



Cascade Comprehensive Care
CAHPS® 5.0 Medicaid Survey

Banner Book Report

June 2016



Methodology

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

Sample Disposition

Response/Non-Response Comparison

Banner Tables

- Adult Tables
- Child Tables

Appendix

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

METHODOLOGY

Introduction

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

Survey Milestones

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

Sampling

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

Questionnaires

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

Selection of Cases for Analysis

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

Composites, Overall Ratings, and Measures for Reporting

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

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

Composite: Getting Needed Care

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

Composite: Getting Care Quickly

- Q4/4. Got care for illness/injury/condition as soon as you thought you/child needed
- Q6/6. Got an appt. for routine care as soon as you thought you/child needed

Composite: How Well Doctors Communicate

- Q17/32. Personal doctor explained things in a way that was easy to understand
- Q18/33. Personal doctor listened carefully to you
- Q19/34. Personal doctor showed respect for what you had to say
- Q20/37. Personal doctor spent enough time with you/your child

Composite: Customer Service

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

Composite: Shared Decision Making

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

Rating Questions

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

Composite: Access to Specialized Services (Child only)

- Q--/20. Getting special medical equipment or devices for your child
- Q--/23. Getting special therapy (physical, occupational, speech) for your child
- Q--/26. Getting treatment or counseling for your child

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

- Q--/38. Child's personal doctor talked with you about how child is feeling, growing, behaving
- Q--/43. Child's personal doctor understands how child's health conditions affect child's day-to-day life
- Q--/44. Child's personal doctor understands how child's health conditions affect family's day-to-day life

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

- Q--/18. Got help contacting school and daycare from someone at health plan or doctor's office
- Q--/29. Got help coordinating care among providers from someone at health plan or doctor's office

Comparisons, Statistical Testing, Scoring, and Weighting

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

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

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

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

Sample Disposition

Category	Adult		Child	
	Cascade Comprehensive Care	Overall	Cascade Comprehensive Care	Overall
**First mailing - sent	900	17100	900	17100
*First mailing - usable survey returned	154	3058	133	2302
Second mailing - sent	715	13527	721	14026
*Second mailing - usable survey returned	60	1118	60	1027
*Phone - usable surveys	87	1495	96	2309
Total - usable surveys	301	5671	289	5638
†Ineligible: According to population criteria‡	19	431	7	323
†Ineligible: Deceased	0	38	0	2
†Ineligible: Mentally or physically unable to complete survey	5	166	0	0
†Ineligible: Language barrier	0	78	2	81
Incorrect address AND incorrect phone number	48	915	51	878
Refusal/Returned survey blank	48	871	48	905
Nonresponse - Unavailable by mail or phone	479	8930	503	9273
Adjusted Response Rate	34.4%	34.6%	32.4%	33.8%

*Included in response rate numerator

†Excluded from adjusted response rate denominator

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

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

Response/Non-Response Comparison

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

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

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

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

Adult

Gender / Age	Non-Respondents	Respondents	Difference
Male	215 42.7%	136 45.2%	2.52%
Female	289 57.3%	165 54.8%	-2.52%
18-24	99 19.6%	32 10.6%	-9.01%
25-34	139 27.6%	64 21.3%	-6.32%
35-44	90 17.9%	47 15.6%	-2.24%
45-54	94 18.7%	66 21.9%	3.28%
55-64	65 12.9%	79 26.2%	13.35%
65-74	11 2.2%	11 3.7%	1.47%
75 or Older	6 1.2%	2 0.7%	-0.53%

Child

Gender / Age	Non-Respondents	Respondents	Difference
Male	273 53.5%	151 52.2%	-1.28%
Female	237 46.5%	138 47.8%	1.28%
<3	126 24.7%	53 18.3%	-6.37%
4-7	128 25.1%	70 24.2%	-0.88%
8-12	146 28.6%	72 24.9%	-3.71%
13 or older	110 21.6%	94 32.5%	10.96%

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

			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-AMER	AS-IAN	NATV HAW/IND/PAC ILND	AMER ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	FE-MALE	MALE	
Q1 YES	296	5577	28	56	40	61	77	14	173						25	247	202	78	125	151
	100%	100%	100%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~100%	~100%	100%	100%	100%	100%
NOT ANSWERED	5	94				1	2		4							1	4	4	2	3
VALID CASES	296	5577	28	56	40	61	77	14	173					25	247	202	78	125	151	
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177					26	251	206	78	127	154	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

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

	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 ILLND ##	AMER IND/ ALSK ##	MUL- TI ##	HIS- IC ##	NOT HIS- PAN- IC ##	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE MALE	FE- MALE MALE		
Q3 YES	97 33%	2267 41%*	3 11%~	16 29%	14 35%~	26 43%	24 31%	5 36%~	57 33%	~	~	~	~	~	~	2 8%~	85 34%~	56 28%*	35 45%*	36 29%	52 34%
NO	196 67%	3221 59%*	24 89%~	39 71%	26 65%~	34 57%	54 69%	9 64%~	117 67%	~	~	~	~	~	~	23 92%~	162 66%~	145 72%*	43 55%*	88 71%	100 66%
NOT ANSWERED	8	183	1	1		2	1		3							1	4	5		3	2
VALID CASES	293	5488	27	55	40	60	78	14	174							25	247	201	78	124	152
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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 ADULT	OHP TOT ADULT	18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
								WHITE	##	##	##	##	##	##								
Q4 NEVER	3 4%	61 3%	~	~	~	8%	5%	~	4%	~	~	~	~	~	~	3%	2%	4%	4%	2%	1%	
SOMETIMES	16 19%	267 13%	2 67%	2 13%	2 15%	5 21%	2 11%	~	8%	~	~	~	~	~	1	12	9	5	18%	18%	4	9
USUALLY	23 27%	526 26%	~	8 53%	4 31%	5 21%	4 21%	~	15%	~	~	~	~	~	21	15	7	29%	25%	29%	12	26%
ALWAYS	43 51%	1196 58%	1 33%	5 33%	7 54%	12 50%	12 63%	3 100%	23	~	~	~	~	~	1	38	25	15	49%	54%	16	24
#ALWAYS + USUALLY (NET)	66 78%	1723 84%	1 33%	13 87%	11 85%	17 71%	16 84%	3 100%	38	~	~	~	~	~	1	59	40	22	78%	79%	25	36
TOP BOX SCORE	43 51%	1196 58%	1 33%	5 33%	7 54%	12 50%	12 63%	3 100%	23	~	~	~	~	~	1	38	25	15	49%	54%	16	24
NOT ANSWERED	12	187		1	1	2	5	2	9						11	5	7			5	6	
VALID CASES	85	2050	3	15	13	24	19	3	48						2	74	51	28			31	46
NUMBER OF RESPONDENTS	97	2237	3	16	14	26	24	5	57						2	85	56	35			36	52
	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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q5 YES	188 64%	3682 67%	13 46%~	33 59%	29 72%~	42 69%	48 62%	10 71%~	112 64%	~	~	~	~	~	~	10 38%~	163 65%~	121 59%*	58 74%*	64 51%*	111 73%*
NO	108 36%	1794 33%	15 54%~	23 41%	11 28%~	19 31%	30 38%	4 29%~	63 36%	~	~	~	~	~	~	16 62%~	86 35%~	83 41%*	20 26%*	62 49%*	42 27%*
NOT ANSWERED	5	196				1	1		2								2	2		1	1
VALID CASES	296	5475	28	56	40	61	78	14	175							26	249	204	78	126	153
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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?

			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-IAN ##	NATV HAW/ ILND PAC ##	AMER ALSK OTHR ##	MUL-TI ##	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	MALE	FE-MALE	
Q6 NEVER	3 2%	120 4%	1 ~	3 3%	1 ~	3 3%	1 ~	14 14%	2 2%	~	~	~	~	~	2 1%	2 2%	1 2%	3 5%	~
SOMETIMES	29 17%	637 19%	6 46%	7 23%	3 11%	6 17%	6 15%	16 16%	~	~	~	~	~	3 38%	25 17%	20 18%	7 14%	11 19%	17 17%
USUALLY	48 29%	905 27%	2 15%	10 32%	9 32%	11 31%	12 29%	1 14%	33 34%	~	~	~	~	2 25%	43 29%	27 25%	19 38%	16 28%	29 29%
ALWAYS	86 52%	1691 50%	5 38%	13 42%	16 57%	18 50%	23 56%	5 71%	47 48%	~	~	~	~	3 38%	76 52%	61 55%	23 46%	27 47%	53 54%
#ALWAYS + USUALLY (NET)	134 81%	2596 77%	7 54%	23 74%	25 89%	29 81%	35 85%	6 86%	80 82%	~	~	~	~	5 63%	119 82%	88 80%	42 84%	43 75%	82 83%
TOP BOX SCORE	86 52%	1691 50%	5 38%	13 42%	16 57%	18 50%	23 56%	5 71%	47 48%	~	~	~	~	3 38%	76 52%	61 55%	23 46%	27 47%	53 54%
NOT ANSWERED	22	330	2	1	6	7	3	14						2	17	11	8	7	12
VALID CASES	166	3353	13	31	28	36	41	7	98					8	146	110	50	57	99
NUMBER OF RESPONDENTS	188	3683	13	33	29	42	48	10	112					10	163	121	58	64	111
	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-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q7 NONE	91 31%	1469 27%	15 56%	21 38%	8 20%	15 25%	24 31%	4 29%	54 31%	~	~	~	~	~	~	14 56%	73 29%	73 36%*	15 19%*	57 46%*	32 21%*
1 TIME	51 17%	947 17%	6 22%	8 15%	5 13%	13 21%	10 13%	5 36%	27 15%	~	~	~	~	~	~	5 20%	42 17%	38 19%	11 14%	22 18%	25 16%
2	50 17%	900 17%	3 11%	6 11%	11 28%	13 21%	14 18%	1 7%	35 20%	~	~	~	~	~	~	2 8%	46 19%	39 19%	9 12%	18 14%	30 20%
3	39 13%	659 12%	2 7%	7 13%	3 8%	8 13%	11 14%	3 21%	21 12%	~	~	~	~	~	~	3 12%	31 13%	23 11%	12 16%	12 10%	22 14%
4	21 7%	465 9%	1 4%	2 4%	5 13%	6 10%	7 9%	~	16 9%	~	~	~	~	~	~	~	20 8%	13 6%	8 10%	8 6%	13 9%
5 TO 9	27 9%	673 12%	~	8 15%	3 8%	5 8%	9 12%	1 7%	18 10%	~	~	~	~	~	~	~	26 10%	13 6%*	13 17%*	5 4%*	21 14%*
10 OR MORE TIMES	13 4%	305 6%	~	3 5%	5 13%	1 2%	3 4%	~	4 2%*	~	~	~	~	~	~	1 4%	10 4%	4 2%*	9 12%*	3 2%	9 6%
NOT ANSWERED	9	254	1	1	~	1	1	~	2	~	~	~	~	~	1	3	3	1	2	2	
VALID CASES	292	5417	27	55	40	61	78	14	175	~	~	~	~	~	~	25	248	203	77	125	152
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177	~	~	~	~	~	~	26	251	206	78	127	154
	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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV OTHR ##	MUL-TI ##	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q8 #YES	145 74%	2759 72%	7 58%	27 79%	19 61%	33 77%	43 81%	7 70%	89 75%	~	~	~	~	~	~	8 73%	127 75%	96 75%	43 73%	49 75%	87 74%
NO	51 26%	1087 28%	5 42%	7 21%	12 39%	10 23%	10 19%	3 30%	29 25%	~	~	~	~	~	~	3 27%	43 25%	32 25%	16 27%	16 25%	31 26%
NOT ANSWERED	5	93			1	3	1		3							5	2	3	3	2	
VALID CASES	196	3846	12	34	31	43	53	10	118							11	170	128	59	65	118
NUMBER OF RESPONDENTS	201 100%	3939 100%	12 100%	34 100%	32 100%	46 100%	54 100%	10 100%	121 100%							11 100%	175 100%	130 100%	62 100%	68 100%	120 100%

[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	BLCK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE	
Q9 YES	108 55%	2168 56%	3 25%	21 62%	18 58%	22 50%	33 63%	4 40%	63 53%	~	~	~	~	~	~	5 45%	94 55%	62 49%*	40 67%*	31 48%	70 59%
Q9 NO	88 45%	1687 44%	9 75%	13 38%	13 42%	22 50%	19 37%	6 60%	55 47%	~	~	~	~	~	~	6 55%	76 45%	65 51%*	20 33%*	34 52%	48 41%
NOT ANSWERED	5	84			1	2	2		3								5	3	2	3	2
VALID CASES	196	3855	12	34	31	44	52	10	118							11	170	127	60	65	118
NUMBER OF RESPONDENTS	201 100%	3939 100%	12 100%	34 100%	32 100%	46 100%	54 100%	10 100%	121 100%							11 100%	175 100%	130 100%	62 100%	68 100%	120 100%

[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 ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE		
Q10 #YES	95 92%	1919 93%	2 67%	17 85%	17 100%	18 90%	31 94%	4 100%	53 90%	~	~	~	~	~	~	4 80%	83 92%	54 89%	36 97%	27 87%	62 94%
NO	8 8%	152 7%	1 33%	3 15%	~	2 10%	2 6%	~	6 10%	~	~	~	~	~	1 20%	7 8%	7 11%	1 3%	4 13%	4 6%	
NOT ANSWERED	19	379	1	2	2	5	3	9							1	12	7	6	5	8	
VALID CASES	103	2072	3	20	17	20	33	4	59						5	90	61	37	31	66	
NUMBER OF RESPONDENTS	122 100%	2451 100%	4 100%	22 100%	19 100%	25 100%	36 100%	4 100%	68 100%						6 100%	102 100%	68 100%	43 100%	36 100%	74 100%	

[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?

	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/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE		
Q11 #YES	76 75%	1506 73%	2 67%~	13 68%~	13 76%~	16 80%~	25 76%~	2 50%~	42 71%~	~	~	~	~	~	~	4 80%~	65 73%~	47 78%~	26 70%~	22 71%~	49 75%~
NO	25 25%	555 27%	1 33%~	6 32%~	4 24%~	4 20%~	8 24%~	2 50%~	17 29%~	~	~	~	~	~	~	1 20%~	24 27%~	13 22%~	11 30%~	9 29%~	16 25%~
NOT ANSWERED	7	53		2	1	2			4								5	2	3		5
VALID CASES	101	2061	3	19	17	20	33	4	59							5	89	60	37	31	65
NUMBER OF RESPONDENTS	108 100%	2114 100%	3 100%	21 100%	18 100%	22 100%	33 100%	4 100%	63 100%							5 100%	94 100%	62 100%	40 100%	31 100%	70 100%

[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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q12 #YES	74 75%	1561 76%	2 67%~	12 63%~	11 69%~	16 80%~	27 82%~	3 75%~	44 76%~	~	~	~	~	~	~	3 60%~	66 75%~	44 75%~	27 75%~	22 71%~	49 77%~
NO	25 25%	492 24%	1 33%~	7 37%~	5 31%~	4 20%~	6 18%~	1 25%~	14 24%~	~	~	~	~	~	~	2 40%~	22 25%~	15 25%~	9 25%~	9 29%~	15 23%~
NOT ANSWERED	9	61		2	2	2			5								6	3	4		6
VALID CASES	99	2053	3	19	16	20	33	4	58							5	88	59	36	31	64
NUMBER OF RESPONDENTS	108 100%	2114 100%	3 100%	21 100%	18 100%	22 100%	33 100%	4 100%	63 100%							5 100%	94 100%	62 100%	40 100%	31 100%	70 100%

[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	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER ALSK NATV OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q13 WORST HEALTH CARE POSSIBLE	1 0.5%	27 0.7%	~	~	~	~	~	10%~	0.8%	~	~	~	~	~	~	1 ~0.6%	1 ~0.8%	~	~	1 ~0.9%
01	2 1%	7 0.2%	1 8%~	~	~	1 2%~	~	~	~	~	~	~	~	~	~	2 ~1%	2 2%	~	~	1 2% 0.9%
02	1 0.5%	49 1%	~	1 3%~	~	~	~	~	~	~	~	~	~	~	~	1 ~0.6%	1 ~0.8%	~	~	1 ~0.9%
03	5 3%	78 2%	~	1 3%~	1 3%~	3 7%~	~	~	~	~	~	~	~	~	~	5 ~3%	2 2%	3 5%	2 3%	3 3%
04	10 5%	87 2%	1 8%~	1 3%~	2 6%~	4 9%~	2 4%	~	~	~	~	~	~	~	~	7 ~6%	~	~	~	~
05	12 6%	281 7%	1 8%~	~	4 ~13%	3 7%~	2 4%	~	~	~	~	~	~	~	~	7 ~6%	~	~	~	~
06	14 7%	233 6%	1 8%~	2 6%~	5 16%~	5 12%~	1 2%*	~	~	~	~	~	~	~	~	8 ~7%	~	~	~	~
07	24 13%	502 13%	3 25%~	6 18%~	5 16%~	3 7%~	5 9%	~	~	~	~	~	~	~	~	15 ~13%	~	~	~	~
08	40 21%	866 23%	~	10 ~30%	4 13%~	6 14%~	13 25%	3 30%~	~	~	~	~	~	~	~	25 ~21%	~	~	~	~
09	31 16%	651 17%	3 25%~	5 15%~	2 6%~	4 9%~	12 23%	4 40%~	~	~	~	~	~	~	~	17 ~14%	~	~	~	~
BEST HEALTH CARE POSSIBLE	52 27%	1054 27%	2 17%~	7 21%~	8 26%~	14 33%~	18 34%	2 20%~	~	~	~	~	~	~	~	34 ~29%	~	~	~	~
#8-10 (NET)	123 64%	2571 67%	5 42%~	22 67%~	14 45%~	24 56%~	43 81%*	9 90%~	~	~	~	~	~	~	~	76 ~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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ LLND ##	AMER IND/ ALSK NATV ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	VERY GOOD & FAIR POOR	FE-MALE	MALE		
9-10 (NET)	83 43%	1705 44%	5 42%~	12 36%~	10 32%~	18 42%~	30 57%*	6 60%~	51 43%	~	~	~	~	~	5 45%~	75 44%~	55 44%	27 45%	30 46%	51 44%	
NOT ANSWERED	9	105		1	1	3	1		2						5	5	2	3	3		
VALID CASES	192	3834	12	33	31	43	53	10	119						11	170	125	60	65	117	
NUMBER OF RESPONDENTS	201 100%	3939 100%	12 100%	34 100%	32 100%	46 100%	54 100%	10 100%	121 100%						11 100%	175 100%	130 100%	62 100%	68 100%	120 100%	
MEAN	7.76	7.91	7.00	7.82	7.29	7.35	8.51	8.00	7.73						8.00	7.75	7.77	7.78	7.78	7.77	
p stat_(*=Sig @ p<=.05)		.317	~	~	~	~	.001*	~	.809	~	~	~	~	~	~	~	~	.947	.921	.913	.944

[ASKED IF Q7 >= 1 TIME]

Q14 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET THE CARE, TESTS OR TREATMENT YOU NEEDED?

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q14 NEVER	6 3%	112 3%	1 8%~	1 ~	2 3%~	1 5%~	1 2% 10%~	4 3%	~	~	~	~	~	~	~	5 3%~	4 3%	2 3%	1 2%	5 4%	
SOMETIMES	36 19%	652 17%	4 33%~	6 18%~	9 29%~	10 23%~	3 6%* 10%~	1 17%	~	~	~	~	~	~	~	3 27%~	30 18%~	22 17%	12 20%	9 14%	24 20%
USUALLY	69 36%	1292 34%	3 25%~	12 36%~	9 29%~	19 43%~	17 32% 30%~	3 40%	~	~	~	~	~	~	~	4 36%~	59 35%~	44 35%	21 35%	23 35%	40 34%
ALWAYS	83 43%	1764 46%	4 33%~	15 45%~	12 39%~	13 30%~	32 60%* 50%~	5 39%	~	~	~	~	~	~	~	4 36%~	76 45%~	57 45%	25 42%	32 49%	49 42%
#ALWAYS + USUALLY (NET)	152 78%	3056 80%	7 58%~	27 82%~	21 68%~	32 73%~	49 92%* 80%~	8 80%	~	~	~	~	~	~	~	8 73%~	135 79%~	101 80%	46 77%	55 85%	89 75%
TOP BOX SCORE	83 43%	1764 46%	4 33%~	15 45%~	12 39%~	13 30%~	32 60%* 50%~	5 39%	~	~	~	~	~	~	~	4 36%~	76 45%~	57 45%	25 42%	32 49%	49 42%
NOT ANSWERED	7	119		1	1	2	1	2								5	3	2	3	2	
VALID CASES	194	3820	12	33	31	44	53	10	119							11	170	127	60	65	118
NUMBER OF RESPONDENTS	201 100%	3939 100%	12 100%	34 100%	32 100%	46 100%	54 100%	10 100%	121 100%							11 100%	175 100%	130 100%	62 100%	68 100%	120 100%

[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 ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE		
Q15 YES	215 74%	4350 80%*	15 54%~	37 67%	32 80%~	45 75%	62 78%	11 79%~	136 77%	~	~	~	~	~	~	13 50%~	186 75%~	145 71%	62 81%	78 62%*	126 83%*
NO	76 26%	1094 20%*	13 46%~	18 33%	8 20%~	15 25%	17 22%	3 21%~	40 23%	~	~	~	~	~	~	13 50%~	62 25%~	59 29%	15 19%	48 38%*	26 17%*
NOT ANSWERED	10	228		1		2			1								3	2	1	1	2
VALID CASES	291	5443	28	55	40	60	79	14	176							26	248	204	77	126	152
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q16 NONE	37 19%	890 22%	5 33%~	7 20%~	4 13%~	5 12%~	11 19%	1 13%~	21 17%	~	~	~	~	~	~	6 50%~	26 15%~	33 24%*	3 5%*	16 23%	19 16%
1 TIME	59 29%	1017 25%	7 47%~	13 37%~	7 23%~	11 27%~	13 22%	2 25%~	36 29%	~	~	~	~	~	~	1 8%~	52 30%~	43 32%	12 21%	23 32%	30 25%
2	47 23%	826 20%	1 7%~	4 11%~	10 33%~	11 27%~	17 29%	3 38%~	31 25%	~	~	~	~	~	~	3 25%~	42 24%~	32 24%	14 25%	18 25%	28 24%
3	26 13%	578 14%	1 7%~	4 11%~	3 10%~	5 12%~	10 17%	1 13%~	14 11%	~	~	~	~	~	~	1 8%~	23 13%~	12 9%*	12 21%	7 10%	17 14%
4	14 7%	309 7%	1 7%~	4 11%~	2 7%~	3 7%~	4 7%	~	10 8%	~	~	~	~	~	~	1 8%~	13 8%~	10 7%	4 7%	5 7%	9 8%
5 TO 9	13 7%	401 10%	~	2 6%~	2 7%~	5 12%~	3 5%	1 13%~	10 8%	~	~	~	~	~	~	~	13 8%~	4 3%*	9 16%*	2 3%	11 9%*
10 OR MORE TIMES	4 2%	98 2%	~	1 3%~	2 7%~	1 2%~	~	~	2 2%	~	~	~	~	~	~	~	4 2%~	1 0.7%	3 5%	~	4 3%*
NOT ANSWERED	15	232		2	2	4	4	3	12							1	13	10	5	7	8
VALID CASES	200	4118	15	35	30	41	58	8	124							12	173	135	57	71	118
NUMBER OF RESPONDENTS	215	4350	15	37	32	45	62	11	136							13	186	145	62	78	126
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

[ASKED IF Q15 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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 AMER WHTE	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL- OTHR TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q17 NEVER	2 1%	58 2%	1 10%	~	~	~	1 2%	2 2%	~	~	~	~	~	~	2 1%	1 1%	1 2%	2 4%	~	
SOMETIMES	11 7%	230 7%	2 20%	4 14%	1 4%	1 3%	1 2%	1 14%	5 5%	~	~	~	~	~	3 50%	7 5%	6 6%	3 6%	3 5%	7 7%
USUALLY	32 20%	675 21%	2 20%	6 21%	4 15%	6 17%	12 26%	~	23 22%	~	~	~	~	~	30 20%	16 16%	14 26%	9 16%	21 21%	
ALWAYS	117 72%	2229 70%	5 50%	18 64%	21 81%	29 81%	33 70%	6 86%	73 71%	~	~	~	~	~	3 50%	108 73%	79 77%	36 67%	41 75%	71 72%
#ALWAYS + USUALLY (NET)	149 92%	2905 91%	7 70%	24 86%	25 96%	35 97%	45 96%	6 86%	96 93%	~	~	~	~	~	3 50%	138 94%	95 93%	50 93%	50 91%	92 93%
TOP BOX SCORE	117 72%	2229 70%	5 50%	18 64%	21 81%	29 81%	33 70%	6 86%	73 71%	~	~	~	~	~	3 50%	108 73%	79 77%	36 67%	41 75%	71 72%
NOT ANSWERED	1	27																		
VALID CASES	162	3193	10	28	26	36	47	7	103						6	147	102	54	55	99
NUMBER OF RESPONDENTS	163	3220	10	28	26	36	47	7	103						6	147	102	54	55	99
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q18 NEVER	4 3%	63 2%	1 10%	~	~	~	2 4%	1 14%	4 4%	~	~	~	~	~	~	4 3%	3 2%	1 5%	3 1%	
SOMETIMES	12 8%	266 8%	2 20%	4 14%	3 12%	2 6%	~	~	8 8%	~	~	~	~	~	1 17%	10 7%	7 7%	4 7%	4 7%	
USUALLY	34 21%	675 21%	2 20%	4 14%	6 23%	9 25%	10 22%	1 14%	22 22%	~	~	~	~	~	1 17%	30 21%	18 18%	14 26%	11 20%	21 21%
ALWAYS	110 69%	2196 69%	5 50%	20 71%	17 65%	25 69%	34 74%	5 71%	68 67%	~	~	~	~	~	4 67%	102 70%	73 72%	35 65%	37 67%	69 70%
#ALWAYS + USUALLY (NET)	144 90%	2872 90%	7 70%	24 86%	23 88%	34 94%	44 96%	6 86%	90 88%	~	~	~	~	~	5 83%	132 90%	91 90%	49 91%	48 87%	90 92%
TOP BOX SCORE	110 69%	2196 69%	5 50%	20 71%	17 65%	25 69%	34 74%	5 71%	68 67%	~	~	~	~	~	4 67%	102 70%	73 72%	35 65%	37 67%	69 70%
NOT ANSWERED	3	19					1		1						1	1				1
VALID CASES	160	3201	10	28	26	36	46	7	102						6	146	101	54	55	98
NUMBER OF RESPONDENTS	163	3220	10	28	26	36	47	7	103						6	147	102	54	55	99
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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 AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE	
								WHTE	##	##	##	##	##	##	##					
Q19 NEVER	3 2%	78 2%	1 10%	~	~	~	1 2%	1 14%	3 3%	~	~	~	~	~	3 2%	2 2%	1 2%	2 4%	1 1%	
SOMETIMES	8 5%	205 6%	2 20%	1 4%	3 12%	1 3%	~	~	3 3%	~	~	~	~	~	1 17%	6 4%	3 3%	4 7%	2 4%	5 5%
USUALLY	25 16%	539 17%	2 20%	6 21%	2 8%	8 22%	7 15%	~	18 18%	~	~	~	~	~	2 33%	23 16%	15 15%	9 17%	9 16%	16 16%
ALWAYS	124 77%	2374 74%	5 50%	21 75%	21 81%	27 75%	38 83%	6 86%	78 76%	~	~	~	~	~	3 50%	114 78%	81 80%	40 74%	42 76%	76 78%
#ALWAYS + USUALLY (NET)	149 93%	2913 91%	7 70%	27 96%	23 88%	35 97%	45 98%	6 86%	96 94%	~	~	~	~	~	5 83%	137 94%	96 95%	49 91%	51 93%	92 94%
TOP BOX SCORE	124 77%	2374 74%	5 50%	21 75%	21 81%	27 75%	38 83%	6 86%	78 76%	~	~	~	~	~	3 50%	114 78%	81 80%	40 74%	42 76%	76 78%
NOT ANSWERED	3	24					1		1						1	1				1
VALID CASES	160	3196	10	28	26	36	46	7	102						6	146	101	54	55	98
NUMBER OF RESPONDENTS	163 100%	3220 100%	10 100%	28 100%	26 100%	36 100%	47 100%	7 100%	103 100%						6 100%	147 100%	102 100%	54 100%	55 100%	99 100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q20 NEVER	3 2%	89 3%	2 20%	~	~	~	1 2%	3 3%	~	~	~	~	~	~	3 2%	2 2%	1 2%	2 4%	1 1%	
SOMETIMES	17 11%	317 10%	1 10%	4 14%	5 19%	2 6%	3 6%	1 14%	13 13%	~	~	~	~	~	2 33%	14 10%	10 10%	5 9%	3 5%	13 13%
USUALLY	31 19%	782 24%	3 30%	4 14%	3 12%	9 25%	11 23%	16 16%	~	~	~	~	~	~	2 33%	28 19%	19 19%	11 20%	13 24%	17 17%
ALWAYS	110 68%	2009 63%	4 40%	20 71%	18 69%	25 69%	32 68%	6 86%	71 69%	~	~	~	~	~	2 33%	102 69%	71 70%	37 69%	37 67%	68 69%
#ALWAYS + USUALLY (NET)	141 88%	2790 87%	7 70%	24 86%	21 81%	34 94%	43 91%	6 86%	87 84%	~	~	~	~	~	4 67%	130 88%	90 88%	48 89%	50 91%	85 86%
TOP BOX SCORE	110 68%	2009 63%	4 40%	20 71%	18 69%	25 69%	32 68%	6 86%	71 69%	~	~	~	~	~	2 33%	102 69%	71 70%	37 69%	37 67%	68 69%
NOT ANSWERED	2	24																		
VALID CASES	161	3196	10	28	26	36	47	7	103						6	147	102	54	55	99
NUMBER OF RESPONDENTS	163	3220	10	28	26	36	47	7	103						6	147	102	54	55	99
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q21 YES	93 58%	2002 63%	3 30%~	12 43%~	13 50%~	25 69%~	28 60%~	6 86%~	58 56%	~	~	~	~	~	~	4 67%~	83 56%~	48 47%*	41 76%*	33 60%	54 55%
NO	68 42%	1173 37%	7 70%~	16 57%~	13 50%~	11 31%~	19 40%~	1 14%~	45 44%	~	~	~	~	~	~	2 33%~	64 44%~	54 53%*	13 24%*	22 40%	45 45%
NOT ANSWERED	2	45																			
VALID CASES	161	3175	10	28	26	36	47	7	103							6	147	102	54	55	99
NUMBER OF RESPONDENTS	163	3220	10	28	26	36	47	7	103							6	147	102	54	55	99
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

	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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL-TI ##	OTH-ER ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE	FE-MALE
Q22 NEVER	2 2%	115 6%	~	~	1 8%	~	1 4%	~	2 4%	~	~	~	~	~	~	2 2%	1 2%	1 3%	1 3%	1 2%
SOMETIMES	23 26%	272 14%	~	3 25%	6 46%	8 32%	4 15%	1 17%	14 25%	~	~	~	~	~	2 50%	20 25%	8 17%	14 36%	6 19%	16 30%
USUALLY	20 22%	568 30%	~	4 33%	3 23%	5 20%	6 23%	1 17%	16 28%	~	~	~	~	~	~	19 23%	14 29%	5 13%	7 23%	12 22%
ALWAYS	44 49%	925 49%	100%	3 42%	5 23%	3 48%	12 58%	15 67%	4 44%	~	~	~	~	~	2 50%	40 49%	25 52%	19 49%	17 55%	25 46%
#ALWAYS + USUALLY (NET)	64 72%	1493 79%	100%	3 75%	9 46%	6 68%	17 81%	21 83%	5 72%	~	~	~	~	~	2 50%	59 73%	39 81%	24 62%	24 77%	37 69%
TOP BOX SCORE	44 49%	925 49%	100%	3 42%	5 23%	3 48%	12 58%	15 67%	4 44%	~	~	~	~	~	2 50%	40 49%	25 52%	19 49%	17 55%	25 46%
NOT ANSWERED	4	69					2		1						2		2		2	
VALID CASES	89	1881	3	12	13	25	26	6	57						4	81	48	39	31	54
NUMBER OF RESPONDENTS	93	1950	3	12	13	25	28	6	58						4	83	48	41	33	54
	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	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND PAC ##	AMER ALSK OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE	
Q23 WORST PERSONAL DOCTOR POSSIBLE		21 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
01	2 1%	38 0.9%	~	~	~	~	1 2%	1 11%	2 2%	~	~	~	~	~	2 1%	1 0.7%	1 2%	1 1%	1 0.8%	
02		42 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
03	8 4%	61 2%	1 7%	2 6%	2 7%	~	3 5%	~	6 5%	~	~	~	~	~	7 4%	4 3%	4 7%	4 6%	4 3%	
04	3 2%	88 2%	~	~	1 3%	1 2%	1 2%	~	3 2%	~	~	~	~	~	3 2%	1 0.7%	2 3%	~	3 3%	
05	12 6%	212 5%	3 20%	1 3%	2 7%	3 7%	3 5%	~	10 8%	~	~	~	~	~	1 8%	11 6%	7 5%	4 7%	5 7%	7 6%
06	9 5%	181 4%	2 13%	2 6%	~	3 7%	2 3%	~	6 5%	~	~	~	~	~	2 17%	7 4%	7 5%	1 2%	5 7%	4 3%
07	20 10%	352 9%	1 7%	7 21%	4 13%	4 10%	1 2%*	~	9 7%	~	~	~	~	~	2 17%	14 8%	13 10%	5 9%	6 8%	11 9%
08	28 14%	703 17%	4 27%	2 6%	2 7%	9 21%	10 17%	1 11%	16 13%	~	~	~	~	~	4 33%	24 14%	23 17%	5 9%	11 15%	17 14%
09	39 20%	736 18%	3 20%	10 29%	5 17%	5 12%	11 19%	2 22%	23 18%	~	~	~	~	~	1 8%	36 21%	29 21%	9 16%	12 17%	25 21%
BEST PERSONAL DOCTOR POSSIBLE	77 39%	1648 40%	1 7%	10 29%	14 47%	17 40%	26 45%	5 56%	50 40%	~	~	~	~	~	2 17%	69 40%	50 37%	27 47%	28 39%	46 39%
#8-10 (NET)	144 73%	3087 76%	8 53%	22 65%	21 70%	31 74%	47 81%	8 89%	89 71%	~	~	~	~	~	7 58%	129 75%	102 76%	41 71%	51 71%	88 75%

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?

	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-AMER ##	AS-IAN ##	NATV HAW/ILLND ##	AMER IND/PAC/ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	MALE		
9-10 (NET)	116 59%	2384 58%	4 27%	20 59%	19 63%	22 52%	37 64%	7 78%	73 58%	~	~	~	~	~	~	3 25%	105 61%	79 59%	36 62%	40 56%	71 60%
NOT ANSWERED	17	266		3	2	3	4	2	11							1	13	10	4	6	8
VALID CASES	198	4084	15	34	30	42	58	9	125							12	173	135	58	72	118
NUMBER OF RESPONDENTS	215 100%	4350 100%	15 100%	37 100%	32 100%	45 100%	62 100%	11 100%	136 100%							13 100%	186 100%	145 100%	62 100%	78 100%	126 100%
MEAN	8.27	8.33	7.07	8.18	8.30	8.38	8.40	8.56	8.13						7.67	8.30	8.37	8.16	8.14	8.32	
p stat_(*=Sig @ p<=.05)		.689	~	~	~	~	.576	~	.182	~	~	~	~	~	~	~	~	.358	.659	.522	.660

[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 ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q24 YES	93 33%	2150 40%*	3 11%~	15 27%	16 40%~	25 44%	26 33%	6 43%~	57 33%	~	~	~	~	~	~	5 20%~	84 34%~	49 24%*	43 58%*	30 24%*	61 41%*
NO	188 67%	3272 60%*	25 89%~	40 73%	24 60%~	32 56%	52 67%	8 57%~	117 67%	~	~	~	~	~	~	20 80%~	161 66%~	152 76%*	31 42%*	96 76%*	86 59%*
NOT ANSWERED	20	249		1		5	1		3							1	6	5	4	1	7
VALID CASES	281	5422	28	55	40	57	78	14	174							25	245	201	74	126	147
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q25 NEVER	8 9%	123 6%	2 ~ 15%	1 6%	5 20%	~	~	4 7%	~	~	~	~	~	~	1 20%	6 7%	5 10%	3 7%	2 7%	6 10%
SOMETIMES	19 21%	379 19%	1 33%	2 15%	5 31%	5 20%	4 15%	2 33%	13 23%	~	~	~	~	~	2 40%	17 21%	10 20%	9 22%	4 14%	15 25%
USUALLY	22 24%	576 29%	1 33%	5 38%	3 19%	8 32%	5 19%	~	14 25%	~	~	~	~	~	~	22 27%	11 22%	10 24%	7 24%	15 25%
ALWAYS	42 46%	938 46%	1 33%	4 31%	7 44%	7 28%	17 65%	4 67%	25 45%	~	~	~	~	~	2 40%	37 45%	23 47%	19 46%	16 55%	24 40%
#ALWAYS + USUALLY (NET)	64 70%	1514 75%	2 67%	9 69%	10 63%	15 60%	22 85%	4 67%	39 70%	~	~	~	~	~	2 40%	59 72%	34 69%	29 71%	23 79%	39 65%
TOP BOX SCORE	42 46%	938 46%	1 33%	4 31%	7 44%	7 28%	17 65%	4 67%	25 45%	~	~	~	~	~	2 40%	37 45%	23 47%	19 46%	16 55%	24 40%
NOT ANSWERED	2	70	2					1							2		2		1	1
VALID CASES	91	2016	3	13	16	25	26	6	56						5	82	49	41	29	60
NUMBER OF RESPONDENTS	93	2086	3	15	16	25	26	6	57						5	84	49	43	30	61
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF Q24 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE
								WHTE	##	##	##	##	##	##	IC	IC	GOOD	POOR	MALE	MALE
Q26 NONE	10 11%	110 5%		3 ~ 21%	1 6%	6 24%		4 7%							1 20%	8 10%	6 13%	4 10%	3 10%	7 12%
1 SPECIALIST	50 56%	1016 50%	2 67%	9 64%	9 56%	14 56%	12 48%	3 60%	32 59%						3 60%	45 56%	32 67%	18 44%	15 50%	34 59%
2	18 20%	508 25%	1 33%	2 14%	1 6%	4 16%	9 36%	1 20%	12 22%						1 20%	17 21%	8 17%	9 22%	7 23%	11 19%
3	8 9%	258 13%			5 31%		3 12%		4 7%							8 10%	2 4%	6 15%	4 13%	4 7%
4	2 2%	69 3%				1 4%	1 4%		2 4%							2 2%		2 5%	1 3%	1 2%
5 OR MORE SPECIALISTS	2 2%	55 3%					1 20%									1 1%		2 5%		1 2%
NOT ANSWERED	3	71		1			1	1	3							3	1	2		3
VALID CASES	90	2015	3	14	16	25	25	5	54						5	81	48	41	30	58
NUMBER OF RESPONDENTS	93	2086	3	15	16	25	26	6	57						5	84	49	43	30	61
	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-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE-MALE
Q27 WORST SPECIALIST POSSIBLE		19 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		7 0.4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		19 1%	~	~	1 7%	~	~	~	~	~	~	~	~	~	1 1%	~	1 3%	~	1 2%	~
03		32 3%	~	~	1 7%	~	1 4%	~	1 2%	~	~	~	~	~	1 25%	1 1%	2 5%	~	~	2 4%
04		32 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05		67 6%	~	~	1 7%	3 16%	1 4%	~	3 6%	~	~	~	~	~	~	5 7%	~	5 14%	2 7%	3 6%
06		73 8%	~	2 18%	1 7%	2 11%	1 4%	~	5 10%	~	~	~	~	~	~	6 8%	3 7%	3 8%	~	6 12%
07		158 4%	~	1 9%	1 7%	1 5%	~	~	2 4%	~	~	~	~	~	~	3 4%	3 7%	~	1 4%	2 4%
08		318 19%	~	5 45%	3 20%	2 11%	4 16%	1 20%	11 22%	~	~	~	~	~	~	15 21%	9 21%	6 16%	5 19%	10 20%
09		355 14%	1 33%	1 9%	2 13%	3 16%	3 12%	~	6 12%	~	~	~	~	~	~	10 14%	5 12%	5 14%	5 19%	5 10%
BEST SPECIALIST POSSIBLE		797 46%	2 67%	2 18%	5 33%	8 42%	15 60%	4 80%	22 44%	~	~	~	~	~	3 75%	32 44%	20 48%	17 46%	14 52%	22 43%
#8-10 (NET)		1470 79%	3 100%	8 73%	10 67%	13 68%	22 88%	5 100%	39 78%	~	~	~	~	~	3 75%	57 78%	34 81%	28 76%	24 89%	37 73%

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?

	CCC TOT ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER			
			18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILLND	AMER IND/ ALSK	MUL- TI	HIS- IC	HIS- IC	NOT VERY GOOD & FAIR & POOR	EX & GOOD & POOR	19 MALE	27 MALE		
9-10 (NET)	48 60%	1152 61%	3 100%~	3 27%~	7 47%~	11 58%~	18 72%~	4 80%~	28 56%~	~	~	~	~	~	~	3 75%~	42 58%~	25 60%~	22 59%~	19 70%~	27 53%~
NOT ANSWERED		16																			
VALID CASES	80	1878	3	11	15	19	25	5	50							4	73	42	37	27	51
NUMBER OF RESPONDENTS	80 100%	1894 100%	3 100%	11 100%	15 100%	19 100%	25 100%	5 100%	50 100%							4 100%	73 100%	42 100%	37 100%	27 100%	51 100%
MEAN	8.49	8.45	9.67	8.00	7.67	8.26	8.92	9.60	8.48							8.25	8.45	8.62	8.32	8.96	8.20
p stat_(*=Sig @ p<=.05)		.854	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE		
Q28 YES	45 16%	1069 20%	2 7%	15 27%*	5 13%	8 13%	11 14%	2 15%	24 14%	~	~	~	~	~	~	1 4%	42 17%	35 17%	9 12%	15 12%	28 18%
NO	242 84%	4323 80%	26 93%	40 73%*	35 88%	52 87%	68 86%	11 85%	150 86%	~	~	~	~	~	~	25 96%	206 83%	168 83%	68 88%	110 88%	124 82%
NOT ANSWERED	14	279		1		2		1	3							3	3	1	2	2	
VALID CASES	287	5392	28	55	40	60	79	13	174							26	248	203	77	125	152
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI ##	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q29 NEVER	3 7%	102 11%	1 ~	1 7%	1 20%	~	~	1 4%	~	~	~	~	~	~	2 5%	2 6%	1 13%	2 ~	2 7%	
SOMETIMES	12 28%	354 37%	1 50%	5 33%	2 40%	1 13%	2 20%	5 22%	~	~	~	~	~	1 100%	10 25%	8 24%	3 38%	4 29%	7 26%	
USUALLY	19 44%	333 35%	1 50%	7 47%	1 20%	5 63%	4 40%	1 100%	11 48%	~	~	~	~	~	19 48%	18 53%	1 13%	6 43%	13 48%	
ALWAYS	9 21%	171 18%	2 ~	1 13%	2 20%	4 25%	~	6 26%	~	~	~	~	~	~	9 23%	6 18%	3 38%	4 29%	5 19%	
#ALWAYS + USUALLY (NET)	28 65%	504 52%	1 50%	9 60%	2 40%	7 88%	8 80%	1 100%	17 74%	~	~	~	~	~	28 70%	24 71%	4 50%	10 71%	18 67%	
TOP BOX SCORE	9 21%	171 18%	2 ~	1 13%	2 20%	4 25%	~	6 26%	~	~	~	~	~	~	9 23%	6 18%	3 38%	4 29%	5 19%	
NOT ANSWERED	2	35				1	1	1							2	1	1	1	1	
VALID CASES	43	961	2	15	5	8	10	1	23						1	40	34	8	14	27
NUMBER OF RESPONDENTS	45	996	2	15	5	8	11	2	24						1	42	35	9	15	28
	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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q30 YES	56 20%	1502 28%*	5 19%~	18 32%*	4 10%~	11 18%	9 12%*	6 50%~	30 17%	~	~	~	~	~	~	2 8%~	51 21%~	41 20%	15 20%	16 13%*	37 25%*
NO	228 80%	3866 72%*	22 81%~	38 68%*	36 90%~	49 82%	69 88%*	6 50%~	142 83%	~	~	~	~	~	~	24 92%~	195 79%~	160 80%	61 80%	110 87%*	112 75%*
NOT ANSWERED	17	303	1			2	1	2	5								5	5	2	1	5
VALID CASES	284	5368	27	56	40	60	78	12	172							26	246	201	76	126	149
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE
								WHITE	##	##	##	##	##	##						
Q31 NEVER	1 2%	56 4%			1 10%			1 3%							1 2%	1 8%			1 3%	
SOMETIMES	6 11%	267 20%	4 22%		1 13%	1 20%	4 14%								6 12%	4 10%	2 15%	2 13%	4 11%	
USUALLY	18 34%	405 30%	2 40%	5 28%	1 25%	3 30%	4 50%	2 31%							17 35%	13 33%	5 38%	4 27%	13 37%	
ALWAYS	28 53%	624 46%	3 60%	9 50%	3 75%	6 60%	3 38%	2 40%	15 52%						1 100%	25 51%	23 58%	5 38%	9 60%	17 49%
#ALWAYS + USUALLY (NET)	46 87%	1029 76%	5 100%	14 78%	4 100%	9 90%	7 88%	4 80%	24 83%						1 100%	42 86%	36 90%	10 77%	13 87%	30 86%
TOP BOX SCORE	28 53%	624 46%	3 60%	9 50%	3 75%	6 60%	3 38%	2 40%	15 52%						1 100%	25 51%	23 58%	5 38%	9 60%	17 49%
NOT ANSWERED	3	48				1 1	1 1	1 1	1						1 2	2 1	2 2	1 1	2 2	
VALID CASES	53	1351	5	18	4	10	8	5	29						1 49	40 13	15 13	15 15	35 37	
NUMBER OF RESPONDENTS	56 100%	1399 100%	5 100%	18 100%	4 100%	11 100%	9 100%	6 100%	30 100%						2 100%	51 100%	41 100%	15 100%	16 100%	37 100%

[ASKED IF Q30 = YES]

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	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 AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE	
								WHTE	##	##	##	##	##	##	IC	IC					
Q32 NEVER	1 2%	18 1%	~	~	~	10%	~	~	~	~	~	~	~	~	~	1 2%	~	~	~	~	
SOMETIMES	3 6%	102 8%	~	11%	~	10%	~	~	~	~	~	~	~	~	~	3 6%	1 3%	2 15%	1 7%	2 6%	
USUALLY	10 19%	291 21%	~	22%	25%	20%	13%	20%	~	~	~	~	~	~	~	9 18%	6 15%	4 31%	4 27%	5 14%	
ALWAYS	39 74%	946 70%	100%	67%	75%	60%	88%	80%	~	~	~	~	~	~	~	1 100%	36 73%	33 82%	6 46%	10 67%	27 77%
#ALWAYS + USUALLY (NET)	49 92%	1237 91%	100%	89%	100%	80%	100%	100%	~	~	~	~	~	~	~	1 100%	45 92%	39 97%	10 77%	14 93%	32 91%
TOP BOX SCORE	39 74%	946 70%	100%	67%	75%	60%	88%	80%	~	~	~	~	~	~	~	1 100%	36 73%	33 82%	6 46%	10 67%	27 77%
NOT ANSWERED	3	41				1	1	1	1							1	2	1	2	1	2
VALID CASES	53	1358	5	18	4	10	8	5	29							1	49	40	13	15	35
NUMBER OF RESPONDENTS	56	1399	5	18	4	11	9	6	30							2	51	41	15	16	37
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q33 YES	85 30%	1713 32%	10 37%~	18 33%	10 25%~	16 27%	21 36%~	5 25%*	44	~	~	~	~	~	~	5 19%~	73 30%~	57 28%	26 34%	30 24%	50 33%
NO	200 70%	3590 68%	17 63%~	36 67%	30 75%~	43 73%	58 84%~	9 75%*	130	~	~	~	~	~	~	21 81%~	172 70%~	144 72%	51 66%	95 76%	100 67%
NOT ANSWERED	16	368	1	2		3			3								6	5	1	2	4
VALID CASES	285	5303	27	54	40	59	79	14	174							26	245	201	77	125	150
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
PQ34 NEVER	3 1%	82 2%	~	2%	3%~	2%	~	~	~	~	~	~	~	~	~	2 ~0.8%	2 1%	1 1%	~	3 2%~	
SOMETIMES	11 4%	286 5%	4%~	4%	~	5%	4%	~	~	~	~	~	~	~	~	8 3%~	4 2%*	5 7%	3 2%	6 4%	
USUALLY	34 12%	671 13%	22%~	13%	10%~	10%	9%	14%~	~	~	~	~	~	~	~	2 8%~	30 12%~	26 13%	8 11%	13 11%	19 13%
ALWAYS	234 83%	4198 80%	74%~	81%	88%~	83%	87%	86%~	~	~	~	~	~	~	~	23 92%~	203 84%~	169 84%	60 81%	107 87%	121 81%
#ALWAYS + USUALLY (NET)	268 95%	4868 93%	96%~	94%	98%~	93%	96%	100%~	~	~	~	~	~	~	~	25 100%~	233 96%~	195 97%	68 92%	120 98%	140 94%
TOP BOX SCORE	234 83%	4198 80%	74%~	81%	88%~	83%	87%	86%~	~	~	~	~	~	~	~	23 92%~	203 84%~	169 84%	60 81%	107 87%	121 81%
NOT ANSWERED	3	86				1	2									1	2		3	2	1
VALID CASES	282	5236	27	54	40	58	77	14								25	243	201	74	123	149
NUMBER OF RESPONDENTS	285	5322	27	54	40	59	79	14								26	245	201	77	125	150
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

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

	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-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND ##	AMER ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	MALE	FE-MALE
Q35 WORST HEALTH PLAN POSSIBLE	31%	41 0.8%	~	1 2%	1 3%	1 2%	~	~	~	~	~	~	~	~	1 5%	2 0.9%	3 2%	~	1 0.9%	2 1%
01	42%	47 0.9%	~	~	1 3%	2 4%	~	1 7%	3 2%	~	~	~	~	~	~	4 2%	~	4 5%	~	4 3%
02	52%	52 1%	~	1 2%	~	2 4%	2 3%	~	3 2%	~	~	~	~	~	~	5 2%	2 1%	3 4%	3 3%	2 1%
03	83%	102 2%	~	~	1 3%	7 14%*	~	~	5 3%	~	~	~	~	~	~	7 3%	5 3%	3 4%	4 3%	4 3%
04	73%	122 2%	~	~	4 11%	1 2%	2 3%	~	4 3%	~	~	~	~	~	2 10%	4 2%	5 3%	2 3%	4 3%	3 2%
05	2610%	466 9%	4 14%	8 16%	3 8%	3 6%	8 11%	~	17 11%	~	~	~	~	~	1 5%	25 11%	16 9%	9 12%	15 13%	11 8%
06	197%	327 6%	3 11%	5 10%	3 8%	5 10%	3 4%	~	10 6%	~	~	~	~	~	3 14%	16 7%	16 9%	3 4%	7 6%	12 8%
07	4115%	646 13%	6 21%	11 22%	5 14%	8 16%	7 9%	1 7%	24 15%	~	~	~	~	~	~	37 16%	28 15%	12 16%	11 10%*	27 19%
08	4115%	1048 21%*	6 21%	4 8%*	3 8%	7 14%	14 19%	3 21%	24 15%	~	~	~	~	~	3 14%	35 15%	32 17%	6 8%*	21 18%	17 12%
09	3915%	797 16%	5 18%	8 16%	4 11%	4 8%	11 15%	4 29%	21 13%	~	~	~	~	~	2 10%	35 15%	25 13%	13 18%	16 14%	21 15%
BEST HEALTH PLAN POSSIBLE	7327%	1383 27%	4 14%	13 25%	12 32%	11 22%	28 37%*	5 36%	49 31%	~	~	~	~	~	9 43%	63 27%	54 29%	18 25%	33 29%	39 27%
#8-10 (NET)	15358%	3229 64%*	15 54%	25 49%	19 51%	22 43%*	53 71%*	12 86%	94 59%	~	~	~	~	~	14 67%	133 57%	111 60%	37 51%	70 61%	77 54%

Continued

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

			AGE					RACE					ETHNICITY		HEALTH STATUS		GENDER			
	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-IAN ##	NATV HAW/ILLND ##	AMER IND/ALSK ##	MUL-TI ##	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
9-10 (NET)	112 42%	2180 43%	9 32%	21 41%	16 43%	15 29%*	39 52%*	9 64%~	70 44%	~	~	~	~	~	11 52%~	98 42%~	79 42%	31 42%	49 43%	60 42%
NOT ANSWERED	35	640	5	3	11	4		17						5	18	20	5	12	12	
VALID CASES	266	5031	28	51	37	51	75	14	160					21	233	186	73	115	142	
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%					26 100%	251 100%	206 100%	78 100%	127 100%	154 100%	
MEAN	7.54	7.78	7.61	7.51	7.24	6.55	8.13	8.43	7.65					7.76	7.54	7.70	7.11	7.57	7.49	
p stat_(*=Sig @ p<=.05)		.103	~.913		~.006*	.006*		~.372	~	~	~	~	~	~	~	~.131	.101	.887	.686	

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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV ALSK ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	FE-MALE	FE-MALE			
Q35A YES	31 11%	663 12%	1 4%~	2 4%*	4 10%~	7 12%	13 17%	4 31%~	19 11%	~	~	~	~	~	~	1 4%~	29 12%~	11 5%*	20 26%*	9 7%	22 15%*	
NO	253 89%	4665 88%	27 96%~	52 96%*	36 90%~	53 88%	65 83%	9 69%~	153 89%	~	~	~	~	~	~	24 96%~	218 88%~	189 95%*	57 74%*	115 93%	129 85%*	
NOT ANSWERED	17	342		2		2	1	1	5							1	4	6	1	3	3	
VALID CASES	284	5329	28	54	40	60	78	13	172							25	247	200	77	124	151	
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%	

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

	CCC TOT ADLT	OHP TOT ADLT	AGE						RACE						ETHNIC- ITY		HEALTH STATUS		GENDER	
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q35B NEVER	4 14%	127 21%~	1 ~ 50%	1 25%	2 29%	~	3 18%	~	~	~	~	~	~	4 15%	4 21%	1 13%	3 14%			
SOMETIMES	4 14%	93 16%~	1 ~ 50%	1 25%	1 14%	1 25%	2 12%	~	~	~	~	~	~	4 15%	2 20%	2 11%	4 19%			
USUALLY	8 28%	141 24%~	~	1 25%	2 29%	4 36%	1 25%	5 29%	~	~	~	~	~	8 30%	1 10%	7 37%	2 25%	6 29%		
ALWAYS	13 45%	234 39%~	1 100%	1 25%	2 29%	7 64%	2 50%	7 41%	~	~	~	~	~	1 100%	11 41%	7 70%	6 32%	5 63%	8 38%	
#ALWAYS + USUALLY (NET)	21 72%	375 63%~	1 100%	2 50%	4 57%	11 100%	3 75%	12 71%	~	~	~	~	~	1 100%	19 70%	8 80%	13 68%	7 88%	14 67%	
TOP BOX SCORE	13 45%	234 39%~	1 100%	1 25%	2 29%	7 64%	2 50%	7 41%	~	~	~	~	~	1 100%	11 41%	7 70%	6 32%	5 63%	8 38%	
NOT ANSWERED	2	32				2	2							2	1	1	1	1		
VALID CASES	29	595	1	2	4	7	11	4	17					1	27	10	19	8	21	
NUMBER OF RESPONDENTS	31	627	1	2	4	7	13	4	19					1	29	11	20	9	22	
	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 AMER ##	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV ##	OTHER OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q35C YES	27 10%	814 15%*	2 7%~	2 4%*	6 15%~	10 17%	5 7%	1 8%~	18 11%	~	~	~	~	~	~	1 4%~	25 10%~	13 6%*	13 17%*	9 7%	17 11%
NO	255 90%	4498 85%*	26 93%~	53 96%*	34 85%~	49 83%	71 93%	11 92%~	152 89%	~	~	~	~	~	~	25 96%~	219 90%~	187 94%*	62 83%*	115 93%	131 89%
NOT ANSWERED	19	359		1		3	3	2	7							7	6	3	3	6	
VALID CASES	282	5312	28	55	40	59	76	12	170							26	244	200	75	124	148
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

	CCC TOT ADULT	OHP TOT ADULT	AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTH-ER ##	MUL-TI TI ##	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q35D NEVER	6 24%	169 23%	~	~	50%~	22%~	25%~	~	24%~	~	~	~	~	~	~	~	26%~	8%~	42%~	13%~	31%~
SOMETIMES	6 24%	128 17%	~	100%~	17%~	22%~	25%~	~	29%~	~	~	~	~	~	~	~	26%~	25%~	25%~	13%~	31%~
USUALLY	5 20%	197 26%	50%~	~	33%~	22%~	~	~	24%~	~	~	~	~	~	~	~	22%~	25%~	8%~	25%~	19%~
ALWAYS	8 32%	251 34%	50%~	~	33%~	50%~	100%~	~	24%~	~	~	~	~	~	~	~	100%~	26%~	42%~	25%~	50%~
#ALWAYS + USUALLY (NET)	13 52%	448 60%	100%~	~	33%~	56%~	50%~	100%~	47%~	~	~	~	~	~	~	~	100%~	48%~	67%~	33%~	75%~
TOP BOX SCORE	8 32%	251 34%	50%~	~	33%~	50%~	100%~	~	24%~	~	~	~	~	~	~	~	100%~	26%~	42%~	25%~	50%~
NOT ANSWERED	2	29				1	1		1									2	1	1	1
VALID CASES	25	745	2	2	6	9	4	1	17								1	23	12	12	8
NUMBER OF RESPONDENTS	27	774	2	2	6	10	5	1	18								1	25	13	13	9
	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?

	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/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q35E YES	144 50%	2942 55%	7 25%~	23 42%	27 68%~	30 51%	43 54%	8 62%~	88 51%	~	~	~	~	~	7 27%~	128 52%~	88 44%*	53 68%*	51 41%*	86 57%*
NO	142 50%	2408 45%	21 75%~	32 58%	13 33%~	29 49%	36 46%	5 38%~	86 49%	~	~	~	~	~	19 73%~	118 48%~	113 56%*	25 32%*	74 59%*	65 43%*
NOT ANSWERED	15	321	1		3		1	3							5	5			2	3
VALID CASES	286	5350	28	55	40	59	79	13	174						26	246	201	78	125	151
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
			WHTE	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q35F																						
NO EFFORT AT ALL	5 4%	101 4%	1 14%~	1 ~	1 4%~	2 ~	2 5%~	2 ~	2 2%	~	~	~	~	~	~	~	3 2%~	3 3%	2 4%	2 4%~	2 2%	
A LITTLE EFFORT WAS MADE	11 8%	195 7%	3 43%~	2 9%~	2 7%~	2 7%~	2 5%~	6 ~	6 7%	~	~	~	~	~	~	~	2 29%~	9 7%~	5 6%	6 12%	6 12%~	5 6%
SOME EFFORT WAS MADE	37 26%	696 25%	2 29%~	4 17%~	10 37%~	9 30%~	9 22%~	1 13%~	22 25%	~	~	~	~	~	~	~	3 43%~	31 25%~	19 22%	16 31%	12 24%~	23 27%
A LOT OF EFFORT WAS MADE	89 63%	1801 64%	1 14%~	17 74%~	14 52%~	19 63%~	28 68%~	7 88%~	58 66%	~	~	~	~	~	~	~	2 29%~	83 66%~	61 69%*	27 53%	29 59%~	56 65%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	126 89%	2497 89%	3 43%~	21 91%~	24 89%~	28 93%~	37 90%~	8 100%~	80 91%	~	~	~	~	~	~	~	5 71%~	114 90%~	80 91%	43 84%	41 84%~	79 92%
TOP BOX SCORE	89 63%	1801 64%	1 14%~	17 74%~	14 52%~	19 63%~	28 68%~	7 88%~	58 66%	~	~	~	~	~	~	~	2 29%~	83 66%~	61 69%*	27 53%	29 59%~	56 65%
NOT ANSWERED	2	82					2											2		2	2	
VALID CASES	142	2794	7	23	27	30	41	8	88								7	126	88	51	49	86
NUMBER OF RESPONDENTS	144	2876	7	23	27	30	43	8	88								7	128	88	53	51	86
	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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
			WHTE	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q35G																					
NO EFFORT AT ALL	4 3%	101 4%	1 14%~	1 ~	1 4%~	1 ~	2 2%	2	~	~	~	~	~	~	3 2%~	3 3%	1 2%	2 4%~	1 1%		
A LITTLE EFFORT WAS MADE	16 11%	226 8%	2 29%~	4 17%~	4 15%~	4 13%~	2 5%~	10 11%	~	~	~	~	~	~	2 29%~	14 11%~	10 11%	6 12%	7 14%~	9 10%	
SOME EFFORT WAS MADE	35 25%	717 26%	2 29%~	4 17%~	5 19%~	10 33%~	11 27%~	1 13%~	18 20%	~	~	~	~	~	3 43%~	29 23%~	19 22%	15 29%	14 29%~	19 22%	
A LOT OF EFFORT WAS MADE	85 61%	1741 63%	2 29%~	15 65%~	17 63%~	16 53%~	27 66%~	7 88%~	58 66%	~	~	~	~	~	2 29%~	80 63%~	56 64%	29 57%	26 53%~	57 66%	
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	120 86%	2458 88%	4 57%~	19 83%~	22 81%~	26 87%~	38 93%~	8 100%~	76 86%	~	~	~	~	~	5 71%~	109 87%~	75 85%	44 86%	40 82%~	76 88%	
TOP BOX SCORE	85 61%	1741 63%	2 29%~	15 65%~	17 63%~	16 53%~	27 66%~	7 88%~	58 66%	~	~	~	~	~	2 29%~	80 63%~	56 64%	29 57%	26 53%~	57 66%	
NOT ANSWERED	4	91					2								2		2		2		
VALID CASES	140	2785	7	23	27	30	41	8	88						7	126	88	51	49	86	
NUMBER OF RESPONDENTS	144	2876	7	23	27	30	43	8	88						7	128	88	53	51	86	
	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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	MALE	FE- MALE		
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	
Q35H NO EFFORT AT ALL	6 4%	190 7%	1 14%~	3 ~ 11%~	1 ~ 2%~	3 ~ 3%	3 ~ 3%	~	~	~	~	~	~	~	~	5 4%~	4 5%	2 4%	3 6%~	2 2%	
A LITTLE EFFORT WAS MADE	11 8%	238 9%	2 29%~	2 9%~	4 ~ 13%~	2 5%~	1 13%~	8 9%	~	~	~	~	~	~	~	1 14%~	10 8%~	6 7%	5 10%~	6 7%	
SOME EFFORT WAS MADE	41 29%	749 27%	3 43%~	8 35%~	7 26%~	9 30%~	11 27%~	1 13%~	23 26%	~	~	~	~	~	~	3 43%~	36 29%~	22 25%	18 35%	15 31%~	24 28%
A LOT OF EFFORT WAS MADE	82 59%	1596 58%	1 14%~	13 57%~	17 63%~	17 57%~	27 66%~	6 75%~	54 61%	~	~	~	~	~	~	3 43%~	75 60%~	56 64%	26 51%	26 53%~	54 63%
#A LOT OF EFFORT WAS MADE + SOME EFFORT WAS MADE (NET)	123 88%	2345 85%	4 57%~	21 91%~	24 89%~	26 87%~	38 93%~	7 88%~	77 87%	~	~	~	~	~	~	6 86%~	111 88%~	78 89%	44 86%	41 84%~	78 91%
TOP BOX SCORE	82 59%	1596 58%	1 14%~	13 57%~	17 63%~	17 57%~	27 66%~	6 75%~	54 61%	~	~	~	~	~	~	3 43%~	75 60%~	56 64%	26 51%	26 53%~	54 63%
NOT ANSWERED	4	103				2										2		2		2	
VALID CASES	140	2773	7	23	27	30	41	8	88							7	126	88	51	49	86
NUMBER OF RESPONDENTS	144	2876	7	23	27	30	43	8	88							7	128	88	53	51	86
	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 AMR	ASIAN	NATV HAW/ ILND	AMR ALSK	OTHR	MUL TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q35I YES	86 30%	1870 35%	5 18%	17 31%	17 43%	21 34%	21 27%	4 29%	52 30%	~	~	~	~	~	~	3 12%	81 33%	53 26%*	32 41%*	26 21%*	58 38%*
NO	198 70%	3406 65%	23 82%	38 69%	23 58%	40 66%	58 73%	10 71%	124 70%	~	~	~	~	~	~	23 88%	168 67%	149 74%*	46 59%*	100 79%*	95 62%*
NOT ANSWERED	17	394		1		1			1								2	4		1	1
VALID CASES	284	5277	28	55	40	61	79	14	176							26	249	202	78	126	153
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AFR-AMER ##	AS- IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	VERY GOOD & FAIR & POOR	MALE	FE- MALE	
Q35J #YES	71 87%	1588 89%	4 80%~	13 76%~	14 88%~	17 89%~	18 90%~	4 88%~	~	~	~	~	~	~	3 ~100%~	66 86%~	42 86%~	28 88%~	21 84%~	48 87%~
NO	11 13%	204 11%	1 20%~	4 24%~	2 13%~	2 11%~	2 10%~	6 12%~	~	~	~	~	~	~	11 ~14%~	7 14%~	4 13%~	4 16%~	7 13%~	
NOT ANSWERED	4	60			1	2	1	3							4	4			1	3
VALID CASES	82	1792	5	17	16	19	20	4	49						3	77	49	32	25	55
NUMBER OF RESPONDENTS	86 100%	1852 100%	5 100%	17 100%	17 100%	21 100%	21 100%	4 100%	52						3 100%	81 100%	53 100%	32 100%	26 100%	58 100%

[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 ADLT	OHP TOT ADLT	AGE					RACE						ETHNIC- ITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	MUL- TI	OTH R	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE- MALE	MALE
Q35K #YES	62 77%	1484 84%	3 60%~	13 76%~	12 80%~	13 68%~	16 80%~	4 100%~	35 73%~	~	~	~	~	~	3 ~100%~	57 75%~	36 73%~	25 81%~	15 60%~	45 83%~
NO	19 23%	292 16%	2 40%~	4 24%~	3 20%~	6 32%~	4 20%~	13 27%~	~	~	~	~	~	~	19 ~25%~	13 27%~	6 19%~	10 40%~	9 17%~	
NOT ANSWERED	5	76			2	2	1	4							5	4	1	1	4	
VALID CASES	81	1776	5	17	15	19	20	4	48						3	76	49	31	25	54
NUMBER OF RESPONDENTS	86 100%	1852 100%	5 100%	17 100%	17 100%	21 100%	21 100%	4 100%	52 100%						3 100%	81 100%	53 100%	32 100%	26 100%	58 100%

[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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
			24	34	44	54	64	OVER	WHTE	##	##	##	##	##	##	##	GOOD	POOR	MALE	MALE
Q35L NEVER	55 20%	692 13%*	6 24%~	8 15%	6 15%~	14 23%	18 23%	2 15%~	32 18%	~	~	~	~	~	14 56%~	40 17%~	40 21%	14 18%	41 34%*	14 9%*
SOMETIMES	25 9%	623 12%	3 12%~	4 8%	5 13%~	4 7%	7 9%	1 8%~	14 8%	~	~	~	~	~	4 16%~	20 8%~	14 7%	10 13%	5 4%*	19 13%*
USUALLY	55 20%	1195 23%	7 28%~	15 28%	3 8%~	11 18%	15 19%	3 23%~	35 20%	~	~	~	~	~	2 8%~	51 21%~	39 20%	16 21%	23 19%	31 21%
ALWAYS	141 51%	2698 52%	9 36%~	26 49%	25 64%~	31 52%	38 49%	7 54%~	92 53%	~	~	~	~	~	5 20%~	131 54%~	102 52%	37 48%	52 43%*	85 57%*
#ALWAYS + USUALLY (NET)	196 71%	3894 75%	16 64%~	41 77%	28 72%~	42 70%	53 68%	10 77%~	127 73%	~	~	~	~	~	7 28%~	182 75%~	141 72%	53 69%	75 62%*	116 78%*
TOP BOX SCORE	141 51%	2698 52%	9 36%~	26 49%	25 64%~	31 52%	38 49%	7 54%~	92 53%	~	~	~	~	~	5 20%~	131 54%~	102 52%	37 48%	52 43%*	85 57%*
NOT ANSWERED	25	462	3	3	1	2	1	1	4						1	9	11	1	6	5
VALID CASES	276	5209	25	53	39	60	78	13	173						25	242	195	77	121	149
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE		
			24	34	44	54	64	OVER	WHTE	##	##	##	##	##	##	IC	IC	GOOD	POOR	MALE	MALE
Q35M ALWAYS	21 8%	310 6%	2 7%	6 11%	1 3%	7 12%	2 3%*	2 15%	9 5%	~	~	~	~	~	~	2 8%	18 7%	17 9%	4 5%	6 5%	14 9%
USUALLY	17 6%	270 5%	3 11%	2 4%	4 10%	3 5%	4 5%	1 8%	9 5%	~	~	~	~	~	~	~	17 7%	9 5%	7 9%	7 6%	10 7%
SOMETIMES	39 14%	952 18%*	5 19%	9 16%	7 18%	8 14%	10 13%	~	23 13%	~	~	~	~	~	~	3 13%	35 14%	28 14%	11 14%	16 13%	23 15%
NEVER	201 72%	3697 71%	17 63%	38 69%	28 70%	40 69%	62 79%	10 77%	132 76%	~	~	~	~	~	~	19 79%	176 72%	145 73%	54 71%	95 77%	102 68%
#NEVER + SOMETIMES (NET)	240 86%	4649 89%	22 81%	47 85%	35 88%	48 83%	72 92%*	10 77%	155 90%	~	~	~	~	~	~	22 92%	211 86%	173 87%	65 86%	111 90%	125 84%
TOP BOX SCORE	201 72%	3697 71%	17 63%	38 69%	28 70%	40 69%	62 79%	10 77%	132 76%	~	~	~	~	~	~	19 79%	176 72%	145 73%	54 71%	95 77%	102 68%
NOT ANSWERED	23	442	1	1		4	1	1	4							2	5	7	2	3	5
VALID CASES	278	5229	27	55	40	58	78	13	173							24	246	199	76	124	149
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
								WHTE	##	##	##	##	##	##						
Q35N ALWAYS	3 1%	79 2%	1 4%	1 2%	1 ~	1 2%	~	1 ~0.6%	~	~	~	~	~	~	1 4%	2 ~0.8%	3 1%	~	2 2%	1 0.7%
USUALLY	6 2%	129 2%	2 7%	1 2%	2 5%	~	1 1%	~	~	~	~	~	~	~	6 ~	5 2%	1 1%	2 2%	4 3%	
SOMETIMES	33 12%	739 14%	5 19%	7 13%	5 13%	8 14%	5 6%*	2 15%~	~	~	~	~	~	~	2 8%	29 12%	21 10%	12 16%	10 8%	22 14%
NEVER	237 85%	4276 82%	19 70%	47 84%	33 83%	50 85%	72 92%*	11 85%~	~	~	~	~	~	~	22 88%	209 85%	171 86%	64 83%	108 89%	125 82%
#NEVER + SOMETIMES (NET)	270 97%	5015 96%	24 89%	54 96%	38 95%	58 98%	77 99%	13 100%~	~	~	~	~	~	~	24 96%	238 97%	192 96%	76 99%	118 97%	147 97%
TOP BOX SCORE	237 85%	4276 82%	19 70%	47 84%	33 83%	50 85%	72 92%*	11 85%~	~	~	~	~	~	~	22 88%	209 85%	171 86%	64 83%	108 89%	125 82%
NOT ANSWERED	22	448	1			3	1	1	5						1	5	6	1	5	2
VALID CASES	279	5223	27	56	40	59	78	13	172						25	246	200	77	122	152
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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?

			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-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	MUL-TI ##	OTH-ER ##	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE
Q350 ALWAYS	2 0.7%	62 1%	1 4%	~	~	~	1 1%	2 1%	~	~	~	~	~	~	2 ~0.8%	1 0.5%	1 1%	2 2%	1 ~	~
USUALLY	3 1%	77 1%	~	~	1 3%	2 3%	~	1 0.6%	~	~	~	~	~	~	3 1%	3 1%	3 ~	3 2%	~	~
SOMETIMES	26 9%	505 10%	3 11%	5 9%	4 10%	9 15%	5 6%	17 10%	~	~	~	~	~	2 8%	23 9%	15 7%	11 14%	11 9%	15 10%	~
NEVER	248 89%	4589 88%	23 85%	51 91%	35 88%	48 81%	71 92%	13 100%	151 88%	~	~	~	~	~	23 92%	217 89%	181 91%	65 84%	106 87%	136 90%
#NEVER + SOMETIMES (NET)	274 98%	5094 97%	26 96%	56 100%	39 98%	57 97%	76 99%	13 100%	168 98%	~	~	~	~	~	25 100%	240 98%	196 98%	76 99%	117 96%	151 100%
TOP BOX SCORE	248 89%	4589 88%	23 85%	51 91%	35 88%	48 81%	71 92%	13 100%	151 88%	~	~	~	~	~	23 92%	217 89%	181 91%	65 84%	106 87%	136 90%
NOT ANSWERED	22	438	1			3	2	1	6						1	6	6	1	5	3
VALID CASES	279	5233	27	56	40	59	77	13	171						25	245	200	77	122	151
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q35P #YES DEFINITELY	177 64%	3547 69%	12 44%	37 67%	26 65%	37 63%	53 67%	9 82%	118 69%*	~	~	~	~	~	~	10 42%	163 67%	129 65%	46 61%	70 57%*	104 69%*
YES SOMEWHAT	75 27%	1203 23%	10 37%	12 22%	10 25%	17 29%	22 28%	2 18%	43 25%	~	~	~	~	~	~	8 33%	64 26%	53 27%	22 29%	35 29%	39 26%
NO	24 9%	417 8%	5 19%	6 11%	4 10%	5 8%	4 5%	~	10 6%*	~	~	~	~	~	~	6 25%	18 7%	16 8%	8 11%	17 14%*	7 5%*
NOT ANSWERED	25	503	1	1		3	3		6							2	6	8	2	5	4
VALID CASES	276	5168	27	55	40	59	79	11	171							24	245	198	76	122	150
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ NATV OTHR ##	MUL-TI ##	NOT HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE		
Q35Q YES	160 58%	2983 57%	14 50%~	39 70%*	17 43%~	37 63%	41 53%	7 58%~	105 61%	~	~	~	~	~	~	11 42%~	143 59%~	124 62%*	35 46%*	65 54%	91 60%
NO	118 42%	2289 43%	14 50%~	17 30%*	23 58%~	22 37%	36 47%	5 42%~	66 39%	~	~	~	~	~	~	15 58%~	100 41%~	76 38%*	41 54%*	56 46%	60 40%
NOT ANSWERED	23	399				3	2	2	6							8	6	2	6	3	
VALID CASES	278	5272	28	56	40	59	77	12	171							26	243	200	76	121	151
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL-TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	FE-MALE	MALE	
Q35R NEVER	56 37%	917 37%	7 47%	8 23%	13 57%	11 35%	12 36%	2 29%	26 38%	~	~	~	~	~	6 35%	46 37%	35 36%	19 37%	30 43%	24 32%
SOMETIMES	24 16%	468 19%	2 13%	6 17%	4 17%	7 23%	5 15%	10 15%	~	~	~	~	~	~	4 24%	19 15%	14 14%	10 20%	8 11%	16 22%
USUALLY	29 19%	470 19%	3 20%	5 14%	3 13%	4 13%	9 27%	2 29%	16 24%	~	~	~	~	~	1 6%	25 20%	19 20%	10 20%	13 19%	13 18%
ALWAYS	41 27%	619 25%	3 20%	16 46%	3 13%	9 29%	7 21%	3 43%	16 24%	~	~	~	~	~	6 35%	35 28%	29 30%	12 24%	19 27%	21 28%
#ALWAYS + USUALLY (NET)	70 47%	1089 44%	6 40%	21 60%	6 26%	13 42%	16 48%	5 71%	32 47%	~	~	~	~	~	7 41%	60 48%	48 49%	22 43%	32 46%	34 46%
TOP BOX SCORE	41 27%	619 25%	3 20%	16 46%	3 13%	9 29%	7 21%	3 43%	16 24%	~	~	~	~	~	6 35%	35 28%	29 30%	12 24%	19 27%	21 28%
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	127	2730	13	21	17	27	44	4	101						9	118	102	25	51	76
NOT ANSWERED	24	467				4	2	3	8						8	7	2	6	4	
VALID CASES	150	2474	15	35	23	31	33	7	68						17	125	97	51	70	74
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q36 EXCELLENT	30 11%	556 10%	5 19%	10 18%	2 5%	4 7%	7 9%	16 9%	~	~	~	~	~	~	6 23%	22 9%	30 15%*	~	15 12%	14 9%
VERY GOOD	76 27%	1282 24%	13 48%	16 29%	11 28%	15 25%	14 18%*	4 29%	44 25%	~	~	~	~	~	8 31%	64 26%	76 37%*	~	37 30%	36 24%
GOOD	100 35%	1849 35%	9 33%	21 38%	15 38%	23 38%	24 31%	6 43%	67 39%	~	~	~	~	~	9 35%	89 36%	100 49%	~	36 29%	62 41%*
FAIR	55 19%	1201 23%	~	8 14%	8 20%	16 26%	21 27%	2 14%	34 20%	~	~	~	~	~	3 12%	50 20%	55 ~	71%*	24 19%	31 20%
POOR	23 8%	406 8%	~	1 2%*	4 10%	3 5%	12 15%*	2 14%	12 7%	~	~	~	~	~	~	22 9%	23 ~	29%*	12 10%	10 7%
#EXCELLENT + VERY GOOD + GOOD (NET)	206 73%	3686 70%	27 100%	47 84%*	28 70%	42 69%	45 58%*	10 71%	127 73%	~	~	~	~	~	23 88%	175 71%	206 100%	~	88 71%	112 73%
NOT ANSWERED	17	377	1			1	1		4						4				3	1
VALID CASES	284	5294	27	56	40	61	78	14	173						26	247	206	78	124	153
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
			##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##
Q37 EXCELLENT	58 20%	956 18%	10 36%	14 25%	5 13%	8 13%	16 20%	3 21%	29 17%*	~	~	~	~	~	~	8 31%	46 18%	55 27%*	3 4%*	31 25%	25 16%
VERY GOOD	75 26%	1444 27%	6 21%	12 21%	13 33%	17 28%	25 32%	1 7%	47 27%	~	~	~	~	~	~	6 23%	68 27%	67 33%*	7 9%*	33 26%	41 27%
GOOD	80 28%	1591 30%	4 14%	13 23%	15 38%	21 34%	19 24%	6 43%	56 32%	~	~	~	~	~	~	8 31%	70 28%	48 24%*	31 40%*	33 26%	46 30%
FAIR	48 17%	1030 19%	8 29%	9 16%	4 10%	11 18%	13 16%	3 21%	31 18%	~	~	~	~	~	~	4 15%	44 18%	25 12%*	23 29%*	19 15%	28 18%
POOR	23 8%	303 6%	~	8 14%	3 8%	4 7%	6 8%	1 7%	12 7%	~	~	~	~	~	~	~	21 8%	9 4%*	14 18%*	9 7%	13 8%
#EXCELLENT + VERY GOOD + GOOD (NET)	213 75%	3991 75%	20 71%	39 70%	33 82%	46 75%	60 76%	10 71%	132 75%	~	~	~	~	~	~	22 85%	184 74%	170 83%*	41 53%*	97 78%	112 73%
NOT ANSWERED	17	348				1			2								2	2		2	1
VALID CASES	284	5323	28	56	40	61	79	14	175							26	249	204	78	125	153
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177							26	251	206	78	127	154
	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%

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

	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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
Q38 #YES	91 33%	1949 37%	6 23%	16 29%	11 28%	20 33%	30 38%	6 46%	56 33%	~	~	~	~	~	~	9 35%	79 32%	59 29%	32 42%*	36 29%	53 36%
NO	188 67%	3261 63%	20 77%	39 71%	29 72%	41 67%	48 62%	7 54%	116 67%	~	~	~	~	~	~	17 65%	165 68%	141 71%	44 58%*	88 71%	96 64%
DON'T KNOW	5	134	2	1		1	1		3								5	3	2	2	3
NOT ANSWERED	17	327					1		2								2	3		1	2
VALID CASES	279	5210	26	55	40	61	78	13	172							26	244	200	76	124	149
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLK OR AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q39 EVERY DAY	74 26%	1034 20%*	2 7%	10 18%	11 28%	25 41%*	23 29%	2 14%	47 27%	~	~	~	~	~	~	5 20%	67 27%	42 21%*	32 42%*	36 29%	36 24%
SOME DAYS	25 9%	461 9%	4 14%	7 13%	~	3 5%	8 10%	2 14%	14 8%	~	~	~	~	~	~	3 12%	21 8%	21 10%	4 5%	13 10%	11 7%
NOT AT ALL	185 65%	3773 72%*	22 79%	39 70%	29 72%	33 54%*	47 60%	10 71%	114 65%	~	~	~	~	~	~	17 68%	161 65%	141 69%*	41 53%*	75 60%	106 69%
DON'T KNOW	1	42				1										1		1		1	
NOT ANSWERED	16	360					1		2								2	1	1	2	1
VALID CASES	284	5269	28	56	40	61	78	14	175							25	249	204	77	124	153
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177							26	251	206	78	127	154
	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	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE-MALE
Q40 NEVER	31 32%	477 30%	5 83%~	3 18%~	3 27%~	6 23%~	12 40%~	1 25%~	20 34%~	~	~	~	~	~	3 38%~	26 31%~	19 32%~	12 33%~	18 38%~	12 26%~
SOMETIMES	20 21%	309 20%	1 17%~	7 41%~	2 18%~	6 23%~	4 13%~	11 19%~	~	~	~	~	~	~	1 13%~	19 22%~	13 22%~	7 19%~	8 17%~	12 26%~
USUALLY	23 24%	270 17%	~	3 18%~	4 36%~	6 23%~	7 23%~	2 50%~	17 29%~	~	~	~	~	~	2 25%~	20 24%~	14 23%~	9 25%~	10 21%~	12 26%~
ALWAYS	22 23%	513 33%*	~	4 24%~	2 18%~	8 31%~	7 23%~	1 25%~	11 19%~	~	~	~	~	~	2 25%~	20 24%~	14 23%~	8 22%~	11 23%~	10 22%~
#ALWAYS + USUALLY (NET)	45 47%	782 50%	~	7 41%~	6 55%~	14 54%~	14 47%~	3 75%~	28 47%~	~	~	~	~	~	4 50%~	40 47%~	28 47%~	17 47%~	21 45%~	22 48%~
TOP BOX SCORE	22 23%	513 33%*	~	4 24%~	2 18%~	8 31%~	7 23%~	1 25%~	11 19%~	~	~	~	~	~	2 25%~	20 24%~	14 23%~	8 22%~	11 23%~	10 22%~
NOT ANSWERED	3	25				2	1		2							3	3		2	1
VALID CASES	96	1569	6	17	11	26	30	4	59						8	85	60	36	47	46
NUMBER OF RESPONDENTS	99	1594	6	17	11	28	31	4	61						8	88	63	36	49	47
	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- AMER ##	NATV AS- IAN ##	AMER HAW/ IND/ PAC ALSK ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	MALE	FE- MALE			
Q41 NEVER	53 56%	796 51%	6 100%	9 56%	7 70%	12 44%	16 53%	2 50%	33 55%	~	~	~	~	~	~	6 75%	46 55%	35 57%	18 53%	31 65%	20 45%
SOMETIMES	23 24%	318 20%	~	4 25%	2 20%	8 30%	6 20%	2 50%	13 22%	~	~	~	~	~	~	1 13%	21 25%	15 25%	8 24%	9 19%	13 30%
USUALLY	10 11%	179 11%	~	1 6%	1 10%	4 15%	4 13%	~	9 15%	~	~	~	~	~	~	~	10 12%	5 8%	5 15%	5 10%	5 11%
ALWAYS	9 9%	266 17%*	~	2 13%	~	3 11%	4 13%	~	5 8%	~	~	~	~	~	~	1 13%	7 8%	6 10%	3 9%	3 6%	6 14%
#ALWAYS + USUALLY (NET)	19 20%	445 29%*	~	3 19%	1 10%	7 26%	8 27%	~	14 23%	~	~	~	~	~	~	1 13%	17 20%	11 18%	8 24%	8 17%	11 25%
TOP BOX SCORE	9 9%	266 17%*	~	2 13%	~	3 11%	4 13%	~	5 8%	~	~	~	~	~	~	1 13%	7 8%	6 10%	3 9%	3 6%	6 14%
NOT ANSWERED	4	34	~	1	1	1	1	~	1	~	~	~	~	~	~	~	4	2	2	1	3
VALID CASES	95	1560	6	16	10	27	30	4	60	~	~	~	~	~	~	8	84	61	34	48	44
NUMBER OF RESPONDENTS	99 100%	1594 100%	6 100%	17 100%	11 100%	28 100%	31 100%	4 100%	61 100%	~	~	~	~	~	~	8 100%	88 100%	63 100%	36 100%	49 100%	47 100%

[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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	MALE	FEMALE	
Q42 NEVER	59 63%	888 57%	6 100%	10 59%	6 55%	14 54%	20 67%	3 75%	39 65%	~	~	~	~	~	~	5 63%	53 62%	38 64%	21 60%	36 75%	23 51%
SOMETIMES	18 19%	301 19%	~	4 24%	4 36%	4 15%	6 20%	~	9 15%	~	~	~	~	~	~	1 13%	17 20%	9 15%	9 26%	7 15%	11 24%
USUALLY	11 12%	175 11%	~	1 6%	1 9%	5 19%	3 10%	1 25%	9 15%	~	~	~	~	~	~	~	11 13%	7 12%	4 11%	3 6%	8 18%
ALWAYS	6 6%	191 12%*	~	2 12%	~	3 12%	1 3%	~	3 5%	~	~	~	~	~	~	2 25%	4 5%	5 8%	1 3%	2 4%	3 7%
#ALWAYS + USUALLY (NET)	17 18%	367 24%	~	3 18%	1 9%	8 31%	4 13%	1 25%	12 20%	~	~	~	~	~	~	2 25%	15 18%	12 20%	5 14%	5 10%	11 24%
TOP BOX SCORE	6 6%	191 12%*	~	2 12%	~	3 12%	1 3%	~	3 5%	~	~	~	~	~	~	2 25%	4 5%	5 8%	1 3%	2 4%	3 7%
NOT ANSWERED	5	39				2	1		1								3	4	1	1	2
VALID CASES	94	1555	6	17	11	26	30	4	60						8	85	59	35	48	45	
NUMBER OF RESPONDENTS	99 100%	1594 100%	6 100%	17 100%	11 100%	28 100%	31 100%	4 100%	61 100%						8 100%	88 100%	63 100%	36 100%	49 100%	47 100%	

[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						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-IC	NOT HIS-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q43 YES	56 20%	1073 20%	2 7%~	4 7%*	3 8%~	15 25%	27 35%*	5 36%~	43 25%*	~	~	~	~	~	~	3 12%~	52 21%~	33 17%*	22 29%*	29 24%	27 18%
NO	222 80%	4210 80%	25 93%~	51 93%*	37 92%~	45 75%	51 65%*	9 64%~	130 75%*	~	~	~	~	~	~	23 88%~	193 79%~	165 83%*	55 71%*	93 76%	125 82%
DON'T KNOW	4	36	1	1		1	1		2								4	3	1		4
NOT ANSWERED	19	352				1			2								2	5			1 2
VALID CASES	278	5283	27	55	40	60	78	14	173							26	245	198	77	122	152
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE		
Q44 YES	29 11%	481 10%	3 11%~	4 7%	7 19%~	3 5%*	9 12%	3 25%~	14 9%	~	~	~	~	~	~	3 12%~	26 11%~	12 6%*	17 25%*	14 11%	15 11%
NO	238 89%	4399 90%	24 89%~	50 93%	30 81%~	57 95%*	64 88%	9 75%~	149 91%	~	~	~	~	~	~	22 88%~	211 89%~	183 94%*	52 75%*	108 89%	126 89%
DON'T KNOW	14	432	1	2	3	2	5	1	12							1	13	7	7	3	11
NOT ANSWERED	20	359					1	1	2								1	4	2	2	2
VALID CASES	267	4880	27	54	37	60	73	12	163							25	237	195	69	122	141
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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 ADLT	OHP TOT ADLT	AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q45 YES	93 33%	1760 33%	5 18%	14 25%	7 18%	21 34%	35 44%*	9 69%~	64 36%	~	~	~	~	~	~	6 23%	84 34%	62 31%	30 39%	46 37%	45 30%
NO	188 67%	3528 67%	23 82%	42 75%	33 82%	40 66%	44 56%*	4 31%~	112 64%	~	~	~	~	~	~	20 77%	164 66%	139 69%	47 61%	80 63%	106 70%
NOT ANSWERED	20	383				1	1	1									3	5	1	1	3
VALID CASES	281	5288	28	56	40	61	79	13	176							26	248	201	77	126	151
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q46.1 YES	60 20%	1193 21%	2 ~	8 4%*	17 20%~	25 27%	7 32%*	39 22%	~	~	~	~	~	~	2 8%~	55 22%*	29 14%*	30 38%*	21 17%	39 25%*
NO	241 80%	4478 79%	28 100%~	54 96%*	32 80%~	45 73%	7 68%*	138 78%	~	~	~	~	~	~	24 92%~	196 78%*	177 86%*	48 62%*	106 83%	115 75%*
VALID CASES	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

	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 AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE	
Q46.2 YES	81 27%	1634 29%	2 7%	5 9%*	10 25%~	15 24%	39 49%*	8 57%~	57 32%*	~	~	~	~	~	~	4 15%~	73 29%*	44 21%*	37 47%*	35 28%	45 29%
NO	220 73%	4037 71%	26 93%~	51 91%*	30 75%~	47 76%	40 51%*	6 43%~	120 68%*	~	~	~	~	~	~	22 85%~	178 71%*	162 79%*	41 53%*	92 72%	109 71%
VALID CASES	301	5671	28	56	40	62	79	14	177							26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK ##	MUL-OTHR TI ##	HIS-PAN-IC	HIS-PAN-IC	NOT VERY GOOD & FAIR & POOR	EX & FAIR & POOR	FE-MALE	FE-MALE		
Q46.3																				
YES	46 15%	883 16%	4 14%~	6 11%	7 18%~	13 21%	10 13%	6 43%~	28 16%	~	~	~	~	~	2 8%~	42 17%	24 12%*	22 28%*	20 16%	26 17%
NO	255 85%	4788 84%	24 86%~	50 89%	33 82%~	49 79%	69 87%	8 57%~	149 84%	~	~	~	~	~	24 92%~	209 83%	182 88%*	56 72%*	107 84%	128 83%
VALID CASES	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
	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						ETHNICITY		HEALTH STATUS		GENDER		
			18 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	65 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q47.1 YES	11 4%	231 4%	1 4%	~	~	3 5%	2 3%	5 36%	7 4%	~	~	~	~	~	~	1 4%	9 4%	5 2%	6 8%	4 3%	7 5%
NO	290 96%	5440 96%	27 96%	56 100%	40 100%	59 95%	77 97%	9 64%	170 96%	~	~	~	~	~	~	25 96%	242 96%	201 98%	72 92%	123 97%	147 95%
VALID CASES	301	5671	28	56	40	62	79	14	177							26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER			
	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-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q47.2 YES	6 2%	220 4%*	~	~	~	3%	3%	14%	2%	~	~	~	~	~	~	5 2%	6 8%	4 3%	2 1%		
NO	295 98%	5451 96%*	100%	100%	100%	97%	97%	86%	98%	~	~	~	~	~	~	26 100%	246 98%	206 100%	72 92%*	123 97%	152 99%
VALID CASES	301	5671	28	56	40	62	79	14	177							26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE		
Q47.3 YES	4	243					2	2	2								4	1	3	2	2
	1%	4%*	~	~	~	~	3%	14%~	1%	~	~	~	~	~	~	~	2%*	0.5%	4%	2%	1%
NO	297	5428	28	56	40	62	77	12	175						26	247	205	75	125	152	
	99%	96%*	100%	100%	100%	100%	97%	86%~	99%	~	~	~	~	~	~100%	~98%	~100%	~96%	98%	99%	
VALID CASES	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154	
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154	
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	

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

		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-AMER ##	AS-IAN ##	NATV HAW/ ILND PAC ##	AMER IND/ ALSK NATV ##	MUL- TI ##	HIS- PAN- IC	HIS- PAN- IC	NOT VERY GOOD & FAIR & POOR	EX & VERY GOOD & FAIR & POOR	MALE	FE-MALE		
Q47.4																				
YES	57 19%	955 17%	2 7%	4 7%*	10 25%	13 21%	23 29%*	4 29%~	34 19%	~	~	~	~	~	1 4%~	54 22%*	26 13%*	31 40%*	18 14%	38 25%*
NO	244 81%	4716 83%	26 93%~	52 93%*	30 75%~	49 79%	56 71%*	10 71%~	143 81%	~	~	~	~	~	25 96%~	197 78%*	180 87%*	47 60%*	109 86%	116 75%*
VALID CASES	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q48 YES	91 32%	1695 32%	2 7%	19 35%	19 48%	22 36%	24 30%	4 31%	49 28%*	~	~	~	~	~	~	6 23%	82 33%	52 26%*	39 51%*	29 23%*	60 39%*
NO	189 68%	3585 68%	26 93%	36 65%	21 53%	39 64%	55 70%	9 69%	126 72%*	~	~	~	~	~	~	20 77%	167 67%	147 74%*	38 49%*	96 77%*	92 61%*
NOT ANSWERED	21	392		1		1		1	2								2	7	1	2	2
VALID CASES	280	5279	28	55	40	61	79	13	175							26	249	199	77	125	152
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q49 YES	74	1392	2	13	16	21	18	4	42							5	67	40	34	22	51
	85%	87%	100%~	68%~	84%~	100%~	82%~	100%~	91%~	~	~	~	~	~	~	83%~	85%~	78%~	94%~	79%~	88%~
NO	13	208		6	3		4		4						1	12	11	2	6	7	
	15%	13%	~	32%~	16%~	~	18%~	~	9%~	~	~	~	~	~	~	17%~	15%~	22%~	6%~	21%~	12%~
NOT ANSWERED	4	69				1	2		3							3	1	3	1	2	
VALID CASES	87	1600	2	19	19	21	22	4	46						6	79	51	36	28	58	
NUMBER OF RESPONDENTS	91	1669	2	19	19	22	24	4	49						6	82	52	39	29	60	
	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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE	
Q50 YES	159 57%	3271 62%	7 25%~	17 30%*	26 65%~	37 60%	58 73%*	13 93%~	111 63%*	~	~	~	~	~	7 ~	150 60%~	94 47%*	64 83%*	62 49%*	97 63%*
NO	122 43%	2030 38%	21 75%~	39 70%*	14 35%~	25 40%	21 27%*	1 7%~	65 37%*	~	~	~	~	~	19 ~	100 40%~	107 53%*	13 17%*	64 51%*	56 37%*
NOT ANSWERED		20 369							1							1	5	1	1	1
VALID CASES	281	5302	28	56	40	62	79	14	176						26	250	201	77	126	153
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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 AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE		
Q51 YES	147 94%	2939 94%	6 86%	17 100%	24 92%	32 89%	55 96%	12 100%	102 94%	~	~	~	~	~	~	5 71%	140 95%	82 90%	64 100%	57 93%	90 95%
NO	9 6%	176 6%	1 14%	~	2 8%	4 11%	2 4%	~	6 6%	~	~	~	~	~	~	2 29%	7 5%	9 10%	~	4 7%	5 5%
NOT ANSWERED	3	111				1	1	1	3								3	3		1	2
VALID CASES	156	3115	7	17	26	36	57	12	108						7	147	91	64	61	95	
NUMBER OF RESPONDENTS	159 100%	3226 100%	7 100%	17 100%	26 100%	37 100%	58 100%	13 100%	111 100%						7 100%	150 100%	94 100%	64 100%	62 100%	97 100%	

[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 AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
								WHITE	##	##	##	##	##	##						
NQ52																				
18 TO 24	31 10%	544 10%	28 100%	~	~	~	~	13 7%	~	~	~	~	~	6 23%	22 9%	28 14%*	~	19 15%*	9 6%*	
25 TO 34	63 21%	1042 18%	~	56 ~100%	~	~	~	27 15%*	~	~	~	~	~	7 27%	49 20%	50 24%*	9 12%*	22 17%	33 21%	
35 TO 44	45 15%	924 16%	~	~	40 ~100%	~	~	23 13%	~	~	~	~	~	3 12%	38 15%	30 15%	12 15%	14 11%	27 18%	
45 TO 54	66 22%	1138 20%	~	~	~	62 ~100%	~	42 24%	~	~	~	~	~	8 31%	54 22%	42 20%	19 24%	28 22%	35 23%	
55 TO 64	80 27%	1472 26%	~	~	~	~	79 ~100%	63 36%*	~	~	~	~	~	1 4%	76 30%*	45 22%*	34 44%*	41 32%	38 25%	
65 TO 74	14 5%	326 6%	~	~	~	~	13 93%	8 5%	~	~	~	~	~	1 4%	11 4%	10 5%	4 5%	3 2%	11 7%*	
75 OR OLDER	2 0.7%	225 4%*	~	~	~	~	1 7%	1 0.6%	~	~	~	~	~	1 ~0.4%	1 0.5%	~	~	1 ~0.6%	~	
VALID CASES	301	5671	28	56	40	62	79	14	177					26	251	206	78	127	154	
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177					26	251	206	78	127	154	
	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	

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

NQ53 ARE YOU MALE OR FEMALE?

	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/ ILND	AMER IND/ ALSK	MUL- NATV OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
NQ53																					
MALE	133 44%	2300 41%	19 68%~	22 39%	14 35%~	27 44%	41 52%	3 21%~	76 43%	~	~	~	~	~	~	18 69%~	107 43%	90 44%	36 46%	127 100%~	~
FEMALE	168 56%	3371 59%	9 32%~	34 61%	26 65%~	35 56%	38 48%	11 79%~	101 57%	~	~	~	~	~	~	8 31%~	144 57%	116 56%	42 54%	154 ~100%~	
VALID CASES	301	5671	28	56	40	62	79	14	177							26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

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

			AGE						RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	& FAIR & POOR	MALE	FE- MALE
									WHTE	##	##	##	##	##						
Q54																				
8TH GRADE OR LESS	14 5%	328 6%	1 4%~	2 4%	1 3%~	4 6%	3 4%	2 14%~	1 0.6%*	~	~	~	~	~	7 29%~	5 2%~	6 3%	8 10%*	7 6%	7 5%
SOME HIGH SCHOOL BUT DID NOT GRADUATE	34 12%	614 12%	4 15%~	5 9%	3 8%~	5 8%	12 15%	4 29%~	21 12%	~	~	~	~	~	2 8%~	31 12%~	22 11%	12 16%	15 12%	19 12%
HIGH SCHOOL GRADUATE OR GED	103 37%	1659 31%	11 41%~	22 40%	13 33%~	21 34%	30 38%	5 36%~	73 41%*	~	~	~	~	~	9 38%~	94 38%~	74 37%	26 34%	54 43%	49 32%
SOME COLLEGE OR 2-YEAR DEGREE	113 41%	1998 38%	10 37%~	23 42%	19 49%~	29 47%	30 38%	2 14%~	69 39%	~	~	~	~	~	5 21%~	106 42%~	84 42%	28 36%	43 34%*	70 46%*
4-YEAR COLLEGE GRADUATE	8 3%	437 8%*	~	2 4%	2 5%~	2 3%	1 1%	1 7%~	7 4%	~	~	~	~	~	~	8 3%~	7 4%	1 1%	2 2%	6 4%
MORE THAN 4-YEAR COLLEGE DEGREE	7 3%	242 5%*	1 4%~	1 2%	1 3%~	1 2%	3 4%	~	5 3%	~	~	~	~	~	1 4%~	6 2%~	5 3%	2 3%	5 4%	2 1%
NOT ANSWERED	22	392	1	1	1				1						2	1	8	1	1	1
VALID CASES	279	5279	27	55	39	62	79	14	176						24	250	198	77	126	153
NUMBER OF RESPONDENTS	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
	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 AMR	ASIAN	NATV HAW/ ILND	AMR IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q55																					
YES HISPANIC OR LATINO	269%	66813%	621%~	713%	38%~	813%	11%*	8%~	~	~	~	~	~	~	~	~	~	~	~	~	
NO NOT HISPANIC OR LATINO	25191%	458987%	2279%~	4987%	3792%~	5387%	7699%*	1292%~	175100%~	~	~	~	~	~	~	~	~	~	~	~	
NOT ANSWERED	24	413				1	2	1	2								8	3	2	3	
VALID CASES	277	5258	28	56	40	61	77	13	175							26	251	198	75	125	151
NUMBER OF RESPONDENTS	301100%	5671100%	28100%	56100%	40100%	62100%	79100%	14100%	177100%							26100%	251100%	206100%	78100%	127100%	154100%

Q56.1 WHAT IS YOUR RACE? RESPONSE: WHITE

	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 AMR	ASIAN	NATV ILND	AMR IND/ALSK	OTH	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FEMALE	
Q56.1 YES	191 63%	3500 62%	15 54%~	28 50%*	25 63%~	46 74%*	66 84%*	9 64%~	177 100%~	~	~	~	~	~	~	6 23%~	182 73%*	136 66%	51 65%	84 66%	107 69%*
NO	110 37%	2171 38%	13 46%~	28 50%*	15 38%~	16 26%*	13 16%*	5 36%~	~	~	~	~	~	~	~	20 77%~	69 27%*	70 34%	27 35%	43 34%	47 31%*
VALID CASES	301	5671	28	56	40	62	79	14	177							26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%							26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

			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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK ##	MUL-OTHR TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE-MALE	
Q56.2 YES	5 2%	117 2%	~	1 2%	1 3%	1 2%	2 3%	~	~	~	~	~	~	~	1 4%	4 2%	3 1%	2 3%	1 0.8%	3 2%
NO	296 98%	5554 98%	28 100%	55 100%	39 98%	61 98%	77 97%	14 100%	177 100%	~	~	~	~	~	25 96%	247 98%	203 99%	76 97%	126 99%	151 98%
VALID CASES	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL- OTHR TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE- MALE	
Q56.3 YES	3 1%	212 4%*	1 4%~	1 ~	1 3%~	~	~	~	~	~	~	~	~	~	2 ~0.8%	3 1%~	~	3 ~	3 2%~	
NO	298 99%	5459 96%*	27 96%~	56 100%~	39 98%~	62 100%~	79 100%~	14 100%~	177 ~	~	~	~	~	~	26 ~100%~	249 99%	203 99%~	78 100%~	127 100%~	151 98%~
VALID CASES	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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 AMER	ASIAN	NATV HAW/ PAC ILND	AMER IND/ ALSK	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q56.4 YES	2 0.7%	34 0.6%	~	~	~	~	1% 7%	~	~	~	~	~	~	~	2 ~0.8%	2 1%	~	1 ~0.8%	1 0.6%	
NO	299 99%	5637 99%	28 100%	56 100%	40 100%	62 100%	78 99%	13 93%	177 100%	~	~	~	~	~	26 100%	249 99%	204 99%	78 100%	126 99%	153 99%
VALID CASES	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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

		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 AMER	ASIAN	NATV HAW/IND/PAC	AMER ALSK	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE			
Q56.5 YES	8 3%	211 4%	2 7%	~	1 3%	2 3%	3 4%	~	~	~	~	~	~	1 4%	6 2%	3 1%	5 6%	4 3%	4 3%		
NO	293 97%	5460 96%	26 93%	56 100%	39 98%	60 97%	76 96%	14 100%	177 100%	~	~	~	~	25 96%	245 98%	203 99%	73 94%	123 97%	150 97%		
VALID CASES	301	5671	28	56	40	62	79	14	177					26	251	206	78	127	154		
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%					26 100%	251 100%	206 100%	78 100%	127 100%	154 100%		

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 AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
Q56.6 YES	10 3%	307 5%*	2 7%~	3 5%	1 3%~	3 5%	1 1%	~	~	~	~	~	~	~	6 23%~	4 2%*	8 4%	2 3%	5 4%	5 3%
NO	291 97%	5364 95%*	26 93%~	53 95%	39 98%~	59 95%	78 99%	14 100%~	177 100%~	~	~	~	~	~	20 77%~	247 98%*	198 96%	76 97%	122 96%	149 97%
VALID CASES	301	5671	28	56	40	62	79	14	177						26	251	206	78	127	154
NUMBER OF RESPONDENTS	301 100%	5671 100%	28 100%	56 100%	40 100%	62 100%	79 100%	14 100%	177 100%						26 100%	251 100%	206 100%	78 100%	127 100%	154 100%

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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q57 YES	189	630	6	2	3	2	5	13							4	14	11	7	11	7
	9%	15%*	32%~	6%~	12%~	4%	7%	7%~	~	~	~	~	~	~	24%~	7%~	7%	13%	12%	6%
NO	193	3507	13	32	23	48	65	10	164						13	177	141	48	83	109
	91%	85%*	68%~	94%~	88%~	96%	93%	100%~	93%~	~	~	~	~	~	76%~	93%~	93%	87%	88%	94%
NOT ANSWERED	3	39				1										1	2	1		2
VALID CASES	211	4137	19	34	26	50	70	10	177						17	191	152	55	94	116
NUMBER OF RESPONDENTS	214	4176	19	34	26	51	70	10	177						17	192	154	56	94	118
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

[ASKED IF SURVEY COMPLETED BY MAIL]

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

	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 AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
Q58.1 YES	10 56%	257 48%	2 33%	1 50%	2 67%	2 100%	3 60%	7 54%	~	~	~	~	~	~	3 75%	7 50%	5 45%	5 71%	6 55%	4 57%
NO	8 44%	281 52%	4 67%	1 50%	1 33%	2 40%	6 46%	~	~	~	~	~	~	1 25%	7 50%	6 55%	2 29%	5 45%	3 43%	
VALID CASES	18	538	6	2	3	2	5	13						4	14	11	7	11	7	
NUMBER OF RESPONDENTS	18 100%	538 100%	6 100%	2 100%	3 100%	2 100%	5 100%	13 100%						4 100%	14 100%	11 100%	7 100%	11 100%	7 100%	

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

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

	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 AMER	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q58.2 YES	8 44%	220 41%	3 50%	1 50%	1 33%	3 ~	6 46%	~	~	~	~	~	~	2 50%	6 43%	4 36%	4 57%	5 45%	3 43%
NO	10 56%	318 59%	3 50%	1 50%	2 67%	2 100%	2 40%	7 54%	~	~	~	~	~	2 50%	8 57%	7 64%	3 43%	6 55%	4 57%
VALID CASES	18	538	6	2	3	2	5	13						4	14	11	7	11	7
NUMBER OF RESPONDENTS	18 100%	538 100%	6 100%	2 100%	3 100%	2 100%	5 100%	13 100%						4 100%	14 100%	11 100%	7 100%	11 100%	7 100%

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

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

	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/ ILND	AMER IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
Q58.3 YES	4 22%	203 38%	1 17%	2 ~	2 67%	1 ~	4 31%	~	~	~	~	~	~	~	4 ~	3 29%	1 14%	1 9%	3 43%	
NO	14 78%	335 62%	5 83%	2 100%	1 33%	2 100%	4 80%	9 69%	~	~	~	~	~	~	4 100%	10 71%	8 73%	6 86%	10 91%	4 57%
VALID CASES	18	538	6	2	3	2	5	13							4	14	11	7	11	7
NUMBER OF RESPONDENTS	18 100%	538 100%	6 100%	2 100%	3 100%	2 100%	5 100%	13 100%							4 100%	14 100%	11 100%	7 100%	11 100%	7 100%

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

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

	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 AMER	ASIAN	NATV ILND	AMER PAC	IND/ ALSK	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE
Q58.4 YES	18	79	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NO	18	459	6	2	3	2	5	13							4	14	11	7	11	7
	100%	85%	100%	100%	100%	100%	100%	100%	~	~	~	~	~	~	100%	100%	100%	100%	100%	100%
VALID CASES	18	538	6	2	3	2	5	13							4	14	11	7	11	7
NUMBER OF RESPONDENTS	18	538	6	2	3	2	5	13							4	14	11	7	11	7
	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE					RACE						ETHNICITY		HEALTH STATUS		GENDER	
	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 AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD &	FAIR & POOR	MALE
Q58.5 YES	2 11%	32 6%	1 17%	~	~	1 50%	~	1 8%	~	~	~	~	~	~	2 14%	1 9%	1 14%	2 18%	~
NO	16 89%	506 94%	5 83%	2 100%	3 100%	1 50%	5 100%	12 92%	~	~	~	~	~	4 100%	12 86%	10 91%	6 86%	9 82%	7 100%
VALID CASES	18	538	6	2	3	2	5	13						4	14	11	7	11	7
NUMBER OF RESPONDENTS	18 100%	538 100%	6 100%	2 100%	3 100%	2 100%	5 100%	13 100%						4 100%	14 100%	11 100%	7 100%	11 100%	7 100%

[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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	T I	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
NQ13 0-6	45 23%	761 20%	4 33%~	5 15%~	12 39%~	16 37%~	5 9%*	1 10%~	28 24%	~	~	~	~	~	~	3 27%~	40 24%~	30 24%	14 23%	18 28%	25 21%
7-8	64 33%	1368 36%	3 25%~	16 48%~	9 29%~	9 21%~	18 34%	3 30%~	40 34%	~	~	~	~	~	~	3 27%~	55 32%~	40 32%	19 32%	17 26%	41 35%
9-10	83 43%	1705 44%	5 42%~	12 36%~	10 32%~	18 42%~	30 57%*	6 60%~	51 43%	~	~	~	~	~	~	5 45%~	75 44%~	55 44%	27 45%	30 46%	51 44%
VALID CASES	192	3835	12	33	31	43	53	10	119							11	170	125	60	65	117
NUMBER OF RESPONDENTS	192 100%	3835 100%	12 100%	33 100%	31 100%	43 100%	53 100%	10 100%	119 100%							11 100%	170 100%	125 100%	60 100%	65 100%	117 100%
MEAN	2.20	2.25	2.08	2.21	1.94	2.05	2.47	2.50	2.19							2.18	2.21	2.20	2.22	2.18	2.22
p stat_(*=Sig @ p<=.05)		.388	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- OTHR	TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD	FAIR & POOR	MALE	FE- MALE	
NQ23 0-6	34 17%	642 16%	6 40%	5 15%	5 17%	7 17%	10 17%	1 11%	27 22%*	~	~	~	~	~	~	3 25%	30 17%	20 15%	12 21%	15 21%	19 16%
7-8	48 24%	1053 26%	5 33%	9 26%	6 20%	13 31%	11 19%	1 11%	25 20%	~	~	~	~	~	~	6 50%	38 22%	36 27%	10 17%	17 24%	28 24%
9-10	116 59%	2378 58%	4 27%	20 59%	19 63%	22 52%	37 64%	7 78%	73 58%	~	~	~	~	~	~	3 25%	105 61%	79 59%	36 62%	40 56%	71 60%
VALID CASES	198	4074	15	34	30	42	58	9	125							12	173	135	58	72	118
NUMBER OF RESPONDENTS	198 100%	4074 100%	15 100%	34 100%	30 100%	42 100%	58 100%	9 100%	125 100%							12 100%	173 100%	135 100%	58 100%	72 100%	118 100%
MEAN	2.41	2.43	1.87	2.44	2.47	2.36	2.47	2.67	2.37							2.00	2.43	2.44	2.41	2.35	2.44
p stat_(*=Sig @ p<=.05)		.823	~	~	~	~.548	~	~.249	~	~	~	~	~	~	~	~	~	~.563	1.00	.368	.562

[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	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD &	FAIR & POOR	MALE	FE-MALE
NQ27 0-6	14 18%	249 13%	2 ~ 18%	4 ~ 27%	5 ~ 26%	3 ~ 12%	9 ~ 18%	~	~	~	~	~	~	1 ~ 25%	13 ~ 18%	5 ~ 12%	9 ~ 24%	2 ~ 7%	12 ~ 24%	
7-8	18 23%	475 25%	6 ~ 55%	4 ~ 27%	3 ~ 16%	4 ~ 16%	1 ~ 20%	13 ~ 26%	~	~	~	~	~	~	18 ~ 25%	12 ~ 29%	6 ~ 16%	6 ~ 22%	12 ~ 24%	
9-10	48 60%	1151 61%	3 100%	3 ~ 27%	7 ~ 47%	11 ~ 58%	18 ~ 72%	4 ~ 80%	28 ~ 56%	~	~	~	~	~	3 ~ 75%	42 ~ 58%	25 ~ 60%	22 ~ 59%	19 ~ 70%	27 ~ 53%
VALID CASES	80	1875	3	11	15	19	25	5	50						4	73	42	37	27	51
NUMBER OF RESPONDENTS	80 100%	1875 100%	3 100%	11 100%	15 100%	19 100%	25 100%	5 100%	50 100%						4 100%	73 100%	42 100%	37 100%	27 100%	51 100%
MEAN	2.43	2.48	3.00	2.09	2.20	2.32	2.60	2.80	2.38						2.50	2.40	2.48	2.35	2.63	2.29
p stat_(*=Sig @ p<=.05)		.525	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

[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 AMERIAN	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHER	MULTI	HIS-IC	NOT HIS-IC	EX & VERY GOOD	FAIR & POOR	MALE	FE-MALE	
NQ35 0-6	72 27%	1160 23%	7 25%	15 29%	13 35%	21 41%*	15 20%	1 7%	42 26%	~	~	~	~	~	~	7 33%	63 27%	47 25%	24 33%	34 30%	38 27%
7-8	82 31%	1699 34%	12 43%	15 29%	8 22%	15 29%	21 28%	4 29%	48 30%	~	~	~	~	~	~	3 14%	72 31%	60 32%	18 25%	32 28%	44 31%
9-10	112 42%	2187 43%	9 32%	21 41%	16 43%	15 29%*	39 52%*	9 64%	70 44%	~	~	~	~	~	~	11 52%	98 42%	79 42%	31 42%	49 43%	60 42%
VALID CASES	266	5046	28	51	37	51	75	14	160							21	233	186	73	115	142
NUMBER OF RESPONDENTS	266 100%	5046 100%	28 100%	51 100%	37 100%	51 100%	75 100%	14 100%	160 100%							21 100%	233 100%	186 100%	73 100%	115 100%	142 100%
MEAN	2.15	2.20	2.07	2.12	2.08	1.88	2.32	2.57	2.17							2.19	2.15	2.17	2.10	2.13	2.15
p stat_(*=Sig @ p<=.05)		.278	~.753		~.009*.032*			~.551	~	~	~	~	~	~	~	~	~	~.526	.523	.732	.923

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- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NPRBSEE4 NQ25	2.16	2.22	2.00	2.00	2.06	1.88	2.50	2.33	2.14							1.80	2.17	2.16	2.17	2.34	2.05
p stat_(*=Sig @ p<=.05)		.577	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ14	2.21	2.26	1.92	2.27	2.06	2.02	2.53	2.30	2.19							2.09	2.24	2.24	2.18	2.34	2.17
p stat_(*=Sig @ p<=.05)		.368	~	~	~	~.000*	~	.694	~	~	~	~	~	~	~	~	~	.428	.739	.099	.348
COMPOSITE	2.19	2.24	1.96	2.14	2.06	1.95	2.51	2.32	2.17	x	x	x	x	x	x	1.95	2.21	2.20	2.18	2.34	2.11
p stat_(*=Sig @ p<=.05)		.733	~	~	~	~.201	~	.873	~	~	~	~	~	~	~	~	~	.890	.962	.484	.533

GETTING CARE QUICKLY

	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-AMER ##	AS-IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	MUL-OTHR TI ##	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	FE-MALE	FE-MALE		
NCARSN4 NQ4	2.28	2.42	1.67	2.20	2.38	2.21	2.47	3.00	2.27							2.00	2.31	2.27	2.32	2.32	2.30
p stat_(*=Sig @ p<=.05)		.113	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.33	2.28	1.92	2.16	2.46	2.31	2.41	2.57	2.30							2.00	2.34	2.35	2.30	2.23	2.36
p stat_(*=Sig @ p<=.05)		.461	~	~	~	~	~	~	.565	~	~	~	~	~	~	~	~	.498	.778	.250	.454
COMPOSITE	2.30	2.35	1.79	2.18	2.42	2.26	2.44	2.79	2.28	x	x	x	x	x	x	2.00	2.32	2.31	2.31	2.28	2.33
p stat_(*=Sig @ p<=.05)		.768	~	~	~	~	~	~	.884	~	~	~	~	~	~	~	~	.928	.979	.904	.830

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	WHTE ##	BLCK OR AFR- AMER ##	AS- IAN ##	NATV HAW/ ILND ##	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE MALE	
NDREXPL4 NQ17	2.64	2.61	2.20	2.50	2.77	2.78	2.66	2.71	2.64							2.00	2.67	2.71	2.59	2.65	2.65
p stat_(*=Sig @ p<=.05)		.510	~	~	~	~	~	~	.976	~	~	~	~	~	~	~	~	.108	.483	.856	.912
NDRLSTN4 NQ18	2.59	2.58	2.20	2.57	2.54	2.64	2.70	2.57	2.55							2.50	2.60	2.62	2.56	2.55	2.62
p stat_(*=Sig @ p<=.05)		.940	~	~	~	~	~	~	.323	~	~	~	~	~	~	~	~	.374	.667	.569	.426
NDRESPU4 NQ19	2.71	2.65	2.20	2.71	2.69	2.72	2.80	2.71	2.71							2.33	2.72	2.75	2.65	2.69	2.71
p stat_(*=Sig @ p<=.05)		.308	~	~	~	~	~	~	.992	~	~	~	~	~	~	~	~	.229	.378	.814	.830
NDRTMEN4 NQ20	2.56	2.50	2.10	2.57	2.50	2.64	2.60	2.71	2.53							2.00	2.58	2.58	2.57	2.58	2.55
p stat_(*=Sig @ p<=.05)		.311	~	~	~	~	~	~	.534	~	~	~	~	~	~	~	~	.650	.847	.770	.757
COMPOSITE	2.62	2.59	2.18	2.59	2.63	2.69	2.69	2.68	2.61	x	x	x	x	x	x	2.21	2.64	2.67	2.59	2.62	2.63
p stat_(*=Sig @ p<=.05)		.888	~	~	~	~	~	~	.937	~	~	~	~	~	~	~	~	.840	.935	.988	.969

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- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- NATV OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE			
NPBCLCS4 NQ31	2.40	2.22	2.60	2.28	2.75	2.50	2.25	2.20	2.34									3.00	2.37	2.48	2.15	2.47	2.34
p stat_(*=Sig @ p<=.05)		.120	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCSRESP NQ32	2.66	2.61	3.00	2.56	2.75	2.40	2.88	2.80	2.72									3.00	2.65	2.80	2.23	2.60	2.69
p stat_(*=Sig @ p<=.05)		.562	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
COMPOSITE	2.53	2.42	2.80	2.42	2.75	2.45	2.56	2.50	2.53	x	x	x	x	x	x	x		3.00	2.51	2.64	2.19	2.53	2.51
p stat_(*=Sig @ p<=.05)		.785	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

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- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	FE- MALE	FE- MALE	
NNRXWHY NQ10																					
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NNRXWYNT NQ11	2.50	2.46	2.33	2.37	2.53	2.60	2.52	2.00	2.42						2.60	2.46	2.57	2.41	2.42	2.51	
p stat_(*=Sig @ p<=.05)	.623		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NRXBST NQ12	2.49	2.52	2.33	2.26	2.38	2.60	2.64	2.50	2.52						2.20	2.50	2.49	2.50	2.42	2.53	
p stat_(*=Sig @ p<=.05)	.775		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.50	2.49	2.33	2.32	2.45	2.60	2.58	2.25	2.47	x	x	x	x	x	x	2.40	2.48	2.53	2.45	2.42	2.52
p stat_(*=Sig @ p<=.05)	.965		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

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- AMER	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	OTHR	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE		
PRBSEE4 Q25	70%	75%	67%	69%	63%	60%	85%	67%	70%								40%	72%	69%	71%	79%	65%
CARNES4 Q14	78%	80%	58%	82%	68%	73%	92%	80%	80%								73%	79%	80%	77%	85%	75%
AVERAGE	74.34	77.53	58.33	75.52	65.12	66.36	88.53	73.33	74.74	x	x	x	x	x	x	x	56.36	75.68	74.46	73.70	81.96	70.21

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 ##	OTH R ##	MUL- TI ##	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	MALE	FE- MALE	
CARSN4 Q4	78%	84%	33%	87%	85%	71%	84%	100%	79%							50%	80%	78%	79%	81%	78%
APGET4 Q6	81%	77%	54%	74%	89%	81%	85%	86%	82%							63%	82%	80%	84%	75%	83%
AVERAGE	79.18	80.73	53.85	80.43	86.95	75.69	84.79	85.71	80.40	x	x	x	x	x	x	62.50	80.62	79.22	81.29	78.04	80.54

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- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	MUL- NATV OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	MALE	FE- MALE	
DREXPL4 Q17	92%	91%	70%	86%	96%	97%	96%	86%	93%							50%	94%	93%	93%	91%	93%
DRLSTN4 Q18	90%	90%	70%	86%	88%	94%	96%	86%	88%							83%	90%	90%	91%	87%	92%
DRESPU4 Q19	93%	91%	70%	96%	88%	97%	98%	86%	94%							83%	94%	95%	91%	93%	94%
DRTMEN4 Q20	88%	87%	70%	86%	81%	94%	91%	86%	84%							67%	88%	88%	89%	91%	86%
AVERAGE	90.7	89.8	70.0	88.4	88.5	95.8	95.2	85.7	90.0	x	x	x	x	x	x	70.8	91.6	91.6	90.7	90.5	91.1

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	87%	76%	100%	78%	100%	90%	88%	80%	83%								100%	86%	90%	77%	87%	86%
CSRESP Q32	92%	91%	100%	89%	100%	80%	100%	100%	93%								100%	92%	97%	77%	93%	91%
AVERAGE	89.62	83.64	100.0	83.33	100.0	85.00	93.75	90.00	87.93	x	x	x	x	x	x	x	x	88.78	93.75	76.92	90.00	88.57

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

			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-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALS	MUL-OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	POOR	FE-MALE	MALE	
NRXWHY Q10	92%	93%	67%	85%	100%	90%	94%	100%	90%						80%	92%	89%	97%	87%	94%			
NRXWYNT Q11	75%	73%	67%	68%	76%	80%	76%	50%	71%						80%	73%	78%	70%	71%	75%			
RXBST Q12	75%	76%	67%	63%	69%	80%	82%	75%	76%						60%	75%	75%	75%	71%	77%			
AVERAGE	80.7	80.6	x	72.2	81.7	83.3	83.8	75.0	79.0	x	x	x	x	x	x	73.3	80.1	80.5	80.9	76.3	82.0		

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q1 YES	285	5578	51	68	73	93	114	~	~	~	~	~	13	85	181	262	7	220	65
	100%	100%	100%	100%	100%	100%	100%						~100%	100%	100%	100%	100%	100%	100%
NOT ANSWERED	4	60	1		2	1	2							2	2	4		4	
VALID CASES	285	5578	51	68	73	93	114						13	85	181	262	7	220	65
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q3 YES	75 27%	1643 30%	15 29%	21 32%	15 20%	24 26%	28 24%	~	~	~	~	~	8 67%	20 23%	50 27%	68 26%	1 20%	55 25%	20 31%
Q3 NO	208 73%	3803 70%	36 71%	45 68%	60 80%	67 74%	88 76%	~	~	~	~	~	4 33%	66 77%	132 73%	198 74%	4 80%	164 75%	44 69%
Q3 NOT ANSWERED	6	191	1	2		3							1	1	1		2	5	1
VALID CASES	283	5447	51	66	75	91	116						12	86	182	266	5	219	64
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND NATV #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	GOOD & FAIR	NO CCC	CCC
Q4 NEVER	2 3%	21 1%	~	~	7%~	5%~	4%~	~	~	~	~	~	1 5%~	1 2%~	2 3%~	~	1 2%~	1 5%~
SOMETIMES	5 7%	109 7%	~	11%~	~	14%~	3 12%~	~	~	~	~	~	1 5%~	4 9%~	5 8%~	~	3 6%~	2 11%~
USUALLY	8 12%	253 16%	1 7%~	1 5%~	4 29%~	2 9%~	3 12%~	~	~	~	~	~	3 16%~	5 11%~	8 13%~	~	4 8%~	4 21%~
ALWAYS	54 78%	1212 76%	13 93%~	16 84%~	9 64%~	16 73%~	18 72%~	~	~	~	~	7 ~100%~	14 74%~	36 78%~	48 76%~	1 100%~	42 84%~	12 63%~
#ALWAYS + USUALLY (NET)	62 90%	1464 92%	14 100%~	17 89%~	13 93%~	18 82%~	21 84%~	~	~	~	~	7 ~100%~	17 89%~	41 89%~	56 89%~	1 100%~	46 92%~	16 84%~
TOP BOX SCORE	54 78%	1212 76%	13 93%~	16 84%~	9 64%~	16 73%~	18 72%~	~	~	~	~	7 ~100%~	14 74%~	36 78%~	48 76%~	1 100%~	42 84%~	12 63%~
NOT ANSWERED	6	102	1	2	1	2	3					1	1	4	5		5	1
VALID CASES	69	1594	14	19	14	22	25					7	19	46	63	1	50	19
NUMBER OF RESPONDENTS	75	1696	15	21	15	24	28					8	20	50	68	1	55	20
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q5 YES	184 66%	3547 65%	46 88%*	40 62%	51 69%	47 53%*	73 64%	~	~	~	~	~	9 ~ 69%	57 67%	117 65%	172 65%~	4 67%~	143 66%	41 65%
Q5 NO	95 34%	1877 35%	6 12%*	24 38%	23 31%	42 47%*	41 36%	~	~	~	~	~	4 ~ 31%	28 33%	64 35%	91 35%~	2 33%~	73 34%	22 35%
NOT ANSWERED	10	214		4	1	5	2							2	2	3	1	8	2
VALID CASES	279	5424	52	64	74	89	114						13	85	181	263	6	216	63
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q6 NEVER	2 1%	50 2%	~	~	~	4%~	~	~	~	~	~	~	1 2%	1 0.9%	2 1%~	1 ~	1 0.7%~	1 3%~
SOMETIMES	17 10%	468 14%	4 9%~	6 16%~	4 9%~	3 7%~	5 8%	~	~	~	~	~	7 13%	9 8%	16 10%~	1 25%~	16 12%~	1 3%~
USUALLY	45 26%	881 27%	8 18%~	10 26%~	15 33%~	12 27%~	18 28%	~	~	~	~	4 ~	14 25%	27 25%	41 25%~	1 25%~	31 23%~	14 37%~
ALWAYS	109 63%	1910 58%	33 73%~	22 58%~	26 58%~	28 62%~	41 64%	~	~	~	~	5 ~	34 61%	70 65%	102 63%~	2 50%~	87 64%~	22 58%~
#ALWAYS + USUALLY (NET)	154 89%	2792 84%	41 91%~	32 84%~	41 91%~	40 89%~	59 92%	~	~	~	~	9 ~	48 86%	97 91%	143 89%~	3 75%~	118 87%~	36 95%~
TOP BOX SCORE	109 63%	1910 58%	33 73%~	22 58%~	26 58%~	28 62%~	41 64%	~	~	~	~	5 ~	34 61%	70 65%	102 63%~	2 50%~	87 64%~	22 58%~
NOT ANSWERED	11	232	1	2	6	2	9						1	10	11		8	3
VALID CASES	173	3310	45	38	45	45	64					9	56	107	161	4	135	38
NUMBER OF RESPONDENTS	184	3542	46	40	51	47	73					9	57	117	172	4	143	41
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q7 NONE	77 28%	1626 30%	6 12%*	15 25%	20 27%	36 40%*	36 31%	~	~	~	~	~	~	28 33%	47 26%	75 29%~	2 29%~	65 30%	12 20%
1 TIME	88 32%	1614 30%	16 31%	20 33%	26 35%	26 29%	39 34%	~	~	~	~	~	3 25%~	25 30%	59 33%	82 32%~	3 43%~	72 33%	16 26%
2	62 22%	1048 20%	16 31%	15 25%	18 24%	13 15%*	26 23%	~	~	~	~	~	5 42%~	14 17%	45 25%	57 22%~	1 14%~	45 21%	17 28%
3	25 9%	512 10%	7 13%	4 7%	8 11%	6 7%	6 5%*	~	~	~	~	~	2 17%~	10 12%	13 7%	24 9%~	~	16 7%	9 15%
4	13 5%	232 4%	4 8%	4 7%	1 1%*	4 4%	7 6%	~	~	~	~	~	~	3 4%	10 6%	13 5%~	~	9 4%	4 7%
5 TO 9	8 3%	256 5%	3 6%	2 3%	~	3 3%	1 0.9%	~	~	~	~	~	2 17%~	2 2%	4 2%	5 2%~	1 14%~	6 3%	2 3%
10 OR MORE TIMES	3 1%	57 1%	~	1 2%	1 1%	1 1%	~	~	~	~	~	~	~	2 2%	1 0.6%	3 1%~	~	2 0.9%	1 2%
NOT ANSWERED	13	293		7	1	5	1						1	3	4	7		9	4
VALID CASES	276	5345	52	61	74	89	115						12	84	179	259	7	215	61
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q8 #YES	120 61%	2462 67%	27 59%~	30 67%~	31 58%	32 62%	51 65%	~	~	~	~	~	8 ~ 67%~	27 50%	86 66%	109 60%~	3 60%~	86 59%~	34 69%~
NO	76 39%	1197 33%	19 41%~	15 33%~	22 42%	20 38%	27 35%	~	~	~	~	~	4 ~ 33%~	27 50%	45 34%	72 40%~	2 40%~	61 41%~	15 31%~
NOT ANSWERED	3	87		1	1	1	1							2	1	3		3	
VALID CASES	196	3659	46	45	53	52	78						12	54	131	181	5	147	49
NUMBER OF RESPONDENTS	199	3746	46	46	54	53	79						12	56	132	184	5	150	49
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q9 NEVER	7 4%	111 3%	2 4%	1 2%	3 6%	1 2%	3 4%	~	~	~	~	~	4 7%	3 2%	6 3%	1 20%	6 4%	1 2%
SOMETIMES	20 10%	330 9%	6 13%	6 14%	6 11%	2 4%*	10 13%	~	~	~	~	1 8%	2 4%*	16 12%	16 9%	2 40%	12 8%	8 16%
USUALLY	39 20%	815 22%	8 17%	5 11%	12 23%	14 27%	15 19%	~	~	~	~	2 17%	12 22%	25 19%	38 21%	~	31 21%	8 16%
ALWAYS	128 66%	2400 66%	30 65%	32 73%	32 60%	34 67%	50 64%	~	~	~	~	9 75%	36 67%	87 66%	121 67%	2 40%	96 66%	32 65%
#ALWAYS + USUALLY (NET)	167 86%	3215 88%	38 83%	37 84%	44 83%	48 94%*	65 83%	~	~	~	~	11 92%	48 89%	112 85%	159 88%	2 40%	127 88%	40 82%
TOP BOX SCORE	128 66%	2400 66%	30 65%	32 73%	32 60%	34 67%	50 64%	~	~	~	~	9 75%	36 67%	87 66%	121 67%	2 40%	96 66%	32 65%
NOT ANSWERED	5	90		2	1	2	1						2	1	3		5	
VALID CASES	194	3656	46	44	53	51	78					12	54	131	181	5	145	49
NUMBER OF RESPONDENTS	199	3746	46	46	54	53	79					12	56	132	184	5	150	49
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q10 YES	49 25%	1058 29%	13 28%~	5 11%~	13 24%	18 35%	21 27%	~	~	~	~	~	2 ~ 17%	9 16%	37 28%	46 25%~	5 ~	27 18%~	22 45%~
Q10 NO	147 75%	2578 71%	33 72%~	40 89%~	41 76%	33 65%	57 73%	~	~	~	~	~	10 ~ 83%	46 84%	94 72%	136 75%~	5 100%~	120 82%~	27 55%~
NOT ANSWERED	3	110		1		2	1							1	1	2		3	
VALID CASES	196	3636	46	45	54	51	78						12	55	131	182	5	147	49
NUMBER OF RESPONDENTS	199	3746	46	46	54	53	79						12	56	132	184	5	150	49
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q7 >= 1 TIME]

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q11 #YES	46 96%	931 93%~	13 100%~	4 80%~	12 100%~	17 94%~	20 100%~	~	~	~	~	~	2 ~100%~	8 89%~	35 97%~	43 96%~	25 ~	21 93%~
NO	2 4%	71 7%~	~	1 20%~	~	1 6%~	~	~	~	~	~	~	~	1 11%~	1 3%~	2 4%~	2 7%~	~
NOT ANSWERED	17	408		8	2	7	3						1	4	6	10	12	5
VALID CASES	48	1002	13	5	12	18	20						2	9	36	45	27	21
NUMBER OF RESPONDENTS	65 100%	1410 100%	13 100%	13 100%	14 100%	25 100%	23 100%						3 100%	13 100%	42 100%	55 100%	39 100%	26 100%

[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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q12 #YES	33 69%	722 71%~	9 69%~	2 40%~	9 75%~	13 72%~	14 70%~	~	~	~	~	~	2 ~100%~	5 56%~	26 72%~	30 67%~	16 59%~	17 81%~
NO	15 31%	300 29%~	4 31%~	3 60%~	3 25%~	5 28%~	6 30%~	~	~	~	~	~	~	4 ~44%~	10 28%~	15 33%~	11 ~41%~	4 19%~
NOT ANSWERED	1	19			1		1								1	1		1
VALID CASES	48	1022	13	5	12	18	20						2	9	36	45	27	21
NUMBER OF RESPONDENTS	49	1041	13	5	13	18	21						2	9	37	46	27	22
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q13 #YES	34 72%	804 80%~	9 69%~	2 50%~	10 83%~	13 72%~	13 68%~	~	~	~	~	~	1 50%~	9 100%~	23 66%~	31 70%~	18 69%~	16 76%~
NO	13 28%	202 20%~	4 31%~	2 50%~	2 17%~	5 28%~	6 32%~	~	~	~	~	~	1 50%~	12 ~	13 34%~	13 30%~	8 31%~	5 24%~
NOT ANSWERED	2	35		1	1		2								2	2	1	1
VALID CASES	47	1006	13	4	12	18	19						2	9	35	44	26	21
NUMBER OF RESPONDENTS	49	1041	13	5	13	18	21						2	9	37	46	27	22
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q14 WORST HEALTH CARE POSSIBLE	1 0.5%	7 0.2%	1 2%	~	~	~	~	~	~	~	~	~	1 8%	1 ~0.8%	1 ~	20%	~	1 ~	2%
01		7 0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	1 0.5%	15 0.4%	~	~	~	1 2%	1 1%	~	~	~	~	~	~	1 ~0.8%	1 0.6%	~	~	1 ~0.7%	~
03	1 0.5%	17 0.5%	1 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	1 ~0.7%	~
04	2 1%	22 0.6%	~	~	1 2%	1 2%	1 1%	~	~	~	~	~	~	~	2 2%	2 1%	~	~	2 4%
05	6 3%	133 4%	2 4%	3 7%	~	1 2%	3 4%	~	~	~	~	~	~	1 2%	4 3%	4 2%	1 20%	4 3%	2 4%
06	16 8%	105 3%*	3 7%	4 9%	6 11%	3 6%	8 10%	~	~	~	~	~	~	5 9%	10 8%	15 8%	~	10 7%	6 12%
07	15 8%	327 9%	3 7%	2 4%	6 11%	4 8%	6 8%	~	~	~	~	~	2 17%	2 4%	13 10%*	15 8%	~	11 8%	4 8%
08	41 21%	776 21%	12 26%	12 27%	8 15%	9 18%	16 21%	~	~	~	~	~	4 33%	10 19%	31 24%	40 22%	1 20%	34 23%	7 14%
09	46 24%	815 22%	8 17%	11 24%	14 26%	13 25%	19 24%	~	~	~	~	~	2 17%	10 19%	32 24%	43 24%	1 20%	35 24%	11 22%
BEST HEALTH CARE POSSIBLE	66 34%	1412 39%	16 35%	13 29%	18 34%	19 37%	24 31%	~	~	~	~	~	3 25%	26 48%*	37 28%*	61 34%	1 20%	50 34%	16 33%
#8-10 (NET)	153 78%	3003 83%	36 78%	36 80%	40 75%	41 80%	59 76%	~	~	~	~	~	9 75%	46 85%	100 76%	144 80%	3 60%	119 82%	34 69%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	112 57%	2227 61%	24 52%~	24 53%~	32 60%	32 63%	43 55%	~	~	~	~	~	5 42%~	36 67%	69 53%*	104 57%~	2 40%~	85 58%~	27 55%~
NOT ANSWERED	4	109		1	1	2	1							2	1	3		4	
VALID CASES	195	3637	46	45	53	51	78					12	54	131	181	5	146	49	
NUMBER OF RESPONDENTS	199 100%	3746 100%	46 100%	46 100%	54 100%	53 100%	79 100%					12 100%	56 100%	132 100%	184 100%	5 100%	150 100%	49 100%	
MEAN	8.44	8.64	8.26	8.40	8.53	8.55	8.33					7.83	8.87	8.30	8.52	6.40	8.55	8.10	
p stat_(*=Sig @ p<=.05)		.080	~	~	.665	.601	.474	~	~	~	~	~	~	.016*	.089	~	~	~	~

[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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q15 NEVER	6 3%	66 2%	1 2%~	1 2%~	2 4%	2 4%	1 1%	~	~	~	~	~	1 8%~	3 6%	3 2%	4 2%~	2 40%~	3 2%~	3 6%~
SOMETIMES	18 9%	356 10%	3 7%~	4 9%~	7 13%	4 8%	6 8%	~	~	~	~	~	1 8%~	4 7%	12 9%	16 9%~	~	10 7%~	8 16%~
USUALLY	62 32%	1161 32%	16 35%~	13 29%~	15 28%	18 35%	26 33%	~	~	~	~	~	1 8%~	21 39%	38 29%	60 33%~	1 20%~	44 30%~	18 37%~
ALWAYS	109 56%	2060 57%	26 57%~	27 60%~	29 55%	27 53%	45 58%	~	~	~	~	~	9 75%~	26 48%	78 60%	101 56%~	2 40%~	89 61%~	20 41%~
#ALWAYS + USUALLY (NET)	171 88%	3220 88%	42 91%~	40 89%~	44 83%	45 88%	71 91%	~	~	~	~	~	10 83%~	47 87%	116 89%	161 89%~	3 60%~	133 91%~	38 78%~
TOP BOX SCORE	109 56%	2060 57%	26 57%~	27 60%~	29 55%	27 53%	45 58%	~	~	~	~	~	9 75%~	26 48%	78 60%	101 56%~	2 40%~	89 61%~	20 41%~
NOT ANSWERED	4	104		1	1	2	1							2	1	3		4	
VALID CASES	195	3642	46	45	53	51	78						12	54	131	181	5	146	49
NUMBER OF RESPONDENTS	199	3746	46	46	54	53	79						12	56	132	184	5	150	49
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q16 YES	200 71%	3847 71%	10 19%*	47 73%	70 93%*	73 81%*	88 76%	~	~	~	~	~	10 ~ 77%~	55 63%	138 75%*	190 71%~	6 86%~	143 66%*	57 88%*
NO	81 29%	1561 29%	42 81%*	17 27%	5 7%*	17 19%*	28 24%	~	~	~	~	~	3 ~ 23%~	32 37%	45 25%*	76 29%~	1 14%~	73 34%*	8 12%*
NOT ANSWERED	8	230		4		4													8
VALID CASES	281	5408	52	64	75	90	116						13	87	183	266	7	216	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q17 YES	22 12%	421 11%	8 ~ 19%	7 ~ 10%	7 10%	7 9%	~	~	~	~	~	~	10 ~ 19%	12 9%	21 12%	1 17%	10 7%*	12 24%*
NO	166 88%	3279 89%	10 100%	34 81%	60 90%	62 90%	75 91%	~	~	~	~	~100%	9 81%	42 91%	117 88%	5 83%	127 93%*	39 76%*
NOT ANSWERED	12	221	5	3	4	6						1	3	9	12		6	6
VALID CASES	188	3699	10	42	67	69	82					9	52	129	178	6	137	51
NUMBER OF RESPONDENTS	200 100%	3920 100%	10 100%	47 100%	70 100%	73 100%	88 100%					10 100%	55 100%	138 100%	190 100%	6 100%	143 100%	57 100%

[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	<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER PAC ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q18 #YES	21 95%	351 89%~		7 ~ 88%	7 ~ 100%	7 ~ 100%	7 ~ 100%	~	~	~	~	~	~	9 ~ 90%	12 ~ 100%	20 95%	1 ~ 100%	9 90%	12 ~ 100%
NO	1 5%	44 11%~		1 ~ 12%	~	~	~	~	~	~	~	~	~	1 10%	~	1 5%	~	1 10%	~
NOT ANSWERED		4																	
VALID CASES	22	394		8	7	7	7							10	12	21	1	10	12
NUMBER OF RESPONDENTS	22 100%	398 100%		8 100%	7 100%	7 100%	7 100%							10 100%	12 100%	21 100%	1 100%	10 100%	12 100%

[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	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q19 YES	11 4%	201 4%	1 2%	2 3%	5 7%	3 3%	4 3%	~	~	~	~	~	2 ~ 15%	1 1%*	10 5%*	10 4%~	1 14%~	5 2%	6 9%
NO	270 96%	5179 96%	51 98%	62 97%	70 93%	87 97%	112 97%	~	~	~	~	~	11 ~ 85%	86 99%*	173 95%*	256 96%~	6 86%~	211 98%	59 91%
NOT ANSWERED	8	258		4		4												8	
VALID CASES	281	5380	52	64	75	90	116						13	87	183	266	7	216	65
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q20 NEVER	3 27%	19 10%	~	1 50%	1 20%	1 33%	1 25%	~	~	~	~	~	2 100%	3 30%	2 20%	1 100%	1 20%	2 33%
SOMETIMES	1 9%	32 16%	~	~	1 20%	~	~	~	~	~	~	~	1 10%	1 10%	~	~	1 20%	~
USUALLY	2 18%	40 20%	~	~	1 20%	1 33%	~	~	~	~	~	~	1 100%	1 10%	2 20%	~	1 20%	1 17%
ALWAYS	5 45%	107 54%	1 100%	1 50%	2 40%	1 33%	3 75%	~	~	~	~	~	5 50%	5 50%	~	~	2 40%	3 50%
#ALWAYS + USUALLY (NET)	7 64%	147 74%	1 100%	1 50%	3 60%	2 67%	3 75%	~	~	~	~	~	1 100%	6 60%	7 70%	~	3 60%	4 67%
TOP BOX SCORE	5 45%	107 54%	1 100%	1 50%	2 40%	1 33%	3 75%	~	~	~	~	~	5 50%	5 50%	~	~	2 40%	3 50%
NOT ANSWERED		9																
VALID CASES	11	198	1	2	5	3	4					2	1	10	10	1	5	6
NUMBER OF RESPONDENTS	11	207	1	2	5	3	4					2	1	10	10	1	5	6
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q21 #YES	9 90%	166 83%	1 100%	2 100%	4 80%	2 100%	4 100%	~	~	~	~	~	1 100%	8 89%	8 89%	1 100%	4 100%	5 83%
NO	1 10%	35 17%	~	~	1 20%	~	~	~	~	~	~	1 100%	1 11%	1 11%	~	~	1 17%	
NOT ANSWERED	1	6				1						1	1	1			1	
VALID CASES	10	201	1	2	5	2	4					1	1	9	9	1	4	6
NUMBER OF RESPONDENTS	11	207	1	2	5	3	4					2	1	10	10	1	5	6
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q22 YES	10 4%	487 9%*	1 2%	4 6%	2 3%	3 3%	6 5%	~	~	~	~	~	~	2 2%	8 4%	9 3%~	1 17%~	5 2%	5 8%
NO	268 96%	4887 91%*	50 98%	59 94%	72 97%	87 97%	109 95%	~	~	~	~	~	13 ~100%~	84 98%	173 96%	255 97%~	5 83%~	210 98%	58 92%
NOT ANSWERED	11	264	1	5	1	4	1							1	2	2	1	9	2
VALID CASES	278	5374	51	63	74	90	115						13	86	181	264	6	215	63
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
Q23 NEVER	1 11%	64 14%	~	~	~	33%	1 20%	~	~	~	~	~	~	1 14%	1 13%	~	~	1 25%	
SOMETIMES	2 22%	82 18%	~	1 25%	1 100%	~	1 20%	~	~	~	~	~	~	2 29%	1 13%	1 100%	~	1 20%	1 25%
USUALLY	3 33%	105 23%	~	2 50%	1 33%	~	2 40%	~	~	~	~	~	1 50%	2 29%	3 38%	~	1 20%	2 50%	
ALWAYS	3 33%	198 44%	1 100%	1 25%	1 33%	~	1 20%	~	~	~	~	~	1 50%	2 29%	3 38%	~	3 60%	~	
#ALWAYS + USUALLY (NET)	6 67%	303 68%	1 100%	3 75%	2 67%	~	3 60%	~	~	~	~	~	2 100%	4 57%	6 75%	~	4 80%	2 50%	
TOP BOX SCORE	3 33%	198 44%	1 100%	1 25%	1 33%	~	1 20%	~	~	~	~	~	1 50%	2 29%	3 38%	~	3 60%	~	
NOT ANSWERED	1	21			1		1							1	1			1	
VALID CASES	9	448	1	4	1	3	5						2	7	8	1	5	4	
NUMBER OF RESPONDENTS	10	469	1	4	2	3	6						2	8	9	1	5	5	
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV ILND	AMER HAW/ IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q24 #YES	7	310	1	2	1	3	4								1	6	6	1	4	3
	78%	69%	100%	50%	100%	100%	80%	~	~	~	~	~	~	~	50%	86%	75%	100%	80%	75%
NO	2	142		2			1								1	1	2		1	1
	22%	31%	~	50%	~	~	20%	~	~	~	~	~	~	~	50%	14%	25%	~	20%	25%
NOT ANSWERED	1	17			1		1									1	1			1
VALID CASES	9	452	1	4	1	3	5								2	7	8	1	5	4
NUMBER OF RESPONDENTS	10	469	1	4	2	3	6								2	8	9	1	5	5
	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	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q25 YES	32 12%	692 13%	2 4%*	4 6%	13 18%	13 15%	16 14%	~	~	~	~	~	~	6 7%	26 14%*	31 12%~	1 14%~	7 3%*	25 38%*
NO	245 88%	4667 87%	49 96%*	60 94%	61 82%	75 85%	97 86%	~	~	~	~	~	13 ~100%~	80 93%	154 86%*	231 88%~	6 86%~	205 97%*	40 62%*
NOT ANSWERED	12	279	1	4	1	6	3							1	3	4		12	
VALID CASES	277	5359	51	64	74	88	113						13	86	180	262	7	212	65
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ ALSK #	MUL-TI ##	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q26 NEVER	2 6%	86 13%	~	~	8%	8%	1 7%	~	~	~	~	~	1 17%	1 4%	2 7%	~	~	2 8%
SOMETIMES	6 19%	135 20%	~	75%	17%	8%	2 13%	~	~	~	~	~	1 17%	5 20%	6 20%	~	1 14%	5 21%
USUALLY	8 26%	147 22%	1 50%	~	33%	23%	3 33%	~	~	~	~	~	2 33%	6 24%	8 27%	~	1 14%	7 29%
ALWAYS	15 48%	290 44%	1 50%	1 25%	5 42%	8 62%	7 47%	~	~	~	~	~	2 33%	13 52%	14 47%	1 100%	5 71%	10 42%
#ALWAYS + USUALLY (NET)	23 74%	437 66%	2 100%	1 25%	9 75%	11 85%	12 80%	~	~	~	~	~	4 67%	19 76%	22 73%	1 100%	6 86%	17 71%
TOP BOX SCORE	15 48%	290 44%	1 50%	1 25%	5 42%	8 62%	7 47%	~	~	~	~	~	2 33%	13 52%	14 47%	1 100%	5 71%	10 42%
NOT ANSWERED	1	25			1		1							1	1			1
VALID CASES	31	658	2	4	12	13	15						6	25	30	1	7	24
NUMBER OF RESPONDENTS	32	683	2	4	13	13	16						6	26	31	1	7	25
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q27 #YES	21 70%	342 52%	2 100%	4 100%	6 50%	9 75%	10 67%	~	~	~	~	~	~	2 40%	19 76%	21 72%	~	4 57%	17 74%
NO	9 30%	320 48%	~	~	6 50%	3 25%	5 33%	~	~	~	~	~	~	3 60%	6 24%	8 28%	1 100%	3 43%	6 26%
NOT ANSWERED	2	21			1	1	1							1	1	2			2
VALID CASES	30	662	2	4	12	12	15							5	25	29	1	7	23
NUMBER OF RESPONDENTS	32 100%	683 100%	2 100%	4 100%	13 100%	13 100%	16 100%							6 100%	26 100%	31 100%	1 100%	7 100%	25 100%

[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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q28 YES	39 14%	1125 21%*	3 6%*	10 16%	11 15%	15 17%	16 14%	~	~	~	~	~	~	4 ~ 31%~	7 8%*	31 17%*	36 14%~	2 29%~	16 8%*	23 36%*
NO	238 86%	4219 79%*	49 94%*	52 84%	63 85%	74 83%	98 86%	~	~	~	~	~	~	9 ~ 69%~	78 92%*	150 83%*	226 86%~	5 71%~	197 92%*	41 64%*
NOT ANSWERED	12	294		6	1	5	2								2	2	4		11	1
VALID CASES	277	5344	52	62	74	89	114							13	85	181	262	7	213	64
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116							13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%	100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q29 #YES	19 50%	616 57%	1 33%	4 40%	5 45%	9 64%	8 50%	~	~	~	~	~	~	5 83%	14 45%	18 51%	1 50%	5 31%	14 64%
NO	19 50%	465 43%	2 67%	6 60%	6 55%	5 36%	8 50%	~	~	~	~	~	4 100%	1 17%	17 55%	1 49%	1 50%	11 69%	8 36%
NOT ANSWERED	1	36				1								1		1			1
VALID CASES	38	1081	3	10	11	14	16					4	6	31	35	2	16	22	
NUMBER OF RESPONDENTS	39	1117	3	10	11	15	16					4	7	31	36	2	16	23	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF Q28 = YES]

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q30 YES	218 80%	4642 88%*	44 86%	53 83%	59 83%	62 72%*	91 83%	~	~	~	~	~	12 ~ 92%~	60 71%*	149 84%*	205 80%~	6 86%~	165 79%	53 83%
NO	54 20%	640 12%*	7 14%	11 17%	12 17%	24 28%*	19 17%	~	~	~	~	~	1 ~ 8%~	25 29%*	28 16%*	52 20%~	1 14%~	43 21%	11 17%
NOT ANSWERED	17	357	1	4	4	8	6							2	6	9		16	1
VALID CASES	272	5281	51	64	71	86	110						13	85	177	257	7	208	64
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q31 NONE	52 25%	1245 28%	4 9%	12 23%	18 31%	18 32%	22 26%	~	~	~	~	~	~	1 9%	15 25%	36 25%	51 26%	1 20%	41 26%	11 21%
1 TIME	65 31%	1677 37%	14 33%	17 33%	16 28%	18 32%	28 33%	~	~	~	~	~	~	4 36%	16 27%	46 32%	60 30%	3 60%	49 31%	16 30%
2	55 26%	850 19%*	16 37%	10 19%	16 28%	13 23%	24 28%	~	~	~	~	~	~	3 27%	16 27%	39 27%	54 27%	~	43 28%	12 23%
3	21 10%	387 9%	4 9%	7 13%	7 12%	3 5%	7 8%	~	~	~	~	~	~	1 9%	7 12%	12 8%	20 10%	~	13 8%	8 15%
4	8 4%	160 4%	3 7%	3 6%	1 2%	1 2%	4 5%	~	~	~	~	~	~	~	2 3%	6 4%	8 4%	~	4 3%	4 8%
5 TO 9	6 3%	163 4%	2 5%	2 4%	~	2 4%	~	~	~	~	~	~	~	2 18%	1 2%	3 2%	3 2%	1 20%	5 3%	1 2%
10 OR MORE TIMES	2 1%	21 0.5%	~	1 2%	~	1 2%	~	~	~	~	~	~	~	~	2 3%	~	2 1%	~	1 0.6%	1 2%
NOT ANSWERED	9	173	1	1	1	6	6							1	1	7	7	1	9	
VALID CASES	209	4503	43	52	58	56	85							11	59	142	198	5	156	53
NUMBER OF RESPONDENTS	218	4676	44	53	59	62	91							12	60	149	205	6	165	53
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q31A ALWAYS	8 5%	87 3%	4 ~ 10%	4 ~ 10%									5 12%	1 0.9%*	5 3%	1 25%	7 6%	1 2%
USUALLY	4 3%	60 2%	2 5%	1 ~ 3%	1 3%	1 2%							2 5%	2 2%	4 3%		3 3%	1 2%
SOMETIMES	1 0.6%	220 7%*	1 ~ 3%										1 2%		1 ~ 0.7%		1 ~ 0.9%	
NEVER	143 92%	2850 89%	37 95%	35 88%	34 87%	37 97%	62 98%*					10 ~ 100%	35 81%	103 97%*	136 93%	3 75%	104 90%	39 95%
#NEVER + SOMETIMES (NET)	144 92%	3070 95%	37 95%	36 90%	34 87%	37 97%	62 98%*					10 ~ 100%	36 84%	103 97%*	137 94%	3 75%	105 91%	39 95%
TOP BOX SCORE	143 92%	2850 89%	37 95%	35 88%	34 87%	37 97%	62 98%*					10 ~ 100%	35 81%	103 97%*	136 93%	3 75%	104 90%	39 95%
NOT ANSWERED	1	23			1								1		1			1
VALID CASES	156	3216	39	40	39	38	63				10	43	106	146	4	115	41	
NUMBER OF RESPONDENTS	157	3239	39	40	40	38	63				10	44	106	147	4	115	42	
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q32 NEVER	3 2%	78 2%	1 3%	2 5%	~	~	1 2%	~	~	~	~	~	1 2%	2 2%	3 2%	~	3 3%	~
SOMETIMES	9 6%	156 5%	1 3%	2 5%	5 13%	1 3%	2 3%	~	~	~	~	2 20%	2 5%	7 7%	7 5%	2 50%	4 3%	5 12%
USUALLY	27 17%	485 15%	7 18%	4 10%	7 18%	9 24%	11 17%	~	~	~	~	~	10 23%	16 15%	27 18%	~	24 21%	3 7%
ALWAYS	118 75%	2499 78%	30 77%	32 80%	28 70%	28 74%	49 78%	~	~	~	~	8 80%	31 70%	81 76%	110 75%	2 50%	84 73%	34 81%
#ALWAYS + USUALLY (NET)	145 92%	2984 93%	37 95%	36 90%	35 88%	37 97%	60 95%	~	~	~	~	8 80%	41 93%	97 92%	137 93%	2 50%	108 94%	37 88%
TOP BOX SCORE	118 75%	2499 78%	30 77%	32 80%	28 70%	28 74%	49 78%	~	~	~	~	8 80%	31 70%	81 76%	110 75%	2 50%	84 73%	34 81%
NOT ANSWERED		21																
VALID CASES	157	3218	39	40	40	38	63					10	44	106	147	4	115	42
NUMBER OF RESPONDENTS	157	3239	39	40	40	38	63					10	44	106	147	4	115	42
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	MUL-OTHR ##	TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q33 NEVER	1 0.6%	35 1%	1 3%~	~	~	~	~	~	~	~	~	~	1 10%~	1 ~0.9%~	1 ~	1 25%~	1 ~	1 2%~	
SOMETIMES	9 6%	139 4%	~	3 8%~	3 8%~	3 8%~	3 5%	~	~	~	~	~	~	9 8%*	9 6%~	4 ~	5 3%~	12%~	
USUALLY	26 17%	518 16%	4 10%~	3 8%~	11 28%~	8 21%~	11 17%	~	~	~	~	~	1 10%~	9 20%~	16 15%	25 17%~	20 ~	6 14%~	
ALWAYS	121 77%	2521 78%	34 87%~	34 85%~	26 65%~	27 71%~	49 78%	~	~	~	~	~	8 80%~	35 80%~	80 75%	113 77%~	3 75%~	91 79%~	30 71%~
#ALWAYS + USUALLY (NET)	147 94%	3039 95%	38 97%~	37 93%~	37 92%~	35 92%~	60 95%	~	~	~	~	~	9 90%~	44 100%~	96 91%~	138 94%~	3 75%~	111 97%~	36 86%~
TOP BOX SCORE	121 77%	2521 78%	34 87%~	34 85%~	26 65%~	27 71%~	49 78%	~	~	~	~	~	8 80%~	35 80%~	80 75%	113 77%~	3 75%~	91 79%~	30 71%~
NOT ANSWERED		26																	
VALID CASES	157	3213	39	40	40	38	63						10	44	106	147	4	115	42
NUMBER OF RESPONDENTS	157 100%	3239 100%	39 100%	40 100%	40 100%	38 100%	63 100%						10 100%	44 100%	106 100%	147 100%	4 100%	115 100%	42 100%

[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	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q34 NEVER	2 1%	28 0.9%	1 3%~	1 3%~	~	~	~	~	~	~	~	~	1 10%~	1 2%~	1 0.9%~	1 0.7%~	1 25%~	1 0.9%~	1 2%~
SOMETIMES	9 6%	104 3%	1 3%~	3 8%~	3 8%~	2 6%~	3 5%	~	~	~	~	~	~	1 2%~	8 8%~	9 6%~	~	5 4%~	4 10%~
USUALLY	25 16%	398 12%	5 13%~	2 5%~	8 20%~	10 28%~	13 21%	~	~	~	~	~	~	7 17%~	17 16%~	24 17%~	~	21 19%~	4 10%~
ALWAYS	118 77%	2679 83%*	31 82%~	34 85%~	29 72%~	24 67%~	47 75%	~	~	~	~	~	9 90%~	33 79%~	80 75%~	111 77%~	3 75%~	86 76%~	32 78%~
#ALWAYS + USUALLY (NET)	143 93%	3077 96%	36 95%~	36 90%~	37 93%~	34 94%~	60 95%	~	~	~	~	~	9 90%~	40 95%~	97 92%~	135 93%~	3 75%~	107 95%~	36 88%~
TOP BOX SCORE	118 77%	2679 83%*	31 82%~	34 85%~	29 72%~	24 67%~	47 75%	~	~	~	~	~	9 90%~	33 79%~	80 75%~	111 77%~	3 75%~	86 76%~	32 78%~
NOT ANSWERED	3	30	1			2								2		2		2	1
VALID CASES	154	3209	38	40	40	36	63						10	42	106	145	4	113	41
NUMBER OF RESPONDENTS	157	3239	39	40	40	38	63						10	44	106	147	4	115	42
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q35 YES	104 67%	2175 68%	5 13%~	25 64%~	37 92%~	37 100%~	43 68%	~	~	~	~	~	6 60%~	28 64%~	73 69%~	98 67%~	4 100%~	69 61%~	35 83%~
NO	51 33%	1015 32%	34 87%~	14 36%~	3 8%~	~	20 32%	~	~	~	~	~	4 40%~	16 36%~	33 31%~	49 33%~	~	44 39%~	7 17%~
NOT ANSWERED	2	49		1		1													2
VALID CASES	155	3190	39	39	40	37	63						10	44	106	147	4	113	42
NUMBER OF RESPONDENTS	157 100%	3239 100%	39 100%	40 100%	40 100%	38 100%	63 100%						10 100%	44 100%	106 100%	147 100%	4 100%	115 100%	42 100%

[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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q36 NEVER	4 4%	30 1%	2 40%~	1 4%~	1 3%~	1 2%~	~	~	~	~	~	2 40%~	~	3 4%~	2 2%~	1 25%~	2 3%~	2 6%~
SOMETIMES	10 10%	137 6%	~	4 17%~	4 11%~	2 6%~	2 5%~	~	~	~	~	~	3 11%~	7 10%~	10 11%~	~	6 9%~	4 11%~
USUALLY	24 24%	493 23%	~	5 21%~	12 32%~	7 20%~	12 29%~	~	~	~	~	1 20%~	5 19%~	19 27%~	22 23%~	2 50%~	17 26%~	7 20%~
ALWAYS	63 62%	1509 70%	3 60%~	14 58%~	20 54%~	26 74%~	27 64%~	~	~	~	~	2 40%~	19 70%~	42 59%~	61 64%~	1 25%~	41 62%~	22 63%~
#ALWAYS + USUALLY (NET)	87 86%	2002 92%	3 60%~	19 79%~	32 86%~	33 94%~	39 93%~	~	~	~	~	3 60%~	24 89%~	61 86%~	83 87%~	3 75%~	58 88%~	29 83%~
TOP BOX SCORE	63 62%	1509 70%	3 60%~	14 58%~	20 54%~	26 74%~	27 64%~	~	~	~	~	2 40%~	19 70%~	42 59%~	61 64%~	1 25%~	41 62%~	22 63%~
NOT ANSWERED	3	40		1		2	1					1	1	2	3		3	
VALID CASES	101	2170	5	24	37	35	42					5	27	71	95	4	66	35
NUMBER OF RESPONDENTS	104	2210	5	25	37	37	43					6	28	73	98	4	69	35
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q37 NEVER	2 1%	96 3%	1 3%~	1 3%~	~	~	~	~	~	~	~	1 10%~	~	2 2%~	1 0.7%~	1 25%~	1 0.9%~	1 2%~
SOMETIMES	15 10%	305 10%	3 8%~	5 13%~	7 18%~	~	4 6%	~	~	~	~	1 10%~	7 16%~	8 8%	14 10%~	1 25%~	10 9%~	5 12%~
USUALLY	49 31%	799 25%	12 31%~	10 25%~	12 30%~	15 41%~	22 35%	~	~	~	~	2 20%~	17 39%~	30 28%	47 32%~	1 25%~	38 33%~	11 26%~
ALWAYS	90 58%	1981 62%	23 59%~	24 60%~	21 52%~	22 59%~	37 59%	~	~	~	~	6 60%~	20 45%~	66 62%	85 58%~	1 25%~	65 57%~	25 60%~
#ALWAYS + USUALLY (NET)	139 89%	2780 87%	35 90%~	34 85%~	33 83%~	37 100%~	59 94%	~	~	~	~	8 80%~	37 84%~	96 91%	132 90%~	2 50%~	103 90%~	36 86%~
TOP BOX SCORE	90 58%	1981 62%	23 59%~	24 60%~	21 52%~	22 59%~	37 59%	~	~	~	~	6 60%~	20 45%~	66 62%	85 58%~	1 25%~	65 57%~	25 60%~
NOT ANSWERED	1	58				1												1
VALID CASES	156	3181	39	40	40	37	63					10	44	106	147	4	114	42
NUMBER OF RESPONDENTS	157	3239	39	40	40	38	63					10	44	106	147	4	115	42
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC		
Q38 #YES	136 87%	2742 86%	37 95%~	33 83%~	36 90%~	30 81%~	56 89%	~	~	~	~	~	8 ~ 80%~	37 84%~	94 89%	130 88%~	2 50%~	102 89%~	34 81%~
NO	20 13%	440 14%	2 5%~	7 18%~	4 10%~	7 19%~	7 11%	~	~	~	~	~	2 ~ 20%~	7 16%~	12 11%	17 12%~	2 50%~	12 11%~	8 19%~
NOT ANSWERED	1	57				1													1
VALID CASES	156	3182	39	40	40	37	63						10	44	106	147	4	114	42
NUMBER OF RESPONDENTS	157	3239	39	40	40	38	63						10	44	106	147	4	115	42
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER ALSK #	OTH#	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q39 YES	50 32%	1245 39%	11 28%~	9 23%~	14 36%~	16 43%~	22 35%	~	~	~	~	~	3 ~ 30%~	14 32%~	36 34%	46 32%~	3 75%~	28 25%~	22 52%~
Q39 NO	105 68%	1935 61%	28 72%~	31 77%~	25 64%~	21 57%~	40 65%	~	~	~	~	~	7 ~ 70%~	30 68%~	69 66%	100 68%~	1 25%~	85 75%~	20 48%~
NOT ANSWERED	2	59				1 1	1								1	1		2	
VALID CASES	155	3180	39	40	39	37	62						10	44	105	146	4	113	42
NUMBER OF RESPONDENTS	157	3239	39	40	40	38	63						10	44	106	147	4	115	42
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q40 NEVER	4 8%	77 7%	1 9%	2 22%	1 7%	~	~	~	~	~	~	~	2 14%	2 6%	3 7%	1 33%	3 11%	1 5%
SOMETIMES	6 12%	132 11%	~	2 22%	1 7%	3 20%	4 18%	~	~	~	~	~	~	6 17%	6 13%	~	4 15%	2 9%
USUALLY	17 35%	337 29%	4 36%	~	6 43%	7 47%	8 36%	~	~	~	~	1 33%	5 36%	12 34%	16 36%	1 33%	8 30%	9 41%
ALWAYS	22 45%	626 53%	6 55%	5 56%	6 43%	5 33%	10 45%	~	~	~	~	2 67%	7 50%	15 43%	20 44%	1 33%	12 44%	10 45%
#ALWAYS + USUALLY (NET)	39 80%	962 82%	10 91%	5 56%	12 86%	12 80%	18 82%	~	~	~	~	3 100%	12 86%	27 77%	36 80%	2 67%	20 74%	19 86%
TOP BOX SCORE	22 45%	626 53%	6 55%	5 56%	6 43%	5 33%	10 45%	~	~	~	~	2 67%	7 50%	15 43%	20 44%	1 33%	12 44%	10 45%
NOT ANSWERED	1	42				1								1	1		1	
VALID CASES	49	1171	11	9	14	15	22					3	14	35	45	3	27	22
NUMBER OF RESPONDENTS	50 100%	1213 100%	11 100%	9 100%	14 100%	16 100%	22 100%					3 100%	14 100%	36 100%	46 100%	3 100%	28 100%	22 100%

[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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC
Q41 WORST PERSONAL DOCTOR POSSIBLE	8	0.2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01	20	0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02	19	0.4%	~	1	~	~	~	~	~	~	~	~	1	~	1	~	~	1	~
03	22	0.5%	~	1	1	~	1	~	~	~	~	~	~	2	1	1%	~	1	1
04	26	0.6%	~	1	~	1	~	~	~	~	~	~	~	2	2	1%	~	1	1
05	122	3%	~	1	1	1	2	~	~	~	~	~	~	3	3	2%	~	2	1
06	114	3%	2	3	1	2	5	~	~	~	~	~	1	6	7	4%	~	7	1
07	260	6%	3	4	6	4	8	~	~	~	~	1	4	12	15	1	13	4	4
08	703	16%	2	6	19	7	11	~	~	~	~	2	9	25	33	1	27	7	7
09	904	20%	14	9	7	19	22	~	~	~	~	2	14	34	46	2	38	11	11
BEST PERSONAL DOCTOR POSSIBLE	2271	51%*	21	25	23	22	35	~	~	~	~	5	31	56	88	1	65	26	26
#8-10 (NET)	3877	87%	37	40	49	48	68	~	~	~	~	9	54	115	167	4	130	44	44

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
9-10 (NET)	140 68%	3175 71%	35 83%~	34 67%	30 52%*	41 73%	57 68%	~	~	~	~	~	7 70%~	45 75%	90 64%	134 68%~	3 60%~	103 66%	37 71%
NOT ANSWERED	11	208	2	2	1	6	7						2		9	8	1	10	1
VALID CASES	207	4468	42	51	58	56	84						10	60	140	197	5	155	52
NUMBER OF RESPONDENTS	218 100%	4676 100%	44 100%	53 100%	59 100%	62 100%	91 100%						12 100%	60 100%	149 100%	205 100%	6 100%	165 100%	53 100%
MEAN	8.80	8.91	9.17	8.61	8.64	8.86	8.75						9.10	9.07	8.68	8.81	8.60	8.77	8.87
p stat_(*=Sig @ p<=.05)		.322	~.398	.336	.714	.713	~	~	~	~	~	~	~.089	.106	~	~	~.711	.710	

[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	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q42 YES	49 24%	1079 24%	3 7%	8 16%	20 34%*	18 32%	24 28%	~	~	~	~	~	4 36%~	6 10%*	42 30%*	46 23%~	3 50%~	7 5%*	42 79%*
NO	159 76%	3404 76%	40 93%~	43 84%	38 66%*	38 68%	61 72%	~	~	~	~	~	7 64%~	54 90%*	100 70%*	152 77%~	3 50%~	148 95%*	11 21%*
NOT ANSWERED	10	193	1	2	1	6	6						1		7	7		10	
VALID CASES	208	4483	43	51	58	56	85						11	60	142	198	6	155	53
NUMBER OF RESPONDENTS	218	4676	44	53	59	62	91						12	60	149	205	6	165	53
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q43 #YES	46 96%	932 89%~	3 100%~	8 100%~	18 95%~	17 94%~	22 96%~	~	~	~	~	~	4 ~100%~	6 100%~	39 95%~	43 96%~	3 100%~	7 100%~	39 95%~
NO	2 4%	112 11%~	~	~	1 5%~	1 6%~	1 4%~	~	~	~	~	~	~	~	2 5%~	2 4%~	~	~	2 5%~
NOT ANSWERED	1	26			1	1									1	1			1
VALID CASES	48	1045	3	8	19	18	23						4	6	41	45	3	7	41
NUMBER OF RESPONDENTS	49	1071	3	8	20	18	24						4	6	42	46	3	7	42
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC
Q44 #YES	44 94%	903 87%~100%	2 88%~	7 89%~	17 100%	18 96%~	22	~	~	~	~	~	2 67%	6 100%	37 92%	42 93%~100%	2 100%	7 100%	37 92%~
NO	3 6%	141 13%~	~	1 12%~	2 11%~	~	1 4%~	~	~	~	~	~	1 33%	~	3 8%~	3 7%~	~	~	3 8%~
NOT ANSWERED	2	27	1		1	1							1		2	1	1		2
VALID CASES	47	1044	2	8	19	18	23						3	6	40	45	2	7	40
NUMBER OF RESPONDENTS	49	1071	3	8	20	18	24						4	6	42	46	3	7	42
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

[ASKED IF Q30 = YES AND Q42 = YES]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-##	AS-IAN##	NATV ILND#	AMER IND/ALSK##	OTHR##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q45 YES	34 12%	851 16%	4 8%	7 11%	8 11%	15 17%	11 10%	~	~	~	~	~	1 8%	10 12%	23 13%	31 12%	2 29%	13 6%*	21 33%*
NO	241 88%	4406 84%	46 92%	54 89%	67 89%	74 83%	104 90%	~	~	~	~	~	12 92%	76 88%	159 87%	233 88%	5 71%	198 94%*	43 67%*
NOT ANSWERED	14	381	2	7		5	1							1	1	2		13	1
VALID CASES	275	5257	50	61	75	89	115						13	86	182	264	7	211	64
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	AGE					RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q46 NEVER	4 13%	36 5%	2 ~ 29%	2 ~ 29%	2 ~ 13%	1 10%	~	~	~	~	~	~	1 11%	3 14%	3 10%	1 50%	4 ~ 21%	
SOMETIMES	4 13%	163 21%	1 25%	2 29%	1 17%	2 20%	~	~	~	~	~	1 ~100%	1 11%	3 14%	3 10%	1 50%	2 15%	2 11%
USUALLY	9 28%	221 28%	1 25%	2 29%	3 50%	3 20%	~	~	~	~	~	~	4 44%	4 18%	9 31%	~	5 38%	4 21%
ALWAYS	15 47%	367 47%	2 50%	1 14%	2 33%	10 67%	5 50%	~	~	~	~	~	3 33%	12 55%	14 48%	~	6 46%	9 47%
#ALWAYS + USUALLY (NET)	24 75%	589 75%	3 75%	3 43%	5 83%	13 87%	7 70%	~	~	~	~	~	7 78%	16 73%	23 79%	~	11 85%	13 68%
TOP BOX SCORE	15 47%	367 47%	2 50%	1 14%	2 33%	10 67%	5 50%	~	~	~	~	~	3 33%	12 55%	14 48%	~	6 46%	9 47%
NOT ANSWERED	2	15			2	1							1	1	2			2
VALID CASES	32	787	4	7	6	15	10					1	9	22	29	2	13	19
NUMBER OF RESPONDENTS	34	802	4	7	8	15	11					1	10	23	31	2	13	21
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	OTH	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q47 NONE	4 12%	55 7%	~	29%	14%	7%	10%	~	~	~	~	~	~	10%	14%	10%	50%	15%	10%
1 SPECIALIST	24 73%	514 65%	100%	43%	86%	73%	80%	~	~	~	~	~	100%	80%	68%	73%	50%	85%	65%
2	5 15%	134 17%	~	29%	~	20%	10%	~	~	~	~	~	~	10%	18%	17%	~	~	25%
3		51 6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
4		13 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
5 OR MORE SPECIALISTS		19 2%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED	1	16			1		1								1	1			1
VALID CASES	33	786	4	7	7	15	10						1	10	22	30	2	13	20
NUMBER OF RESPONDENTS	34	802	4	7	8	15	11						1	10	23	31	2	13	21
	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			
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER HAW/ PAC #	IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	POOR	NO CCC	CCC
Q48 WORST SPECIALIST POSSIBLE		7 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
01		4 0.5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
02		6 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
03		5 0.6%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
04		6 0.9%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
05	1 3%	29 4%	~	~	1 17%	~	1 11%	~	~	~	~	~	~	~	1 5%	1 4%	~	~	~	1 6%
06		32 4%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
07	3 10%	59 8%	~	~	1 17%	2 14%	1 11%	~	~	~	~	~	~	~	3 16%	3 11%	~	~	~	3 17%
08	7 24%	116 16%	~	2 40%	3 50%	2 14%	2 22%	~	~	~	~	~	~	~	2 22%	4 21%	7 26%	~	4 36%	3 17%
09	2 7%	143 20%	1 25%	~	~	1 7%	1 11%	~	~	~	~	~	~	~	1 11%	1 5%	2 7%	~	1 9%	1 6%
BEST SPECIALIST POSSIBLE	16 55%	312 43%	3 75%	3 60%	1 17%	9 64%	4 44%	~	~	~	~	~	~	1 100%	6 67%	10 53%	14 52%	1 100%	6 55%	10 56%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC
#8-10 (NET)	25 86%	570 80%	4 100%	5 100%	4 67%	12 86%	7 78%	~	~	~	~	1 ~100%	9 100%	15 79%	23 85%	1 100%	11 100%	14 78%
9-10 (NET)	18 62%	455 63%	4 100%	3 60%	1 17%	10 71%	5 56%	~	~	~	~	1 ~100%	7 78%	11 58%	16 59%	1 100%	7 64%	11 61%
NOT ANSWERED		7																
VALID CASES	29	717	4	5	6	14	9					1	9	19	27	1	11	18
NUMBER OF RESPONDENTS	29	724	4	5	6	14	9					1	9	19	27	1	11	18
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%
MEAN	8.97	8.55	9.75	9.20	7.67	9.21	8.56					10.0	9.44	8.79	8.89	10.0	9.18	8.83
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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
Q49 YES	44 16%	1347 26%*	6 12%	7 11%	14 19%	17 19%	10 9%*	~	~	~	~	~	~	2 ~ 15%~	23 27%*	19 10%*	40 15%~	2 33%~	29 14%	15 23%
NO	231 84%	3870 74%*	44 88%	55 89%	61 81%	71 81%	106 91%*	~	~	~	~	~	~	11 ~ 85%~	62 73%*	164 90%*	225 85%~	4 67%~	181 86%	50 77%
NOT ANSWERED	14	421	2	6		6									2		1	1	14	
VALID CASES	275	5217	50	62	75	88	116							13	85	183	265	6	210	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%							13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q50 NEVER	3 7%	45 3%	~	~	1 8%	2 12%	1 10%	~	~	~	~	~	~	2 9%	1 5%	3 8%	~	1 4%	2 13%
SOMETIMES	5 12%	221 17%	~	1 14%	3 23%	1 6%	2 20%	~	~	~	~	~	1 50%	1 4%	4 21%	4 10%	1 50%	3 11%	2 13%
USUALLY	14 33%	378 29%	2 33%	2 29%	5 38%	5 29%	4 40%	~	~	~	~	~	~	9 39%	5 26%	13 33%	1 50%	9 32%	5 33%
ALWAYS	21 49%	651 50%	4 67%	4 57%	4 31%	9 53%	3 30%	~	~	~	~	~	1 50%	11 48%	9 47%	19 49%	~	15 54%	6 40%
#ALWAYS + USUALLY (NET)	35 81%	1029 79%	6 100%	6 86%	9 69%	14 82%	7 70%	~	~	~	~	~	1 50%	20 87%	14 74%	32 82%	1 50%	24 86%	11 73%
TOP BOX SCORE	21 49%	651 50%	4 67%	4 57%	4 31%	9 53%	3 30%	~	~	~	~	~	1 50%	11 48%	9 47%	19 49%	~	15 54%	6 40%
NOT ANSWERED	1	28			1											1		1	
VALID CASES	43	1295	6	7	13	17	10						2	23	19	39	2	28	15
NUMBER OF RESPONDENTS	44	1323	6	7	14	17	10						2	23	19	40	2	29	15
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q51 NEVER	23	2	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
SOMETIMES	2	90	~	~	1	1	~	~	~	~	~	~	~	2	1	1	1	1	
	5%	7%	~	~	8%	6%	~	~	~	~	~	~	~	9%	3%	50%	4%	7%	
USUALLY	7	268	~	4	2	1	2	~	~	~	~	~	1	4	3	7	6	1	
	17%	21%	~	57%	17%	6%	22%	~	~	~	~	~	50%	17%	17%	18%	21%	7%	
ALWAYS	33	903	6	3	9	15	7	~	~	~	~	~	1	17	15	30	1	21	12
	79%	70%	100%	43%	75%	88%	78%	~	~	~	~	~	50%	74%	83%	79%	50%	75%	86%
#ALWAYS + USUALLY (NET)	40	1171	6	7	11	16	9	~	~	~	~	~	2	21	18	37	1	27	13
	95%	91%	100%	100%	92%	94%	100%	~	~	~	~	~	100%	91%	100%	97%	50%	96%	93%
TOP BOX SCORE	33	903	6	3	9	15	7	~	~	~	~	~	1	17	15	30	1	21	12
	79%	70%	100%	43%	75%	88%	78%	~	~	~	~	~	50%	74%	83%	79%	50%	75%	86%
NOT ANSWERED	2	39			2		1							1	2		1	1	
VALID CASES	42	1284	6	7	12	17	9						2	23	18	38	2	28	14
NUMBER OF RESPONDENTS	44	1323	6	7	14	17	10						2	23	19	40	2	29	15
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q52 YES	74 28%	1805 35%*	20 41%~	16 26%	16 23%	22 25%	22 19%*	~	~	~	~	~	2 15%~	33 40%*	37 21%*	68 26%~	2 29%~	56 27%	18 29%
NO	194 72%	3343 65%*	29 59%~	45 74%	54 77%	66 75%	91 81%*	~	~	~	~	~	11 85%~	50 60%*	142 79%*	189 74%~	5 71%~	150 73%	44 71%
NOT ANSWERED	21	490	3	7	5	6	3							4	4	9		18	3
VALID CASES	268	5148	49	61	70	88	113						13	83	179	257	7	206	62
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
PQ53 NEVER	4 2%	124 2%	~	2 3%	~	2 2%	~	~	~	~	~	~	~	~	4 5%*	~	4 2%~	~	3 1%	1 2%
SOMETIMES	12 5%	397 8%*	2%~	1 5%	3 4%	5 6%	2 2%*	~	~	~	~	~	~	1 8%~	4 5%	7 4%	11 4%~	~	6 3%	6 10%
USUALLY	30 11%	575 11%	21%~	10 8%	5 7%	10 11%	10 9%	~	~	~	~	~	~	1 8%~	15 19%*	14 8%*	29 11%~	~	25 12%	5 8%
ALWAYS	217 83%	3983 78%	77%~	36 84%	51 88%	60 80%	70 80%	98 89%*	~	~	~	~	~	11 85%~	58 72%*	155 88%*	210 83%~	6 100%~	168 83%	49 80%
#ALWAYS + USUALLY (NET)	247 94%	4559 90%*	98%~	46 92%	56 96%	65 92%	80 92%	108 98%*	~	~	~	~	~	12 92%~	73 90%	169 96%	239 94%~	6 100%~	193 96%	54 89%
TOP BOX SCORE	217 83%	3983 78%	77%~	36 84%	51 88%	60 80%	70 80%	98 89%*	~	~	~	~	~	11 85%~	58 72%*	155 88%*	210 83%~	6 100%~	168 83%	49 80%
NOT ANSWERED	26	559	5	7	7	7	6								6	7	12	1	22	4
VALID CASES	263	5079	47	61	68	87	110							13	81	176	254	6	202	61
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116							13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%							100%	100%	100%	100%	100%	100%	100%

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

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q54 WORST HEALTH PLAN POSSIBLE	3 1%	17 0.3%	~	~	~	3 0.9%	1 0.9%	~	~	~	~	~	~	2 2%	1 0.6%	3 1%	~	2 1%	1 2%
01	2 0.7%	27 0.5%	1 2%	1 2%	~	1 0.9%	~	~	~	~	~	1 8%	~	2 1%	1 0.4%	1 14%	~	~	2 3%
02	1 0.4%	33 0.6%	~	1 2%	~	~	~	~	~	~	~	~	1 1%	~	1 0.4%	~	1 0.5%	~	~
03	2 0.7%	44 0.9%	~	1 2%	1 1%	~	1 0.9%	~	~	~	~	~	~	2 1%	2 0.8%	~	~	1 0.5%	1 2%
04	5 2%	62 1%	~	3 5%	~	2 0.9%	1 0.9%	~	~	~	~	~	~	5 3%	4 2%	1 14%	~	3 1%	2 3%
05	17 6%	275 5%	3 6%	3 5%	9 13%*	2 2%*	5 4%	~	~	~	~	~	~	6 7%	11 6%	17 7%	~	12 6%	5 8%
06	18 7%	233 5%	2 4%	2 3%	7 10%	7 8%	9 8%	~	~	~	~	~	~	3 4%	14 8%	17 7%	~	14 7%	4 6%
07	31 11%	496 10%	2 4%	6 10%	11 15%	12 14%	14 12%	~	~	~	~	~	2 15%	5 6%*	25 14%	31 12%	~	21 10%	10 16%
08	64 24%	982 19%	15 31%	12 19%	15 21%	22 25%	26 23%	~	~	~	~	~	5 38%	16 19%	45 25%	61 23%	1 14%	55 27%*	9 14%*
09	52 19%	974 19%	8 16%	16 26%	11 15%	17 19%	26 23%	~	~	~	~	~	3 23%	14 17%	37 20%	50 19%	2 29%	38 18%	14 22%
BEST HEALTH PLAN POSSIBLE	76 28%	2033 39%*	18 37%	17 27%	18 25%	23 26%	30 26%	~	~	~	~	~	2 15%	36 43%*	39 22%*	73 28%	2 29%	60 29%	16 25%
#8-10 (NET)	192 71%	3988 77%*	41 84%	45 73%	44 61%*	62 70%	82 72%	~	~	~	~	~	10 77%	66 80%*	121 67%*	184 71%	5 71%	153 74%	39 61%

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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC		
9-10 (NET)	128 47%	3007 58%*	26 53%~	33 53%	29 40%	40 45%	56 49%	~	~	~	~	~	~	5 38%~	50 60%*	76 42%*	123 47%~	4 57%~	98 47%	30 47%
NOT ANSWERED	18	462	3	6	3	6	2								4	2	6		17	1
VALID CASES	271	5176	49	62	72	88	114							13	83	181	260	7	207	64
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%							13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%
MEAN	8.04	8.44	8.45	8.02	7.86	7.99	8.13							7.85	8.42	7.87	8.07	7.29	8.16	7.66
p stat_(*=Sig @ p<=.05)		.001*	~.900	.333	.751	.533	~	~	~	~	~	~	~	~.049*	.045*	~	~	~.076	.075	

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q55																		
YES	89 33%	1994 38%*	16 33%~	16 26%	27 36%	30 34%	41 36%	~	~	~	~	7 ~ 54%~	22 26%	66 36%*	84 32%~	4 57%~	47 23%*	42 65%*
NO	184 67%	3218 62%*	32 67%~	46 74%	48 64%	58 66%	74 64%	~	~	~	~	6 ~ 46%~	64 74%	115 64%*	179 68%~	3 43%~	161 77%*	23 35%*
NOT ANSWERED	16	425	4	6		6	1						1	2	3		16	
VALID CASES	273	5213	48	62	75	88	115					13	86	181	263	7	208	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%					13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q56 NEVER	4 5%	36 2%	2 13%~	~	~	2 7%~	1 3%~	~	~	~	~	~	1 14%~	2 9%~	1 2%~	3 4%~	1 25%~	2 4%~	2 5%~
SOMETIMES	11 13%	176 9%	1 6%~	4 25%~	4 15%~	2 7%~	6 15%~	~	~	~	~	~	~	3 14%~	8 12%~	11 13%~	~	6 13%~	5 12%~
USUALLY	23 26%	474 24%	6 38%~	4 25%~	8 31%~	5 17%~	12 30%~	~	~	~	~	~	1 14%~	2 9%~	21 32%~	22 27%~	1 25%~	9 20%~	14 33%~
ALWAYS	50 57%	1301 65%	7 44%~	8 50%~	14 54%~	21 70%~	21 52%~	~	~	~	~	~	5 71%~	15 68%~	35 54%~	47 57%~	2 50%~	29 63%~	21 50%~
#ALWAYS + USUALLY (NET)	73 83%	1775 89%	13 81%~	12 75%~	22 85%~	26 87%~	33 83%~	~	~	~	~	~	6 86%~	17 77%~	56 86%~	69 83%~	3 75%~	38 83%~	35 83%~
TOP BOX SCORE	50 57%	1301 65%	7 44%~	8 50%~	14 54%~	21 70%~	21 52%~	~	~	~	~	~	5 71%~	15 68%~	35 54%~	47 57%~	2 50%~	29 63%~	21 50%~
NOT ANSWERED	1	29			1		1								1	1		1	
VALID CASES	88	1988	16	16	26	30	40						7	22	65	83	4	46	42
NUMBER OF RESPONDENTS	89	2017	16	16	27	30	41						7	22	66	84	4	47	42
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD POOR	NO CCC	CCC	
Q57 #YES	44 51%	1177 60%	7 44%	10 63%	12 48%	15 50%	20 50%	~	~	~	~	~	2 29%	10 45%	33 52%	42 51%	1 25%	23 49%	21 53%
NO	43 49%	795 40%	9 56%	6 38%	13 52%	15 50%	20 50%	~	~	~	~	~	5 71%	12 55%	31 48%	40 49%	3 75%	24 51%	19 48%
NOT ANSWERED	2	45			2		1								2	2			2
VALID CASES	87	1972	16	16	25	30	40						7	22	64	82	4	47	40
NUMBER OF RESPONDENTS	89 100%	2017 100%	16 100%	16 100%	27 100%	30 100%	41 100%						7 100%	22 100%	66 100%	84 100%	4 100%	47 100%	42 100%

[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	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q57A YES	211 81%	4014 79%	26 53%~	54 92%*	63 91%*	68 81%	89 81%	~	~	~	~	~	13 ~100%~	61 75%	146 83%	203 81%~	7 100%~	152 77%*	59 94%*
NO	50 19%	1085 21%	23 47%~	5 8%*	6 9%*	16 19%	21 19%	~	~	~	~	~	~	20 25%	30 17%	49 19%~	~	46 23%*	4 6%*
NOT ANSWERED	28	539	3	9	6	10	6							6	7	14		26	2
VALID CASES	261	5099	49	59	69	84	110						13	81	176	252	7	198	63
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q57B NEVER	34 29%	667 28%	5 26%~	9 36%~	5 14%~	15 42%~	11 46%~	~	~	~	~	~	1 50%~	12 24%	22 34%	33 29%~	1 25%~	26 31%~	8 24%~
SOMETIMES	29 25%	484 20%	5 26%~	4 16%~	12 33%~	8 22%~	5 21%~	~	~	~	~	~	1 50%~	16 32%	13 20%	28 25%~	1 25%~	20 24%~	9 27%~
USUALLY	27 23%	468 20%	4 21%~	4 16%~	12 33%~	7 19%~	5 21%~	~	~	~	~	~	~	11 22%	15 23%	26 23%~	1 25%~	17 20%~	10 30%~
ALWAYS	26 22%	771 32%*	5 26%~	8 32%~	7 19%~	6 17%~	3 12%~	~	~	~	~	~	~	11 22%	14 22%	25 22%~	1 25%~	20 24%~	6 18%~
#ALWAYS + USUALLY (NET)	53 46%	1239 52%	9 47%~	12 48%~	19 53%~	13 36%~	8 33%~	~	~	~	~	~	~	22 44%	29 45%	51 46%~	2 50%~	37 45%~	16 48%~
TOP BOX SCORE	26 22%	771 32%*	5 26%~	8 32%~	7 19%~	6 17%~	3 12%~	~	~	~	~	~	~	11 22%	14 22%	25 22%~	1 25%~	20 24%~	6 18%~
I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS	155	2768	30	35	39	51	91						11	36	117	151	3	123	32
NOT ANSWERED	18	480	3	8		7	1							1	2	3		18	
VALID CASES	116	2390	19	25	36	36	24						2	50	64	112	4	83	33
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-##	AS-IAN##	NATV ILND#	AMER IND/ALSK##	OTHR##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57C YES	37 14%	1124 22%*	6 13%~	10 17%	12 16%	9 10%	14 12%	~	~	~	~	~	1 8%~	9 11%	27 15%	37 14%~	7 ~	24 12%	13 20%
NO	232 86%	3960 78%*	42 88%~	49 83%	62 84%	79 90%	101 88%	~	~	~	~	~	12 92%~	74 89%	154 85%	224 86%~	7 100%~	181 88%	51 80%
NOT ANSWERED	20	553	4	9	1	6	1							4	2	5		19	1
VALID CASES	269	5085	48	59	74	88	115						13	83	181	261	7	205	64
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57D #YES	35 95%	945 87%~100%	6 90%~	9 92%~	11 100%~	9 93%~						1 ~100%	8 89%~	26 96%~	35 95%~	23 ~96%	12 92%~	
NO	2 5%	135 13%~	1 ~10%	1 8%~		1 7%~							1 ~11%	1 4%~	2 5%~	1 ~4%	1 8%~	
NOT ANSWERED		16																
VALID CASES	37	1081	6	10	12	9	14					1	9	27	37	24	13	
NUMBER OF RESPONDENTS	37 100%	1097 100%	6 100%	10 100%	12 100%	9 100%	14 100%					1 100%	9 100%	27 100%	37 100%	24 100%	13 100%	

[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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT#	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q57E #YES	31 84%	905 84%	5 83%	9 90%	10 83%	7 78%	10 71%	~	~	~	~	~	1 ~100%	9 ~100%	21 78%	31 84%	22 ~92%	9 69%
NO	6 16%	169 16%	1 17%	1 10%	2 17%	2 22%	4 29%	~	~	~	~	~	~	6 ~22%	6 16%	~	2 8%	4 31%
NOT ANSWERED		24																
VALID CASES	37	1073	6	10	12	9	14					1	9	27	37		24	13
NUMBER OF RESPONDENTS	37	1097	6	10	12	9	14					1	9	27	37		24	13
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%		100%	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER ALSK #	OTHR #	MUL- TI	HIS- IC	NOT HIS- PAN- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC
Q57F NEVER	2 5%	20 2%	1 ~ 10%	1 ~ 11%	1 ~ 11%	1 7%	~	~	~	~	~	~	1 ~ 11%	1 4%	2 5%	1 ~ 4%	1 8%	
SOMETIMES	4 11%	94 9%	1 ~ 10%	3 25%	1 ~ 11%	1 7%	~	~	~	~	~	~	2 ~ 22%	2 7%	4 11%	4 ~ 17%	~	
USUALLY	4 11%	257 24%	1 ~ 10%	2 17%	1 11%	2 14%	~	~	~	~	~	~	1 ~ 11%	3 11%	4 11%	3 ~ 13%	1 8%	
ALWAYS	27 73%	704 66%	6 100%	7 70%	7 58%	7 78%	10 71%	~	~	~	~	~	1 ~ 100%	5 56%	21 78%	27 73%	16 ~ 67%	11 85%
#ALWAYS + USUALLY (NET)	31 84%	960 89%	6 100%	8 80%	9 75%	8 89%	12 86%	~	~	~	~	~	1 ~ 100%	6 67%	24 89%	31 84%	19 ~ 79%	12 92%
TOP BOX SCORE	27 73%	704 66%	6 100%	7 70%	7 58%	7 78%	10 71%	~	~	~	~	~	1 ~ 100%	5 56%	21 78%	27 73%	16 ~ 67%	11 85%
NOT ANSWERED		23																
VALID CASES	37	1074	6	10	12	9	14						1	9	27	37	24	13
NUMBER OF RESPONDENTS	37	1097	6	10	12	9	14						1	9	27	37	24	13
	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	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC
Q57G NEVER	1 3%	53 5%	~	10%	~	~	1 7%	~	~	~	~	~	~	~	1 4%	1 3%	~	1 8%
SOMETIMES	3 8%	120 11%	~	~	17%	11%	1 7%	~	~	~	~	~	~	1 11%	2 7%	3 8%	~	2 8%
USUALLY	8 22%	238 22%	1 17%	3 30%	2 17%	2 22%	5 36%	~	~	~	~	~	~	1 11%	6 22%	8 22%	~	5 21%
ALWAYS	25 68%	662 62%	5 83%	6 60%	8 67%	6 67%	7 50%	~	~	~	~	~	1 100%	7 78%	18 67%	25 68%	~	17 71%
#ALWAYS + USUALLY (NET)	33 89%	901 84%	6 100%	9 90%	10 83%	8 89%	12 86%	~	~	~	~	~	1 100%	8 89%	24 89%	33 89%	~	22 92%
TOP BOX SCORE	25 68%	662 62%	5 83%	6 60%	8 67%	6 67%	7 50%	~	~	~	~	~	1 100%	7 78%	18 67%	25 68%	~	17 71%
NOT ANSWERED		23																
VALID CASES	37	1074	6	10	12	9	14						1	9	27	37	24	13
NUMBER OF RESPONDENTS	37	1097	6	10	12	9	14						1	9	27	37	24	13
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND NATV #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q57H NEVER	1 3%	23 2%	1 ~ 10%	~	~	1 7%	~	~	~	~	~	~	1 4%	1 3%	~	1 8%		
SOMETIMES	2 5%	97 9%	1 ~ 10%	1 8%	~	1 7%	~	~	~	~	~	1 11%	1 4%	2 5%	~	2 8%		
USUALLY	6 16%	214 20%	3 ~ 30%	3 25%	~	1 7%	~	~	~	~	1 100%	2 22%	4 15%	6 16%	~	5 21%	1 8%	
ALWAYS	28 76%	741 69%	6 100%	5 50%	8 67%	9 100%	11 79%	~	~	~	~	6 67%	21 78%	28 76%	~	17 71%	11 85%	
#ALWAYS + USUALLY (NET)	34 92%	955 89%	6 100%	8 80%	11 92%	9 100%	12 86%	~	~	~	~	1 100%	8 89%	25 93%	34 92%	~	22 92%	12 92%
TOP BOX SCORE	28 76%	741 69%	6 100%	5 50%	8 67%	9 100%	11 79%	~	~	~	~	6 67%	21 78%	28 76%	~	17 71%	11 85%	
NOT ANSWERED		23																
VALID CASES	37	1074	6	10	12	9	14				1	9	27	37		24	13	
NUMBER OF RESPONDENTS	37	1097	6	10	12	9	14				1	9	27	37		24	13	
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q58																		
EXCELLENT	112 41%	2143 41%	22 46%	28 46%	27 36%	35 39%	49 42%	~	~	~	~	8 62%	29 34%	82 45%	112 42%	~	98 47%*	14 22%*
VERY GOOD	107 39%	1856 36%	20 42%	17 28%*	33 44%	37 42%	52 45%	~	~	~	~	4 31%	35 41%	71 39%	107 40%	~	76 37%	31 48%
GOOD	47 17%	944 18%	5 10%	14 23%	12 16%	16 18%	12 10%*	~	~	~	~	~	20 23%	25 14%*	47 18%	~	31 15%	16 25%
FAIR	6 2%	237 5%*	1 2%	2 3%	2 3%	1 1%	3 3%	~	~	~	~	1 8%	2 2%	4 2%	~	6 86%	3 1%	3 5%
POOR	1 0.4%	15 0.3%	~	~	1 1%	~	~	~	~	~	~	~	~	1 -0.5%	~	1 14%	~	1 2%
#EXCELLENT + VERY GOOD + GOOD (NET)	266 97%	4943 95%*	47 98%	59 97%	72 96%	88 99%	113 97%	~	~	~	~	12 92%	84 98%	178 97%	266 100%	~	205 99%	61 94%
NOT ANSWERED	16	443	4	7		5							1					16
VALID CASES	273	5195	48	61	75	89	116					13	86	183	266	7	208	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%					13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q59																			
EXCELLENT	127 47%	2231 43%	34 71%~	37 61%*	23 31%*	33 37%*	48 41%	~	~	~	~	~	7 54%~	43 50%	82 45%	126 47%~	1 14%~	119 57%*	8 12%*
VERY GOOD	78 29%	1483 29%	11 23%~	13 21%	23 31%	31 35%	35 30%	~	~	~	~	~	3 23%~	27 31%	50 27%	78 29%~	~	59 28%	19 29%
GOOD	44 16%	1030 20%	3 6%~	6 10%	19 25%*	16 18%	20 17%	~	~	~	~	~	3 23%~	13 15%	31 17%	42 16%~	2 29%~	20 10%*	24 37%*
FAIR	21 8%	368 7%	~	4 7%	9 12%	8 9%	11 9%	~	~	~	~	~	~	3 3%*	17 9%	18 7%~	3 43%~	10 5%*	11 17%*
POOR	3 1%	70 1%	~	1 2%	1 1%	1 1%	2 2%	~	~	~	~	~	~	~	3 2%	2 0.8%~	1 14%~	~	3 5%
#EXCELLENT + VERY GOOD + GOOD (NET)	249 91%	4745 92%	48 100%~	56 92%	65 87%	80 90%	103 89%	~	~	~	~	~	13 ~100%~	83 97%*	163 89%*	246 92%~	3 43%~	198 95%*	51 78%*
NOT ANSWERED	16	455	4	7		5								1				16	
VALID CASES	273	5183	48	61	75	89	116						13	86	183	266	7	208	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AFR- AMER	AS- IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q60 YES	58 21%	1055 20%	3 6%	10 16%	20 27%	25 28%	24 21%	~	~	~	~	~	4 31%	17 20%	41 22%	54 20%	4 57%	12 6%*	46 71%*
NO	215 79%	4144 80%	45 94%	51 84%	55 73%	64 72%	92 79%	~	~	~	~	~	9 69%	69 80%	142 78%	212 80%	3 43%	196 94%*	19 29%*
NOT ANSWERED	16	439	4	7		5								1					16
VALID CASES	273	5199	48	61	75	89	116						13	86	183	266	7	208	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q61 YES	48 84%	796 77%	3 100%	7 70%	18 90%	20 83%	18 75%	~	~	~	~	~	4 ~100%	14 82%	34 85%	44 83%	4 100%	4 33%	44 98%
NO	9 16%	235 23%	~	3 30%	2 10%	4 17%	6 25%	~	~	~	~	~	~	3 18%	6 15%	9 17%	~	8 67%	1 2%
NOT ANSWERED	1	22				1									1	1			1
VALID CASES	57	1030	3	10	20	24	24					4	17	40	53	4	12	45	
NUMBER OF RESPONDENTS	58	1052	3	10	20	25	24					4	17	41	54	4	12	46	
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC	ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q62 YES	44	716	2	6	17	19	18						4	11	33	41	3		44
	94%	91%	67%	100%	94%	95%	100%	~	~	~	~	~	100%	85%	97%	95%	75%	~	100%
NO	3	75	1		1	1								2	1	2	1	3	
	6%	9%	33%	~	6%	5%	~	~	~	~	~	~	~	15%	3%	5%	25%	100%	~
NOT ANSWERED	1	15		1										1		1		1	
VALID CASES	47	791	3	6	18	20	18						4	13	34	43	4	3	44
NUMBER OF RESPONDENTS	48	806	3	7	18	20	18						4	14	34	44	4	4	44
	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	<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR #	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q63 YES	34 12%	788 15%	3 6%	8 13%	11 15%	12 13%	14 12%	~	~	~	~	~	2 15%	5 6%*	29 16%*	31 12%	3 43%	5 2%*	29 45%*
NO	240 88%	4394 85%	46 94%	53 87%	64 85%	77 87%	102 88%	~	~	~	~	~	11 85%	82 94%*	154 84%*	235 88%	4 57%	204 98%*	36 55%*
NOT ANSWERED	15	456	3	7		5												15	
VALID CASES	274	5182	49	61	75	89	116						13	87	183	266	7	209	65
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%						100%	100%	100%	100%	100%	100%	100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q64 YES	24 77%	637 85%	2 67%	4 67%	9 82%	9 82%	9 69%	~	~	~	~	~	2 ~100%	4 80%	20 77%	21 75%	3 100%	2 50%	22 81%
NO	7 23%	110 15%	1 33%	2 33%	2 18%	2 18%	4 31%	~	~	~	~	~	~	1 20%	6 23%	7 25%	~	2 50%	5 19%
NOT ANSWERED	3	19		2		1	1								3	3		1	2
VALID CASES	31	747	3	6	11	11	13						2	5	26	28	3	4	27
NUMBER OF RESPONDENTS	34 100%	766 100%	3 100%	8 100%	11 100%	12 100%	14 100%						2 100%	5 100%	29 100%	31 100%	3 100%	5 100%	29 100%

[ASKED IF Q63 = YES]

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMR IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q65 YES	22 92%	591 96%~100%	2 75%~100%	3 100%	9 89%~100%	8 100%	9 100%	~	~	~	~	~100%	2 75%~	3 95%~	19 90%~100%	19 100%	3 100%	22 ~100%	
NO	2 8%	26 4%~	~	1 25%~	1 11%~	1 100%	~	~	~	~	~	~	~	1 25%~	1 5%~	2 10%~	2 100%	2 ~	
NOT ANSWERED		7																	
VALID CASES	24	617	2	4	9	9	9						2	4	20	21	3	2	22
NUMBER OF RESPONDENTS	24	624	2	4	9	9	9						2	4	20	21	3	2	22
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q66 YES	21 8%	639 12%*	1 2%~	6 10%	8 11%	6 7%	6 5%	~	~	~	~	2 ~ 15%	4 5%	17 9%	20 8%~	1 14%~	4 2%*	17 27%*
NO	251 92%	4546 88%*	48 98%~	55 90%	66 89%	82 93%	110 95%	~	~	~	~	11 ~ 85%	82 95%	165 91%	244 92%~	6 86%~	204 98%*	47 73%*
NOT ANSWERED	17	453	3	7	1	6							1	1	2		16	1
VALID CASES	272	5185	49	61	74	88	116					13	86	182	264	7	208	64
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116					13	87	183	266	7	224	65
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHT	BLK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD &	FAIR & POOR	NO CCC	CCC	
Q67 YES	15 71%	445 77%	~	3 50%	6 75%	6 100%	6 100%	~	~	~	~	~	2 100%	3 75%	12 71%	14 70%	1 100%	~	15 88%	
NO	6 29%	136 23%	1 100%	3 50%	2 25%	~	~	~	~	~	~	~	~	1 25%	5 29%	6 30%	~	4 100%	2 12%	
NOT ANSWERED		22																		
VALID CASES	21	582	1	6	8	6	6						2	4	17	20	1	4	17	
NUMBER OF RESPONDENTS	21 100%	604 100%	1 100%	6 100%	8 100%	6 100%	6 100%						2 100%	4 100%	17 100%	20 100%	1 100%	4 100%	17 100%	

[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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q68 YES	15	427		3	6	6	6					2	3	12	14	1		15
	100%	96%		~100%	~100%	~100%	~100%					~100%	~100%	~100%	~100%	~100%		~100%
NO		17																
		4%		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		6																
VALID CASES	15	444		3	6	6	6					2	3	12	14	1		15
NUMBER OF RESPONDENTS	15	450		3	6	6	6					2	3	12	14	1		15
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q69 YES	17 6%	531 10%*	2 4%~	8 13%	5 7%	2 2%*	10 9%	~	~	~	~	~	3 3%	14 8%	15 6%~	2 29%~	5 2%*	12 18%*
NO	257 94%	4648 90%*	47 96%~	53 87%	70 93%	87 98%*	106 91%	~	~	~	~	13 ~100%~	84 97%	169 92%	251 94%~	5 71%~	204 98%*	53 82%*
NOT ANSWERED	15	459	3	7	5												15	
VALID CASES	274	5179	49	61	75	89	116					13	87	183	266	7	209	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%					13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	OTH	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q70 YES	9	336		4	4	1	5								1	8	8	1	9
	56%	68%		~ 50%	~ 100%	~ 50%	56%	~	~	~	~	~	~	~	~ 33%	~ 62%	57%	50%	~ 82%
NO	7	157	2	4		1	4							2	5	6	1	5	2
	44%	32%	~ 100%	~ 50%		~ 50%	44%	~	~	~	~	~	~	~ 67%	~ 38%	43%	50%	~ 100%	~ 18%
NOT ANSWERED	1	8			1		1								1	1			1
VALID CASES	16	493	2	8	4	2	9							3	13	14	2	5	11
NUMBER OF RESPONDENTS	17	501	2	8	5	2	10							3	14	15	2	5	12
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q71 YES	9	293		4	4	1	5						1	8	8	1	9
	100%	92%		~100%	~100%	~100%	~100%	~	~	~	~	~	~100%	~100%	~100%	~100%	~100%
NO		24															
		8%		~	~	~	~	~	~	~	~	~	~	~	~	~	~
NOT ANSWERED		3															
VALID CASES	9	317		4	4	1	5						1	8	8	1	9
NUMBER OF RESPONDENTS	9	320		4	4	1	5						1	8	8	1	9
	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?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & FAIR & POOR	NO CCC	CCC	
Q72 YES	32 12%	736 14%	2 4%	4 7%	14 19%*	12 13%	18 16%	~	~	~	~	~	1 8%	3 3%*	29 16%*	31 12%	1 14%	3 1%*	29 45%*
NO	241 88%	4444 86%	47 96%	57 93%	60 81%*	77 87%	97 84%	~	~	~	~	~	12 92%	84 97%*	153 84%*	234 88%	6 86%	206 99%*	35 55%*
NOT ANSWERED	16	458	3	7	1	5	1							1	1	1		15	1
VALID CASES	273	5180	49	61	74	89	115						13	87	182	265	7	209	64
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q73 YES	27	628	1	4	14	8	17							1	1	26	26	1	27
	87%	90%	50%	100%	100%	73%	94%	~	~	~	~	~	~	100%	33%	93%	87%	100%	~ 96%
NO	4	72	1			3	1							2	2	4	4	3	1
	13%	10%	50%	~	~	27%	6%	~	~	~	~	~	~	67%	7%	13%	~	100%	4%
NOT ANSWERED	1	16				1									1	1			1
VALID CASES	31	700	2	4	14	11	18						1	3	28	30	1	3	28
NUMBER OF RESPONDENTS	32	716	2	4	14	12	18						1	3	29	31	1	3	29
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ74																		
3 YEARS OLD OR LESS	52 18%	971 17%	52 100%	~	~	~	20 17%	~	~	~	~	3 23%	17 20%	30 16%	47 18%	1 14%	50 22%*	2 3%*
4 TO 7 YEARS OLD	68 24%	1380 24%	~	68 ~100%	~	~	20 17%*	~	~	~	~	3 23%	23 26%	37 20%	59 22%	2 29%	57 25%	11 17%
8 TO 12 YEARS OLD	75 26%	1689 30%	~	~	75 ~100%	~	31 27%	~	~	~	~	3 23%	26 30%	48 26%	72 27%	3 43%	48 21%*	27 42%*
13 OR OLDER	94 33%	1597 28%	~	~	94 ~100%	~	45 39%	~	~	~	~	4 31%	21 24%*	68 37%*	88 33%	1 14%	69 31%	25 38%
VALID CASES	289	5638	52	68	75	94	116					13	87	183	266	7	224	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%					13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

[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	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
NQ75 MALE	151 52%	2948 52%	28 54%	34 50%	40 53%	49 52%	63 54%	~	~	~	~	~	8 62%	47 54%	95 52%	140 53%	4 57%	113 50%	38 58%
FEMALE	138 48%	2690 48%	24 46%	34 50%	35 47%	45 48%	53 46%	~	~	~	~	~	5 38%	40 46%	88 48%	126 47%	3 43%	111 50%	27 42%
VALID CASES	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

[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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q76 HISPANIC OR LATINO	87 32%	2037 40%*	17 36%~	23 38%	26 35%	21 24%*	~	~	~	~	~	~	~	~	87 ~	84 ~	2 29%~	75 37%*	12 18%*
NOT HISPANIC OR LATINO	183 68%	3094 60%*	30 64%~	37 62%	48 65%	68 76%*	115 100%~	~	~	~	~	13 ~	183 ~	183 ~	178 68%~	5 71%~	130 63%*	53 82%*	
NOT ANSWERED	19	507	5	8	1	5	1								4		19		
VALID CASES	270	5131	47	60	74	89	115					13	87	183	262	7	205	65	
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%					13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%	

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTH	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.1 YES	161 56%	2548 45%*	28 54%	32 47%	43 57%	58 62%	116 100%~	~	~	~	~	~	13 ~100%~	32 37%*	128 70%*	156 59%~	4 57%~	119 53%	42 65%
NO	128 44%	3090 55%*	24 46%	36 53%	32 43%	36 38%	~	~	~	~	~	~	~	55 63%*	55 30%*	110 41%~	3 43%~	105 47%	23 35%
VALID CASES	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q77.2 YES	8 3%	139 2%	1 2%	1 1%	3 4%	3 3%	~	~	~	~	~	~	3 23%	2 2%	6 3%	8 3%	~	4 2%	4 6%
NO	281 97%	5499 98%	51 98%	67 99%	72 96%	91 97%	116 100%	~	~	~	~	~	10 77%	85 98%	177 97%	258 97%	7 100%	220 98%	61 94%
VALID CASES	289	5638	52	68	75	94	116						13	87	183	266	7	224	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.3	CCC TOT CHLD	3	186	1	2						1	3	3	3	3		
YES	OHP TOT CHLD	1%	3%*	~ 1%	~ 2%	~	~	~	~	~	8%	~ 2%	1%	~	1%	~	
NO	CCC TOT CHLD	286	5452	52	67	75	92	116			12	87	180	263	7	221	65
	OHP TOT CHLD	99%	97%*	100%~	99%	100%~	98%	100%~	~	~	92%	~ 100%	98%	99%~	100%~	99%~	100%~
VALID CASES	CCC TOT CHLD	289	5638	52	68	75	94	116			13	87	183	266	7	224	65
NUMBER OF RESPONDENTS	OHP TOT CHLD	289	5638	52	68	75	94	116			13	87	183	266	7	224	65
	OHP TOT CHLD	100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%	100%	100%

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

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
		<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.4	YES	61 1%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
	NO	289 100%	5577 99%	52 100%	68 100%	75 100%	94 100%	116 100%	~	~	~	~	~	~	~	~	
	VALID CASES	289	5638	52	68	75	94	116			13	87	183	266	7	224	65
	NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%			13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALS #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR POOR	NO CCC	CCC	
Q77.5 YES	20 7%	168 3%*	4 8%	9 13%	3 4%	4 4%	~	~	~	~	~	9 ~ 69%	6 7%	13 7%	19 7%	1 14%	17 8%	3 5%
NO	269 93%	5470 97%*	48 92%	59 87%	72 96%	90 96%	116 100%	~	~	~	~	4 ~ 31%	81 93%	170 93%	247 93%	6 86%	207 92%	62 95%
VALID CASES	289	5638	52	68	75	94	116					13	87	183	266	7	224	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%					13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALS PAC #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q77.6 YES	24 8%	486 9%	6 12%	4 6%	7 9%	7 7%	~	~	~	~	~	3 ~ 23%	20 23%*	4 2%*	23 9%~	~	17 8%	7 11%
NO	265 92%	5152 91%	46 88%	64 94%	68 91%	87 93%	116 100%~	~	~	~	~	10 ~ 77%	67 77%*	179 98%*	243 91%~	7 100%~	207 92%	58 89%
VALID CASES	289	5638	52	68	75	94	116					13	87	183	266	7	224	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%					13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

Q78 WHAT IS YOUR AGE?

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q78 UNDER 18	13 5%	196 4%	3 6%~	2 ~	8 3%	8 9%	7 6%	~	~	~	~	~	~	~	4 5%	9 5%	13 5%~	~	9 4%	4 6%
18 TO 24	7 3%	176 3%	5 10%~	1 2%	1 1%	~	4 3%	~	~	~	~	~	~	~	2 2%	5 3%	6 2%~	~	7 3%~	~
25 TO 34	86 32%	1691 33%	28 57%~	32 54%*	20 27%	6 7%*	32 28%	~	~	~	~	~	~	6 46%~	31 36%	53 30%	84 32%~	2 33%~	74 36%*	12 19%*
35 TO 44	91 34%	2049 40%*	10 20%~	18 31%	34 46%*	29 33%	36 31%	~	~	~	~	~	~	2 15%~	34 39%	57 32%	89 34%~	2 33%~	63 31%	28 44%
45 TO 54	39 14%	738 14%	~	5 8%	9 12%	25 28%*	17 15%	~	~	~	~	~	~	2 15%~	12 14%	27 15%	39 15%~	~	30 15%	9 14%
55 TO 64	19 7%	229 4%	1 2%~	~	6 8%	12 14%*	8 7%	~	~	~	~	~	~	3 23%~	2 2%*	16 9%*	19 7%~	~	12 6%	7 11%
65 TO 74	12 4%	87 2%*	1 2%~	2 3%	2 3%	7 8%	9 8%*	~	~	~	~	~	~	~	2 2%	10 6%	10 4%~	2 33%~	9 4%	3 5%
75 OR OLDER	3 1%	15 0.3%	1 2%~	1 2%	~	1 1%	3 3%~	~	~	~	~	~	~	~	~	2 1%	3 1%~	~	2 1%	1 2%
NOT ANSWERED	19	457	3	9	1	6										4	3	1	18	1
VALID CASES	270	5181	49	59	74	88	116							13	87	179	263	6	206	64
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116							13	87	183	266	7	224	65
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
Q79																			
MALE	33 12%	711 14%	2 4%~	5 8%	12 16%	14 16%	15 13%	~	~	~	~	~	1 8%~	7 8%	26 15%	32 12%~	1 14%~	25 12%	8 12%
FEMALE	237 88%	4484 86%	47 96%~	54 92%	62 84%	74 84%	100 87%	~	~	~	~	~	12 92%~	80 92%	153 85%	230 88%~	6 86%~	180 88%	57 88%
NOT ANSWERED	19	443	3	9	1	6	1							4	4		19		
VALID CASES	270	5195	49	59	74	88	115						13	87	179	262	7	205	65
NUMBER OF RESPONDENTS	289 100%	5638 100%	52 100%	68 100%	75 100%	94 100%	116 100%						13 100%	87 100%	183 100%	266 100%	7 100%	224 100%	65 100%

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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC
Q80																		
8TH GRADE OR LESS	23 9%	593 12%	~	4 7%	10 13%	9 10%	2 2%*	~	~	~	~	~	20 23%*	3 2%*	21 8%~	2 29%~	22 11%*	1 2%*
SOME HIGH SCHOOL BUT DID NOT GRADUATE	37 14%	565 11%	8%~	4 22%	13 9%	7 15%	9 8%*	~	~	~	~	2 15%~	18 21%*	19 11%	35 13%~	2 29%~	29 14%	8 12%
HIGH SCHOOL GRADUATE OR GED	87 32%	1483 29%	31%~	15 34%	20 28%	21 35%	45 39%*	~	~	~	~	4 31%~	20 23%*	64 36%	84 32%~	3 43%~	64 31%	23 35%
SOME COLLEGE OR 2-YEAR DEGREE	100 37%	1722 33%	50%~	24 29%	17 41%	31 32%	45 39%	~	~	~	~	4 31%~	27 31%	72 40%	99 38%~	~	75 37%	25 38%
4-YEAR COLLEGE GRADUATE	17 6%	491 10%*	8%~	4 3%	2 8%	6 6%	12 10%*	~	~	~	~	1 8%~	1 1%*	16 9%*	17 6%~	~	10 5%	7 11%
MORE THAN 4-YEAR COLLEGE DEGREE	6 2%	290 6%*	2%~	1 5%	3 ~	2 2%	3 3%	~	~	~	~	2 15%~	~	6 3%*	6 2%~	~	5 2%	1 2%
NOT ANSWERED	19	495	4	9	6								1	3	4		19	
VALID CASES	270	5143	48	59	75	88	116					13	86	180	262	7	205	65
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116					13	87	183	266	7	224	65
	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	<4	4-7	8-12	13 AND OVER	BLCK OR AMERIAN	ASIAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q81																		
MOTHER OR FATHER	236 89%	4883 95%*	45 92%~	53 91%	65 88%	73 87%	96 87%	~	~	~	~	10 77%~	81 93%	153 88%	230 89%~	5 71%~	181 90%	55 87%
GRANDPARENT	15 6%	145 3%*	1 2%~	2 3%	4 5%	8 10%	9 8%	~	~	~	~	3 23%~	2 2%*	12 7%	13 5%~	2 29%~	12 6%	3 5%
AUNT OR UNCLE	3 1%	13 0.2%	~	1 2%	1 1%	1 1%	~	~	~	~	~	~	2 2%	1 0.6%	3 1%~	~	3 1%	~
OLDER BROTHER OR SISTER	1 0.4%	12 0.2%	~	~	~	1 1%~	~	~	~	~	~	~	1 1%~	1 0.4%~	~	~	1 2%~	~
OTHER RELATIVE		4 0.1%~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
LEGAL GUARDIAN	6 2%	51 1%	2 4%~	1 2%	3 4%	~	3 3%	~	~	~	~	~	~	5 3%	6 2%~	~	2 1%	4 6%
SOMEONE ELSE	4 2%	36 0.7%	1 2%~	1 2%	1 1%	1 1%	2 2%	~	~	~	~	~	1 1%	3 2%	4 2%~	~	4 2%~	~
NOT ANSWERED	24	494	3	10	1	10	6							9	9		22	2
VALID CASES	265	5144	49	58	74	84	110					13	87	174	257	7	202	63
NUMBER OF RESPONDENTS	289	5638	52	68	75	94	116					13	87	183	266	7	224	65
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%

Q82 DID SOMEONE HELP YOU COMPLETE THIS SURVEY?

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q82 YES	6 3%	143 4%	~	~	4%	6%	~	~	~	~	~	9%	8%	1%	3%	~	5	1	
NO	185 97%	3143 96%	100%	100%	~96%	94%	100%	~	~	~	~	91%	92%	99%	97%	100%	97%	98%	
NOT ANSWERED	2	43		1		1							1	1	2		2		
VALID CASES	191	3286	33	42	50	66	116					11	52	136	186	4	146	45	
NUMBER OF RESPONDENTS	193	3329	33	43	50	67	116					11	53	137	188	4	148	45	
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%	

[ASKED IF SURVEY COMPLETED BY MAIL]

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.1 YES	2 33%	56 41%	~	~	50%	25%	~	~	~	~	~	~	50%	~	33%	~	40%	~
NO	4 67%	79 59%	~	~	50%	75%	~	~	~	~	~	100%	50%	100%	67%	~	60%	100%
VALID CASES	6	135			2	4						1	4	2	6		5	1
NUMBER OF RESPONDENTS	6	135			2	4						1	4	2	6		5	1
	100%	100%			100%	100%						100%	100%	100%	100%		100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.2 YES	1 17%	44 32%	~	~	~	25%	~	~	~	~	~	~	25%	~	17%	~	20%	~
NO	5 83%	91 68%	~	~	100%	75%	~	~	~	~	~	100%	75%	100%	83%	~	80%	100%
VALID CASES	6	135			2	4						1	4	2	6		5	1
NUMBER OF RESPONDENTS	6	135			2	4						1	4	2	6		5	1
	100%	100%			100%	100%						100%	100%	100%	100%		100%	100%

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

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ALS	OTH	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
Q83.3 YES	2 33%	11 8%	~	~	~	2 50%	~	~	~	~	~	~	1 25%	1 50%	2 33%	~	2 40%	~	
NO	4 67%	124 92%	~	~	~	2 50%	~	~	~	~	~	~	1 100%	3 75%	1 50%	4 67%	~	3 60%	1 100%
VALID CASES	6	135				2 4							1	4	2	6	5	1	
NUMBER OF RESPONDENTS	6 100%	135 100%				2 4 100%							1 100%	4 100%	2 100%	6 100%	5 100%	1 100%	

[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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.4 YES	3 50%	76 56%	~	~	100%	25%	~	~	~	~	~	~	75%	~	3 50%	3 60%	3 ~	
NO	3 50%	59 44%	~	~	~	75%	~	~	~	~	~	1 100%	1 25%	2 100%	3 50%	2 40%	1 100%	
VALID CASES	6	135			2	4						1	4	2	6	5	1	
NUMBER OF RESPONDENTS	6 100%	135 100%			2 100%	4 100%						1 100%	4 100%	2 100%	6 100%	5 100%	1 100%	

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

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
Q83.5 YES		7 5%	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NO	6 100%	128 95%	~	~100%	~100%	~	~	~	~	~	~100%	1	4	2	6	5	1	
VALID CASES	6	135			2	4					1	4	2	6	5	1		
NUMBER OF RESPONDENTS	6 100%	135 100%			2 100%	4 100%					1 100%	4 100%	2 100%	6 100%	5 100%	1 100%		

[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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC	
NQ14 0-6	27 14%	307 8%*	7 15%~	7 16%~	7 13%	6 12%	13 17%	~	~	~	~	~	1 8%~	6 11%	18 14%	22 12%~	2 40%~	16 11%~	11 22%~
7-8	56 29%	1107 30%	15 33%~	14 31%~	14 26%	13 25%	22 28%	~	~	~	~	~	6 50%~	12 22%	44 34%*	55 30%~	1 20%~	45 31%~	11 22%~
9-10	112 57%	2234 61%	24 52%~	24 53%~	32 60%	32 63%	43 55%	~	~	~	~	~	5 42%~	36 67%	69 53%*	104 57%~	2 40%~	85 58%~	27 55%~
VALID CASES	195	3648	46	45	53	51	78						12	54	131	181	5	146	49
NUMBER OF RESPONDENTS	195 100%	3648 100%	46 100%	45 100%	53 100%	51 100%	78 100%						12 100%	54 100%	131 100%	181 100%	5 100%	146 100%	49 100%
MEAN	2.44	2.53	2.37	2.38	2.47	2.51	2.38						2.33	2.56	2.39	2.45	2.00	2.47	2.33
p stat_(*=Sig @ p<=.05)		.078	~	~	.676	.401	.424	~	~	~	~	~	~	.146	.203	~	~	~	~

[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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NQ41 0-6	16 8%	330 7%	2 5%	7 14%	3 5%	4 7%	8 10%	~	~	~	~	~	~	2 3%	13 9%	15 8%	~	12 8%	4 8%
7-8	51 25%	960 22%	5 12%	10 20%	25 43%*	11 20%	19 23%	~	~	~	~	~	3 30%	13 22%	37 26%	48 24%	2 40%	40 26%	11 21%
9-10	140 68%	3168 71%	35 83%	34 67%	30 52%*	41 73%	57 68%	~	~	~	~	~	7 70%	45 75%	90 64%	134 68%	3 60%	103 66%	37 71%
VALID CASES	207	4459	42	51	58	56	84						10	60	140	197	5	155	52
NUMBER OF RESPONDENTS	207 100%	4459 100%	42 100%	51 100%	58 100%	56 100%	84 100%						10 100%	60 100%	140 100%	197 100%	5 100%	155 100%	52 100%
MEAN	2.60	2.64	2.79	2.53	2.47	2.66	2.58						2.70	2.72	2.55	2.60	2.60	2.59	2.63
p stat_(*=Sig @ p<=.05)		.389		~.416	.052	.385	.769	~	~	~	~	~	~.060	.107		~	~	~.641	.639

[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	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK #	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD & POOR	NO CCC	CCC
NQ48 0-6	1 3%	88 12%	~	~	17%	~	11%	~	~	~	~	~	~	5%	4%	~	~	6%
7-8	10 34%	175 24%	~	40%	67%	29%	33%	~	~	~	~	~	22%	37%	37%	~	36%	33%
9-10	18 62%	456 63%	100%	60%	17%	71%	56%	~	~	~	~	100%	78%	58%	59%	100%	64%	61%
VALID CASES	29	718	4	5	6	14	9					1	9	19	27	1	11	18
NUMBER OF RESPONDENTS	29	718	4	5	6	14	9					1	9	19	27	1	11	18
	100%	100%	100%	100%	100%	100%	100%					100%	100%	100%	100%	100%	100%	100%
MEAN	2.59	2.51	3.00	2.60	2.00	2.71	2.44				3.00	2.78	2.53	2.56	3.00	2.64	2.56	
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	<4	4-7	8-12	13 AND OVER	BLCK OR AMER	AS- IAN	NATV HAW/ ILND	AMER IND/ ALSK	OTHR	MUL- TI	HIS- IC	NOT HIS- IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
NQ54 0-6	48 18%	696 13%	6 12%	11 18%	17 24%	14 16%	18 16%	~	~	~	~	1 8%	12 14%	35 19%	45 17%	2 29%	33 16%	15 23%
7-8	95 35%	1488 29%*	17 35%	18 29%	26 36%	34 39%	40 35%	~	~	~	~	7 54%	21 25%*	70 39%	92 35%	1 14%	76 37%	19 30%
9-10	128 47%	3026 58%*	26 53%	33 53%	29 40%	40 45%	56 49%	~	~	~	~	5 38%	50 60%*	76 42%*	123 47%	4 57%	98 47%	30 47%
VALID CASES	271	5210	49	62	72	88	114					13	83	181	260	7	207	64
NUMBER OF RESPONDENTS	271 100%	5210 100%	49 100%	62 100%	72 100%	88 100%	114 100%					13 100%	83 100%	181 100%	260 100%	7 100%	207 100%	64 100%
MEAN	2.30	2.45	2.41	2.35	2.17	2.30	2.33					2.31	2.46	2.23	2.30	2.29	2.31	2.23
p stat_(*=Sig @ p<=.05)		.001*	~.479	.092	1.00	.476	~	~	~	~	~	~.018*	.033*	~	~	~.462	.461	

GETTING NEEDED CARE

		AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC	
NPRBSEE4 NQ46	2.22	2.21	2.25	1.57	2.17	2.53	2.20					1.00	2.11	2.27	2.28	1.00		2.31	2.16	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NCARNES4 NQ15	2.44	2.45	2.48	2.49	2.38	2.41	2.49					2.58	2.35	2.48	2.45	2.00		2.52	2.18	
p stat_(*=Sig @ p<=.05)		.782	~	~	.481	.778	.399	~	~	~	~	~	.306	.204	~	~	~	~	~	~
COMPOSITE	2.33	2.33	2.36	2.03	2.27	2.47	2.34	x	x	x	x	x	1.79	2.23	2.38	2.36	1.50	2.41	2.17	
p stat_(*=Sig @ p<=.05)		.969	~	~	.774	.520	.912	~	~	~	~	~	.627	.547	~	~	~	.227	.444	

GETTING CARE QUICKLY

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR	NO CCC	CCC	
NCARSN4 NQ4	2.68	2.68	2.93	2.74	2.57	2.55	2.56						3.00	2.63	2.67	2.65	3.00	2.76	2.47		
p stat_(*=Sig @ p<=.05)		.973	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~
NAPGET4 NQ6	2.52	2.42	2.64	2.42	2.49	2.51	2.56						2.56	2.46	2.56	2.52	2.25	2.52	2.53		
p stat_(*=Sig @ p<=.05)		.081	~	~	~	~	.527	~	~	~	~	~	~	.463	.328	~	~	~	~	~	~
COMPOSITE	2.60	2.55	2.79	2.58	2.53	2.53	2.56	x	x	x	x	x	2.78	2.55	2.62	2.59	2.63	2.64	2.50		
p stat_(*=Sig @ p<=.05)		.749	~	~	~	.794	.849	~	~	~	~	~	~	.835	.894	~	~	~	~	~	~

HOW WELL DOCTORS COMMUNICATE

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC			
NDREXPL4 NQ32	2.68	2.70	2.72	2.70	2.58	2.71	2.73							2.60	2.64	2.68	2.68	2.00	2.67	2.69
p stat_(*=Sig @ p<=.05)		.547	~	~	~	~	.362	~	~	~	~	~	~	~	~.905	~	~	~	~	~
NDRLSTN4 NQ33	2.71	2.73	2.85	2.78	2.58	2.63	2.73							2.70	2.80	2.66	2.71	2.50	2.76	2.57
p stat_(*=Sig @ p<=.05)		.601	~	~	~	~	.686	~	~	~	~	~	~	~	~.093	~	~	~	~	~
NDRESPU4 NQ34	2.69	2.79	2.76	2.75	2.65	2.61	2.70							2.80	2.74	2.67	2.70	2.50	2.71	2.66
p stat_(*=Sig @ p<=.05)		.042*	~	~	~	~	.950	~	~	~	~	~	~	~	~	~	~	~	~	~
NDRTMEN4 NQ37	2.47	2.50	2.49	2.45	2.35	2.59	2.52							2.40	2.30	2.53	2.48	1.75	2.47	2.45
p stat_(*=Sig @ p<=.05)		.613	~	~	~	~	.392	~	~	~	~	~	~	~	~.112	~	~	~	~	~
COMPOSITE	2.64	2.68	2.70	2.67	2.54	2.64	2.67	x	x	x	x	x	x	2.62	2.62	2.63	2.64	2.19	2.65	2.59
p stat_(*=Sig @ p<=.05)		.856	~	~	~	~	.914	~	~	~	~	~	~	~	~.992	~	~	~	~	~

CUSTOMER SERVICE

		AGE				RACE						ETHNICITY	HEALTH STATUS		CCC SCREENER				
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	MUL-OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NPBCLCS4 NQ50	2.30	2.30	2.67	2.43	2.00	2.35	2.00					2.00	2.35	2.21	2.31	1.50	2.39	2.13	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NCSRESP NQ51	2.74	2.62	3.00	2.43	2.67	2.82	2.78					2.50	2.65	2.83	2.76	2.00	2.71	2.79	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.52	2.46	2.83	2.43	2.33	2.59	2.39	x	x	x	x	x	2.25	2.50	2.52	2.54	1.75	2.55	2.46
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~

SHARED DECISION MAKING

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV ILND	AMER IND/ PAC ALSK	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NNRXWHY NQ11																			
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXWYNT NQ12	2.38	2.41	2.38	1.80	2.50	2.44	2.40					3.00	2.11	2.44	2.33		2.19	2.62	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
NNRXBST NQ13	2.45	2.60	2.38	2.00	2.67	2.44	2.37					2.00	3.00	2.31	2.41		2.38	2.52	
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
COMPOSITE	2.41	2.51	2.38	1.90	2.58	2.44	2.38	x	x	x	x	x	2.50	2.56	2.38	2.37	x	2.28	2.57
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

ACCESS TO SPECIALIZED SERVICES

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ PAC ALSK ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	GOOD	FAIR & POOR	NO CCC	CCC
NEZMDEQ NQ20	2.09	2.28	3.00	2.00	2.00	2.00	2.50				1.00	2.00	2.10	2.20	1.00	2.00	2.17		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NEZTHP NQ23	2.00	2.12	3.00	2.00	1.00	2.00	1.80					2.50	1.86	2.12	1.00	2.40	1.50		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
NEZTC NQ26	2.23	2.11	2.50	1.50	2.17	2.46	2.27					2.00	2.28	2.20	3.00	2.57	2.13		
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		
COMPOSITE	2.11	2.17	2.83	1.83	1.72	2.15	2.19	x	x	x	x	x	1.00	2.17	2.08	2.18	1.67	2.32	1.93
p stat_(*=Sig @ p<=.05)			~	~	~	~	~	~	~	~	~	~	~	~	~	~	~		

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PRBSEE4 Q46	75%	75%	75%	43%	83%	87%	70%							0%	78%	73%	79%	0%	85%	68%
CARNES4 Q15	88%	88%	91%	89%	83%	88%	91%							83%	87%	89%	89%	60%	91%	78%
AVERAGE	81.35	81.59	83.15	65.87	83.18	87.45	80.51	x	x	x	x	x	x	83.33	82.41	80.64	84.13	60.00	87.86	72.99

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

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER		
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHTE	BLK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ PAC ILND #	AMER IND/ ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
CARSN4 Q4	90%	92%	100%	89%	93%	82%	84%						100%	89%	89%	89%	100%	92%	84%
APGET4 Q6	89%	84%	91%	84%	91%	89%	92%						100%	86%	91%	89%	75%	87%	95%
AVERAGE	89.44	88.10	95.56	86.84	91.98	85.35	88.09	x	x	x	x	x	100.0	87.59	89.89	88.85	75.00	89.70	89.47

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/PAC/ALSK NATV ##	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	NO CCC	CCC		
DREXPL4 Q32	92%	93%	95%	90%	88%	97%	95%							80%	93%	92%	93%	50%	94%	88%
DRLSTN4 Q33	94%	95%	97%	93%	92%	92%	95%							90%	100%	91%	94%	75%	97%	86%
DRESPU4 Q34	93%	96%	95%	90%	93%	94%	95%							90%	95%	92%	93%	75%	95%	88%
DRTMEN4 Q37	89%	87%	90%	85%	83%	100%	94%							80%	84%	91%	90%	50%	90%	86%
AVERAGE	92.0	92.6	94.2	89.4	88.8	96.0	94.8	x	x	x	x	x	x	85.0	93.1	91.0	92.5	62.5	93.9	86.8

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<4	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ILND #	AMER IND/ALSK NATV ##	OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
PBCLCS4 Q50	81%	79%	100%	86%	69%	82%	70%							50%	87%	74%	82%	50%	86%	73%
CSRESP Q51	95%	91%	100%	100%	92%	94%	100%							100%	91%	100%	97%	50%	96%	93%
AVERAGE	88.32	85.33	100.0	92.86	80.45	88.24	85.00	x	x	x	x	x	x	x	89.13	86.84	89.71	x	91.07	83.10

SHARED DECISION MAKING (YES) -- GLOBAL PROPORTION COMPOSITE

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
			<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER ##	AS-IAN ##	NATV HAW/ ILND #	AMER IND/ ALSK NATV ##	MUL-OTHR ##	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
NRXWHY Q11	96%	93%	100%	80%	100%	94%	100%							100%	89%	97%	96%	93%	100%
NRXWYNT Q12	69%	71%	69%	40%	75%	72%	70%							100%	56%	72%	67%	59%	81%
RXBST Q13	72%	80%	69%	50%	83%	72%	68%							50%	100%	66%	70%	69%	76%
AVERAGE	79.0	81.2	79.5	56.7	86.1	79.6	79.5	x	x	x	x	x	x	81.5	78.4	77.6	x	73.7	85.7

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

			AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
EZMDEQ Q20	64%	74%	100%	50%	60%	67%	75%						0%	100%	60%	70%	0%	60%	67%
EZTHP Q23	67%	68%	100%	75%	0%	67%	60%							100%	57%	75%	0%	80%	50%
EZTC Q26	74%	66%	100%	25%	75%	85%	80%							67%	76%	73%	100%	86%	71%
AVERAGE	68.2	69.4	x	50.0	67.5	84.6	71.7	x	x	x	x	x	x	66.7	64.4	72.8	x	75.2	62.5

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

	CCC TOT CHLD	OHP TOT CHLD	AGE				RACE							ETHNICITY		HEALTH STATUS		CCC SCREENER		
			<4	4-7	8-12	13 AND OVER	WHT	BLK OR AFR-AMER ##	AS-IAN ##	NATV ILND #	AMER IND/ALSK #	OTHR ##	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC		
DRTLKU Q38	87%	86%	95%	83%	90%	81%	89%							80%	84%	89%	88%	50%	89%	81%
DRUNCON Q43	96%	89%	100%	100%	95%	94%	96%							100%	100%	95%	96%	100%	100%	95%
DRUNFAM Q44	94%	87%	100%	88%	89%	100%	96%							67%	100%	92%	93%	100%	100%	92%
AVERAGE	92.2	87.3	94.9	90.0	91.4	91.8	93.4	x	x	x	x	x	x	90.0	94.7	92.1	92.4	50.0	96.5	89.5

CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

			AGE				RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER	
	CCC TOT CHLD	OHP TOT CHLD	<4	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/PAC/ALSK	OTHR	MUL-TI	HIS-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR & POOR	NO CCC	CCC	
HELPCONT Q18	95%	89%		88%	100%	100%	100%						90%	100%	95%	100%	90%	100%
HLPCOORD Q29	50%	57%	33%	40%	45%	64%	50%				0%		83%	45%	51%	50%	31%	64%
AVERAGE	72.7	73.0	x	63.8	72.7	82.1	75.0	x	x	x	x	x	86.7	72.6	73.3	x	60.6	81.8

INDEX OF ADULT TABLES

PAGE QUESTION TITLE

1. INTRODUCTION

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

2. YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

3. YOUR PERSONAL DOCTOR

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

4. GETTING HEALTH CARE FROM SPECIALISTS

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

PAGE QUESTION TITLE

5. YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. ADDITIONAL QUESTIONS

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

5. ACCESS TO DENTAL CARE

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

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

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

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

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

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

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

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

INDEX OF CHILD TABLES

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

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

3. SPECIALIZED SERVICES

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

PAGE QUESTION TITLE

4. YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAGE QUESTION TITLE

5. GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

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

6. YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

PAGE QUESTION TITLE

7. PRESCRIPTION MEDICINES

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

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

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

7. ACCESS TO DENTAL CARE

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

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

7. ADDITIONAL QUESTIONS

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

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

8. ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

91 Q78 WHAT IS YOUR AGE?

92 Q79 ARE YOU MALE OR FEMALE?

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

94 Q81 HOW ARE YOU RELATED TO THE CHILD?

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

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

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

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

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

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

PAGE QUESTION TITLE

9. RATINGS

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

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

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

104 NQ54 RATING OF CHILD'S HEALTH PLAN

10. COMPOSITES

105 GETTING NEEDED CARE

106 GETTING CARE QUICKLY

107 HOW WELL DOCTORS COMMUNICATE

108 CUSTOMER SERVICE

109 SHARED DECISION MAKING

110 ACCESS TO SPECIALIZED SERVICES

11. GLOBAL PROPORTION COMPOSITES

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

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

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

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

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

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

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

118 CARE COORDINATION (YES) -- GLOBAL PROPORTION COMPOSITE

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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks   

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

Yes → *Go to Question 1*
 No

↓ **START HERE** ↓

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

- Yes → *Go to Question 3*
- No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

0 1 2 3 4 5 6 7 8 9 10

Worst Health Care Possible Best Health Care Possible

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

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 24*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 23*

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

- Never
- Sometimes
- Usually
- Always

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

0 1 2 3 4 5 6 7 8 9 10

Worst Personal Doctor Possible Best Personal Doctor Possible



GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
 No → *Go to Question 28*

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

- Never
 Sometimes
 Usually
 Always

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

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

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

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

YOUR HEALTH PLAN

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

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

- Yes
 No → *Go to Question 30*

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 33*

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No → *Go to Question 35*



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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → *Go to Question 35c*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 35e*

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

- Never
- Sometimes
- Usually
- Always

ADDITIONAL QUESTIONS

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

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

- Yes
- No → *Go to Question 35i*

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

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

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

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

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

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

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

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

- Yes
- No → *Go to Question 35l*



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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes, definitely
- Yes, somewhat
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor



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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Yes
- No
- Don't know

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

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

- Yes
- No

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

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

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

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



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

- Yes
- No → **Go to Question 50**

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

- Yes
- No

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

- Yes
- No → **Go to Question 52**

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

- Yes
- No

52. What is your age?

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

53. Are you male or female?

- Male
- Female

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

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

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

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

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

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

57. Did someone help you complete this survey?

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

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

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

THANK YOU

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

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

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



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

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

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

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

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

- Yes → *Go to Question 3*
- No

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



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

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

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

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

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

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

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

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

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

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

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



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

- Yes
- No

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

- Yes
- No

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No → *Go to Question 19*

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

- Yes
- No

SPECIALIZED SERVICES

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

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

- Yes
- No → *Go to Question 22*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 25*



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 30*

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

- Yes
- No

YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 45*

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

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

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

- Never
- Sometimes
- Usually
- Always



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

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



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

- Yes
- No

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

- Yes
- No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes
- No → **Go to Question 49**

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

- Never
- Sometimes
- Usually
- Always

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

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

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

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

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → **Go to Question 52**

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 54**

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

- Never
- Sometimes
- Usually
- Always

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

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

PRESCRIPTION MEDICINES

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

- Yes
- No → **Go to Question 57a**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

ACCESS TO DENTAL CARE

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

- Yes
- No

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

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



ADDITIONAL QUESTIONS

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No → *Go to Question 63*

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

- Yes
- No



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

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



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

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

78. What is your age?

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

79. Are you male or female?

- Male
- Female

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

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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

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

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

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

THANK YOU

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

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

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







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

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta 

Marca
Incorrecta   

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

Sí → *Pase a la Pregunta 1*
 No

↓ **COMIENCE AQUI** ↓

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

Sí → *Pase a la pregunta 3*
 No

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

LA ATENCIÓN MÉDICA QUE USTED RECIBIÓ EN LOS ÚLTIMOS 6 MESES

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

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

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



LA ATENCIÓN MÉDICA QUE RECIBIÓ DE ESPECIALISTAS

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

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

Sí
 No → *Pase a la pregunta 28*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

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

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

0 1 2 3 4 5 6 7 8 9 10
El peor especialista posible El mejor especialista posible

SU PLAN DE SALUD

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

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

Sí
 No → *Pase a la pregunta 30*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 33*

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Nunca
 A veces
 La mayoría de las veces
 Siempre

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

Sí
 No → *Pase a la pregunta 35*

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

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

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

- | | | | | | | | | | | |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <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 plan de salud posible | | | | | El mejor plan de salud posible | | | | | |

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

- Sí
- No → *Pase a la pregunta 35c*

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

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

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

- Sí
- No → *Pase a la pregunta 35e*

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

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

PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 35i*

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

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

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

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

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

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

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 podrída confiar en el doctor u otro proveedor de salud con su cuidado médico?

- Sí, definitivamente
- Sí, algo
- No

ACCESO A CUIDADO DENTAL

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

- Sí
- No

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

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

ACERCA DE USTED

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No
- No sé

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

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

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

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

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

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

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

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

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

- Sí
- No
- No sé

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

- Sí
- No
- No sé

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

- Sí
- No

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

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

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

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

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

- Sí
- No → **Pase a la pregunta 50**

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

- Sí
- No

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

- Sí
- No → **Pase a la pregunta 52**



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

- Sí
- No

52. ¿Qué edad tiene?

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

53. ¿Es usted hombre o mujer?

- Hombre
- Mujer

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

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

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

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

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

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

57. ¿Le ayudó alguien a completar esta encuesta?

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

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

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

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

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

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



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

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

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

INSTRUCCIONES PARA EL CUESTIONARIO

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

Marca
Correcta ●

Marca
Incorrecta   

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

● Sí ➔ *Pase a la Pregunta 1*
○ No

↓ **COMIENZE 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?

<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
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

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

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

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

- Sí
- No → *Pase a la pregunta 54*

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

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

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

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

MEDICINAS RECETADAS

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

- Sí
- No → *Pase a la pregunta 57a*

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

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

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

- Sí
- No

ACCESO A CUIDADO DENTAL

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

- Sí
- No

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

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



PREGUNTAS ADICIONALES

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

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

- Sí
- No → *Pase a la pregunta 58*

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

- Sí
- No

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

- Sí
- No

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

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

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

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

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

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

ACERCA DE USTED Y DE SU NIÑO

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No → *Pase a la pregunta 63*

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

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

74. ¿Qué edad tiene su niño?

Menos de un año

AÑOS (escriba la respuesta)

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

Masculino

Femenino

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

Sí, hispano o latino

No, ni hispano ni latino

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

Blanca

Negra o afroamericana

Asiática

Nativo de Hawái o de otras islas del Pacífico

Indígena americano o nativo de Alaska

Otra (Por favor escriba en letra de molde)

78. ¿Qué edad tiene usted?

Menos de 18 años

18 a 24

25 a 34

35 a 44

45 a 54

55 a 64

65 a 74

75 años o más

79. ¿Es usted hombre o mujer?

Hombre

Mujer

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

8 años de escuela o menos

9 a 12 años de escuela, pero sin graduarse

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

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

Título universitario de 4 años

Título universitario de más de 4 años

81. ¿Qué relación tiene con el niño?

Madre o padre

Abuelo o abuela

Tía o tío

Hermano o hermana mayor

Otro familiar

Tutor legal del niño

Otra persona

82. ¿Le ayudó alguien a completar esta encuesta?

Sí → **Pase a la pregunta 83**

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

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

Me leyó las preguntas

Anotó las respuestas que le di

Contestó las preguntas por mí

Tradujo las preguntas a mi idioma

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

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

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

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



DIAL.SCREEN

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

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

(IWER: THIS IS NOT A PROXY INTERVIEW.)

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

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

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

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

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

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

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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

PRVENT5

Q8. / PRVENT5

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXSTP

9. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

10. / NRXWHY

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

11. / NRXWYNT

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

12. / RXBST

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

- 1. YES
- 2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

13. / RTALLCR

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

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

14. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PRSNLD4

15. / PRSNLD4

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

Do you have a personal doctor?

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

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

DRTMS

16. / DRTMS

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

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

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

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

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

DREXPL4

17. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

18. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

19. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

20. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DIFFDR

21. / DIFFDR

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

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

22. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

23. / RATEDR4

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

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

NDSPDR4

24. / NDSPDR4

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

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

(CLARIFY IF NEEDED: "Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists, but do not include any dental visits.")

(IWER: IF RESPONDENT ASKS IF A PARTICULAR TYPE OF DOCTOR IS A SPECIALIST, CLARIFY, "I don't have any information about that, so please just interpret it however it seems best to you.")

(CLARIFY IF NEEDED: "You can interpret this question however it seems best to you.")

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

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

PRBSEE4

25. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

26. / SPDRS

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

(CLARIFY IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say you've seen...")

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

- 0. NONE, -----> INTRO.PLAN
- 1. 1 SPECIALIST,
- 2. 2,
- 3. 3,
- 4. 4, OR
- 5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN

RTSPDR4

27. / RTSPDR4

We want to know your rating of the specialist you saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

(Clarify if necessary: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.")

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

Now I'm going to ask you some questions about your experience with your health plan.

LOOMAT4

28. / LOOMAT4

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

- 1. YES
- 2. NO -----> CLCSRV4

DK/REFUSAL/NOT ASCERTAINED --> CLCSRV4

UNDINF4

29. / UNDINF4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CLCSRV4

30. / CLCSRV4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

31. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

32. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

33. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

34. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

35. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

HPMDEQ

35a. / HPMDEQ

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

1. YES
 2. NO -----> POSTHP
- DK/REFUSAL/NOT ASCERTAINED

EZMDHP

35b. / EZMDHP

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

1. NEVER
 2. SOMETIMES
 3. USUALLY
 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

POSTHP

35c. / POSTHP

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

1. YES
 2. NO -----> DTLKTF
- DK/REFUSAL/NOT ASCERTAINED

EZPOST

35d. / EZPOST

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

1. NEVER
 2. SOMETIMES
 3. USUALLY
 4. ALWAYS
- DK/REFUSAL/NOT ASCERTAINED

INTRO.SHLTHIS

INTRO.SHLTHIS

A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else you would see for health care. Please keep this in mind as you answer the following questions.

SHLTHIS

35e. / SHLTHIS

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

1. YES
2. NO -----> CHTREAT

DK/REFUSAL/NOT ASCERTAINED --> CHTREAT

EUNDER

35f. / EUNDER

How much effort was made to help you understand your health issue? Would you say...?

(READ LIST)

1. NO EFFORT AT ALL,
 2. A LITTLE EFFORT WAS MADE,
 3. SOME EFFORT WAS MADE, or
 4. A LOT OF EFFORT WAS MADE
- DK/REFUSAL/NOT ASCERTAINED

ELISTEN

35g. / ELISTEN

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

(READ LIST IF NECESSARY)

1. NO EFFORT AT ALL,
2. A LITTLE EFFORT WAS MADE,
3. SOME EFFORT WAS MADE, or
4. A LOT OF EFFORT WAS MADE

DK/REFUSAL/NOT ASCERTAINED

EINCLUD

35h. / EINCLUD

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

(READ LIST IF NECESSARY)

1. NO EFFORT AT ALL,
 2. A LITTLE EFFORT WAS MADE,
 3. SOME EFFORT WAS MADE, or
 4. A LOT OF EFFORT WAS MADE
- DK/REFUSAL/NOT ASCERTAINED

CHTREAT

35i. / CHTREAT

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

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

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

35j. / PCTREAT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

BSTREAT

35k. / BSTREAT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

EASYQC

35l. / EASYQC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DTLKTF

35m. / DTLKTF

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED

DINTER

35n. / DINTER

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

DRRUDE

35o. / DRRUDE

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

(READ LIST IF NECESSARY)

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

DK/REFUSAL/NOT ASCERTAINED

TRUSTDR

35p. / TRUSTDR

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

(READ LIST)

1. YES DEFINITELY,
2. YES SOMEWHAT, OR
3. NO?

DK/REFUSAL/NOT ASCERTAINED

REGDENT

35q. / REGDENT

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

1. YES
 2. NO
- DK/REFUSAL/NOT ASCERTAINED

DNTASAP

35r.

In the last 6 months, if you needed to see a dentist right away because of a DENTAL EMERGENCY, did you get to see a dentist as soon as you wanted?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. I DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

36. / HLTSTA4

In general, how would you rate your overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

37. / MNTLSTAT

In general, how would you rate your overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

FLUSHOTQ

38. / FLUSHOTQ

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

1. YES
2. NO
3. DON'T KNOW
9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

NOWSMOK

39. / NOWSMOK

Do you now smoke cigarettes or use tobacco...

(READ LIST)

1. EVERY DAY,
2. SOME DAYS, OR
3. NOT AT ALL? -----> ASPDAY
4. DON'T KNOW (DO NOT READ) -----> ASPDAY
9. REFUSAL/NOT ASCERTAINED (DO NOT READ) --> ASPDAY

ADVQUIT9

40. / ADVQUIT9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PATCH9

41. / PATCH9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

WILLPWR9

42. / WILLPWR9

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPDAY

43. / ASPDAY

Do you take aspirin daily or every other day?

(IF NEEDED: "Would you say YES or NO?")

(IWER: If the R asks about whether a particular medication or Brand name is considered aspirin, you may provide the following clarification:

Aspirin: Bayer and Bufferin

Not Aspirin: Tylenol, Motrin, Aleve, Advil, ibuprofen and acetaminophen)

1. YES
2. NO
3. DON'T KNOW
9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPUSF

44. / ASPUSF

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

(IF NEEDED: "Would you say YES or NO?")

1. YES
2. NO
3. DON'T KNOW

9. REFUSAL/NOT ASCERTAINED (DO NOT READ)

ASPPRV

45. / ASPPRV

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.AWCOND
INTRO.AWCOND

When I read the following list, please tell me if you are aware that you have any of these conditions.

PHAWCD.(1-3)
46.(1-3) / PHAWCD.(1-3)

[First,/(Next/How About...)]

1. "High cholesterol"
2. "High blood pressure"
3. "Parent or sibling who had a heart attack before the age of 60"

(IWER IF NECESSARY: "Are you aware if you have this condition?")

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.DRCOND
INTRO.DRCOND

When I read the following list, please tell me if a doctor has ever told you that you have any of these conditions.

PHDRCD.(1-4)
47.(1-4) / PHDRCD.(1-4)

[First,/(Next/How About...)]

1. "A heart attack"
2. "Angina or coronary heart disease"
3. "A stroke"
4. "Any kind of diabetes or high blood sugar"

(IWER IF NECESSARY: "Has a doctor ever told you that you have this condition?")

[FOR PHDRCD.2: (IWER IF NEEDED, CLARIFY: Angina pectoris (an-JYE-nuh or AN-jin-uh PECK-ter-iss) is severe pain in the chest associated with insufficient blood supply to the heart.)]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SMPROB

48. / SMPROB

I have just a few more questions.

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

1. YES
2. NO -----> TKMED

DK/REFUSAL/NOT ASCERTAINED --> TKMED

PRBLST

49. / PRBLST

Is this a condition or problem that has lasted for at least 3 months? [Please do NOT include pregnancy or menopause.]

[(IWER IF NEEDED, CLARIFY: Menopause (men-ne-paws) is the time in a woman's life when she stops having menstrual periods. It is sometimes called 'the change of life' or 'the change'.)]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TKMED

50. / TKMED

Do you now need or take medicine prescribed by a doctor? [Please do NOT include birth control.]

1. YES
2. NO -----> QAGE4

DK/REFUSAL\NOT ASCERTAINED --> QAGE4

TRTCOND

51. / TRTCOND

Is this medicine to treat a condition that has lasted for at least three months? [Please do NOT include pregnancy or menopause.]

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

QAGE4

52. / QAGE4

What is your age?

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

QGENDER

53. / QGENDER

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

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

1. MALE
2. FEMALE

EDUCAT

54. / EDUCAT

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

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

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

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

LATINO

55. / LATINO

Are you of Hispanic or Latino origin or descent?

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

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

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

PQRACE3.(1-6)

56.(1-6) / PQRACE3.(1-6)

[(Are you)]

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

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

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

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

RETURN TO COVERSHEET

DIAL.SCREEN

DS. INTERVIEWER: YOU MAY DO THE INTERVIEW WITH ONLY THE PARENT OR GUARDIAN WHO KNOWS MOST ABOUT FNAME LNAME'S HEALTH CARE.
PHONE NUMBER ---> [1 CELL PHONE - HAND DIAL ([AREA\$]) [FRST3\$] - [LAST4\$] /*** ***-****]

(IWER: THIS IS A PROXY INTERVIEW.)

Hello, I'm calling on behalf of Oregon Health Plan. Portions of this call may be monitored and recorded for quality control. May I please speak with the person who knows the most about [NAME OF CHILD]'s health care?

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

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

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

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

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

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

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

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

RETURN TO COVERSHEET

MAIL.SCREEN

MS. INTERVIEWER: WE STILL NEED TO CONDUCT A TELEPHONE INTERVIEW EVEN
THOUGH R SAYS THEY'VE SENT BACK THE MAIL SURVEY.

I'm sorry, but we haven't received your survey back -- it may have been lost in the mail. And since the deadline for mailing surveys has passed, we're now in the telephone phase of this study. May I continue?

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

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

1. CONTINUE
2. REFUSAL BECAUSE ALREADY COMPLETED AND MAILED SURVEY BACK
3. REFUSAL
4. APPOINTMENT

IF MAIL.SCREEN = 1, GO TO RE.INTRO
RETURN TO COVERSHEET

RE.INTRO

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

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

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

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

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

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

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

("DK" NOT ALLOWED)

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. LANGUAGE PROBLEM -- SPEAKS SPANISH
5. LANGUAGE PROBLEM -- DOESN'T SPEAK ENGLISH OR SPANISH
6. R - DOES NOT WANT TO BE RECORDED (VOLUNTEERED)
7. RETURN TO CS

SEX

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

1. MALE
2. FEMALE

SPAN.VAR

(IWER: ENTER LANGUAGE TO BE USED DURING INTERVIEW)

("DK" NOT ALLOWED)

1. Spanish
2. English

MEMBER

Q1. / MEMBER

I will be asking you about [NAME OF CHILD]'s health care. Please answer these questions based on the experiences you have had in getting health care for [NAME OF CHILD], and not on any experiences you may have had getting care for yourself or other members of your family.

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

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

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

DK/REFUSAL/NOT ASCERTAINED

NPLNAME

Q2. / NPLNAME

What is the name of your child's health plan?

("DK" NOT ALLOWED)

[ENTER 1 IF R SAYS Oregon Health Plan]

[(ENTER 5 IF R SAYS: MEDICAID)]

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

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

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

PLNAME

Q2a. / PLNAME

(IWER: ENTER NAME OF HEALTH PLAN)

(VERIFY SPELLING BEFORE CONTINUING)

CK.PLMSTCR:

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

INTRO.INCARE

INTRO.INCARE

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

INCARE

Q3. / INCARE

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

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

DK/REFUSAL/NOT ASCERTAINED --> APMAKE4

CARSN4

Q4. / CARSN4

In the last 6 months, when your child NEEDED CARE RIGHT AWAY, how often did your child get care as soon as [he/she] needed? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

APMAKE4

Q5. / APMAKE4

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

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

DK/REFUSAL/NOT ASCERTAINED --> OFCTIM4

APGET4

Q6. / APGET4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

OFCTIM4

Q7. / OFCTIM4

In the last 6 months, NOT counting the times your child went to an emergency room, how many times did [he/she] go to a doctor's office or clinic to get health care?

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

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

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

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

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

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

PRVENT5

Q8. / PRVENT5

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

OFTQUES

9. / OFTQUES

In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RXSTP

10. / RXSTP

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTALLCR

NRXWHY

11. / NRXWHY

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

NRXWYNT

12. / NRXWYNT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RXBST

13. / RXBST

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RTALLCR

14. / RTALLCR

Using ANY NUMBER FROM 0 TO 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CARNES4

15. / CARNES4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHSCHL

16. / CHSCHL

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

1. YES
2. NO -----> MEDEQUIP

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

CONTSCHL

17. / CONTSCHL

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

1. YES
2. NO -----> MEDEQUIP

DK/REFUSAL/NOT ASCERTAINED --> MEDEQUIP

HELPCONT

18. / HELPCONT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MEDEQUIP

19. / MEDEQUIP

Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

1. YES
2. NO -----> SPCTHY

DK/REFUSAL/NOT ASCERTAINED --> SPCTHY

EZMDEQ

20. / EZMDEQ

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPMDEQ

21. / HELPMDEQ

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPCTHY

22. / SPCTHY

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

1. YES
2. NO -----> TCPBLM

DK/REFUSAL/NOT ASCERTAINED --> TCPBLM

EZTHP

23. / EZTHP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTHP

24. / HELPTHP

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

TCPBLM

25. / TCPBLM

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLUSCARE

EZTC

26. / EZTC

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPTC

27. / HELPTC

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PLUSCARE

28. / PLUSCARE

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

1. YES
2. NO -----> PRSNLD4

DK/REFUSAL/NOT ASCERTAINED --> PRSNLD4

HLPCOORD

29. / HLPCOORD

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PRSNLD4

30. / PRSNLD4

A personal doctor is the one your child would see if [he/she] needs a check-up, has a health problem or gets sick or hurt.

Does your child have a personal doctor?

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

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

DRTMS

31. / DRTMS

In the last 6 months, how many times did your child visit
[his/her] personal doctor for care?

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

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

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

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

PBDRNG

31a. / PBDRNG

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DREXPL4

32. / DREXPL4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRLSTN4

33. / DRLSTN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRESPU4

34. / DRESPU4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CABLTLK

35. / CABLTLK

Is your child able to talk with doctors about [his/her] health care?

1. YES
2. NO -----> DRTMEN4

DK/REFUSAL/NOT ASCERTAINED --> DRTMEN4

CDREXPL

36. / CDREXPL

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTMEN4

37. / DRTMEN4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

DRTLKU

38. / DRTLKU

In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DIFFDR

39. / DIFFDR

In the last 6 months, did your child get care from a doctor or other health provider besides [his/her] personal doctor?

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

DK/REFUSAL/NOT ASCERTAINED --> RATEDR4

DRINFO

40. / DRINFO

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RATEDR4

41. / RATEDR4

Using ANY NUMBER FROM 0 TO 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

COND3MO

42. / COND3MO

Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 MONTHS?

(IWER: "We are looking for a condition that the child CURRENTLY HAS that has lasted for more than 3 months.")

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

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

DRUNCON

43. / DRUNCON

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DRUNFAM

44. / DRUNFAM

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

INTRO.SPDR

INTRO.SPDR

Now I'm going to ask you some questions about specialists. When you answer these questions, please do NOT include dental visits or care your child got when (he/she) stayed overnight in a hospital.

NDSPDR4

45. / NDSPDR4

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

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

(CLARIFY IF NEEDED: "Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists, but do not include any dental visits.")

(IWER: IF RESPONDENT ASKS IF A PARTICULAR TYPE OF DOCTOR IS A SPECIALIST, CLARIFY, "I don't have any information about that, so please just interpret it however it seems best to you.")

(CLARIFY IF NEEDED: "You can interpret this question however it seems best to you.")

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

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

PRBSEE4

46. / PRBSEE4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

SPDRS

47. / SPDRS

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

(CLARIFY IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say your child has seen...")

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

0. NONE, -----> INTRO.PLAN
1. 1 SPECIALIST,
2. 2,
3. 3,
4. 4, OR
5. 5 OR MORE SPECIALISTS?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ) --> INTRO.PLAN

RTSPDR4

48. / RTSPDR4

We want to know your rating of the specialist your child saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

(Clarify if necessary: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.")

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

INTRO.PLAN

INTRO.PLAN

Now I'm going to ask you some questions about your experience with your child's health plan.

CLCSR4

49. / CLCSR4

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

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

DK/REFUSAL/NOT ASCERTAINED --> PLPRWK4

PBCLCS4

50. / PBCLCS4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CSRESP

51. / CSRESP

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PLPRWK4

52. / PLPRWK4

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

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

DK/REFUSAL/NOT ASCERTAINED --> RTPLEXP

PBPLPW4

53. / PBPLPW4

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

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

RTPLEXP

54. / RTPLEXP

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

00 01 02 03 04 05 06 07 08 09 10

DK/REFUSAL/NOT ASCERTAINED

CHPRES

55. / CHPRES

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

1. YES
2. NO -----> REGDENT

DK/REFUSAL/NOT ASCERTAINED --> REGDENT

EZPRES

56. / EZPRES

In the last 6 months, how often was it easy to get prescription medicines for your child through [his/her] health plan? Would you say...

(READ LIST)

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

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

HELPPRES

57. / HELPPRES

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

REGDENT

57a. / REGDENT

A regular dentist is one you would go to for check-ups and cleanings or when [he/she] has a cavity or tooth pain.

Does your child have a regular dentist?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

DNTASAP

57b. / DNTASAP

In the last 6 months, if your child needed to see a dentist right away because of a DENTAL EMERGENCY, did [he/she] get to see a dentist as soon as you wanted? Would you say...?

1. NEVER,
2. SOMETIMES,
3. USUALLY, OR
4. ALWAYS?
5. DID NOT HAVE A DENTAL EMERGENCY IN THE LAST 6 MONTHS (DO NOT READ)

DK/REFUSAL/NOT ASCERTAINED

CHTREAT

57c. / CHTREAT

Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment.

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

1. YES
2. NO -----> RESPCHT

DK/REFUSAL/NOT ASCERTAINED --> RESPCHT

PCTREAT

57d. / PCTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

BSTREAT

57e. / BSTREAT

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

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

RESPCHT

57f. / RESPCHT

In the last 6 months, how often did your child's provider respect what health care and treatment choices you thought work best for your child? Would you say...?

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

DK/REFUSAL/NOT ASCERTAINED

ENCORQC

57g. / ENCORQC

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

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

DK/REFUSAL/NOT ASCERTAINED

EASYQC

57h. / EASYQC

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

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

DK/REFUSAL/NOT ASCERTAINED

HLTSTA4

58. / HLTSTA4

In general, how would you rate your child's overall health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

MNTLSTAT

59. / MNTLSTAT

In general, how would you rate your child's overall MENTAL OR EMOTIONAL health? Would you say it is...

(READ LIST)

1. EXCELLENT,
2. VERY GOOD,
3. GOOD,
4. FAIR, OR
5. POOR?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CUSEMED

60. / CUSEMED

Other than vitamins, does your child currently need or use medicine prescribed by a doctor?

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

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDA

61. / WHYMEDA

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

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

DK/REFUSAL/NOT ASCERTAINED --> MOREMED

WHYMEDB

62. / WHYMEDB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

MOREMED

63. / MOREMED

Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREA

64. / WHYMOREA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> LIMITED

DK/REFUSAL/NOT ASCERTAINED --> LIMITED

WHYMOREB

65. / WHYMOREB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

LIMITED

66. / LIMITED

Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMA

67. / WHYLIMA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> SPECTHP

DK/REFUSAL/NOT ASCERTAINED --> SPECTHP

WHYLIMB

68. / WHYLIMB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

SPECTHP

69. / SPECTHP

Does your child need or get special therapy such as physical, occupational, or speech therapy?

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTA

70. / WHYSTA

Is this because of any medical, behavioral, or other health condition?

1. YES
2. NO -----> CHCOUNS

DK/REFUSAL/NOT ASCERTAINED --> CHCOUNS

WHYSTB

71. / WHYSTB

Is this a condition that has lasted or is expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CHCOUNS

72. / CHCOUNS

Does your child have any kind of emotional, developmental, or behavioral problem for which [he/she] needs or gets treatment or counseling?

1. YES
2. NO -----> CAGE

DK/REFUSAL/NOT ASCERTAINED --> CAGE

TIMCOUNA

73. / TIMCOUNA

Has this problem lasted or is it expected to last for at least 12 months?

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

CAGE

74. / CAGE

I have just a few more questions.

What is YOUR CHILD'S age?

(IWER: ENTER 00 IF LESS THAN 1 YEAR OLD)

(IWER: IF NEEDED CLARIFY, "Please answer based on your child's age as of their last birthday.")

___ ENTER CHILD'S AGE

DK/REFUSAL/NOT ASCERTAINED

CGENDER

75. / CGENDER

(IF NEEDED: "Is your child male or female?")

1. MALE
2. FEMALE

REFUSAL/NOT ASCERTAINED

LATINO

76. / LATINO

Is your child of Hispanic or Latino origin or descent?

1. YES / HISPANIC OR LATINO
2. NO / NOT HISPANIC OR LATINO

DK/REFUSAL/NOT ASCERTAINED

INTRO.RACE

INTRO.RACE

I am going to read a list of race categories. For each category, please say YES or NO if it describes your child's race. I must ask you about all categories in case more than one applies.

PQRACE3.(1-6)

77.1-6) / PQRACE3.(1-6)

[(Is your child)]

1. "White"
2. "Black or African-American"
3. "Asian"
4. "Native Hawaiian or other Pacific Islander"
5. "American Indian or Alaska Native"
6. "Some other race"

(IWER: IF R REPLIES "WHY ARE YOU ASKING ABOUT MY CHILD'S RACE?" SAY "We ask about your child's race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country.")

(IWER: If R answers with a category not listed here, such as "HISPANIC" or "AMERICAN" or "MIXED RACE", probe using the category "OTHER".)

1. YES
2. NO

DK/REFUSAL/NOT ASCERTAINED

PAGE

78. / PAGE

Now I have a few questions about you. What is YOUR age?

(IWER: IF NEEDED CLARIFY, "Please answer based on your age as of your last birthday.")

(READ IF NEEDED, "Are you...")

0. UNDER 18,
1. 18 TO 24,
2. 25 TO 34,
3. 35 TO 44,
4. 45 TO 54,
5. 55 TO 64,
6. 65 TO 74, OR
7. 75 OR OLDER?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

PGENDER

79. / PGENDER

(IWER: ENTER RESPONDENT'S SEX. "DK" NOT ALLOWED.)

(IWER: IF NECESSARY ASK, "Are you male or female?")

1. MALE
2. FEMALE

EDUCAT

80. / EDUCAT

What is the highest grade or level of school that you have COMPLETED?
Did you complete...

(IWER: IF R SAYS HE/SHE HAD NON-ACADEMIC TRAINING, SUCH AS TRADE
SCHOOL, PROBE: "Did you receive a high school diploma or GED?")

(IWER: ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT
LEAD TO A BACHELORS DEGREE, SHOULD BE CODED "4". IF R WENT TO BUSINESS
SCHOOL OR GOT A 3-YEAR NURSING DEGREE, ENTER "4")

(IWER: IF R OFFERS MORE THAN ONE RESPONSE, FOR EXAMPLE: "SOME HIGH
SCHOOL OR GED", ENTER THE HIGHEST NUMBER THAT APPLIES.)

(READ LIST)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL, BUT DID NOT GRADUATE,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR 2-YEAR DEGREE,
5. 4-YEAR COLLEGE GRADUATE, OR
6. MORE THAN A 4-YEAR COLLEGE DEGREE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

CHRELT

81. / CHRELT

How are you related to the child?

(READ IF NEEDED: "Are you the ...")

1. MOTHER OR FATHER,
2. GRANDPARENT,
3. AUNT OR UNCLE,
4. OLDER BROTHER OR SISTER,
5. OTHER RELATIVE,
6. LEGAL GUARDIAN, OR
7. SOMEONE ELSE?

DK/REFUSAL/NOT ASCERTAINED (DO NOT READ)

ALL.DONE

THANKS.SCREEN.

Those are all the questions I have.

Thank you for taking part in this important interview.

Have a nice (day/evening). Good bye.