ 51%	30 46%	34 58%	79 55%	2 67%	~	6 ~ 86%	7 54%	11 37%	33 58%	78 53%	112 57%	3 27%	89 59%*	30 45%*
NOT ANSWERED	10	98	2	2	3	3	1				3	1	5	2	7		7	3
VALID CASES	217	3470	38	55	65	59	144	3	1	7	13	30	57	147	198	11	150	67
NUMBER OF RESPONDENTS	227 100%	3568 100%	40 100%	57 100%	68 100%	62 100%	145 100%	3 100%	1 100%	7 100%	16 100%	31 100%	62 100%	149 100%	205 100%	11 100%	157 100%	70 100%
MEAN	8.25	8.58	8.53	8.27	7.94	8.41	8.32	8.67	8.00	9.57	7.23	7.50	8.25	8.24	8.32	6.82	8.43	7.85
p stat_(*=Sig @ p<=.05)		.017*	~	~.934	.151	.492	.522	~	~	~	~	~	.974	.871	~	~	.053	.050

[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				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q15 NEVER	4 2%	64 2%	~	2 5%	1 2%	1 2%	~	2 1%	~	~	~	~	1 7%	1 3%	1 2%	3 2%	3 2%	1 9%	3 2%	1 2%	
SOMETIMES	30 14%	353 10%	~	4 11%	6 11%	13 20%	7 12%	16 11%	~	~	~	~	2 14%	10 33%	9 16%	20 14%	24 12%	4 36%	15 10%*	15 23%*	
USUALLY	64 29%	1112 32%	~	8 21%	18 33%	19 29%	19 32%	42 29%	2 67%	1 100%	~	~	4 14%	7 29%	21 36%	37 25%	59 30%	3 27%	47 31%	17 26%	
ALWAYS	119 55%	1922 56%	~	24 63%	30 55%	32 49%	33 56%	84 58%	1 33%	~	~	~	6 86%	7 50%	12 40%	27 47%	87 59%	113 57%	3 27%	86 57%	33 50%
#ALWAYS + USUALLY (NET)	183 84%	3034 88%	~	32 84%	48 87%	51 78%	52 88%	126 88%	3 100%	1 100%	~	~	7 100%	11 79%	19 63%	48 83%	124 84%	172 86%	6 55%	133 88%*	50 76%*
TOP BOX SCORE	119 55%	1922 56%	~	24 63%	30 55%	32 49%	33 56%	84 58%	1 33%	~	~	~	6 86%	7 50%	12 40%	27 47%	87 59%	113 57%	3 27%	86 57%	33 50%
NOT ANSWERED	10	117		2	2	3	3	1					2	1	4	2	6		6	4	
VALID CASES	217	3451		38	55	65	59	144	3	1			7	14	30	58	147	199	11	151	66
NUMBER OF RESPONDENTS	227	3568		40	57	68	62	145	3	1			7	16	31	62	149	205	11	157	70
	100%	100%		100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q16 YES	249 77%	3643 71%*	8 ~ 15%*	64 89%*	97 92%*	80 86%*	167 80%	4 100%	1 ~100%~	7 ~ 64%~	18 69%~	31 76%~	69 69%*	164 80%	229 77%~	11 85%~	177 73%*	72 88%*
NO	74 23%	1481 29%*	45 ~ 85%*	8 11%*	8 8%*	13 14%*	43 20%	~	~	4 ~ 36%~	8 31%~	10 24%~	31 31%*	40 20%	69 23%~	2 15%~	64 27%*	10 12%*
NOT ANSWERED	13	239	3	4	3	3							2	1	1	13		
VALID CASES	323	5124	53	72	105	93	210	4	1	11	26	41	100	204	298	13	241	82
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q17 YES	21 9%	403 11%	~	13%~	13%	8%	7%	13 8%	~	~	~	~	~	19%~	5%	10%	18 8%~	2 18%~	10 6%*	11 15%*
NO	214 91%	3143 89%	~	88%~	87%	92%	93%	142 92%	4 100%	1 100%	~	7 100%	17 100%	25 81%~	63 95%	139 90%	198 92%~	9 82%~	154 94%*	60 85%*
NOT ANSWERED	14	226			2	4	8	12				1		3	9	13		13	1	
VALID CASES	235	3545		8	62	93	72	155	4	1		7	17	31	66	155	216	11	164	71
NUMBER OF RESPONDENTS	249 100%	3771 100%		8 100%	64 100%	97 100%	80 100%	167 100%	4 100%	1 100%		7 100%	18 100%	31 100%	69 100%	164 100%	229 100%	11 100%	177 100%	72 100%

[ASKED IF Q16 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q18 #YES	20 95%	349 94%~	~	~100%	~100%	~100%	12 92%~	~	~	~	~	~	6 ~100%	3 100%	15 94%~	17 94%~	2 100%	9 90%~	11 100%
NO	1 5%	22 6%~	~100%	~	~	~	1 8%~	~	~	~	~	~	~	1 6%~	1 6%~	~	1 10%~	~	~
NOT ANSWERED		7																	
VALID CASES	21	371	1	8	7	5	13						6	3	16	18	2	10	11
NUMBER OF RESPONDENTS	21 100%	378 100%	1 100%	8 100%	7 100%	5 100%	13 100%						6 100%	3 100%	16 100%	18 100%	2 100%	10 100%	11 100%

[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	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q19 YES	12 4%	175 3%	~	2%	4%	5%	3%	~	~	~	~	~ 10%	2%	9%	3%	25%	2%*	9%*
NO	306 96%	4948 97%	~ 98%	96%	95%	97%	97%	100%	~100%	~	~100%	~100%	98%	96%	97%	75%	98%*	91%*
NOT ANSWERED	18	240	3	4	7	4	2				1		2		3	2	17	1
VALID CASES	318	5123	53	72	101	92	208	4	1	11	25	41	100	204	296	12	237	81
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q20 NEVER	5 45%	23 12%	~	~	~	75%	67%	3 50%	~	~	~	~	~	2 50%	5 56%	5 71%	~	2 50%	3 43%	
SOMETIMES	1 9%	35 18%	~	~	33%	~	~	~	~	~	~	~	~	1 25%	1 11%	~	1 33%	~	1 14%	
USUALLY	2 18%	49 25%	~	~	33%	25%	~	1 17%	~	~	~	~	~	~	1 11%	~	1 33%	1 25%	1 14%	
ALWAYS	3 27%	87 45%	~	100%	33%	~	33%	2 33%	~	~	~	~	~	1 25%	1 100%	2 22%	2 29%	1 33%	2 25%	2 29%
#ALWAYS + USUALLY (NET)	5 45%	135 70%	~	100%	67%	25%	33%	3 50%	~	~	~	~	~	1 25%	1 100%	3 33%	2 29%	2 67%	2 50%	3 43%
TOP BOX SCORE	3 27%	87 45%	~	100%	33%	~	33%	2 33%	~	~	~	~	~	1 25%	1 100%	2 22%	2 29%	1 33%	1 25%	2 29%
NOT ANSWERED	1	3				1		1							1		1		1	
VALID CASES	11	193		1	3	4	3	6						4	1	9	7	3	4	7
NUMBER OF RESPONDENTS	12	196		1	3	5	3	7						4	2	9	8	3	5	7
	100%	100%		100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q21 #YES	6 60%	157 84%~	~	100%~	100%~	25%~	67%~	4 67%~	~	~	~	~	2 50%~	1 100%~	5 56%~	3 43%~	3 100%~	1 33%~	5 71%~
NO	4 40%	31 16%~	~	~	~	75%~	33%~	2 33%~	~	~	~	~	2 50%~	4 44%~	4 57%~	4 57%~	2 67%~	2 29%~	
NOT ANSWERED	2	8			1	1	1	1						1	1	1		2	
VALID CASES	10	188		1	2	4	3	6					4	1	9	7	3	3	7
NUMBER OF RESPONDENTS	12	196		1	3	5	3	7					4	2	9	8	3	5	7
	100%	100%		100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q19 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS-	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC			
Q22																					
YES	28 9%	446 9%	~	4 8%	14 20%*	3 3%*	7 8%	20 10%	~	~	~	~	1 4%~	5 12%~	8 8%	18 9%	23 8%~	4 33%~	14 6%*	14 17%*	
NO	289 91%	4656 91%	~	49 92%	57 80%*	98 97%*	85 92%	188 90%	4 100%	1 100%~	~	~	11 100%~	24 96%~	36 88%~	92 92%	186 91%	273 92%~	8 67%~	222 94%*	67 83%*
NOT ANSWERED	19	261		3	5	7	4	2					1		2		3	2	18	1	
VALID CASES	317	5102		53	71	101	92	208	4	1			11	25	41	100	204	296	12	236	81
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%			11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER							
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC				
Q23 NEVER	5 19%	62 15%	~ 25%	14%	1	33%	17%	2	~	~	~	~	~	3	60%	1	4	22%	13%	2	50%	~	5	36%
SOMETIMES	2 7%	96 24%	~ 25%	1	7%	~	~	2	~	~	~	~	~	~	~	1	1	6%	13%	2	9%	~	2	15%
USUALLY	4 15%	112 28%	~	~	2	~	33%	3	~	~	~	~	~	1	20%	1	3	17%	13%	3	1	25%	2	14%
ALWAYS	16 59%	135 33%	~ 50%	2	9	2	67%	3	~	~	~	~	1	100%	20%	5	10	56%	63%	15	1	25%	9	50%
#ALWAYS + USUALLY (NET)	20 74%	247 61%	~ 50%	2	11	2	83%	5	~	~	~	~	1	40%	2	6	13	72%	75%	18	2	50%	11	64%
TOP BOX SCORE	16 59%	135 33%	~ 50%	2	9	2	67%	3	~	~	~	~	1	100%	20%	5	10	56%	63%	15	1	25%	9	50%
NOT ANSWERED	1	14					1	1															1	
VALID CASES	27	405		4	14	3	6	19					1	5	8	18	23	4	100%	100%	100%	100%	13	14
NUMBER OF RESPONDENTS	28	419		4	14	3	7	20					1	5	8	18	23	4	100%	100%	100%	100%	14	14
	100%	100%		100%	100%	100%	100%	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?

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q24 #YES	14 52%	260 64%	~	2 50%	8 57%	4 67%	10 53%	~	~	~	~	~	3 60%	6 75%	8 44%	10 43%	4 100%	7 54%	7 50%	
NO	13 48%	143 36%	~	2 50%	6 43%	3 100%	2 33%	9 47%	~	~	~	~	1 100%	2 40%	2 25%	10 56%	13 57%	6 46%	7 50%	
NOT ANSWERED	1	16				1	1											1		
VALID CASES	27	403		4	14	3	6	19					1	5	8	18	23	4	13	14
NUMBER OF RESPONDENTS	28	419		4	14	3	7	20					1	5	8	18	23	4	14	14
	100%	100%		100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q22 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q25 YES	36 12%	666 13%	~	1 2%*	11 15%	17 17%	7 8%	23 11%	~	~	~	1 9%~	2 8%~	8 20%~	6 6%*	27 13%	31 11%~	3 27%~	9 4%*	27 34%*
NO	275 88%	4441 87%	~	52 98%*	60 85%	85 83%	78 92%	181 89%	4 100%	1 100%	~	10 91%~	23 92%~	32 80%~	93 94%*	173 87%	262 89%~	8 73%~	222 96%*	53 66%*
NOT ANSWERED	25	256		3	5	6	11	6				1	1	3	4	6	3	23	2	
VALID CASES	311	5107		53	71	102	85	204	4	1		11	25	40	99	200	293	11	231	80
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC	
Q26 NEVER	2 6%	92 14%	~	~	2 18%	~	~	~	~	~	~	~	~	2 29%	1 17%	1 4%	~	2 67%	~	2 8%	
SOMETIMES	8 23%	116 18%	~	~	1 9%	4 25%	3 43%	6 26%	~	~	~	1 100%	~	~	1 17%	7 27%	8 27%	~	2 22%	6 23%	
USUALLY	13 37%	171 27%	~	~	6 55%	5 31%	2 29%	10 43%	~	~	~	~	1 50%	2 29%	2 33%	11 42%	13 43%	~	4 44%	9 35%	
ALWAYS	12 34%	258 41%	~	1 100%	2 18%	7 44%	2 29%	7 30%	~	~	~	~	~	1 50%	3 43%	2 33%	7 27%	9 30%	1 33%	3 33%	9 35%
#ALWAYS + USUALLY (NET)	25 71%	429 67%	~	1 100%	8 73%	12 75%	4 57%	17 74%	~	~	~	~	~	2 100%	5 71%	4 67%	18 69%	22 73%	1 33%	7 78%	18 69%
TOP BOX SCORE	12 34%	258 41%	~	1 100%	2 18%	7 44%	2 29%	7 30%	~	~	~	~	~	1 50%	3 43%	2 33%	7 27%	9 30%	1 33%	3 33%	9 35%
NOT ANSWERED	1	17				1								1		1	1				1
VALID CASES	35	636		1	11	16	7	23				1	2	7	6	26	30	3	9	26	
NUMBER OF RESPONDENTS	36	653		1	11	17	7	23				1	2	8	6	27	31	3	9	27	
	100%	100%		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
Q27 #YES	11 31%	311 49%	~	100%	~	36%	~	31%	~	14%	~	26%	~	~	~	~	~	~	~
NO	24 69%	326 51%	~	~	64%	~	69%	~	86%	~	74%	~	~	~	~	~	~	~	~
NOT ANSWERED	1	17				1						1		1	1			1	
VALID CASES	35	636		1	11	16	7	23			1	2	7	6	26	30	3	9	26
NUMBER OF RESPONDENTS	36	653		1	11	17	7	23			1	2	8	6	27	31	3	9	27
	100%	100%		100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q25 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q28 YES	46 15%	978 19%*	~	4 8%*	11 16%	17 17%	14 16%	29 14%	1 25%~	~	~	6 ~ 24%~	7 18%~	16 16%	29 14%	40 14%~	5 42%~	23 10%*	23 28%*	
NO	265 85%	4103 81%*	~	49 92%*	59 84%	84 83%	73 84%	177 86%	3 75%~	1 100%~	~	11 ~100%~	19 76%~	31 82%~	82 84%	172 86%	252 86%~	7 58%~	206 90%*	59 72%*
NOT ANSWERED	25	281		3	6	7	9	4				1	3	4	3	7	2	25		
VALID CASES	311	5082		53	70	101	87	206	4	1		11	25	38	98	201	292	12	229	82
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q29 #YES	19 41%	594 60%~	2 ~ 50%~	5 45%~	6 35%~	6 43%~	10 34%~	~	~	~	~	2 ~ 33%~	5 71%~	8 50%~	10 34%~	15 37%~	4 80%~	10 43%~	9 39%~
NO	27 59%	403 40%~	2 ~ 50%~	6 55%~	11 65%~	8 57%~	19 66%~	1 100%~	~	~	~	4 ~ 67%~	2 29%~	8 50%~	19 66%~	25 63%~	1 20%~	13 57%~	14 61%~
NOT ANSWERED		32																	
VALID CASES	46	998	4	11	17	14	29	1				6	7	16	29	40	5	23	23
NUMBER OF RESPONDENTS	46 100%	1030 100%	4 100%	11 100%	17 100%	14 100%	29 100%	1 100%				6 100%	7 100%	16 100%	29 100%	40 100%	5 100%	23 100%	23 100%

[ASKED IF Q28 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC
Q30 YES	243 79%	4410 88%*	~ 85%	84%	80%	70%*	157 79%	3 75%~	~	9 ~ 82%~	15 58%~	34 87%~	74 74%	158 81%	225 78%~	12 86%~	181 79%	62 78%
Q30 NO	65 21%	622 12%*	~ 15%	16%	20%	30%*	41 21%	1 25%~	1 100%~	2 ~ 18%~	11 42%~	5 13%~	26 26%	38 19%	62 22%~	2 14%~	48 21%	17 22%
Q30 NOT ANSWERED	28	331	4	8	8	8	12					2	2	8	12		25	3
VALID CASES	308	5032	52	68	100	88	198	4	1	11	26	39	100	196	287	14	229	79
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV ILND	AMER ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q31 NONE	66 28%	1163 27%	7 ~ 16%	12 ~ 22%	29 37%	18 33%	44 29%	1 33%	~	~	4 ~ 44%	4 29%	8 24%	26 37%	39 26%	64 29%	1 10%	56 32%*	10 17%*	
1 TIME	74 32%	1470 34%	13 ~ 30%	16 ~ 29%	21 27%	24 44%*	49 32%	2 67%	~	~	4 ~ 44%	3 21%	11 32%	22 31%	52 34%	72 33%	2 20%	62 36%*	12 20%*	
2	52 22%	817 19%	12 ~ 27%	14 ~ 25%	18 23%	8 15%	33 22%	~	~	~	1 ~ 11%	4 29%	7 21%	12 17%	32 21%	48 22%	1 10%	35 20%	17 29%	
3	18 8%	450 11%	5 ~ 11%	6 ~ 11%	6 8%	1 2%*	10 7%	~	~	~	~	2 ~ 14%	3 9%	7 10%	11 7%	17 8%	1 10%	9 5%*	9 15%*	
4	11 5%	180 4%	4 ~ 9%	2 ~ 4%	2 3%	3 6%	9 6%	~	~	~	~	~	2 ~ 6%	~	11 ~ 7%	9 4%	2 20%	5 3%	6 10%	
5 TO 9	7 3%	146 3%	2 ~ 5%	3 ~ 5%	2 3%	~	4 3%	~	~	~	~	~	2 ~ 6%	2 3%	4 3%	4 2%	2 20%	4 2%	3 5%	
10 OR MORE TIMES	4 2%	40 0.9%	1 ~ 2%	2 ~ 4%	1 1%	~	2 1%	~	~	~	~	1 ~ 7%	1 3%	1 1%	3 2%	3 1%	1 10%	2 1%	2 3%	
NOT ANSWERED	11	203			2	1	8	6					1		4	6	8	2	8	3
VALID CASES	232	4266	44	55	79	54	151	3			9	14	34	70	152	217	10	173	59	
NUMBER OF RESPONDENTS	243	4469	44	57	80	62	157	3			9	15	34	74	158	225	12	181	62	
	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q30 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q31A ALWAYS	5 3%	82 3%	~	1 3%	1 2%	2 4%	1 3%	2 2%	~	~	~	~	1 10%	1 4%	3 7%	2 2%	5 3%	~	5 4%	~	
USUALLY		49 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	5 3%	229 8%*	~	1 3%	~	3 6%	1 3%	1 0.9%	1 50%	~	~	~	2 20%	~	4 9%	1 0.9%	4 3%	1 11%	4 3%	1 2%	
NEVER	155 94%	2671 88%*	~	34 94%	42 98%	45 90%	34 94%	103 97%*	1 50%	~	~	~	5 100%	7 70%	25 96%	37 84%	109 97%*	143 94%	8 89%	107 92%	48 98%
#NEVER + SOMETIMES (NET)	160 97%	2900 96%	~	35 97%	42 98%	48 96%	35 97%	104 98%	2 100%	~	~	~	5 100%	9 90%	25 96%	41 93%	110 98%	147 97%	9 100%	111 96%	49 100%
TOP BOX SCORE	155 94%	2671 88%*	~	34 94%	42 98%	45 90%	34 94%	103 97%*	1 50%	~	~	~	5 100%	7 70%	25 96%	37 84%	109 97%*	143 94%	8 89%	107 92%	48 98%
NOT ANSWERED	1	30		1				1							1		1		1		
VALID CASES	165	3030		36	43	50	36	106	2				5	10	26	44	112	152	9	116	49
NUMBER OF RESPONDENTS	166	3060		37	43	50	36	107	2				5	10	26	44	113	153	9	117	49
	100%	100%		100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q32 NEVER	3 2%	80 3%	~	~	1 2%	1 2%	1 3%	~	~	~	~	1 10%	1 4%	2 5%	1 0.9%	3 2%	~	2 2%	1 2%	
SOMETIMES	3 2%	145 5%*	~	~	~	1 2%	2 6%	2 2%	~	~	~	~	1 4%	1 2%	2 2%	3 2%	~	3 3%	~	
USUALLY	27 16%	478 16%	~	3 8%	7 17%	11 22%	6 17%	15 14%	2 100%	~	~	~	2 20%	7 27%	7 16%	20 44%	23 15%	4 4%	15 13%	12 24%
ALWAYS	131 80%	2312 77%	~	33 92%	34 81%	37 74%	27 75%	89 84%	~	~	~	5 100%	7 70%	17 65%	34 77%	89 79%	123 81%	5 5%	95 83%	36 73%
#ALWAYS + USUALLY (NET)	158 96%	2790 93%*	~	36 100%	41 98%	48 96%	33 92%	104 98%	2 100%	~	~	5 100%	9 90%	24 92%	41 93%	109 97%	146 96%	9 100%	110 96%	48 98%
TOP BOX SCORE	131 80%	2312 77%	~	33 92%	34 81%	37 74%	27 75%	89 84%	~	~	~	5 100%	7 70%	17 65%	34 77%	89 79%	123 81%	5 5%	95 83%	36 73%
NOT ANSWERED	2	44		1	1			1						1	1		2			
VALID CASES	164	3016		36	42	50	36	106	2			5	10	26	44	112	152	9	115	49
NUMBER OF RESPONDENTS	166 100%	3060 100%		37 100%	43 100%	50 100%	36 100%	107 100%	2 100%			5 100%	10 100%	26 100%	44 100%	113 100%	153 100%	9 100%	117 100%	49 100%

[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						
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q33 NEVER	2 1%	40 1%	~	~	2 5%	~	~	1 0.9%	~	~	~	~	~	1 4%	~	2 2%	2 1%	~	2 2%	~		
SOMETIMES	8 5%	145 5%	~	2 5%	2 5%	4 8%	~	5 5%	~	~	~	~	~	3 12%	2 5%	6 5%	6 4%	2 22%	4 3%	4 8%		
USUALLY	30 18%	494 16%	~	2 5%	10 23%	10 20%	8 22%	19 18%	1 50%	~	~	~	~	1 10%	7 27%	6 14%	22 19%	28 18%	1 11%	21 18%	9 18%	
ALWAYS	126 76%	2341 77%	~	33 89%	29 67%	36 72%	28 78%	82 77%	1 50%	~	~	~	~	5 100%	9 90%	15 58%	36 82%	83 73%	117 76%	6 67%	90 77%	36 73%
#ALWAYS + USUALLY (NET)	156 94%	2835 94%	~	35 95%	39 91%	46 92%	36 100%	101 94%	2 100%	~	~	~	~	5 100%	10 100%	22 85%	42 95%	105 93%	145 95%	7 78%	111 95%	45 92%
TOP BOX SCORE	126 76%	2341 77%	~	33 89%	29 67%	36 72%	28 78%	82 77%	1 50%	~	~	~	~	5 100%	9 90%	15 58%	36 82%	83 73%	117 76%	6 67%	90 77%	36 73%
NOT ANSWERED		39																				
VALID CASES	166	3021		37	43	50	36	107	2					5	10	26	44	113	153	9	117	49
NUMBER OF RESPONDENTS	166 100%	3060 100%		37 100%	43 100%	50 100%	36 100%	107 100%	2 100%					5 100%	10 100%	26 100%	44 100%	113 100%	153 100%	9 100%	117 100%	49 100%

[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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q34 NEVER	1 0.6%	28 0.9%	~	~	2%	~	~	0.9%	~	~	~	~	~	~	~	1 ~0.9%	1 ~0.7%	~	1 ~0.9%	~
SOMETIMES	11 7%	114 4%	~	2 5%	4 9%	4 8%	1 3%	6 6%	~	~	~	~	5 ~19%	3 7%	8 7%	9 6%	2 22%	~	6 5%	5 10%
USUALLY	25 15%	407 14%	~	5 14%	10 23%	7 14%	3 8%	18 17%	1 50%	~	~	1 20%	5 ~19%	3 7%	22 19%	23 15%	2 22%	~	18 15%	7 14%
ALWAYS	129 78%	2460 82%	~	30 81%	28 65%	39 78%	32 89%	82 77%	1 50%	~	~	4 80%	10 100%	16 62%	38 86%	82 73%	120 78%	5 56%	92 79%	37 76%
#ALWAYS + USUALLY (NET)	154 93%	2867 95%	~	35 95%	38 88%	46 92%	35 97%	100 93%	2 100%	~	~	5 100%	10 100%	21 81%	41 93%	104 92%	143 93%	7 78%	110 94%	44 90%
TOP BOX SCORE	129 78%	2460 82%	~	30 81%	28 65%	39 78%	32 89%	82 77%	1 50%	~	~	4 80%	10 100%	16 62%	38 86%	82 73%	120 78%	5 56%	92 79%	37 76%
NOT ANSWERED		51																		
VALID CASES	166	3009		37	43	50	36	107	2			5	10	26	44	113	153	9	117	49
NUMBER OF RESPONDENTS	166 100%	3060 100%		37 100%	43 100%	50 100%	36 100%	107 100%	2 100%			5 100%	10 100%	26 100%	44 100%	113 100%	153 100%	9 100%	117 100%	49 100%

[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				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q35 YES	111 67%	2050 69%	2 ~	30 5%~	44 70%~	35 90%~	35 97%~	74 70%	2 100%~	~	~	2 40%~	6 60%~	17 65%~	28 64%~	76 68%	102 67%~	6 67%~	74 64%~	37 76%~
NO	54 33%	942 31%	~	35 95%~	13 30%~	5 10%~	1 3%~	32 30%	~	~	~	3 60%~	4 40%~	9 35%~	16 36%~	36 32%	50 33%~	3 33%~	42 36%~	12 24%~
NOT ANSWERED	1	67				1	1								1	1			1	
VALID CASES	165	2993		37	43	49	36	106	2			5	10	26	44	112	152	9	116	49
NUMBER OF RESPONDENTS	166 100%	3060 100%		37 100%	43 100%	50 100%	36 100%	107 100%	2 100%			5 100%	10 100%	26 100%	44 100%	113 100%	153 100%	9 100%	117 100%	49 100%

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

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q36 NEVER	3 3%	19 1%	~	~	1 3%	1 2%	1 3%	2 3%	~	~	~	~	~	1 4%	2 3%	3 3%	~	1 1%	2 5%	
SOMETIMES	8 7%	119 6%	~	~	5 17%	3 7%	4 5%	~	~	~	~	~	4 24%	2 7%	6 8%	7 7%	1 17%	3 4%	5 14%	
USUALLY	29 26%	466 23%	~	~	9 31%	10 23%	10 29%	21 29%	2 100%	~	~	~	5 29%	4 15%	24 32%	26 26%	2 33%	22 30%	7 19%	
ALWAYS	70 64%	1408 70%	~	2 100%	14 48%	30 68%	24 69%	46 63%	~	~	~	2 100%	6 100%	8 47%	20 74%	44 58%	65 64%	3 50%	47 64%	23 62%
#ALWAYS + USUALLY (NET)	99 90%	1874 93%	~	2 100%	23 79%	40 91%	34 97%	67 92%	2 100%	~	~	2 100%	6 100%	13 76%	24 89%	68 89%	91 90%	5 83%	69 95%	30 81%
TOP BOX SCORE	70 64%	1408 70%	~	2 100%	14 48%	30 68%	24 69%	46 63%	~	~	~	2 100%	6 100%	8 47%	20 74%	44 58%	65 64%	3 50%	47 64%	23 62%
NOT ANSWERED	1	36			1		1							1		1		1		
VALID CASES	110	2013		2	29	44	35	73	2			2	6	17	27	76	101	6	73	37
NUMBER OF RESPONDENTS	111	2049		2	30	44	35	74	2			2	6	17	28	76	102	6	74	37
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q37 NEVER	4 2%	89 3%	~	~	2%~	4%	3%~	2%	50%~	~	~	~	~	4%~	~	4%~	2%~	11%~	2%~	4%~
SOMETIMES	20 12%	318 11%	~	8%~	21%~	12%	6%~	11%	~	~	~	~	23%~	14%~	12%	12%~	22%~	12%~	12%~	
USUALLY	52 31%	708 24%*	~	16%~	37%~	36%	33%~	30%	50%~	~	~	~	30%~	38%~	39%~	32%~	22%~	31%~	33%~	
ALWAYS	90 54%	1876 63%*	~	76%~	40%~	48%	58%~	57%	~	~	~	100%~	70%~	35%~	48%~	57%	54%~	44%~	56%~	51%~
#ALWAYS + USUALLY (NET)	142 86%	2584 86%	~	92%~	77%~	84%	92%~	87%	50%~	~	~	100%~	100%~	73%~	86%~	84%	86%~	67%~	86%~	84%~
TOP BOX SCORE	90 54%	1876 63%*	~	76%~	40%~	48%	58%~	57%	~	~	~	100%~	70%~	35%~	48%~	57%	54%~	44%~	56%~	51%~
NOT ANSWERED		70																		
VALID CASES	166	2990		37	43	50	36	107	2			5	10	26	44	113	153	9	117	49
NUMBER OF RESPONDENTS	166 100%	3060 100%		37 100%	43 100%	50 100%	36 100%	107 100%	2 100%			5 100%	10 100%	26 100%	44 100%	113 100%	153 100%	9 100%	117 100%	49 100%

[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?

	CCC TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR
Q38 #YES	135 82%	2520 84%	37 ~100%	34 81%	39 78%	25 69%	88 82%	1 50%	~	5 ~100%	8 80%	20 77%	36 82%	91 81%	126 82%	6 67%	96 83%	39 80%
NO	30 18%	484 16%	~	8 ~	11 19%	11 22%	19 31%	1 50%	~	~	2 ~	6 23%	8 18%	22 19%	27 18%	3 33%	20 17%	10 20%
NOT ANSWERED	1	56		1													1	
VALID CASES	165	3004	37	42	50	36	107	2		5	10	26	44	113	153	9	116	49
NUMBER OF RESPONDENTS	166 100%	3060 100%	37 100%	43 100%	50 100%	36 100%	107 100%	2 100%		5 100%	10 100%	26 100%	44 100%	113 100%	153 100%	9 100%	117 100%	49 100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q39 YES	59 36%	1156 39%	~	32%~	33%~	40%	36%~	43 40%	~	~	2 ~ 40%~	7 70%~	5 19%~	14 32%~	41 36%	53 35%~	5 56%~	36 31%~	23 47%~
Q39 NO	106 64%	1846 61%	~	68%~	67%~	60%	64%~	64 60%	2 100%~	~	3 ~ 60%~	3 30%~	21 81%~	30 68%~	72 64%	100 65%~	4 44%~	80 69%~	26 53%~
Q39 NOT ANSWERED	1	59			1													1	
VALID CASES	165	3001		37	42	50	36	107	2		5	10	26	44	113	153	9	116	49
NUMBER OF RESPONDENTS	166 100%	3060 100%		37 100%	43 100%	50 100%	36 100%	107 100%	2 100%		5 100%	10 100%	26 100%	44 100%	113 100%	153 100%	9 100%	117 100%	49 100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q40 NEVER	8 14%	80 7%	~	~	1 7%	5 25%	2 17%	5 12%	~	~	~	~	~	2 40%	1 7%	7 17%	7 13%	1 20%	2 6%	6 26%
SOMETIMES	7 12%	163 14%	~	3 25%	3 21%	~	1 8%	6 14%	~	~	~	~	~	~	1 7%	5 12%	7 13%	~	5 14%	2 9%
USUALLY	13 22%	320 28%	~	4 33%	1 7%	6 30%	2 17%	11 26%	~	~	~	1 14%	1 20%	1 21%	3 22%	9 25%	13 25%	~	8 23%	5 22%
ALWAYS	30 52%	595 51%	~	5 42%	9 64%	9 45%	7 58%	20 48%	~	~	~	2 100%	6 86%	2 40%	9 64%	19 47%	25 48%	4 80%	20 57%	10 43%
#ALWAYS + USUALLY (NET)	43 74%	915 79%	~	9 75%	10 71%	15 75%	9 75%	31 74%	~	~	~	2 100%	7 100%	3 60%	12 86%	28 70%	38 73%	4 80%	28 80%	15 65%
TOP BOX SCORE	30 52%	595 51%	~	5 42%	9 64%	9 45%	7 58%	20 48%	~	~	~	2 100%	6 86%	2 40%	9 64%	19 47%	25 48%	4 80%	20 57%	10 43%
NOT ANSWERED	1	33				1	1								1	1		1		
VALID CASES	58	1158		12	14	20	12	42				2	7	5	14	40	52	5	35	23
NUMBER OF RESPONDENTS	59	1191		12	14	20	13	43				2	7	5	14	41	53	5	36	23
	100%	100%		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE	9	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	6	0.1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	17	0.4%	~	~	~	1%	~	1%	~	~	~	~	~	~	1%	0.5%	~	~	1%
03	14	0.4%	~	~	2%	~	~	1%	~	~	~	~	~	~	1%	0.5%	~	~	1%
04	31	1%	~	~	2%	3%	~	3%	~	~	~	~	~	~	3%	1%	~	~	2%
05	63	3%	~	2%	2%	3%	4%	3%	~	~	~	~	2%	6%	1%	5%	2%	9%	3%
06	73	3%	~	2%	7%	1%	2%	3%	~	~	~	~	3%	9%	4%	6%	~	~	5%
07	227	10%	~	2%	4%	15%	13%	11%	67%	~	~	11%	~	6%	4%	6%	18%	2%	13%
08	356	15%	~	7%	17%	17%	18%	16%	~	~	~	11%	14%	15%	8%	11%	17%	2%	23%
09	492	21%	~	18%	19%	19%	29%	21%	~	~	~	11%	21%	27%	16%	23%	21%	3%	37%
BEST PERSONAL DOCTOR POSSIBLE	10746	46%	~	68%	48%	41%	35%*	43%	33%	~	~	~	67%	64%	36%	54%	42%	47%	27%
#8-10 (NET)	19183	86%	~	93%	83%	77%	82%	81%	33%	~	~	~	89%	100%	79%	87%	79%	83%	73%

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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
9-10 (NET)	156 68%	2937 69%	38 ~	36 86%~	47 67%	35 60%	64% 65%	97 65%	1 33%~	~	7 ~	12 78%~	21 86%~	64%~ 76%	54 63%*	95 63%*	147 68%~	6 55%~	125 73%*	31 53%*
NOT ANSWERED	12	228		3	2	7	7				1	1		3	7	9	1	9	3	
VALID CASES	231	4241	44	54	78	55	150	3		9	14	33		71	151	216	11	172	59	
NUMBER OF RESPONDENTS	243 100%	4469 100%	44 100%	57 100%	80 100%	62 100%	157 100%	3 100%		9 100%	15 100%	34 100%		74 100%	158 100%	225 100%	12 100%	181 100%	62 100%	
MEAN	8.81	8.89	9.41	8.74	8.58	8.71	8.69	8.00		9.33	9.50	8.58		9.08	8.64	8.81	8.36	8.98	8.31	
p stat_(*=Sig @ p<=.05)		.431	~	~.727	.108	.598	.091	~	~	~	~	~		~.044*	.016*	~	~	~.011*	.009*	

[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		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q42 YES	58 25%	1024 24%		9 ~ 20%	10 ~ 18%	23 29%	16 29%	41 27%	~	~	2 ~ 22%	1 7%	10 29%	9 13%*	48 32%*	51 23%~	7 70%~	16 9%*	42 71%*
NO	175 75%	3250 76%		35 ~ 80%	45 ~ 82%	56 71%	39 71%	110 73%	3 100%~	~	7 ~ 78%	13 93%	24 71%	62 87%*	104 68%*	167 77%~	3 30%~	158 91%*	17 29%*
NOT ANSWERED	10	195			2	1	7	6				1		3	6	7	2	7	3
VALID CASES	233	4274		44	55	79	55	151	3		9	14	34	71	152	218	10	174	59
NUMBER OF RESPONDENTS	243 100%	4469 100%		44 100%	57 100%	80 100%	62 100%	157 100%	3 100%		9 100%	15 100%	34 100%	74 100%	158 100%	225 100%	12 100%	181 100%	62 100%

[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		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q43 #YES	43 83%	896 89%	8 ~ 89%~	6 67%~	15 75%~	14 100%~	32 84%~	~	~	~	1 50%~	1 100%~	6 75%~	6 86%~	36 82%~	38 81%~	5 100%~	11 79%~	32 84%~
NO	9 17%	110 11%	1 ~ 11%~	3 33%~	5 25%~	~	6 16%~	~	~	~	1 50%~	~	2 25%~	1 14%~	8 18%~	9 19%~	~	3 21%~	6 16%~
NOT ANSWERED	6	35		1	3	2	3						2	2	4	4	2	2	4
VALID CASES	52	1006	9	9	20	14	38				2	1	8	7	44	47	5	14	38
NUMBER OF RESPONDENTS	58 100%	1041 100%	9 100%	10 100%	23 100%	16 100%	41 100%				2 100%	1 100%	10 100%	9 100%	48 100%	51 100%	7 100%	16 100%	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		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q44 #YES	41 79%	836 84%	6 ~ 75%~	6 60%~	15 75%~	14 100%~	30 81%~	~	~	~	1 ~ 50%~	1 100%~	6 67%~	6 86%~	34 77%~	36 78%~	5 83%~	9 69%~	32 82%~
NO	11 21%	163 16%	2 ~ 25%~	4 40%~	5 25%~	7 ~ 19%~	~	~	~	1 ~ 50%~	~	3 ~ 33%~	1 14%~	10 23%~	10 22%~	1 17%~	4 31%~	7 18%~	
NOT ANSWERED	6	41	1		3	2	4						1	2	4	5	1	3	3
VALID CASES	52	1000	8	10	20	14	37				2	1	9	7	44	46	6	13	39
NUMBER OF RESPONDENTS	58 100%	1041 100%	9 100%	10 100%	23 100%	16 100%	41 100%				2 100%	1 100%	10 100%	9 100%	48 100%	51 100%	7 100%	16 100%	42 100%

[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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q45 YES	45 14%	774 15%	~	3 6%*	6 9%	18 18%	18 20%	31 15%	1 25%~	~	~	1 9%~	3 12%~	6 15%~	9 9%*	34 17%	37 13%~	6 43%~	19 8%*	26 32%*
NO	268 86%	4257 85%	~	48 94%*	64 91%	83 82%	73 80%	177 85%	3 75%~	1 100%~	~	10 91%~	22 88%~	34 85%~	91 91%*	170 83%	257 87%~	8 57%~	213 92%*	55 68%*
NOT ANSWERED	23	332		5	6	7	5	2				1	1	2		5		22	1	
VALID CASES	313	5031		51	70	101	91	208	4	1		11	25	40	100	204	294	14	232	81
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
Q46 NEVER	5 11%	73 10%	~	~	~	17%	11%	2 6%	~	~	~	~	1 33%	2 33%	1 11%	4 12%	4 11%	1 17%	1 5%	4 15%	
SOMETIMES	9 20%	115 16%	~	2 67%	3 50%	~	4 22%	6 19%	~	~	~	~	~	2 33%	3 33%	6 18%	7 19%	2 33%	6 32%	3 12%	
USUALLY	6 13%	209 28%	~	1 33%	1 17%	2 11%	2 11%	2 6%	~	~	~	1 100%	1 17%	2 22%	4 12%	4 11%	1 17%	3 16%	3 12%		
ALWAYS	25 56%	340 46%	~	~	2 33%	13 72%	10 56%	21 68%	1 100%	~	~	~	2 67%	1 17%	3 33%	20 59%	22 59%	2 33%	9 47%	16 62%	
#ALWAYS + USUALLY (NET)	31 69%	549 75%	~	1 33%	3 50%	15 83%	12 67%	23 74%	1 100%	~	~	~	1 100%	2 67%	2 33%	5 56%	24 71%	26 70%	3 50%	12 63%	19 73%
TOP BOX SCORE	25 56%	340 46%	~	~	2 33%	13 72%	10 56%	21 68%	1 100%	~	~	~	2 67%	1 17%	3 33%	20 59%	22 59%	2 33%	9 47%	16 62%	
NOT ANSWERED		29																			
VALID CASES	45	737		3	6	18	18	31	1			1	3	6	9	34	37	6	19	26	
NUMBER OF RESPONDENTS	45	766		3	6	18	18	31	1			1	3	6	9	34	37	6	19	26	
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q45 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q47 NONE	4 9%	67 9%	~	33%~	~	11%~	6%~	2 6%~	~	~	~	~	~	2 33%~	1 11%~	3 9%~	4 11%~	~	1 5%~	3 12%~
1 SPECIALIST	35 78%	450 61%~	~	33%~	100%~	72%~	83%~	26 84%~	1 100%~	~	~	1 100%~	2 67%~	2 33%~	7 78%~	27 79%~	29 78%~	5 83%~	16 84%~	19 73%~
2	2 4%	144 19%~	~	33%~	~	~	6%~	1 3%~	~	~	~	~	~	1 17%~	~	2 6%~	1 3%~	~	1 5%~	1 4%~
3	3 7%	48 6%~	~	~	~	11%~	6%~	1 3%~	~	~	~	~	1 33%~	1 17%~	1 11%~	1 3%~	3 8%~	~	1 5%~	2 8%~
4		10 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS	1 2%	23 3%~	~	~	~	6%~	~	1 3%~	~	~	~	~	~	~	~	1 3%~	~	1 17%~	~	1 4%~
NOT ANSWERED		25																		
VALID CASES	45	741		3	6	18	18	31	1			1	3	6	9	34	37	6	19	26
NUMBER OF RESPONDENTS	45	766		3	6	18	18	31	1			1	3	6	9	34	37	6	19	26
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q45 = YES]

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

	CCC TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER					
			<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ NATV	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC			
Q48 WORST SPECIALIST POSSIBLE		1 0.1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
01		2 0.3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
02		1 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
03		8 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
04	1 2%	17 3%	~	~	~	~	6%	3%	~	~	~	~	~	~	1 3%	1 3%	~	1 6%	~			
05		11 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~			
06	2 5%	29 4%	~	~	~	1 6%	1 6%	1 3%	~	~	~	~	~	1 25%	1 13%	1 3%	2 6%	~	2 9%			
07	3 7%	71 11%	~	~	~	1 6%	2 12%	2 7%	~	~	~	~	~	1 33%	1 13%	2 6%	1 3%	2 33%	1 6%	2 9%		
08	7 17%	106 16%	~	~	2 33%	2 13%	3 18%	4 14%	~	~	~	~	~	1 25%	2 25%	5 16%	5 15%	2 33%	3 17%	4 17%		
09	8 20%	148 22%	~	~	2 33%	2 13%	4 24%	7 24%	~	~	~	~	~	~	2 25%	5 16%	6 18%	1 17%	4 22%	4 17%		
BEST SPECIALIST POSSIBLE	20 49%	278 41%	2 ~100%	2 33%	10 63%	6 35%	14 48%	1 100%	~	~	~	~	~	1 ~100%	2 67%	2 50%	2 25%	17 55%	18 55%	1 17%	9 50%	11 48%

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		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ NATV	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC
#8-10 (NET)	35 85%	532 79%	2 ~100%	6 ~100%	14 88%	13 76%	25 86%	1 100%	~	~	1 ~100%	2 67%	3 75%	6 75%	27 87%	29 88%	4 67%	16 89%	19 83%
9-10 (NET)	28 68%	426 63%	2 ~100%	4 67%	12 75%	10 59%	21 72%	1 100%	~	~	1 ~100%	2 67%	2 50%	4 50%	22 71%	24 73%	2 33%	13 72%	15 65%
NOT ANSWERED		10																	
VALID CASES	41	672	2	6	16	17	29	1			1	3	4	8	31	33	6	18	23
NUMBER OF RESPONDENTS	41 100%	682 100%	2 100%	6 100%	16 100%	17 100%	29 100%	1 100%			1 100%	3 100%	4 100%	8 100%	31 100%	33 100%	6 100%	18 100%	23 100%
MEAN	8.90	8.61	10.0	9.00	9.19	8.47	8.93	10.0			10.0	9.00	8.50	8.38	9.00	9.00	8.17	8.94	8.87
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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q49 YES	56 18%	1285 26%*	~ 23%	23%	18%	11%*	32 15%	1 25%~	~	~	1 9%	9 36%~	8 20%~	28 28%*	27 13%*	50 17%~	4 33%~	43 18%	13 16%	
NO	257 82%	3691 74%*	~ 77%	77%	82%	89%*	175 85%	3 75%~	1 100%~	~	10 91%~	16 64%~	33 80%~	73 72%*	175 87%*	246 83%~	8 67%~	190 82%	67 84%	
NOT ANSWERED	23	387		4	7	6	6	3				1		1	2	3	2	21	2	
VALID CASES	313	4976		52	69	102	90	207	4	1		11	25	41	101	202	296	12	233	80
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q50 NEVER	4 7%	37 3%	~	8%~	7%~	6%~	10%~	1 3%~	~	~	~	1 12%~	2 25%~	2 7%~	2 7%~	4 8%~	~	2 5%~	2 15%~	
SOMETIMES	9 16%	235 20%	~	8%~	20%~	22%~	10%~	4 13%~	~	~	~	2 25%~	2 25%~	5 19%~	3 11%~	6 12%~	1 25%~	8 19%~	1 8%~	
USUALLY	17 31%	343 30%	~	25%~	33%~	22%~	50%~	11 34%~	1 100%~	~	~	2 25%~	1 13%~	9 33%~	8 30%~	14 29%~	3 75%~	10 24%~	7 54%~	
ALWAYS	25 45%	547 47%	~	58%~	40%~	50%~	30%~	16 50%~	~	~	~	1 100%~	3 38%~	3 38%~	11 41%~	14 52%~	25 51%~	~	22 52%~	3 23%~
#ALWAYS + USUALLY (NET)	42 76%	890 77%	~	83%~	73%~	72%~	80%~	27 84%~	1 100%~	~	~	1 100%~	5 63%~	4 50%~	20 74%~	22 81%~	39 80%~	3 75%~	32 76%~	10 77%~
TOP BOX SCORE	25 45%	547 47%	~	58%~	40%~	50%~	30%~	16 50%~	~	~	~	1 100%~	3 38%~	3 38%~	11 41%~	14 52%~	25 51%~	~	22 52%~	3 23%~
NOT ANSWERED	1	42			1									1		1		1		
VALID CASES	55	1162		12	15	18	10	32	1			1	8	8	27	27	49	4	42	13
NUMBER OF RESPONDENTS	56	1204		12	16	18	10	32	1			1	9	8	28	27	50	4	43	13
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q51 NEVER	1 2%	21 2%	~	~	~	6%~	~	~	~	~	~	~	13%~	~	4%~	1 2%~	~	~	8%~	
SOMETIMES	8 15%	81 7%	~	9%~	7%~	11%~	40%~	2 7%~	~	~	~	3 25%~	2 19%~	5 12%~	3 12%~	5 11%~	2 50%~	6 15%~	2 15%~	
USUALLY	9 17%	289 25%	~	9%~	14%~	17%~	30%~	6 20%~	1 100%~	~	~	~	1 13%~	3 12%~	5 19%~	7 15%~	1 25%~	4 10%~	5 38%~	
ALWAYS	35 66%	768 66%	~	82%~	79%~	67%~	30%~	22 73%~	~	~	~	1 100%~	5 63%~	4 50%~	18 69%~	17 65%~	34 72%~	1 25%~	30 75%~	5 38%~
#ALWAYS + USUALLY (NET)	44 83%	1057 91%	~	91%~	93%~	83%~	60%~	28 93%~	1 100%~	~	~	1 100%~	5 63%~	5 63%~	21 81%~	22 85%~	41 87%~	2 50%~	34 85%~	10 77%~
TOP BOX SCORE	35 66%	768 66%	~	82%~	79%~	67%~	30%~	22 73%~	~	~	~	1 100%~	5 63%~	4 50%~	18 69%~	17 65%~	34 72%~	1 25%~	30 75%~	5 38%~
NOT ANSWERED	3	44	1	2				2				1		2	1	3		3		
VALID CASES	53	1160	11	14	18	10		30	1			1	8	8	26	26	47	4	40	13
NUMBER OF RESPONDENTS	56	1204	12	16	18	10		32	1			1	9	8	28	27	50	4	43	13
	100%	100%	100%	100%	100%	100%		100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q49 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q52 YES	96 31%	1790 36%*	~	32%	30%	31%	31%	58 28%	1 25%~	~	4 ~	10 36%~	15 38%~	37%~	40%*	54 27%*	91 31%~	4 31%~	78 34%*	18 22%*
NO	215 69%	3138 64%*	~	68%	70%	69%	69%	148 72%	3 75%~	1 100%~	~	7 64%~	16 62%~	25 63%~	60%*	147 73%*	202 69%~	9 69%~	151 66%*	64 78%*
NOT ANSWERED	25	435		6	7	7	5	4					1	2	3	6	1	25		
VALID CASES	311	4928		50	69	101	91	206	4	1		11	26	40	100	201	293	13	229	82
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
PQ53 NEVER	3 1%	64 1%	~	~	1%	1%	1%	2%	~	~	~	~	~	2%	~	3%	3%	1%	~	
SOMETIMES	14 5%	317 6%	~	4%	4%	3%	7%	8%	1%	~	~	~	4%	10%	7%	3%	12%	2%	10%	4%
USUALLY	32 10%	629 13%	~	8%	12%	9%	12%	18%	~	~	~	9%	16%	20%	13%	9%	31%	1%	26%	6%
ALWAYS	259 84%	3884 79%*	~	88%	82%	87%	80%	177	3	1	~	10	20	27	77	172	244	10	187	72
#ALWAYS + USUALLY (NET)	291 94%	4513 92%	~	96%	94%	96%	92%	195	3	1	~	11	24	35	90	191	275	11	213	78
TOP BOX SCORE	259 84%	3884 79%*	~	88%	82%	87%	80%	177	3	1	~	10	20	27	77	172	244	10	187	72
NOT ANSWERED	3	91			1	2		1				1			3		3		3	
VALID CASES	308	4894		50	68	99	91	205	4	1		11	25	40	97	201	290	13	226	82
NUMBER OF RESPONDENTS	311 100%	4985 100%		50	69	101	91	206	4	1		11	26	40	100	201	293	13	229	82

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q54 WORST HEALTH PLAN POSSIBLE	1 0.3%	24 0.5%	~	~	~	1%	~	0.5%	~	~	~	~	~	1%	1	0.3%	~	0.4%	~
01	3 1%	11 0.2%	~	~	~	2%	1%	1%	~	~	~	~	~	3%	3	1%	~	0.4%	2%
02	5 2%	31 0.6%	~	1%	~	3%	1%	2%	~	~	~	~	1%	2%	5	2%	~	1%	2%
03	7 2%	38 0.8%	~	2%	~	2%	3%	2%	~	~	~	~	5%	2%	1	3%	~	1%	5%
04	9 3%	60 1%	~	~	2%	3%	4%	3%	~	~	~	~	7%	3%	8	3%	1%	3%	6%
05	23 7%	233 5%	~	3%	5%	7%	8%	18%	1%	~	~	~	5%	2%	3	18%	19%	3%	11%
06	17 5%	215 4%	~	4%	7%	2%	4%	9%	~	~	1%	2%	5%	6%	10	15%	1%	12%	5%
07	36 11%	490 10%	~	5%	5%	14%	12%	25%	~	~	1%	3%	7%	5%	29	33%	2%	22%	14%
08	57 18%	940 19%	~	5%	18%	21%	13%	44%	1%	~	1%	3%	4%	21%	34	53%	3%	48%	9%
09	39 12%	878 18%*	~	6%	8%	14%	11%	24%	1%	1%	2%	2%	6%	13%	24	38%	1%	29%	10%
BEST HEALTH PLAN POSSIBLE	118 37%	2014 41%	~	26%	25%	31%	36%	70%	1%	~	5%	16%	11%	52%	65	115%	3%	100%	18%
#8-10 (NET)	214 68%	3832 78%*	~	37%	51%	66%	60%	138%	3%	1%	8%	21%	21%	86%	123	206%	7%	177%	37%

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	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR AFR-	AMR AS-	NATV HAW/ PAC	AMR IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC
9-10 (NET)	157 50%	2892 59%*	32 ~ 62%	33 47%	45 45%	47 51%	94 45%*	2 50%~	1 100%~	7 ~ 70%~	18 69%~	17 41%~	65 64%*	89 44%*	153 52%~	4 29%~	129 55%*	28 35%*
NOT ANSWERED	21	430	4	6	8	3	1			1				2	3		20	1
VALID CASES	315	4933	52	70	100	93	209	4	1	10	26	41	102	202	296	14	234	81
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%
MEAN	8.02	8.49	8.38	8.23	7.75	7.95	7.83	8.00	9.00	8.90	9.04	7.44	8.76	7.69	8.09	7.29	8.37	7.00
p stat_(*=Sig @ p<=.05)		.000*	~.187	.298	.142	.711	.029*	~	~	~	~	~	~.000*	.000*	~	~	~.000*	.000*

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q55 YES	108 34%	2010 40%*	~ 35%	24 34%	37 36%	29 32%	73 35%	2 50%~	~	2 18%~	7 27%~	18 44%~	26 26%*	76 37%	98 33%~	8 62%~	49 21%*	59 72%*	
NO	208 66%	2973 60%*	~ 65%	34 66%	46 64%	66 68%	136 65%	2 50%~	1 100%~	~	9 82%~	19 73%~	23 56%~	75 74%*	128 63%	200 67%~	5 38%~	185 79%*	23 28%*
NOT ANSWERED	20	380		4	6	5	5	1					1		1	1	20		
VALID CASES	316	4983		52	70	103	91	209	4	1	11	26	41	101	204	298	13	234	82
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	NO CCC	CCC		
Q56 NEVER	4 4%	30 1%	~	~	2 8%	2 5%	2 3%	~	~	~	1 14%	1 6%	1 4%	3 4%	3 3%	1 13%	2 4%	2 3%		
SOMETIMES	26 24%	187 9%*	~	4 24%	6 25%	12 32%	4 14%	17 23%	~	~	1 50%	7 41%	3 12%	23 30%	22 23%	3 38%	8 17%	18 31%		
USUALLY	30 28%	459 23%	~	3 18%	7 29%	14 38%	6 21%	18 25%	1 50%	~	~	3 43%	6 35%	13 52%	13 17%	27 28%	3 38%	12 25%	18 31%	
ALWAYS	47 44%	1338 66%*	~	10 59%	9 38%	9 24%	19 66%	36 49%	1 50%	~	1 50%	3 43%	3 18%	8 32%	37 49%	45 46%	1 13%	26 54%	21 36%	
#ALWAYS + USUALLY (NET)	77 72%	1797 89%*	~	13 76%	16 67%	23 62%	25 86%	54 74%	2 100%	~	~	1 50%	6 86%	9 53%	21 84%	50 66%	72 74%	4 50%	38 79%	39 66%
TOP BOX SCORE	47 44%	1338 66%*	~	10 59%	9 38%	9 24%	19 66%	36 49%	1 50%	~	1 50%	3 43%	3 18%	8 32%	37 49%	45 46%	1 13%	26 54%	21 36%	
NOT ANSWERED	1	42	1									1	1		1		1			
VALID CASES	107	2014		17	24	37	29	73	2		2	7	17	25	76	97	8	48	59	
NUMBER OF RESPONDENTS	108	2056		18	24	37	29	73	2		2	7	18	26	76	98	8	49	59	
	100%	100%		100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q55 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57 #YES	53 49%	1193 60%*	7 ~ 39%~	15 63%~	18 49%~	13 45%~	31 42%~	1 50%~	~	~	~	5 71%~	10 56%~	18 69%~	31 41%~	47 48%~	6 75%~	26 53%~	27 46%~
NO	55 51%	793 40%*	11 ~ 61%~	9 38%~	19 51%~	16 55%~	42 58%~	1 50%~	~	~	2 ~100%~	2 29%~	8 44%~	8 31%~	45 59%~	51 52%~	2 25%~	23 47%~	32 54%~
NOT ANSWERED		70																	
VALID CASES	108	1986	18	24	37	29	73	2			2	7	18	26	76	98	8	49	59
NUMBER OF RESPONDENTS	108	2056	18	24	37	29	73	2			2	7	18	26	76	98	8	49	59
	100%	100%	100%	100%	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC
Q57A YES	252 82%	3840 79%	31 ~ 62%*	58 83%	90 90%*	73 85%	165 81%	3 75%~	1 100%~	8 ~ 80%~	22 92%~	31 78%~	80 82%	160 81%	235 82%~	12 86%~	182 81%	70 86%
NO	54 18%	1039 21%	19 ~ 38%*	12 17%	10 10%*	13 15%	38 19%	1 25%~	~	2 ~ 20%~	2 8%~	9 22%~	17 18%	37 19%	52 18%~	2 14%~	43 19%	11 14%
NOT ANSWERED	30	484	6	6	8	10	7			1	2	1	5	7	12		29	1
VALID CASES	306	4879	50	70	100	86	203	4	1	10	24	40	97	197	287	14	225	81
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q57B NEVER	35 26%	674 30%	4 ~ 18%	6 ~ 23%	13 ~ 24%	12 35%	20 24%	~	~	1 ~ 25%	1 11%	11 44%	13 28%	22 26%	31 25%	4 44%	27 26%	8 ~	
SOMETIMES	29 21%	430 19%	5 ~ 23%	4 15%	12 22%	8 24%	19 23%	1 ~100%	~	~	3 33%	2 8%	13 28%	15 17%	27 21%	2 22%	22 21%	7 23%	
USUALLY	25 18%	488 22%	5 ~ 23%	8 31%	9 17%	3 9%	12 14%	~	~	2 50%	1 11%	7 28%	11 24%	14 16%	22 17%	3 33%	18 17%	7 23%	
ALWAYS	47 35%	667 30%	8 ~ 36%	8 31%	20 37%	11 32%	32 39%	1 100%	~	~	1 25%	4 44%	5 20%	9 20%	35 41%	46 37%	~	38 36%	9 29%
#ALWAYS + USUALLY (NET)	72 53%	1154 51%	13 ~ 59%	16 62%	29 54%	14 41%	44 53%	1 100%	~	~	3 75%	5 56%	12 48%	20 43%	49 57%	68 54%	3 33%	56 53%	16 52%
TOP BOX SCORE	47 35%	667 30%	8 ~ 36%	8 31%	20 37%	11 32%	32 39%	1 100%	~	~	1 25%	4 44%	5 20%	9 20%	35 41%	46 37%	~	38 36%	9 29%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	176	2651	29	44	46	57	123	3		6	17	16	55	114	168	4	127	49	
NOT ANSWERED	24	454	5	6	8	5	4			1			1	4	5	1	22	2	
VALID CASES	136	2258	22	26	54	34	83	1	1	4	9	25	46	86	126	9	105	31	
NUMBER OF RESPONDENTS	336	5363	56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC		
Q57C YES	50 16%	1026 21%*	~	15 30%*	12 17%	8 8%*	15 17%	28 14%	~	~	~	1 9%~	4 16%~	13 32%~	15 15%	33 16%	46 16%~	3 23%~	39 17%	11 14%
NO	255 84%	3791 79%*	~	35 70%*	58 83%	87 92%*	75 83%	173 86%	4 100%	1 100%~	~	10 91%~	21 84%~	28 68%~	85 85%	168 84%	245 84%~	10 77%~	186 83%	69 86%
NOT ANSWERED	31	546		6	6	13	6	9				1		2	3	8	1	29	2	
VALID CASES	305	4817		50	70	95	90	201	4	1		11	25	41	100	201	291	13	225	80
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC
Q57D #YES	44 88%	865 87%	15 ~100%	8 67%	7 88%	14 93%	25 89%	~	~	~	1 ~100%	3 75%	12 92%	12 80%	31 94%	40 87%	3 100%	33 85%	11 100%
NO	6 12%	124 13%	~	~	4 33%	1 13%	1 7%	3 11%	~	~	~	1 25%	1 8%	3 20%	2 6%	6 13%	~	6 15%	~
NOT ANSWERED		6																	
VALID CASES	50	990	15	12	8	15	28				1	4	13	15	33	46	3	39	11
NUMBER OF RESPONDENTS	50 100%	996 100%	15 100%	12 100%	8 100%	15 100%	28 100%				1 100%	4 100%	13 100%	15 100%	33 100%	46 100%	3 100%	39 100%	11 100%

[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		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC
Q57E #YES	41 84%	853 87%	13 ~ 87%	8 ~ 67%	8 ~ 100%	12 ~ 86%	22 79%				1 ~ 100%	4 ~ 100%	11 ~ 92%	14 93%	26 81%	37 82%	3 ~ 100%	31 82%	10 91%
NO	8 16%	127 13%	2 ~ 13%	4 ~ 33%		2 ~ 14%	6 21%						1 ~ 8%	1 7%	6 19%	8 18%		7 18%	1 9%
NOT ANSWERED	1	15				1							1		1	1		1	
VALID CASES	49	981	15	12	8	14	28				1	4	12	15	32	45	3	38	11
NUMBER OF RESPONDENTS	50 100%	996 100%	15 100%	12 100%	8 100%	15 100%	28 100%				1 100%	4 100%	13 100%	15 100%	33 100%	46 100%	3 100%	39 100%	11 100%

[ASKED IF Q57C = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q57F NEVER	2 4%	20 2%	~	~	1 8%	~	1 7%	1 4%	~	~	~	~	1 8%	1 7%	1 3%	2 4%	~	2 5%	~
SOMETIMES	5 10%	89 9%	~	2 13%	2 17%	1 13%	~	4 14%	~	~	~	~	1 8%	1 7%	4 12%	5 11%	~	5 13%	~
USUALLY	7 14%	244 25%	~	1 7%	2 17%	~	4 29%	3 11%	~	~	~	~	2 17%	3 20%	4 12%	7 16%	~	6 16%	1 9%
ALWAYS	35 71%	624 64%	~	12 80%	7 58%	7 88%	9 64%	20 71%	~	~	1 100%	4 100%	8 67%	10 67%	23 72%	31 69%	3 100%	25 66%	10 91%
#ALWAYS + USUALLY (NET)	42 86%	868 89%	~	13 87%	9 75%	7 88%	13 93%	23 82%	~	~	1 100%	4 100%	10 83%	13 87%	27 84%	38 84%	3 100%	31 82%	11 100%
TOP BOX SCORE	35 71%	624 64%	~	12 80%	7 58%	7 88%	9 64%	20 71%	~	~	1 100%	4 100%	8 67%	10 67%	23 72%	31 69%	3 100%	25 66%	10 91%
NOT ANSWERED	1	20					1					1		1			1		
VALID CASES	49	976		15	12	8	14	28			1	4	12	15	32	45	3	38	11
NUMBER OF RESPONDENTS	50	996		15	12	8	15	28			1	4	13	15	33	46	3	39	11
	100%	100%		100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q57G NEVER	5 10%	39 4%	~	2 13%	1 8%	~	2 14%	3 11%	~	~	~	~	~	1 8%	2 13%	3 9%	5 11%	~	5 13%	~
SOMETIMES	5 10%	87 9%	~	~	4 33%	1 13%	~	3 11%	~	~	~	~	~	2 17%	1 7%	4 12%	5 11%	~	5 13%	~
USUALLY	8 16%	248 25%	~	2 13%	1 8%	1 13%	4 29%	4 14%	~	~	~	~	1 25%	2 17%	4 27%	4 12%	7 16%	1 33%	6 16%	2 18%
ALWAYS	31 63%	607 62%	~	11 73%	6 50%	6 75%	8 57%	18 64%	~	~	~	1 100%	3 75%	7 58%	8 53%	21 66%	28 62%	2 67%	22 58%	9 82%
#ALWAYS + USUALLY (NET)	39 80%	855 87%	~	13 87%	7 58%	7 87%	12 86%	22 79%	~	~	~	1 100%	4 100%	9 75%	12 80%	25 78%	35 78%	3 100%	28 74%	11 100%
TOP BOX SCORE	31 63%	607 62%	~	11 73%	6 50%	6 75%	8 57%	18 64%	~	~	~	1 100%	3 75%	7 58%	8 53%	21 66%	28 62%	2 67%	22 58%	9 82%
NOT ANSWERED	1	16					1						1		1				1	
VALID CASES	49	980		15	12	8	14	28				1	4	12	15	32	45	3	38	11
NUMBER OF RESPONDENTS	50	996		15	12	8	15	28				1	4	13	15	33	46	3	39	11
	100%	100%		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

			AGE					RACE					ETHNIC-ITY	HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q57H NEVER	1 2%	18 2%	~	~	1 8%	~	~	~	~	~	~	~	~	1 8%	1 3%	1 2%	~	1 3%	~	
SOMETIMES	6 12%	71 7%	~	2 13%	1 8%	1 13%	2 14%	5 18%	~	~	~	~	~	1 8%	2 13%	4 12%	6 13%	~	6 16%	~
USUALLY	5 10%	202 21%	~	~	3 25%	~	2 14%	3 11%	~	~	~	~	~	2 17%	1 7%	4 12%	5 11%	~	5 13%	~
ALWAYS	37 76%	690 70%	~	13 87%	7 58%	7 88%	10 71%	20 71%	~	~	~	1 ~	4 ~	8 67%	12 80%	23 72%	33 73%	3 100%	26 68%	11 100%
#ALWAYS + USUALLY (NET)	42 86%	892 91%	~	13 87%	10 83%	7 88%	12 86%	23 82%	~	~	~	1 ~	4 ~	10 83%	13 87%	27 84%	38 84%	3 100%	31 82%	11 100%
TOP BOX SCORE	37 76%	690 70%	~	13 87%	7 58%	7 88%	10 71%	20 71%	~	~	~	1 ~	4 ~	8 67%	12 80%	23 72%	33 73%	3 100%	26 68%	11 100%
NOT ANSWERED	1	16				1								1	1	1		1		
VALID CASES	49	980		15	12	8	14	28				1	4	12	15	32	45	3	38	11
NUMBER OF RESPONDENTS	50	996		15	12	8	15	28				1	4	13	15	33	46	3	39	11
	100%	100%		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q57C = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q58																				
EXCELLENT	126 40%	1951 39%	34 ~ 68%*	29 41%	32 32%*	31 34%	86 42%	~	~	~	55%~	6 36%~	9 38%~	15 38%	39 38%	83 41%	126 42%~	~	110 47%*	16 20%*
VERY GOOD	118 38%	1732 35%	12 ~ 24%*	26 37%	45 45%	35 38%	83 40%	2 50%~	1 100%~	~	~	4 36%~	6 24%~	12 30%~	35 34%	80 39%	118 39%~	~	88 38%	30 37%
GOOD	55 18%	973 20%	3 ~ 6%*	13 19%	19 19%	20 22%	34 16%	2 50%~	~	~	~	1 9%~	8 32%~	8 20%~	21 21%	33 16%	55 18%~	~	28 12%*	27 33%*
FAIR	14 4%	308 6%	1 ~ 2%*	2 3%	5 5%	6 7%	4 2%*	~	~	~	~	~	2 8%~	5 13%~	7 7%	7 3%	14 ~100%~	~	6 3%*	8 10%*
POOR		13 0.3%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
#EXCELLENT + VERY GOOD + GOOD (NET)	299 96%	4656 94%	49 ~ 98%*	68 97%	96 95%	86 93%	203 98%*	4 100%~	1 100%~	~	~	11 ~100%~	23 92%~	35 88%~	95 93%	196 97%	299 100%~	~	226 97%*	73 90%*
NOT ANSWERED	23	386	6	6	7	4	3					1	1		1				22	1
VALID CASES	313	4977	50	70	101	92	207	4	1			11	25	40	102	203	299	14	232	81
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%			11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC
Q59 EXCELLENT	137 44%	2270 46%	35 ~ 69%*	37 53%	35 35%*	30 33%*	91 44%	1 25%~	~	~	6 ~ 55%~	13 52%~	15 37%~	48 47%	85 42%	135 45%~	2 14%~	119 51%*	18 22%*
VERY GOOD	96 31%	1311 26%	8 ~ 16%*	15 21%*	40 40%*	33 36%	69 33%	1 ~100%~	1	~	3 ~ 27%~	7 28%~	10 24%~	33 32%	62 30%	91 30%~	5 36%~	78 34%*	18 22%*
GOOD	55 18%	923 19%	6 ~ 12%	13 19%	18 18%	18 20%	28 14%*	3 75%~	~	~	1 ~ 9%~	5 20%~	12 29%~	15 15%	38 19%	51 17%~	3 21%~	27 12%*	28 34%*
FAIR	21 7%	400 8%	2 ~ 4%	4 6%	5 5%	10 11%	15 7%	~	~	~	1 ~ 9%~	~	3 ~ 7%~	5 5%	15 7%	18 6%~	3 21%~	8 3%*	13 16%*
POOR	5 2%	72 1%	~	1 ~ 1%	3 3%	1 1%	4 2%	~	~	~	~	~	1 ~ 2%~	1 1%	4 2%	4 1%~	1 7%~	~	5 6%~
#EXCELLENT + VERY GOOD + GOOD (NET)	288 92%	4503 91%	~ 96%*	65 93%	93 92%	81 88%	188 91%	4 100%~	1 ~100%~	~	10 ~ 91%~	25 100%~	37 90%~	96 94%	185 91%	277 93%~	10 71%~	224 97%*	64 78%*
NOT ANSWERED	22	387	5	6	7	4	3					1						22	
VALID CASES	314	4976	51	70	101	92	207	4	1		11	25	41	102	204	299	14	232	82
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC	
Q60 YES	67 21%	1132 23%	~	8 16%	15 21%	24 24%	20 22%	45 22%	2 50%	~	~	~	1 4%	13 32%	14 14%*	50 25%	60 20%~	6 46%~	13 6%*	54 66%*
NO	245 79%	3829 77%	~	43 84%	55 79%	77 76%	70 78%	161 78%	2 50%	1 100%	~	11 100%	24 96%	28 68%	87 86%*	154 75%	238 80%~	7 54%~	217 94%*	28 34%*
NOT ANSWERED	24	401		5	6	7	6	4				1		1			1	1	24	
VALID CASES	312	4962		51	70	101	90	206	4	1		11	25	41	101	204	298	13	230	82
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q61 YES	56 85%	857 79%	5 ~ 63%	10 ~ 67%	23 ~ 100%	18 ~ 90%	38 84%	1 ~ 100%	~	~	~	1 ~ 100%	11 85%	11 79%	42 86%	49 83%	6 ~ 100%	4 33%	52 96%
NO	10 15%	234 21%	3 ~ 38%	5 ~ 33%	~	2 ~ 10%	7 16%	~	~	~	~	~	2 ~ 15%	3 21%	7 14%	10 17%	~	8 67%	2 4%
NOT ANSWERED	1	30			1		1							1	1	1		1	
VALID CASES	66	1091	8	15	23	20	45	1				1	13	14	49	59	6	12	54
NUMBER OF RESPONDENTS	67	1121	8	15	24	20	45	2				1	13	14	50	60	6	13	54
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q62 YES	51 91%	763 90%	4 ~ 80%	8 ~ 80%	21 91%	18 ~ 100%	36 95%	1 ~ 100%	~	~	~	11 ~ 100%	8 73%	40 95%	45 92%	5 83%	51 ~ 98%		
NO	5 9%	83 10%	1 ~ 20%	2 ~ 20%	2 9%	~	2 5%	~	~	~	~	1 ~ 100%	3 ~ 27%	2 5%	4 8%	1 17%	4 100%	1 2%	
NOT ANSWERED		20																	
VALID CASES	56	846	5	10	23	18	38	1				1	11	11	42	49	6	4	52
NUMBER OF RESPONDENTS	56	866	5	10	23	18	38	1				1	11	11	42	49	6	4	52
	100%	100%	100%	100%	100%	100%	100%	100%				100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q60 = YES AND Q61 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q63 YES	48 15%	727 15%	~	10%	14%	18%	17%	33 16%	1 25%~	~	~	9%~	1 4%~	1 22%~	9 8%*	39 19%*	40 13%~	7 58%~	5 2%*	43 53%*
NO	262 85%	4197 85%	~	90%	86%	82%	83%	172 84%	3 75%~	1 100%~	~	91%~	10 96%~	24 78%~	31 92%*	164 81%*	257 87%~	5 42%~	224 98%*	38 47%*
NOT ANSWERED	26	439	5	6	7	8	5					1	1	2	1	2	2	25	1	
VALID CASES	310	4924	51	70	101	88	205	4	1			11	25	40	100	203	297	12	229	81
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%			11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q64 YES	42 89%	620 86%	5 ~100%	9 ~90%	16 89%	12 86%	29 91%	1 100%	~	1 ~100%	1 100%	8 89%	6 86%	35 90%	34 87%	7 100%	1 25%	41 95%	
NO	5 11%	103 14%	~	~	1 10%	2 11%	2 14%	3 9%	~	~	~	~	1 11%	1 14%	4 10%	5 13%	~	3 75%	2 5%
NOT ANSWERED	1	18				1	1						1		1		1		
VALID CASES	47	723	5	10	18	14	32	1		1	1	9	7	39	39	7	4	43	
NUMBER OF RESPONDENTS	48	741	5	10	18	15	33	1		1	1	9	8	39	40	7	5	43	
	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q63 = YES]

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q65 YES	41	581	5	9	16	11	29	1		1	1	8	5	35	34	6	41	
	98%	97%	~100%	~100%	~100%	~92%	~100%	~100%	~	~100%	~100%	~100%	~83%	~100%	~100%	~86%	~100%	~
NO	1	18				1							1			1	1	
	2%	3%	~	~	~	8%	~	~	~	~	~	~	~17%	~	~	~14%	~100%	~
NOT ANSWERED		12																
VALID CASES	42	600	5	9	16	12	29	1		1	1	8	6	35	34	7	1	41
NUMBER OF RESPONDENTS	42	612	5	9	16	12	29	1		1	1	8	6	35	34	7	1	41
	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q63 = YES AND Q64 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q66 YES	37 12%	575 12%	~ 18%	9	6	12	10	25	1	~	1	1	5	5	28	32	5	8	29	
								12%	25%~	~	~	9%~	4%~	12%~	5%*	14%	11%~	38%~	3%*	35%*
NO	274 88%	4353 88%	~ 82%	42	64	88	80	181	3	1	10	24	36	96	176	265	8	221	53	
								88%	75%~	100%~	~	91%~	96%~	88%~	95%*	86%	89%~	62%~	97%*	65%*
NOT ANSWERED	25	435		5	6	8	6	4				1		1		2	1	25		
VALID CASES	311	4928		51	70	100	90	206	4	1	11	25	41	101	204	297	13	229	82	
NUMBER OF RESPONDENTS	336	5363		56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82	
	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q67 YES	25 69%	448 80%	4 ~ 44%	5 ~ 83%	10 ~ 91%	6 ~ 60%	18 75%	1 100%	~	~	~	~ 100%	5 40%	2 79%	22 65%	20 ~ 100%	5 ~	25 ~ 89%
NO	11 31%	112 20%	5 ~ 56%	1 ~ 17%	1 9%	4 40%	6 25%	~	~	1 ~ 100%	1 100%	~ 100%	3 ~ 60%	6 21%	11 35%	~	8 ~ 100%	3 11%
NOT ANSWERED	1	21			1		1								1			1
VALID CASES	36	560	9	6	11	10	24	1		1	1	5	5	28	31	5	8	28
NUMBER OF RESPONDENTS	37	581	9	6	12	10	25	1		1	1	5	5	28	32	5	8	29
	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES]

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

	AGE						RACE						ETHNICITY	HEALTH STATUS	CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AMER IAN	NATV ILND	AMER PAC ALSK	IND/ OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q68 YES	25	439	4	5	10	6	18	1					5	2	22	20	5	25
	100%	97%	~100%	~100%	~100%	~100%	~100%	~100%	~	~	~	~	~100%	~100%	~100%	~100%	~100%	~100%
NO		14																
		3%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		3																
VALID CASES	25	453	4	5	10	6	18	1					5	2	22	20	5	25
NUMBER OF RESPONDENTS	25	456	4	5	10	6	18	1					5	2	22	20	5	25
	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%

[ASKED IF Q66 = YES AND Q67 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q69 YES	31 10%	459 9%	~	3 6%	16 23%*	7 7%	5 6%	24 12%	~	~	~	~	4%~	3 7%~	7 11%	22 10%~	31 ~	15 7%*	16 20%*	
NO	278 90%	4495 91%	~	48 94%	54 77%*	92 93%	84 94%	180 88%	4 100%	1 100%	~	11 ~100%	24 96%~	38 93%~	94 93%	181 89%	265 90%~	12 100%~	214 93%*	64 80%*
NOT ANSWERED	27	409		5	6	9	7	6				1		1	1	3	2	25	2	
VALID CASES	309	4954		51	70	99	89	204	4	1		11	25	41	101	203	296	12	229	80
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q70 YES	14 48%	314 71%	~100%	2 19%	3 100%	6 60%	3 57%	13 ~	~	~	~	~	1 50%	1 14%	13 65%	14 48%	~	1 8%	13 81%
NO	15 52%	129 29%	~	~	13 81%	2 40%	10 43%	~	~	~	~	1 100%	1 50%	6 86%	7 35%	15 52%	~	12 92%	3 19%
NOT ANSWERED	2	20		1		1	1					1		2	2		2		
VALID CASES	29	442		2	16	6	5	23				1	2	7	20	29		13	16
NUMBER OF RESPONDENTS	31	462		3	16	7	5	24				1	3	7	22	31		15	16
	100%	100%		100%	100%	100%	100%	100%				100%	100%	100%	100%	100%		100%	100%

[ASKED IF Q69 = YES]

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

	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q71 YES	13	260	2	3	5	3	12						1	1	12	13		13	
	93%	95%	~100%	~100%	83%	~100%	92%	~	~	~	~	~	~100%	100%	92%	93%	~	~100%	
NO	1	14				1	1								1	1		1	
	7%	5%	~	~	~	17%	8%	~	~	~	~	~	~	~	8%	7%	~100%	~	
NOT ANSWERED		7																	
VALID CASES	14	274	2	3	6	3	13						1	1	13	14		1	13
NUMBER OF RESPONDENTS	14	281	2	3	6	3	13						1	1	13	14		1	13
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%		100%	100%

[ASKED IF Q69 = YES AND Q70 = YES]

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q72 YES	44 14%	722 15%	~	3 6%*	9 13%	18 18%	14 16%	32 16%	1 25%~	~	~	1 9%~	1 4%~	7 17%~	5 5%*	37 18%*	40 13%~	3 23%~	4 2%*	40 49%*
NO	267 86%	4209 85%	~	48 94%*	61 87%	82 82%	76 84%	174 84%	3 75%~	1 100%~	~	10 91%~	24 96%~	34 83%~	96 95%*	167 82%*	257 87%~	10 77%~	225 98%*	42 51%*
NOT ANSWERED	25	432		5	6	8	6	4				1		1		2	1	25		
VALID CASES	311	4931		51	70	100	90	206	4	1		11	25	41	101	204	297	13	229	82
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12 AND OVER	BLCK OR AFR- WHT	AMER IAN	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTH	TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q73 YES	38 90%	612 90%	3 ~100%	8 ~100%	16 89%	11 85%	29 97%	1 100%		1 ~100%		6 86%	3 60%	33 94%	35 92%	2 67%		38 97%	
NO	4 10%	68 10%			2 ~11%	2 15%	1 3%					1 ~100%	1 14%	2 40%	2 6%	3 8%	1 33%	3 100%	1 3%
NOT ANSWERED	2	39			1	1	2							2	2			1	1
VALID CASES	42	680	3	8	18	13	30	1		1	1	7	5	35	38	3		3	39
NUMBER OF RESPONDENTS	44	719	3	9	18	14	32	1		1	1	7	5	37	40	3		4	40
	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%		100%	100%

[ASKED IF Q72 = YES]

NQ74 WHAT IS YOUR CHILD'S AGE?

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER											
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC										
NQ74 LESS THAN 1 YEAR OLD	27	0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~									
1 TO 3 YEARS OLD	56	890	17%	17%	56	~100%	~	~	~	34	16%	~	~	~	4	2	7	15	35	49	1	48	8	16%	7%	19%*	10%*
4 TO 7 YEARS OLD	76	1394	23%	26%	76	~100%	~	~	~	44	21%	~	~	~	1	6	14	24	43	68	2	61	15	23%	14%	24%	18%
8 TO 12 YEARS OLD	108	1563	32%	29%	108	~100%	~	~	~	67	32%	1	1	~	4	11	13	37	61	96	5	77	31	32%	36%	30%	38%
13 OR OLDER	96	1489	29%	28%	96	~100%	~	~	~	65	31%	3	~	~	2	7	7	26	65	86	6	68	28	29%	43%	27%	34%
VALID CASES	336	5363			56	76	108	96	210	4	1				11	26	41	102	204	299	14	254	82				
NUMBER OF RESPONDENTS	336	5363	100%	100%	56	76	108	96	210	4	1				11	26	41	102	204	299	14	254	82	100%	100%	100%	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		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NQ75 MALE	181 54%	2755 51%	35 ~ 63%	39 51%	55 51%	52 54%	114 54%	2 50%~	~	4 ~ 36%~	12 46%~	22 54%~	58 57%	108 53%	162 54%~	7 50%~	130 51%	51 62%
FEMALE	155 46%	2608 49%	21 ~ 38%	37 49%	53 49%	44 46%	96 46%	2 50%~	1 100%~	7 ~ 64%~	14 54%~	19 46%~	44 43%	96 47%	137 46%~	7 50%~	124 49%	31 38%
VALID CASES	336	5363	56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q76																				
HISPANIC OR LATINO	102 33%	2091 42%*	~	15 30%	24 36%	37 38%	26 29%	40 20%*	1 25%~	~	~	1 9%~	23 96%~	15 37%~	102 100%~	95 33%~	7 50%~	89 39%*	13 16%*	
NOT HISPANIC OR LATINO	204 67%	2832 58%*	~	35 70%	43 64%	61 62%	65 71%	164 80%*	3 75%~	1 100%~	~	10 91%~	1 4%~	25 63%~	204 ~100%~	196 67%~	7 50%~	138 61%*	66 84%*	
NOT ANSWERED	30	440		6	9	10	5	6				2	1			8		27	3	
VALID CASES	306	4923		50	67	98	91	204	4	1		11	24	40	102	204	291	14	227	79
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%		11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q77.1 YES	249 74%	3570 67%*	41 ~ 73%	58 76%	79 73%	71 74%	210 100%~	4 ~	1 ~	11 ~	26 ~	2 ~	39 95%~	54 53%*	188 92%*	236 79%~	9 64%~	177 70%*	72 88%*
NO	87 26%	1793 33%*	15 ~ 27%	18 24%	29 27%	25 26%	4 ~100%	1 ~100%	11 ~100%	26 ~100%	2 ~	48 5%~	16 47%*	48 8%*	16 8%*	63 21%~	5 36%~	77 30%*	10 12%*
VALID CASES	336	5363	56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82	
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%	

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV ILND	AMER ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q77.2 YES	12 4%	230 4%	~	2%	3%	5%	4%	4 ~100%	~	~	~	~	8 ~20%	3 3%	9 4%	12 4%	~	7 3%	5 6%
NO	324 96%	5133 96%	~	98%	97%	95%	96%	210 100%	1 ~100%	11 ~100%	26 ~100%	33 ~80%	99 97%	195 96%	287 96%	14 ~100%	247 97%	77 94%	
VALID CASES	336	5363	56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82	
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%	

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
Q77.3 YES	5 1%	201 4%*	~	~	3 4%	2 2%	~	~	1 ~100%	~	~	~	4 ~ 10%	~	5 ~ 2%	5 2%	~	5 2%*	~		
NO	331 99%	5162 96%*	~100%	~96%	56 98%	73 100%	106 100%	96 100%	210 100%	4 100%	~	~	11 ~100%	26 ~100%	37 90%	102 100%	199 98%*	294 98%	14 100%	249 98%	82 100%
VALID CASES	336	5363	56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82			
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%			

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.4 YES	3 0.9%	82 2%	~	1 2%	1 ~0.9%	1 1%	~	~	~	~	~	~	3 7%	2 2%	1 0.5%	2 0.7%	1 7%	1 0.4%	2 2%
NO	333 99%	5281 98%	~	55 98%	76 100%	107 99%	95 99%	210 100%	4 100%	1 100%	11 ~100%	26 100%	38 93%	100 98%	203 100%	297 99%	13 93%	253 100%	80 98%
VALID CASES	336	5363		56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.5 YES	34 10%	275 5%*	~	18%	8%	12%	5%*	~	~	~	~100%	~	~	56%*	7%	13%*	10%~	14%~	22 9%	12 15%
NO	302 90%	5088 95%*	~	82%	92%	88%	95%*	100%	100%	100%	~	~	100%	44%*	93%	87%*	90%~	86%~	232 91%	70 85%
VALID CASES	336	5363		56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82	
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%	

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.6 YES	41 12%	519 10%	~	9%	17%	12%	10%	~	~	~	~	26 ~100%	15 37%	33 32%*	6 3%*	35 12%~	5 36%~	37 15%*	4 5%*
NO	295 88%	4844 90%	~	91%	83%	88%	90%	210 100%	4 100%	1 100%	11 ~100%	26 ~	41 63%~	69 68%*	198 97%*	264 88%~	9 64%~	217 85%*	78 95%*
VALID CASES	336	5363	56	76	108	96	210	4	1	11	26	41	102	204	299	14	254	82	
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%	

Q78 WHAT IS YOUR AGE?

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR WHT	AFR-AMER	AS-IAN	NATV HAW/ PAC	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q78 UNDER 18	10 3%	223 5%	~	2 4%	2 3%	3 3%	3 3%	8 4%	~	~	~	~	~	2 5%	3 3%	6 3%	9 3%	~	7 3%	3 4%
18 TO 24	12 4%	229 5%	~	8 16%*	3 4%	~	1 1%*	9 4%	~	~	~	~	~	3 7%	4 4%	8 4%	12 4%	~	11 5%	1 1%
25 TO 34	99 31%	1610 33%	~	27 53%*	33 47%*	35 34%	4 4%*	64 30%	~	~	~	7 64%*	9 35%*	12 29%*	34 34%	63 31%	94 32%*	4 29%*	72 31%	27 33%
35 TO 44	108 34%	1842 37%	~	7 14%*	25 36%	41 40%	35 38%	68 32%	3 75%*	1 100%*	~	3 27%*	13 50%*	12 29%*	40 40%	63 31%	101 34%*	6 43%*	85 36%	23 28%
45 TO 54	42 13%	718 15%	~	3 6%*	4 6%*	9 9%	26 28%*	29 14%	~	~	~	~	2 8%*	6 15%*	11 11%	30 15%	41 14%*	1 7%*	26 11%	16 20%
55 TO 64	27 9%	213 4%*	~	3 6%	2 3%*	7 7%	15 16%*	21 10%	1 25%*	~	~	~	1 4%*	2 5%*	5 5%	21 10%	26 9%*	~	20 9%	7 9%
65 TO 74	15 5%	77 2%*	~	1 2%	1 1%*	6 6%	7 8%	8 4%	~	~	~	1 9%*	1 4%*	3 7%*	4 4%	9 4%	11 4%*	3 21%*	12 5%	3 4%
75 OR OLDER	4 1%	15 0.3%	~	~	~	2 2%	2 2%	3 1%	~	~	~	~	~	1 2%*	~	4 2%*	4 1%*	~	2 0.9%	2 2%
NOT ANSWERED	19	436		5	6	5	3								1		1		19	
VALID CASES	317	4927		51	70	103	93	210	4	1		11	26	41	101	204	298	14	235	82
NUMBER OF RESPONDENTS	336	5363		56	76	108	96	210	4	1		11	26	41	102	204	299	14	254	82
	100%	100%		100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

Q79 ARE YOU MALE OR FEMALE?

	AGE						RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q79																				
MALE	46 14%	657 13%	~	12%	13%	15%	17%	30 14%	~	~	~	~	15%~	20%~	15%	15%	42 14%	4 29%	33 14%	13 16%
FEMALE	272 86%	4307 87%	~	88%	87%	85%	83%	180 86%	4 100%	1 100%	11 100%	22 85%	33 80%	87 85%	174 85%	257 86%	10 71%	203 86%	69 84%	
NOT ANSWERED	18	399		4	6	5	3												18	
VALID CASES	318	4964		52	70	103	93	210	4	1	11	26	41	102	204	299	14	236	82	
NUMBER OF RESPONDENTS	336 100%	5363 100%		56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%	

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q80																				
8TH GRADE OR LESS	25 8%	618 13%*	~	1 2%*	4 6%	12 12%	8 9%	9 4%*	1 25%~	~	~	~	7 27%~	1 2%	21 21%*	4 2%*	23 8%~	2 15%~	24 10%*	1 1%*
SOME HIGH SCHOOL BUT DID NOT GRADUATE	39 12%	624 13%	~	5 10%	7 10%	15 15%	12 13%	20 10%	1 ~100%~	~	2 ~	11 ~	3 42%~	7 7%~	19 19%*	20 10%	34 11%~	4 31%~	27 12%	12 15%
HIGH SCHOOL GRADUATE OR GED	113 36%	1385 28%*	~	21 40%	29 42%	34 34%	29 32%	82 39%	1 25%~	~	3 ~	4 ~	15 27%~	15 15%~	37 37%	73 36%	109 37%~	4 31%~	86 37%	27 33%
SOME COLLEGE OR 2-YEAR DEGREE	104 33%	1555 32%	~	20 38%	24 35%	27 27%	33 36%	73 35%	2 50%~	~	5 ~	3 ~	15 45%~	15 12%~	17 17%*	81 40%*	99 33%~	2 15%~	72 31%	32 39%
4-YEAR COLLEGE GRADUATE	26 8%	470 10%	~	4 8%	4 6%	11 11%	7 8%	20 10%	~	~	1 ~	5 9%~	5 ~	12%~	6 6%	20 10%	25 8%~	1 8%~	18 8%	8 10%
MORE THAN 4-YEAR COLLEGE DEGREE	7 2%	246 5%*	~	1 2%	1 1%	2 2%	3 3%	4 2%	~	~	~	~	1 4%~	2 5%~	1 1%	5 2%	7 2%~	~	5 2%	2 2%
NOT ANSWERED	22	466		4	7	7	4	2							1	1	2	1	22	
VALID CASES	314	4897		52	69	101	92	208	4	1		11	26	41	101	203	297	13	232	82
NUMBER OF RESPONDENTS	336	5363		56	76	108	96	210	4	1		11	26	41	102	204	299	14	254	82
	100%	100%		100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

Q81 HOW ARE YOU RELATED TO THE CHILD?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHITE	AFR-AMER	AS-IAN	NATV ILND	AMER IND/ ALSK	MUL-OTHR	TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
Q81																				
MOTHER OR FATHER	278 89%	4614 94%*	~ 43%	65%	91%	79%	179 87%	4 100%	1 100%	~ 8%	26 100%	36 92%	97 95%*	169 86%*	262 89%~	11 85%~	208 90%	70 87%		
GRANDPARENT	18 6%	165 3%	~ 4%	2%	4%	8%	15 7%	~	~	~ 1%	9%	~ 3%	3 3%	15 8%*	17 6%~	1 8%~	14 6%	4 5%		
AUNT OR UNCLE	3 1%	19 0.4%	~	~ 1%	~	2%	3 1%	~	~	~	~	~	~	3 2%~	2 0.7%~	1 8%~	2 0.9%	1 1%		
OLDER BROTHER OR SISTER		8 0.2%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
OTHER RELATIVE		3 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	8 3%	60 1%	~ 4%	1%	1%	2%	5 2%	~	~	~ 2%	18%	~ 3%	1 ~ 4%	8 3%~	8 3%~	~	4 2%	4 5%		
SOMEONE ELSE	4 1%	41 0.8%	~ 1%	~ 2%	2%	1%	3 1%	~	~	~	~	~ 3%	1 2%	2 1%	2 1%~	4 1%~	~	3 1%	1 1%	
NOT ANSWERED	25	454	4	7	10	4	5					2		7	6	1	23	2		
VALID CASES	311	4909	52	69	98	92	205	4	1	11	26	39	102	197	293	13	231	80		
NUMBER OF RESPONDENTS	336 100%	5363 100%	56 100%	76 100%	108 100%	96 100%	210 100%	4 100%	1 100%	11 100%	26 100%	41 100%	102 100%	204 100%	299 100%	14 100%	254 100%	82 100%		

Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q82 YES	5 2%	96 3%	~	~	1 2%	2 3%	2 3%	1 0.7%	~	~	~	~	3 16%	~	4 6%	1 0.7%	2 1%	3 33%	5 3%*	~
NO	210 98%	3230 97%	~100%	~98%	~97%	~97%	145 99%	3 100%	1 100%	~	9 100%	16 84%	24 100%	63 94%	138 99%	199 99%	6 67%	152 97%	58 100%	
NOT ANSWERED	1	38				1								1			1	1		
VALID CASES	215	3326		31	49	68	67	146	3	1		9	19	24	67	139	201	9	157	58
NUMBER OF RESPONDENTS	216 100%	3364 100%		31 100%	49 100%	68 100%	68 100%	146 100%	3 100%	1 100%		9 100%	19 100%	24 100%	68 100%	139 100%	201 100%	10 100%	158 100%	58 100%

[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			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	4 80%	45 50%	~	~	100%	50%	100%	100%	~	~	~	67%	~	75%	100%	50%	100%	80%	~
NO	1 20%	44 50%	~	~	~	50%	~	~	~	~	~	33%	~	25%	~	50%	~	20%	~
VALID CASES	5	89			1	2	2	1				3		4	1	2	3	5	
NUMBER OF RESPONDENTS	5 100%	89 100%			1 100%	2 100%	2 100%	1 100%				3 100%		4 100%	1 100%	2 100%	3 100%	5 100%	

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

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

			AGE					RACE					ETHNIC- ITY	HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AS- IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q83.2 YES	4 80%	28 31%	~	~	100%	100%	50%	100%	~	~	~	~	67%	~	75%	100%	100%	67%	80%	~
NO	1 20%	61 69%	~	~	~	~	50%	~	~	~	~	~	33%	~	25%	~	~	33%	20%	~
VALID CASES	5	89			1	2	2	1					3		4	1	2	3	5	
NUMBER OF RESPONDENTS	5	89			1	2	2	1					3		4	1	2	3	5	
	100%	100%			100%	100%	100%	100%					100%		100%	100%	100%	100%	100%	

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.3 YES	1 20%	11 12%	~	~	~	~	1 50%	~	~	~	~	~	~	1 25%	~	~	1 33%	1 20%	~
NO	4 80%	78 88%	~	~	100%	100%	1 50%	1 100%	~	~	~	3 100%	~	3 75%	1 100%	2 100%	2 67%	4 80%	~
VALID CASES	5	89			1	2	2	1				3		4	1	2	3	5	
NUMBER OF RESPONDENTS	5 100%	89 100%			100%	100%	100%	100%				100%		100%	100%	100%	100%	100%	

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

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- Whte	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q83.4 YES		19 21%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	5 100%	70 79%	~	~100%	~100%	~100%	~100%	~	~	~	~100%	~	~100%	~100%	~100%	~100%	~100%	~
VALID CASES	5	89		1	2	2	1				3		4	1	2	3	5	
NUMBER OF RESPONDENTS	5 100%	89 100%		1 100%	2 100%	2 100%	1 100%				3 100%		4 100%	1 100%	2 100%	3 100%	5 100%	

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

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

			AGE					RACE					ETHNICITY	HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q83.5 YES		8 10%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	5 100%	81 90%	~	~100%	~100%	~100%	~100%	~	~	~	~100%	~	~100%	~100%	~100%	~100%	~100%	~
VALID CASES	5	89			1	2	2	1				3		4	1	2	3	5
NUMBER OF RESPONDENTS	5 100%	89 100%			1 100%	2 100%	2 100%	1 100%				3 100%		4 100%	1 100%	2 100%	3 100%	5 100%

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

NQ14 RATING OF ALL CHILD'S HEALTH CARE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ14 0-6	34 16%	329 10%*	~	18%~	11%~	25%*	8%*	14%	~	~	~	~	38%~	27%~	16%	16%	15%~	36%~	13%	22%
7-8	64 29%	1112 32%	~	11%~	38%~	29%	34%	31%	1	1	~	14%~	8%~	37%~	26%	31%	29%~	36%~	28%	33%
9-10	119 55%	2025 58%	~	71%~	51%~	46%	58%	55%	2	~	~	86%~	54%~	37%~	58%	53%	57%~	27%~	59%*	45%*
VALID CASES	217	3466		38	55	65	59	144	3	1		7	13	30	57	147	198	11	150	67
NUMBER OF RESPONDENTS	217 100%	3466 100%		38 100%	55 100%	65 100%	59 100%	144 100%	3 100%	1 100%		7 100%	13 100%	30 100%	57 100%	147 100%	198 100%	11 100%	150 100%	67 100%
MEAN	2.39	2.49		2.53	2.40	2.22	2.49	2.41	2.67	2.00		2.86	2.15	2.10	2.42	2.37	2.42	1.91	2.47	2.22
p stat_(*=Sig @ p<=.05)		.057		~	~.925	.033*	.232	.633	~	~		~	~	~	.732	.619		~	~.037*	.034*

[ASKED IF Q7 >= 1 TIME]

NQ41 RATING OF CHILD'S PERSONAL DOCTOR

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ41 0-6	18 8%	319 8%	~	2 5%	7 13%	6 8%	3 5%	13 9%	~	~	~	~	~	5 7%	13 9%	17 8%	1 9%	11 6%	7 12%
7-8	57 25%	980 23%	~	4 9%	11 20%	25 32%	17 31%	40 27%	2 67%	~	2 22%	2 14%	7 21%	12 17%*	43 28%	52 24%	4 36%	36 21%*	21 36%*
9-10	156 68%	2929 69%	~	38 86%	36 67%	47 60%	35 64%	97 65%	1 33%	~	7 78%	12 86%	21 64%	54 76%	95 63%*	147 68%	6 55%	125 73%*	31 53%*
VALID CASES	231	4228		44	54	78	55	150	3		9	14	33	71	151	216	11	172	59
NUMBER OF RESPONDENTS	231 100%	4228 100%		44 100%	54 100%	78 100%	55 100%	150 100%	3 100%		9 100%	14 100%	33 100%	71 100%	151 100%	216 100%	11 100%	172 100%	59 100%
MEAN	2.60	2.62		2.82	2.54	2.53	2.58	2.56	2.33		2.78	2.86	2.48	2.69	2.54	2.60	2.45	2.66	2.41
p stat_(*=Sig @ p<=.05)		.634		~	~.426	.221	.835	.224	~	~	~	~	~	~.140	.066	~	~	~.016*	.014*

[ASKED IF Q30 = YES]

NQ48 RATING OF SPECIALIST CHILD SAW MOST OFTEN

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
NQ48 0-6	3 7%	69 10%	~	~	~	1 6%	2 12%	2 7%	~	~	~	~	~	1 25%	1 13%	2 6%	3 9%	~	1 6%	2 9%	
7-8	10 24%	178 26%	~	~	2 33%	3 19%	5 29%	6 21%	~	~	~	~	1 33%	1 25%	3 38%	7 23%	6 18%	4 67%	4 22%	6 26%	
9-10	28 68%	428 63%	~	2 100%	4 67%	12 75%	10 59%	21 72%	1 100%	~	~	~	1 100%	2 67%	2 50%	4 50%	22 71%	24 73%	2 33%	13 72%	15 65%
VALID CASES	41	675		2	6	16	17	29	1			1	3	4	8	31	33	6	18	23	
NUMBER OF RESPONDENTS	41	675		2	6	16	17	29	1			1	3	4	8	31	33	6	18	23	
	100%	100%		100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%	
MEAN	2.61	2.53		3.00	2.67	2.69	2.47	2.66	3.00			3.00	2.67	2.25	2.38	2.65	2.64	2.33	2.67	2.57	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

NQ54 RATING OF CHILD'S HEALTH PLAN

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NQ54 0-6	65 21%	619 12%*	10 ~ 19%	14 20%	20 20%	21 23%	46 22%	1 25%~	~	1 ~ 10%	2 8%~	13 32%~	11 11%*	50 25%*	57 19%~	5 36%~	35 15%*	30 37%*
7-8	93 30%	1448 29%	10 ~ 19%*	23 33%	35 35%	25 27%	69 33%*	1 25%~	~	2 ~ 20%	6 23%~	11 27%~	26 25%	63 31%	86 29%~	5 36%~	70 30%	23 28%
9-10	157 50%	2927 59%*	32 ~ 62%	33 47%	45 45%	47 51%	94 45%*	2 50%~	1 100%~	7 ~ 70%	18 69%~	17 41%~	65 64%*	89 44%*	153 52%~	4 29%~	129 55%*	28 35%*
VALID CASES	315	4994	52	70	100	93	209	4	1	10	26	41	102	202	296	14	234	81
NUMBER OF RESPONDENTS	315 100%	4994 100%	52 100%	70 100%	100 100%	93 100%	209 100%	4 100%	1 100%	10 100%	26 100%	41 100%	102 100%	202 100%	296 100%	14 100%	234 100%	81 100%
MEAN	2.29	2.46	2.42	2.27	2.25	2.28	2.23	2.25	3.00	2.60	2.62	2.10	2.53	2.19	2.32	1.93	2.40	1.98
p stat_(*=Sig @ p<=.05)		.000*	~.192	.803	.515	.859	.049*	~	~	~	~	~	~.000*	.003*	~	~	~.000*	.000*

GETTING NEEDED CARE

		AGE						RACE					ETHNICITY	HEALTH STATUS	CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NPRBSEE4 NQ46	2.24	2.21	1.33	1.83	2.56	2.22	2.42	3.00		2.00	2.33	1.50	1.89	2.29	2.30	1.83	2.11	2.35
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.39	2.44	2.47	2.42	2.28	2.44	2.46	2.33	2.00	2.86	2.29	2.03	2.29	2.44	2.43	1.82	2.45	2.26
p stat_(*=Sig @ p<=.05)	.359		~	~.763	.158	.558	.080	~	~	~	~	~	.243	.214	~	~	.082	.081
COMPOSITE	2.32	2.32	x 1.90	2.13	2.42	2.33	2.44	2.67	2.00	x 2.43	2.31	1.77	2.09	2.36	2.36	1.83	2.28	2.30
p stat_(*=Sig @ p<=.05)	.982		~	~.422	.682	.957	.221	~	~	~	~	~	.298	.632	~	~	.702	.947

GETTING CARE QUICKLY

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC
NCARSN4 NQ4	2.53	2.60	2.65	2.57	2.44	2.50	2.60	3.00	2.00		3.00	2.57	2.36	2.40	2.61	2.60	2.14	2.56	2.47
p stat_(*=Sig @ p<=.05)		.342	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.43	2.43	2.63	2.35	2.30	2.49	2.43	3.00	2.00		3.00	2.42	2.35	2.15	2.50	2.42	2.18	2.38	2.54
p stat_(*=Sig @ p<=.05)		.973	~	~	~.175	~	~.983	~	~	~	~	~	~	~	~.119	~	~	~.178	~.172
COMPOSITE	2.48	2.51	x 2.64	2.46	2.37	2.49	2.51	3.00	2.00	x 3.00	2.49	2.35	2.27	2.55	2.51	2.16	2.47	2.50	
p stat_(*=Sig @ p<=.05)		.846	~	~.953	.729	.962	.802	~	~	~	~	~	~	~.512	.590	~	~	~.950	.936

HOW WELL DOCTORS COMMUNICATE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- AMER IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
NDREXPL4 NQ32	2.76	2.69	2.92	2.79	2.70	2.67	2.82	2.00		3.00	2.60	2.58	2.70	2.77	2.77	2.56	2.78	2.71
p stat_(*=Sig @ p<=.05)		.085	~	~	~.303		~.076	~	~	~	~	~	~.836		~	~	~	~
NDRLSTN4 NQ33	2.70	2.71	2.84	2.58	2.64	2.78	2.71	2.50		3.00	2.90	2.42	2.77	2.66	2.71	2.44	2.72	2.65
p stat_(*=Sig @ p<=.05)		.747	~	~	~.395		~.734	~	~	~	~	~	~.232		~	~	~	~
NDRESPU4 NQ34	2.70	2.77	2.76	2.53	2.70	2.86	2.70	2.50		2.80	3.00	2.42	2.80	2.65	2.72	2.33	2.73	2.65
p stat_(*=Sig @ p<=.05)		.160	~	~	~.946		~.911	~	~	~	~	~	~.050		~	~	~	~
NDRTMEN4 NQ37	2.40	2.49	2.68	2.16	2.32	2.50	2.44	1.50		3.00	2.70	2.08	2.34	2.41	2.41	2.11	2.42	2.35
p stat_(*=Sig @ p<=.05)		.100	~	~	~.374		~.328	~	~	~	~	~	~.805		~	~	~	~
COMPOSITE	2.64	2.67	x 2.80	2.52	2.59	2.70	2.67	2.13	x	x 2.95	2.80	2.38	2.65	2.62	2.65	2.36	2.66	2.59
p stat_(*=Sig @ p<=.05)		.934	~	~	~.919		~.910	~	~	~	~	~	~.930		~	~	~	~

CUSTOMER SERVICE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-	AMER IAN	NATV HAW/ PAC	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NPBCLCS4 NQ50	2.22	2.24	2.42	2.13	2.22	2.10	2.34	2.00		3.00	2.00	1.88	2.15	2.33	2.31	1.75	2.29	2.00
p stat_(*=Sig @ p<=.05)	.865		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ51	2.49	2.57	2.73	2.71	2.50	1.90	2.67	2.00		3.00	2.25	2.13	2.50	2.50	2.60	1.75	2.60	2.15
p stat_(*=Sig @ p<=.05)	.439		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.35	2.41	x 2.57	2.42	2.36	2.00	2.51	2.00	x	x 3.00	2.13	2.00	2.32	2.42	2.45	1.75	2.44	2.08
p stat_(*=Sig @ p<=.05)	.907		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR WHT	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
NNRXWHY NQ11	2.81	2.88	2.80	2.86	2.86	2.71	2.78	3.00			2.00	3.00	3.00	3.00	2.77	2.78	3.00	2.84	2.78
p stat_(*=Sig @ p<=.05)		.419	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NNRXWYNT NQ12	2.38	2.40	2.00	2.29	2.71	2.43	2.39	1.00			2.00	2.00	2.56	1.80	2.45	2.35	2.50	2.28	2.48
p stat_(*=Sig @ p<=.05)		.883	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NRXBST NQ13	2.51	2.55	2.60	2.33	2.43	2.71	2.56	3.00			1.00	2.33	2.56	2.43	2.49	2.48	2.60	2.52	2.50
p stat_(*=Sig @ p<=.05)		.738	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.57	2.61	x 2.47	2.49	2.67	2.62	2.57	2.33	x	x 1.67	2.44	2.70	2.41	2.57	2.54	2.70	2.55	2.59	
p stat_(*=Sig @ p<=.05)		.941	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

ACCESS TO SPECIALIZED SERVICES

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NEZMDEQ NQ20	1.73	2.15	3.00	2.00	1.25	1.67	1.83					1.50	3.00	1.56	1.57	2.00	1.75	1.71	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTHP NQ23	2.33	1.94	2.00	2.43	2.33	2.33	2.42					3.00	1.60	2.38	2.28	2.43	1.75	2.54	2.14
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NEZTC NQ26	2.06	2.08	3.00	1.91	2.19	1.86	2.04			1.00	2.50	2.14	2.00	1.96	2.03	1.67	2.11	2.04	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.04	2.06	x 2.67	2.11	1.92	1.95	2.10	x	x	x 1.00	2.75	1.75	2.46	1.93	2.01	1.81	2.13	1.97	
p stat_(*=Sig @ p<=.05)	.929		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND	AMER IND/ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PRBSEE4 Q46	69%	75%		33%	50%	83%	67%	74%	100%			100%	67%	33%	56%	71%	70%	50%	63%	73%
CARNES4 Q15	84%	88%		84%	87%	78%	88%	88%	100%	100%		100%	79%	63%	83%	84%	86%	55%	88%	76%
AVERAGE	76.61	81.22	x	84.21	68.64	80.90	77.40	80.85	x	x	x	100.0	78.57	48.33	69.16	77.47	78.35	52.27	75.62	74.42

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND	AMER IND/ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
CARSN4 Q4	87%	90%		94%	91%	80%	85%	90%	100%	100%		100%	86%	79%	87%	88%	90%	71%	90%	81%
APGET4 Q6	84%	84%		95%	83%	77%	85%	83%	100%	100%		100%	83%	85%	77%	86%	84%	73%	81%	91%
AVERAGE	85.54	87.16	x	94.43	86.96	78.68	84.99	86.74	x	x	x	x	84.52	81.59	81.87	86.86	87.01	72.08	85.64	86.00

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
DREXPL4 Q32	96%	93%	100%	98%	96%	92%	98%	100%		100%	90%	92%	93%	97%	96%	100%	96%	98%		
DRLSTN4 Q33	94%	94%	95%	91%	92%	100%	94%	100%		100%	100%	85%	95%	93%	95%	78%	95%	92%		
DRESPU4 Q34	93%	95%	95%	88%	92%	97%	93%	100%		100%	100%	81%	93%	92%	93%	78%	94%	90%		
DRTMEN4 Q37	86%	86%	92%	77%	84%	92%	87%	50%		100%	100%	73%	86%	84%	86%	67%	86%	84%		
AVERAGE	92.2	92.0	x	95.3	88.4	91.0	95.1	93.2	x	x	x	100	97.5	82.7	92.0	91.6	92.6	80.6	92.7	90.8

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER	AS-IAN	NATV HAW/PAC ILND	AMER IND/ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PBCLCS4 Q50	76%	77%		83%	73%	72%	80%	84%	100%			100%	63%	50%	74%	81%	80%	75%	76%	77%
CSRESP Q51	83%	91%		91%	93%	83%	60%	93%	100%			100%	63%	63%	81%	85%	87%	50%	85%	77%
AVERAGE	79.69	83.89	x	87.12	83.10	77.78	70.00	88.85	x	x	x	x	62.50	56.25	77.42	83.05	83.41	x	80.60	76.92

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NRXWHY Q11	90%	94%	90%	93%	93%	86%	89%	100%		50%	100%	100%	100%	89%	89%	100%	100%	92%	89%	
NRXWYNT Q12	69%	70%	50%	64%	86%	71%	69%	0%		50%	50%	78%	40%	73%	67%	75%	64%	74%		
RXBST Q13	75%	78%	80%	67%	71%	86%	78%	100%		0%	67%	78%	71%	74%	74%	80%	76%	75%		
AVERAGE	78.4	80.5	x	73.3	74.6	83.3	81.0	78.7	x	x	x	x	x	85.2	70.5	78.6	76.8	80.0	77.3	79.3

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
EZMDEQ Q20	45%	70%	100%	67%	25%	33%	50%					25%	100%	33%	29%	67%	50%	43%	
EZTHP Q23	74%	61%	50%	79%	67%	83%	79%				100%	40%	75%	72%	78%	50%	85%	64%	
EZTC Q26	71%	67%	100%	73%	75%	57%	74%			0%	100%	71%	67%	69%	73%	33%	78%	69%	
AVERAGE	63.7	66.1	x	x	75.6	75.0	70.2	67.6	x	x	x	x	55.7	70.8	58.3	60.1	x	81.2	58.8

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	82%	84%	100%	81%	78%	69%	82%	50%		100%	80%	77%	82%	81%	82%	67%	83%	80%		
DRUNCON Q43	83%	89%	89%	67%	75%	100%	84%			50%	100%	75%	86%	82%	81%	100%	79%	84%		
DRUNFAM Q44	79%	84%	75%	60%	75%	100%	81%			50%	100%	67%	86%	77%	78%	83%	69%	82%		
AVERAGE	81.1	85.5	x	88.0	69.2	76.0	89.8	82.5	x	x	x	100	80.0	72.9	84.4	79.9	80.5	83.3	76.9	82.0

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	CCC TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
HELPCONT Q18	95%	94%	0%	100%	100%	100%	92%					100%	100%	94%	94%	100%	90%	100%		
HLPCOORD Q29	41%	60%	50%	45%	35%	43%	34%	0%			33%	71%	50%	34%	37%	80%	43%	39%		
AVERAGE	68.3	76.8	x	x	72.7	67.6	71.4	63.4	x	x	x	x	33.3	85.7	50.0	64.1	66.0	80.0	66.7	69.6

INDEX OF ADULT TABLES

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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]

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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]

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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?

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6. ABOUT YOU		
53	Q36	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?
54	Q37	IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL MENTAL OR EMOTIONAL HEALTH?
55	Q38	HAVE YOU HAD EITHER A FLU SHOT OR FLU SPRAY IN THE NOSE SINCE JULY 1, 2014?
56	Q39	DO YOU NOW SMOKE CIGARETTES OR USE TOBACCO EVERY DAY, SOME DAYS, OR NOT AT ALL?
57	Q40	IN THE LAST 6 MONTHS, HOW OFTEN WERE YOU ADVISED TO QUIT SMOKING OR USING TOBACCO BY A DOCTOR OR OTHER HEALTH PROVIDER IN YOUR PLAN? [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
58	Q41	IN THE LAST 6 MONTHS, HOW OFTEN WAS MEDICATION RECOMMENDED OR DISCUSSED BY A DOCTOR OR HEALTH PROVIDER TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF MEDICATION ARE: NICOTINE GUM, PATCH, NASAL SPRAY, INHALER, OR PRESCRIPTION MEDICATION. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
59	Q42	IN THE LAST 6 MONTHS, HOW OFTEN DID YOUR DOCTOR OR HEALTH PROVIDER DISCUSS OR PROVIDE METHODS AND STRATEGIES OTHER THAN MEDICATION TO ASSIST YOU WITH QUITTING SMOKING OR USING TOBACCO? EXAMPLES OF METHODS AND STRATEGIES ARE: TELEPHONE HELPLINE, INDIVIDUAL OR GROUP COUNSELING, OR CESSATION PROGRAM. [ASKED IF Q39 = EVERY DAY OR SOME DAYS]
60	Q43	DO YOU TAKE ASPIRIN DAILY OR EVERY OTHER DAY?
61	Q44	DO YOU HAVE A HEALTH PROBLEM OR TAKE MEDICATION THAT MAKES TAKING ASPIRIN UNSAFE FOR YOU?
62	Q45	HAS A DOCTOR OR HEALTH PROVIDER EVER DISCUSSED WITH YOU THE RISKS AND BENEFITS OF ASPIRIN TO PREVENT HEART ATTACK OR STROKE?

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

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

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

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

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

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8. RATINGS

90 NQ13 RATING OF ALL HEALTH CARE [ASKED IF Q7 >= 1 TIME]
91 NQ23 RATING OF PERSONAL DOCTOR [ASKED IF Q15 = YES]
92 NQ27 RATING OF SPECIALIST SEEN MOST OFTEN [ASKED IF Q24 = YES AND Q26 >= 1 SPECIALIST]
93 NQ35 RATING OF HEALTH PLAN

9. COMPOSITES

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

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

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

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

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

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

8 Q9 IN THE LAST 6 MONTHS, HOW OFTEN DID YOU HAVE YOUR QUESTIONS ANSWERED BY YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER? [ASKED IF Q7 >= 1 TIME]

9 Q10 IN THE LAST 6 MONTHS, DID YOU AND YOUR CHILD'S DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT STARTING OR STOPPING A PRESCRIPTION MEDICINE FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME]

10 Q11 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

11 Q12 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, HOW MUCH DID A DOCTOR OR OTHER HEALTH PROVIDER TALK ABOUT THE REASONS YOU MIGHT NOT WANT YOUR CHILD TO TAKE A MEDICINE? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

12 Q13 WHEN YOU TALKED ABOUT YOUR CHILD STARTING OR STOPPING A PRESCRIPTION MEDICINE, DID A DOCTOR OR OTHER HEALTH PROVIDER ASK YOU WHAT YOU THOUGHT WAS BEST FOR YOUR CHILD? [ASKED IF Q7 >= 1 TIME AND Q10 = YES]

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

14 Q15 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS, OR TREATMENT YOUR CHILD NEEDED? [ASKED IF Q7 >= 1 TIME]

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

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

3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING
110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

111 GETTING NEEDED CARE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
112 GETTING CARE QUICKLY (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
113 HOW WELL DOCTORS COMMUNICATE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
114 CUSTOMER SERVICE (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
115 SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE
116 ACCESS TO SPECIALIZED SERVICES (ALWAYS + USUALLY) -- GLOBAL PROPORTION COMPOSITE
117 PERSONAL DOCTOR WHO KNOWS CHILD (YES) -- GLOBAL PROPORTION COMPOSITE
118 CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks   

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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

- Yes → *Go to Question 3*
- No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

3. In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

Yes
 No → *Go to Question 5*

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?

Never
 Sometimes
 Usually
 Always

5. In the last 6 months, did you make any appointments for a **check-up or routine care** at a doctor's office or clinic?

Yes
 No → *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a **check-up or routine care** at a doctor's office or clinic as soon as you needed?

Never
 Sometimes
 Usually
 Always

7. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

None → *Go to Question 15*
 1 time
 2
 3
 4
 5 to 9
 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

Yes
 No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

Yes
 No → *Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

Yes
 No

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

Yes
 No

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

Yes
 No

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

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

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

- Never
 Sometimes
 Usually
 Always

YOUR PERSONAL DOCTOR

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

- Yes
 No → *Go to Question 24*

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

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

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 23*

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

- Never
 Sometimes
 Usually
 Always

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

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



GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
 No → *Go to Question 28*

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

- Never
 Sometimes
 Usually
 Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
 No → *Go to Question 30*

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 33*

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 35*

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

37. In general, how would you rate your overall mental or emotional health?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
38. Have you had either a flu shot or flu spray in the nose since July 1, 2014?
- Yes
 - No
 - Don't know
39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- Every day
 - Some days
 - Not at all → *Go to Question 43*
 - Don't know → *Go to Question 43*
40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- Never
 - Sometimes
 - Usually
 - Always
41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
- Never
 - Sometimes
 - Usually
 - Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
- Never
 - Sometimes
 - Usually
 - Always
43. Do you take aspirin daily or every other day?
- Yes
 - No
 - Don't know
44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
- Yes
 - No
 - Don't know
45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
- Yes
 - No
46. Are you aware that you have any of the following conditions? Mark all that apply.
- High cholesterol
 - High blood pressure
 - Parent or sibling with heart attack before the age of 60
47. Has a doctor ever told you that you have any of the following conditions? Mark all that apply.
- A heart attack
 - Angina or coronary heart disease
 - A stroke
 - Any kind of diabetes or high blood sugar

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

- Yes
- No → **Go to Question 50**

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

- Yes
- No

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

- Yes
- No → **Go to Question 52**

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

- Yes
- No

52. What is your age?

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

53. Are you male or female?

- Male
- Female

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

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

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

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

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

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

57. Did someone help you complete this survey?

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

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

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

THANK YOU

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

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

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



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

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

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

SURVEY INSTRUCTIONS

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

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 doctors or other health providers?
 - Never
 - Sometimes
 - Usually
 - Always

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *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

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 | | | | |

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

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → **Go to Question 52**

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 54*

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

- Never
- Sometimes
- Usually
- Always

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

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

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. DataStat, Inc. no divulgará su información personal sin su permiso.

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta ●

Marca
Incorrecta   

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

● Sí → *Pase a la Pregunta 1*
○ No

↓ **COMIENCE 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

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?

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



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.

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

- Sí
- No → *Pase a la pregunta 35c*

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

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

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

- Sí
- No → *Pase a la pregunta 35e*

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

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

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

- Sí
- No → *Pase a la pregunta 35i*

35f. ¿Cuánto esfuerzo se hizo para ayudarlo/a a entender su 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 2014, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o spray nasal?

- Sí
- No
- No sé

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

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

40. En los últimos 6 meses, ¿qué tan seguido le aconsejó un 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. DataStat, Inc. no divulgará su información personal sin su permiso.

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta



Marca
Incorrecta



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

- Sí → *Pase a la Pregunta 1*
- No



COMIENCE AQUI



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

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

- Sí → *Pase a la pregunta 3*
- No

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

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

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

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

Sí
 No → *Pase a la pregunta 5*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 7*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

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

Sí
 No

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

- Sí
- No → *Pase a la pregunta 14*

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

- Sí
- No

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 19*

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

- Sí
- No → *Pase a la pregunta 19*

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

- Sí
- No

SERVICIOS ESPECIALIZADOS

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

- Sí
- No → *Pase a la pregunta 22*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 25*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 28*

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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 30*

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

- Sí
- No

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

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

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 37*

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

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

EL DOCTOR PERSONAL DE SU NIÑO

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

- Sí
- No → *Pase a la pregunta 45*

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

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

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

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



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

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

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

- Sí
- No

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

- Sí
- No → *Pase a la pregunta 41*

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

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

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

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

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

- Sí
- No → *Pase a la pregunta 45*

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

- Sí
- No

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

- Sí
- No



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

- Sí
- No → *Pase a la pregunta 49*

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

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

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

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

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

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

EL PLAN DE SALUD DE SU NIÑO

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

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

- Sí
- No → *Pase a la pregunta 52*

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

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

PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 58*

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

- Sí
- No

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

- Sí
- No

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

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

57g. En los últimos 6 meses, ¿con qué frecuencia el profesional médico de su niño le animo a usted a hacer preguntas y plantear inquietudes?

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

57h. En los últimos 6 meses, ¿con qué frecuencia el profesional médico de su niño le hizo fácil a usted el hacer preguntas y plantear inquietudes?

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

ACERCA DE USTED Y DE SU NIÑO

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No → *Pase a la pregunta 63*

61. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí
 No → *Pase a la pregunta 63*
62. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí
 No
63. ¿Necesita o usa su niño más servicios médicos, de salud mental o educativos de lo que es normal para la mayoría de los niños de la misma edad?
- Sí
 No → *Pase a la pregunta 66*
64. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí
 No → *Pase a la pregunta 66*
65. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí
 No
66. ¿Está su niño limitado o impedido de alguna manera en su habilidad de hacer lo que pueden hacer la mayoría de los niños de la misma edad?
- Sí
 No → *Pase a la pregunta 69*

67. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí
 No → *Pase a la pregunta 69*
68. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí
 No
69. ¿Necesita o recibe su niño terapia especial, tal como terapia física, ocupacional o del habla?
- Sí
 No → *Pase a la pregunta 72*
70. ¿Es esto debido a alguna condición médica, de comportamiento u otra condición de salud?
- Sí
 No → *Pase a la pregunta 72*
71. ¿Es ésta una condición que ha durado o que se espera que dure por lo menos 12 meses?
- Sí
 No
72. ¿Tiene su niño algún problema emocional, de desarrollo o de comportamiento, para el cual necesita o recibe tratamiento o consejería?
- Sí
 No → *Pase a la pregunta 74*
73. ¿Ha durado este problema o se espera que dure por lo menos 12 meses?
- Sí
 No

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

75. ¿Es su niño de sexo masculino o femenino?

Masculino

Femenino

76. ¿Es su niño de origen o ascendencia hispana o latina?

Sí, hispano o latino

No, ni hispano ni latino

77. ¿A qué raza pertenece su niño?
Marque una o más.

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

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

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

Graduado de la escuela secundaria (high school), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)

Algunos cursos universitarios o un título universitario de un programa de 2 años

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

No → **Gracias. Por favor devuelva esta encuesta en el sobre con el porte o franqueo pagado.**

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

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

Me ayudó de otra forma (Por favor escriba en letra de molde)

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

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

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



DIAL.SCREEN

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

PHONE NUMBER ---> [1 CELL PHONE - HAND DIAL ([AREA\$]) [FRST3\$] - [LAST4\$] /*** ***-****]

(IWER: THIS IS NOT A PROXY INTERVIEW.)

Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may be monitored and recorded for quality control. May I please speak with [MEMBER FIRST NAME] [MEMBER LAST NAME]?

(IF NEEDED: "We are conducting an important study to find out how satisfied people are with Oregon Health Plan. The results of the study will help Oregon Health Plan improve the care they provide and will also help consumers when they choose health care plans.")

(IF NEEDED: "The interview is completely confidential and voluntary, and will not affect your health care or benefits in any way.")

(IF NEEDED: "This is purely a research study -- we are polling people about their health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

01. CONTINUE
02. ALREADY COMPLETED AND MAILED SURVEY BACK
03. NEW PHONE NUMBER
04. REFUSAL
05. APPOINTMENT
06. NEVER HEARD OF R
07. KNOWS R BUT HAS NO NEW NUMBER FOR R
08. RNA, ANS MACH, RETURN TO COVERSHEET
09. LANGUAGE PROBLEM -- SPEAKS SPANISH
10. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

IF DIAL.SCREEN = 01, GO TO RE.INTRO

IF DIAL.SCREEN = 02, GO TO MAIL.SCREEN

IF DIAL.SCREEN = 03, ENTER NEW NUMBER ON COVERSHEET AND RE-DIAL

RETURN TO COVERSHEET

RE.INTRO

RE.INTRO. (INTERVIEWER: READ PARENS TEXT IF R ISN'T PERSON WHO ANSWERED
PHONE OR HAS NOT HEARD IT YET.)

(Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may
be monitored and recorded for quality control.)

We are conducting an important study to find out how satisfied
people are with Oregon Health Plan. The results of the study will help
Oregon Health Plan improve the care they provide and will also help consumers
when they choose health care plans.

The interview is completely confidential and voluntary, and will not
affect your health care or benefits in any way.

(IF R ASKS: "How long will this take?", EXPLAIN: "The questions should
take about 12-15 minutes to answer.")

(IF NEEDED: "This is purely a research study -- we are polling people
about their health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD
LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the
deadline for mailing surveys has passed and we're now in the telephone
phase of this study. May I continue?")

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH

6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

SEX

SEX. (IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

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

(IWER: IF R SAYS "LEFT PLAN" OR "SWITCHED PLANS" OR "NO LONGER INSURED" ENTER "2". IF R IS NOT SURE IF HE/SHE IS PART OF Oregon Health Plan, ENTER "2".)

- 1. YES --> CK.PLMSTCR
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

(IF R SAYS SOMETHING CLOSE TO Oregon Health Plan, ENTER "2")

(IF R NOT SURE OF PLAN NAME, ENTER "2")

- 1. EXACT MATCH -----> CK.PLMSTCR
- 2. POSSIBLE MATCH -----> PLNAME
- 3. NOT A MATCH -----> PLNAME
- 4. RESPONDENT NO LONGER INSURED -----> NO.INSUR
- 5. RESPONDENT INSURED BY MEDICAID BUT DOESN'T -----> CK.PLMSTCR
KNOW PLAN NAME
- 6. RESPONDENT INSURED BUT NOT BY MEDICAID -----> NO.INSUR

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

IF NPLNAME = NOT A MATCH (3), GO TO END.SCREEN

INTRO.INCARE

INTRO.INCARE

Now I'm going to ask you some questions about your own health care. When you answer these questions, please do NOT include dental visits or care you got when you stayed overnight in a hospital.

INCARE

Q3. / INCARE

In the last 6 months, did you have an illness, injury, or condition that NEEDED CARE RIGHT AWAY in a clinic, emergency room, or doctor's office?

- 1. YES
- 2. NO -----> APMAKE4

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

In the last 6 months, when you NEEDED CARE RIGHT AWAY, how often did you get care as soon as you needed? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

In the last 6 months, did you make any appointments for a CHECK-UP OR ROUTINE CARE at a doctor's office or clinic?

- 1. YES
- 2. NO -----> OFCTIM4

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

In the last 6 months, how often did you get an appointment for a CHECK-UP OR ROUTINE CARE at a doctor's office or clinic as soon as you needed? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

In the last 6 months, NOT counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

(IWER: IF NECESSARY: "Your best estimate would be fine.")

(IWER: IF NEEDED CLARIFY: "Please don't include dental care you received.")

(IWER: IF NEEDED CLARIFY, "Please include ALL doctor visits including those for routine, regular care and for an illness or injury.")

(READ LIST IF NEEDED: "Would you say...")

0. NONE,
1. 1 TIME,
2. 2,
3. 3,
4. 4,
5. 5 TO 9, OR
6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

IF OFCTIM4=0 OR DK/REFUSAL THEN GO TO PRSNLD4

PRVENT5

Q8. / PRVENT5

In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- 1. YES
- 2. NO -----> RTALLCR

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

Did you and a doctor or other health provider talk about the reasons you might NOT want to take a medicine?

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

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

(IF NEEDED: "Please do not include any dental care you may have received.")

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

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

Do you have a personal doctor?

- 1. YES
- 2. NO -----> INTRO.SPDR

DK/REFUSAL/NOT ASCERTAINED --> INTRO.SPDR

DRTMS

16. / DRTMS

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

(IF NEEDED: "Your best estimate would be fine.")

(READ LIST IF NEEDED: "Would you say...")

- 0. NONE, -----> RATEDR4
- 1. 1 TIME,
- 2. 2,
- 3. 3,
- 4. 4,
- 5. 5 TO 9, OR
- 6. 10 OR MORE TIMES?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> RATEDR4

DREXPL4

17. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

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

- 1. YES
- 2. NO -----> RATEDR4

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

23. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

Now I'm going to ask you some questions about specialists. When you answer these questions, please do NOT include dental visits or care you got when you stayed overnight in a hospital

NDSPDR4

24. / NDSPDR4

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

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

(CLARIFY IF NEEDED: "Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists, but do not include any dental visits.")

(IWER: IF RESPONDENT ASKS IF A PARTICULAR TYPE OF DOCTOR IS A SPECIALIST, CLARIFY, "I don't have any information about that, so please just interpret it however it seems best to you.")

(CLARIFY IF NEEDED: "You can interpret this question however it seems best to you.")

- 1. YES
- 2. NO -----> INTRO.PLAN

DK/REFUSAL/NOT ASCERTAINED --> INTRO.PLAN

PRBSEE4

25. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

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

(CLARIFY IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say you've seen...")

(READ LIST IF NEEDED: "Would you say...")

- 0. NONE, -----> INTRO.PLAN
- 1. 1 SPECIALIST,
- 2. 2,
- 3. 3,
- 4. 4, OR
- 5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN

RTSPDR4

27. / RTSPDR4

We want to know your rating of the specialist you saw most often in the last 6 months.

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

(Clarify if necessary: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.")

- 00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

Now I'm going to ask you some questions about your experience with your health plan.

LOOMAT4

28. / LOOMAT4

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

- 1. YES
- 2. NO -----> CLCSRV4

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

UNDINF4

29. / UNDINF4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4

30. / CLCSRV4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

31. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

HPMDEQ

35a. / HPMDEQ

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

- 1. YES
 - 2. NO -----> POSTHP
- DK/REFUSAL/NOT ASCERTAINED

EZMDHP

35b. / EZMDHP

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

- 1. NEVER
 - 2. SOMETIMES
 - 3. USUALLY
 - 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

POSTHP

35c. / POSTHP

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

- 1. YES
 - 2. NO -----> DTLKTF
- DK/REFUSAL/NOT ASCERTAINED

EZPOST

35d. / EZPOST

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

- 1. NEVER
 - 2. SOMETIMES
 - 3. USUALLY
 - 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

INTRO.SHLTHIS

INTRO.SHLTHIS

A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else you would see for health care. Please keep this in mind as you answer the following questions.

SHLTHIS

35e. / SHLTHIS

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

- 1. YES
- 2. NO -----> CHTREAT

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

How much effort was made to help you understand your health issue? Would you say...?

(READ LIST)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

ELISTEN

35g. / ELISTEN

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

(READ LIST IF NECESSARY)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

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

(READ LIST IF NECESSARY)

- 1. NO EFFORT AT ALL,
- 2. A LITTLE EFFORT WAS MADE,
- 3. SOME EFFORT WAS MADE, or
- 4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

35i. / CHTREAT

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

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

- 1. YES
- 2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

35j. / PCTREAT

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

- 1. YES
 - 2. NO
- DK/REFUSAL/NOT ASCERTAINED

BSTREAT

35k. / BSTREAT

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

- 1. YES
 - 2. NO
- DK/REFUSAL/NOT ASCERTAINED

EASYQC

35l. / EASYQC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

REGDENT

35q. / REGDENT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

DNTASAP

35r.

In the last 6 months, if you needed to see a dentist right away because of a DENTAL EMERGENCY, did you get to see a dentist as soon as you wanted?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

36. / HLTSTA4

In general, how would you rate your overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

37. / MNTLSTAT

In general, how would you rate your overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

FLUSHOTQ

38. / FLUSHOTQ

Have you had either a flu shot or flu spray in the nose since July 1, 2014?

- 1. YES
- 2. NO
- 3. DON'T KNOW
- 9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

NOWSMOK

39. / NOWSMOK

Do you now smoke cigarettes or use tobacco...

(READ LIST)

- 1. EVERY DAY,
- 2. SOME DAYS, OR
- 3. NOT AT ALL? -----> ASPDAY
- 4. DON'T KNOW (DO NOT READ) -----> ASPDAY
- 9. REFUSAL/NOT ASCERTAINED (DO NOT READ) --> ASPDAY

ADVQUIT9

40. / ADVQUIT9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PATCH9

41. / PATCH9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

WILLPWR9

42. / WILLPWR9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPDAY

43. / ASPDAY

Do you take aspirin daily or every other day?

(IF NEEDED: "Would you say YES or NO?")

(IWER: If the R asks about whether a particular medication or Brand name is considered aspirin, you may provide the following clarification:

Aspirin: Bayer and Bufferin

Not Aspirin: Tylenol, Motrin, Aleve, Advil, ibuprofen and acetaminophen)

1. YES
2. NO
3. DON'T KNOW
9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPUSF

44. / ASPUSF

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

(IF NEEDED: "Would you say YES or NO?")

1. YES
2. NO
3. DON'T KNOW

9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPPRV

45. / ASPPRV

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.AWCOND
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 NEW NUMBER ON COVERSHEET AND RE-DIAL

RETURN TO COVERSHEET

MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been lost in the mail. And since the deadline for mailing surveys has passed, we're now in the telephone phase of this study. May I continue?

(IF NEEDED: "This is purely a research study -- we are polling people about their child's health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO
RETURN TO COVERSHEET

RE.INTRO

RE.INTRO. (INTERVIEWER: READ PARENS TEXT IF R ISN'T PERSON WHO ANSWERED
PHONE OR HAS NOT HEARD IT YET.)

(Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may be monitored and recorded for quality control.)

We are conducting an important study to find out how satisfied families are with Oregon Health Plan. The results of the study will help Oregon Health Plan improve the care they provide and will also help consumers when they choose health care plans.

The interview is completely confidential and voluntary, and will not affect your child's health care or benefits in any way.

(IF R ASKS: "How long will this take?", EXPLAIN: "The questions should take about 12-15 minutes to answer.")

(IF NEEDED: "This is purely a research study -- we are polling people about their child's health and health care.")

(IF R SAYS THEY WILL DO THE MAIL SURVEY AND SEND IT BACK or THEY WOULD LIKE ANOTHER SURVEY MAILED TO THEM, EXPLAIN: "I'm sorry, but the deadline for mailing surveys has passed and we're now in the telephone phase of this study. May I continue?")

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

SEX

SEX. (IWER: RECORD RESPONDENT'S SEX, 'DK' NOT ALLOWED)

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

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.

CLCSRV4

49. / CLCSRV4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> 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.